

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

PRINTED: 10/12/2009
FORM APPROVED
OMB NO. 0938-0391

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| 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 _____ | (X3) DATE SURVEY COMPLETED 10/04/2009 |
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| NAME OF PROVIDER OR SUPPLIER BELLS NURSING HOME INC | 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 025
SS=D
NFPA 101 LIFE SAFETY CODE STANDARD
Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain fire walls.

The findings included:

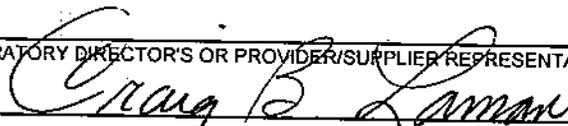
Observations of the fire walls by room 212 on 10/4/09 at 9:15 AM, revealed one of the two fire walls had penetrations above the fire doors. The penetrations were on both sides of the wall within a 2 inch steel conduit and a hole that had been punched through with two low voltage cables.

K 045
SS=E
NFPA 101 LIFE SAFETY CODE STANDARD
Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8

K 025
K 025 NFPA 101 Life Safety Code
Fire wall by room 212 penetration was sealed with fire rated caulking on 10/4/09 by maintenance supervisor.
On 10/4/09 Maintenance staff was in-serviced by administrator to check behind all contract work done on the building to ensure continued compliance with NFPA 101 Life Safety Code Standard.

10/4/09

K 045
K 045 NFPA 101 Life Safety Code Standard
This facility has the same exit lights since construction in 1989. Section 7.8 "Illumination of means of egress" Section 7.8.1.4*requires illumination so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft candle in any designated area.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE ADMINISTRATOR | (X6) DATE 10-15-09 |
|---|-------------------------------|------------------------------|

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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.

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| K 045 | <p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to provide illumination at the exit discharge so that the failure of any single lighting fixture (bulb) would not leave the area in darkness.</p> <p>The findings included:</p> <p>Observations of the facility exits on 10/4/09 from 7:45 AM until 8:15 AM, revealed that 5 of 6 exits had single bulb lighting fixtures. The exits were located beside resident rooms 214, 229, 313, 330 and at the end of the service hall.</p> | K 045 | <p>Section 7.8.2.1* illumination of means of egress shall be from a source considered reliable by the authority having jurisdiction.</p> <p>This facility has city street lights at each exit that maintain 0.2 ft candle lighting in case of the Failure of the single bulb fixture.</p> <p>On 10-14-09 5 dual element light fixtures were order and will replace the 5 single element exit light fixtures.</p> | 11/6/09 |
| K 052 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain all the fire alarm components on 1 of 2 (West hall) halls.</p> <p>The findings included:</p> <p>Observations of the strobe lighting on the west</p> | K 052 | <p>K 052 NFPA 101 Life Safety Code</p> <p>This facility was not aware the strobes were not synchronized. The contractor has been notified of the non-compliance.</p> <p>Contractor has been given the order to synchronize the strobes</p> | 11/6/09 |

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| K 052 | Continued From page 2 hall during the fire drill on 10/4/09 at 2:05 PM, revealed that the three strobe fixtures were not synchronized. | K 052 | | | |