

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445467	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALAMO NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 580 W MAIN STREET ALAMO, TN 38001
--	---

(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 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide emergency lighting at 1 of 9 (north end of east wing) exit discharges, so that failure of any single lighting fixture (bulb) would not leave the area in darkness.</p> <p>The findings included:</p> <p>Initial observations of the exit discharge lighting on 4/7/15 at 9:00 AM revealed the north end of the east wing had a one bulb emergency light fixture.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 4/7/15.</p>	K 045	<p>K 045</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD SS=D</p> <p>Requirement: 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</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The Administrator inserviced the maintenance staff on 04/24/2015 regarding emergency lighting at exit discharges and the need for illumination so that failure of any single lighting fixture (bulb) would not leave the area in darkness. 2. The maintenance supervisor purchased a new fixture for the north end of the east wing with two emergency lighting fixtures (bulbs) on 04/24/2015. 3. The Maintenance Supervisor will routinely check light fixtures throughout the facility as needed. <p>The results of the audit will be reviewed monthly by the Performance Improvement Nurse and reported to the Performance Improvement Committee quarterly.</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: 04/24/2015</p>	
K 046 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: During the record review, the facility failed to provide documentation of the 90 minute annual test for 2 of 2 emergency battery powered lights.</p>	K 046		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Donald J. Jones TITLE: Admin (X6) DATE: 4/27/15

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.

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445467	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER ALAMO NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 580 W MAIN STREET ALAMO, TN 38001		
(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 046	Continued From page 1 The findings included: During record review the facility failed to provide documentation of monthly 30 second testing for January, February and March of 2015 and annual 90 minute testing for the battery-powered emergency lights in the electrical transfer switch room and mechanical room. National Fire Protection Association (NFPA) 101 - 7.9.3) Periodic Testing of Emergency Lighting Equipment. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/7/15.	K 046	K046 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Requirement: Emergency lighting of at least 1 1/2 hour duration is provided in accordance with 7.9.19.2.9.1 Corrective Action: 1. The Administrator in serviced the maintenance staff on 04/14/2015 regarding documentation that should be provided with the annual 90 minute test for 2 of 2 emergency battery powered lights. 2. The Administrator also in serviced the maintenance staff on 04/14/2015 regarding documentation that should be provided with the monthly 30 second testing for the battery-powered emergency lights in the electrical transfer switch room and mechanical room. National Fire Protection Association (NFPA) 101-7.9.3) Periodic Testing of Emergency Lighting Equipment. 3. The Maintenance Supervisor performed an annual 90 minute test on 04/14/2015. 4. Documentation checklists have been provided to the maintenance supervisor to document annual 90 minute tests and monthly 30 second tests. 5. The Administrator or designee will monitor these checklists every 30 days times 6 months. The results of the audit will be reviewed monthly 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: 04/14/2015		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain lighting fixtures. The findings included: Observations during the initial tour of the facility on 4/7/15 from 8:00 AM until 2:00 PM revealed light fixtures in the following areas did not have bulb protection: a. The ceiling mounted light fixtures in the west wing and east wing janitor. b. The ceiling mounted light fixtures in the west wing and east wing soiled linen closets. c. The ceiling mounted light fixture in the	K 147			

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445467	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER ALAMO NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 580 W MAIN STREET ALAMO, TN 38001	
(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 147	Continued From page 2 mechanical room next to the kitchen. National Fire Protection Association 70E, 3-1.2.3.6 & 3-10.4.7.2 These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/7/15.	K 147	<p>K147 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Requirement: Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Corrective Action:</p> <ol style="list-style-type: none"> 1. It was revealed that light fixtures in the following areas did not have bulb protection: A. The ceiling mounted light fixtures in the west wing and east wing janitor. B. The ceiling mounted light fixtures in the west wing and east wing soiled linen closets. C. The ceiling mounted light fixture in the mechanical room next to the kitchen. 2. The Administrator in serviced the maintenance department regarding proper lighting fixtures on 04/09/2015. 3. The Maintenance Supervisor will routinely check light fixtures throughout the facility as needed. 3. The Performace Improvement Nurse will monitor the effectiveness of these audits monthly and report to the Performance Improvement Committee quarterly. <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: 04/09/2015</p>	

RECEIVED
APR 27 2015