

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

RECEIVED

PRINTED: 05/16/2016
FORM APPROVED
OMB NO. 0938-0391

4/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445467	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 MAY 18 2016 B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2016
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NAME OF PROVIDER OR SUPPLIER ALAMO NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 580 W MAIN STREET ALAMO, TN 38001
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(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
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K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames.</p> <p>8.3, 19.3.7.3, 19.3.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the fire smoke barriers.</p> <p>The findings included:</p> <p>1. Observation on 4/25/16 at 12:18 PM, revealed the following areas had penetrations in smoke barriers:</p> <p>a. the men's shower room had penetrations in the ceiling around 3 pipe hangers.</p> <p>b. the electrical room had penetrations in the ceiling above the kitchen breaker panel and the transfer switch cabinet.</p> <p>National Fire Protection Association (NFPA) 101, 19-3.7.5 and NFPA 101, 8.3.6.1 (2000 Ed.)</p> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 4/25/16.</p>	K 025	<p>K025 SS=D</p> <p>NFPA 101 LIFESAFETY CODE STANDARD</p> <p>Requirement: Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames.</p> <p>Finding: 1. Observation on 4/25/16 at 12:18 PM, revealed the following areas had penetrations in smoke barriers: a. the men's shower room had penetrations in the ceiling around 3 pipe hangers. b. the electrical room had penetrations in the ceiling above the kitchen breaker panel and the transfer switch cabinet.</p> <p>Corrective Action: On 4/27/16, the maintenance staff caulked around penetrations in the ceiling around 3 pipe hangers located in the men's shower room and in the ceiling above the kitchen breaker panel and the transfer switch cabinet in the electrical room with fire retardant caulk. The maintenance supervisor and/or designee will routinely check for penetrations throughout the facility monthly for 3 months. The results of the audit will be reviewed by the Performance Improvement Nurse and reported to the Performance Improvement Committee.</p> <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: May 27, 2016</p>	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to</p>	K 062	<p>K062 SS=D</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	

Accepted
6/2/16
BN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donald Jones</i>	TITLE <i>Admin</i>	(X8) DATE <i>5/16/16</i>
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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.

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NAME OF PROVIDER OR SUPPLIER ALAMO NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 580 W MAIN STREET ALAMO, TN 38001	
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K 062	Continued From page 1 maintain sprinklers. The findings included: Observation on 4/25/16 at 1:00 PM, revealed paint on 1 of 4 sprinklers in the laundry dryer room. National Fire Protection Association (NFPA) 101, 19.7.6 (2000 Ed.) and NFPA 13, 12-1 (1999) and NFPA 25, 2-2.1.1 (1998 Ed.) This finding was verified during the survey by the maintenance director and acknowledged by the administrator during the exit conference on 4/25/16.	K 062	Requirement: Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. Finding: Observation on 4/25/16 at 1:00 PM, revealed paint on 1 of 4 sprinklers in the laundry dryer room. Corrective Action: On 5/16/2016, the sprinkler head located in the laundry dryer room was replaced by Superior Fire Protection, Inc. The maintenance supervisor and/or designee will routinely check sprinklers throughout the facility monthly for 3 months and routinely thereafter for any defects. The results of the audit will be reviewed by the Performance Improvement Nurse and reported to the Performance Improvement Committee. FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit. Completion Date: May 16, 2016	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations, the facility failed to comply with the applicable Life Safety Code. The findings included: Observation on 4/25/16 at 12:33 PM, revealed 9 of 22 unsecured oxygen cylinders in the oxygen storage room. National Fire Protection Association (NFPA) 55, 6-6 (1998 Ed.) This finding was verified during the survey by the maintenance director and acknowledged by the administrator during the exit conference on 4/25/16.	K 130	K130 SS=D NFPA 101 MISCELLANEOUS Requirement: This STANDARD is not met as evidenced by: Based on observations, the facility failed to comply with the applicable Life Safety Code. Finding: Observation on 4/25/16 at 12:33 PM, revealed 9 of 22 unsecured oxygen cylinders in the oxygen storage room.	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1	K 147		

