

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

PRINTED: 06/23/2009
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 06/22/2009
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NAME OF PROVIDER OR SUPPLIER CROCKETT CO NURSING HOME	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 052 SS=F	<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 record review, it was determined the facility failed to provide a properly tested fire alarm system.</p> <p>The findings included:</p> <p>Review of the facility's fire alarm testing reports on 6/22/09 at 10:27 AM, revealed that the smoke detector sensitivity testing had not been conducted biannually as required.</p>	K 052	<p>K 052</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD SS=F</p> <p>Requirement: The facility must ensure that fire alarm system required for life safety is installed, tested and maintained in accordance with NFPA code.</p> <p>Corrective Action: The sensitivity testing was completed on 7/1/09 and 7/2/09 by contracted company and contract was updated to include sensitivity testing.</p> <p>The facility will ensure that the sensitivity testing is conducted per NFPA code of standards timely. The Administrator and/or Maintenance Supervisor will monitor the sensitivity testing by service records x's 1 year and report 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. Completion Date: 7/2/09</p>	
K 062 SS=F	<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 record review, it was determined the</p>	K 062	<p>K 062</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD SS=F</p> <p>Requirement: The facility must ensure automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.</p> <p>Corrective Action: The quarterly sprinkler testing was completed on 3/31/09 and 6/25/09. A contract for quarterly testing was dated 12/29/08.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Sherrina Crutchfield, Administrator* TITLE _____ (X6) DATE *7-1-09*

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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K 062	Continued From page 1 facility failed to maintain and test a complete automatic sprinkler system. The findings included: Review of the facility's sprinkler testing reports on 6/22/09 at 10:26 AM, revealed that the testing for the sprinkler system had been completed on 4/30/08 and 3/31/09. The time span for testing from 4/30/08 to 3/31/09 indicates that the sprinkler system was not inspected quarterly as required.	K 062	The facility will ensure that the sprinkler testing is conducted according to the NFPA code of standards timely. The Administrator and/or Maintenance Supervisor will monitor the quarterly testing by service records quarterly x's 1 year and report 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: 6/25/09	
K 069 SS=D	NFA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: NFPA 96 1998 Edition 8-2* Inspection. An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons. This STANDARD is not met as evidenced by: Based on record review, it was determined the facility failed to conduct inspections of the kitchen suppression system every 6 months. The findings included: Record review on 6/22/09 at 10:33 AM, revealed the kitchen suppression system was last inspected 8/21/08. The kitchen suppression	K 069	Requirement: The facility must ensure an inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons. Corrective Action: The kitchen suppression system was inspected on 6/24/09. The facility will ensure that the suppression system is inspected according to the NFPA code of standards timely. The Administrator and/or Maintenance Supervisor will monitor the inspection every 6 months by service records x's 1 year and report to the Performance Improvement Committee Quarterly.	

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K 069	Continued From page 2 system had not been inspected every 6 months as required.	K 069	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: 6/24/09	
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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1702	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2009
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N 838	<p>1200-8-6-.08(8) Building Standards</p> <p>(8) All new construction and renovations to nursing homes, other than minor alterations not affecting fire and life safety or functional issues, shall be performed in accordance with the specific requirements of these regulations governing new construction in nursing homes, including the submission of phased construction plans and the final drawings and the specifications to each.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to obtain written approval from the Tennessee Department of Health Engineering Department for the installation of a kitchen vent hood suppression system.</p> <p>The findings included:</p> <p>Observations in the kitchen on 6/22/09 at 9:10 AM, revealed a vent hood suppression system had been installed.</p> <p>During an interview in the Administrator's office, on 6/22/09 at 1:10 PM, the Administrator stated that the suppression system was installed on 4/23/08 and that the facility had not received written approval from the Tennessee Department of Health Engineering Department to install the suppression system.</p>	N 838	<p>N 838</p> <p>1220-8-6-08(8) Building Standards Requirement:</p> <p>The facility must ensure any new construction and renovations to nursing homes, other than minor alterations not affecting fire and life safety or functional issues, shall be performed in accordance with the specific requirements of these regulations governing new construction in nursing homes, plans and the final drawings and the specifications to each.</p> <p>Corrective Action:</p> <p>The facility will ensure any new construction and renovations to nursing homes, other than minor alterations not affecting fire and life safety or functional issues, shall be performed in accordance with the specific requirements of these regulations governing new construction in nursing homes, plans and the final drawings and the specifications to each.</p> <p>The contracted company responsible for the upgrade of the kitchen fire suppression system are waiting a for letter of approval from the State of Tennessee. State of Tennessee representative at 615-741-7221 stated to administrator on 7/1/09 at 2:25 the approval letter was mailed 2 days ago. Awaiting letter receipt. Facility will request inspection with State of Tennessee Life Safety Inspector upon receipt of the letter. The Administrator was misquoted on this state form. The Administrator stated the suppression system was installed on 10/31/08 this statement was witnessed by the maintenance supervisor and the management company's regional administrator. The Administrator will monitor documentation of State approval for any new construction and renovations to the nursing home monthly x's 1 year and report to the Performance Improvement Committee Quarterly.</p> <p>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</p>	
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Division of Health Care Facilities

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

Administrator Completion Date: 7/1/09

7-1-09

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1702	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2009
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N 838	<p>1200-8-6-.08(8) Building Standards</p> <p>(8) All new construction and renovations to nursing homes, other than minor alterations not affecting fire and life safety or functional issues, shall be performed in accordance with the specific requirements of these regulations governing new construction in nursing homes, including the submission of phased construction plans and the final drawings and the specifications to each.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to obtain written approval from the Tennessee Department of Health Engineering Department for the installation of a kitchen vent hood suppression system.</p> <p>The findings included:</p> <p>Observations in the kitchen on 6/22/09 at 9:10 AM, revealed a vent hood suppression system had been installed.</p> <p>During an interview in the Administrator's office, on 6/22/09 at 1:10 PM, the Administrator stated that the suppression system was installed on 4/23/08 and that the facility had not received written approval from the Tennessee Department of Health Engineering Department to install the suppression system.</p>	N 838	<p>N 838</p> <p>1220-8-6-08(8) Building Standards Requirement:</p> <p>The facility must ensure any new construction and renovations to nursing homes, other than minor alterations not affecting fire and life safety or functional issues, shall be performed in accordance with the specific requirements of these regulations governing new construction in nursing homes, plans and the final drawings and the specifications to each.</p> <p>Corrective Action:</p> <p>The facility will ensure any new construction and renovations to nursing homes, other than minor alterations not affecting fire and life safety or functional issues, shall be performed in accordance with the specific requirements of these regulations governing new construction in nursing homes, plans and the final drawings and the specifications to each.</p> <p>The contracted company responsible for the upgrade of the kitchen fire suppression system are waiting a for letter of approval from the State of Tennessee. State of Tennessee representative at 615-741-7221 stated to administrator on 7/1/09 at 2:25 the approval letter was mailed 2 days ago. Awaiting letter receipt. Facility will request inspection with State of Tennessee Life Safety Inspector upon receipt of the letter. The Administrator was misquoted on this state form. The Administrator stated the suppression system was installed on 10/31/08 this statement was witnessed by the maintenance supervisor and the management company's regional administrator. The Administrator will monitor documentation of State approval for any new construction and renovations to the nursing home monthly x's 1 year and report to the Performance Improvement Committee Quarterly.</p> <p>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>	
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Division of Health Care Facilities

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

Administrator Completion Date: 7/1/09