

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	DEC 30 2010 (X3) DATE SURVEY COMPLETED 12/20/2010
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 260 HERNDON DRIVE BELLS, TN 38006	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 054 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, it was determined the facility failed to maintain all smoke detectors.</p> <p>The findings included:</p> <p>Observations during the initial tour on 12/20/10 beginning at 9:54 AM revealed the smoke detectors were not installed at least 3 feet from the air supply diffusers in the following locations:</p> <ol style="list-style-type: none"> East wing clean linen room. East wing patient care coordinator office. Supply room at the east wing nurses' station. East wing medication room. West wing patient care coordinator office. Supply room at the west wing nurses' station. Service corridor by the exit door. <p>Review of the facility's annual fire alarm testing report, on 12/20/10 at 9:05 AM; revealed that sensitivity testing on the facility's smoke detectors was not performed during the 4/23/10 annual fire alarm inspection.</p> <p>During an interview in the corridor outside of the activities office, on 12/20/10 at 2:15 PM, the maintenance supervisor revealed the last sensitivity testing on the smoke detectors was performed in 2008.</p>	K 054	<p>Requirement:</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> All smoke detectors will be maintained in accordance with manufacturer's specifications and installed at least three feet from the air supply diffusers. The following air supply diffusers were moved on 12-22-10 to allow at least three feet from the smoke detectors. <ol style="list-style-type: none"> East Wing Clean Linen Room East Wing Patient Care Coordinator Office. Supply Room at the East Wing Nurses' Station. East Wing Medication Room West Wing Patient Care Coordinator Office. Supply Room at the West Wing Nurses' Station. Service Corridor by the Exit Door. The Maintenance Supervisor inspected all smoke detectors in facility to ensure there is at least a three foot separation from the air supply diffusers. The ESI Contract Company for facility was notified on 12-20-10 of their failure to provide sensitivity testing per our contract on smoke detectors. Sensitivity testing performed on all smoke detectors on 12-28-10. 	12-28-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.