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K 147	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation on 4/25/16 at 12:15 PM, revealed unacceptable power adapters and extension cords in the following areas: <ol style="list-style-type: none"> a. an unapproved power strip in residents' room #1. b. an unapproved power strip in residents' room #2. c. an unapproved power adapter in residents' room #4. d. an unapproved power strip in residents' room #9. e. an unapproved power strip in residents' room #10. f. an unapproved power strip in residents' room #18. g. an unapproved power strip in residents' room #21. h. an unapproved power strip in residents' room #23. i. an unapproved power strip in residents' room #24. j. an unapproved power adapter in residents' room #26. 	K 147	<p>Corrective Action:</p> <p>On 5/2/2016, all staff were inserviced regarding the proper storage of oxygen cylinders. On 5/2/16, unsecured oxygen cylinders were removed from the oxygen storage room. A new oxygen cylinder holder was purchased for proper storage of empty cylinders. The maintenance supervisor and/or designee will routinely check the oxygen storage room for any unsecured oxygen cylinders weekly for 4 weeks, monthly for 3 months and routinely thereafter. The results of the audit will be reviewed by the Performance Improvement Nurse and reported to the Performance Improvement Committee quarterly. FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit. Completion Date: May 2, 2016</p> <p>K147 SS=E NFPA 101 LIFE SAFETY CODE STANDARD Requirement: Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 Finding: This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment. Finding: 1. Observation on 4/25/16 at 12:15 PM, revealed unacceptable power adapters and extension cords in 14 residents' rooms.</p>		

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K 147	<p>Continued From page 3</p> <p>k. an unapproved power adapter in residents' room #28.</p> <p>l. an unapproved power strip in residents' room #30.</p> <p>m. an unapproved power strip in residents' room #32.</p> <p>n. an unapproved power strip in residents' room #36.</p> <p>National Fire Protection Association (NFPA) 99, 3-3.2.1.2 (d) (2)(1999 Ed.) Center for Medicare and Medicaid Services (CMS), and Surveys and Certifications (S&C) Reference: 14-46-Life Safety Code (LSC).</p> <p>2. Observation on 4/25/16 at 1:05 PM, revealed a power strip was connected to a power strip in the central storage room, and a power strip was connected to an electrical adapter in the nursing office. National Fire Protection Association (NFPA)101, 9.1.2 (2000 Ed.) and NFPA 70, 305-3. (B) (1999 Ed.)</p> <p>3. Observation on 4/25/16 at 1:00 PM, revealed the electrical panel in laundry dryer room was obstructed with 3 linen carts. National Fire Protection Association (NFPA)101, 19.3.6.3.1* and NFPA 101, 9.1.2 (2000 Ed.) National Fire Protection Association 70, 110,-26 (1999 Ed.)</p> <p>These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 4/25/16.</p>	K 147	<p>2. Observation on 4/25/16 at 1:05 PM, revealed a power strip was connected to a power strip in the central storage room, and a power strip was connected to an electrical adapter in the nursing office.</p> <p>3. Observation on 4/25/16 at 1:00 PM, revealed the electrical panel in laundry dryer room was obstructed with 3 linen carts.</p> <p>Corrective Action: On 5/4/2016, all staff were inserviced regarding proper electrical equipment and the use of power strips and power adapters as well not storing items in front of electrical panels.</p> <p>All unacceptable power adapters and power strips were removed on 5/9/2016.</p> <p>On 4/25/16, the 3 linen carts located in the laundry dryer room were removed in front of the electrical panel. A tape barrier was placed to ensure that staff were aware of not placing linen carts in front of electrical panels.</p> <p>The maintenance supervisor and/or designee will routinely check for unacceptable power strips and power adapters throughout the facility weekly for 4 weeks, monthly for 3 months and routinely thereafter. A weekly audit for 4 weeks, monthly for 3 months and routinely thereafter will also be conducted to ensure that items are not stored in front of electrical panels. The results of the audit will be reviewed by the Performance Improvement Nurse and reported to the Performance Improvement Committee quarterly.</p>		

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MAY 18 2016