

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

JAN 17 2012

PRINTED: 12/14/2011
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 12/12/2011
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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 054
SS=E

NFPA 101 LIFE SAFETY CODE STANDARD

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

This STANDARD is not met as evidenced by:
Based on observation and record review, it was determined the facility failed maintain and inspect all smoke detectors

The findings included:

Observations during the initial tour on 12/12/11 revealed the following:

- At 9:08 AM, the smoke detector at nurse station 2 was not installed at least 3 feet from the air return.
- At 9:11 AM, the smoke detector at the nurse station 2 medication room was not installed at least 3 feet from the air supply diffuser.
- At 10:17 AM, there was no smoke detector was located within 5 feet of the double corridor doors between patient rooms 52 and 54 as required for doors with magnetic hold open devices.
- At 1:34 PM, the smoke detector in the corridor outside of the therapy department was not installed at least 3 feet from the air supply diffuser.

Review of the facility's annual fire alarm testing reports in the Administrator's office, on 12/12/11 at 11:05 AM, revealed the facility failed to conduct biannual sensitivity testing on all smoke detectors as required. The last sensitivity testing was done in 2009.

K 054

- Smoke detector at nurses' station #2 was moved to meet 36" requirements of air return on 12/13/11.
 - Smoke detector at nurses' station #2 medication room was moved to the 36" requirements of air supply diffuser on 12/13/11.
 - Smoke detector installed within 5 feet of double corridor doors with magnetic hold open devices between patient rooms 52 and 54 on 12/15/11.
 - Smoke detector in corridor outside of the therapy department moved to meet the 36" requirements of air supply diffuser on 12/13/11.
 - Biannual sensitivity test performed 12/13/11.
- Maintenance supervisor and assistance maintenance was in-serviced concerning standard requirements 12/14/11 by the facility Administrator.
- Fire sensitivity contract was reviewed 12/14/11 to ensure coverage for biannual sensitivity testing by Owner/ Operator, Regional Administrator, and Facility Administrator.
- Maintenance supervisor shall monitor for fire inspection and sensitivity testing and report to performance improvement committee quarterly.

12/15/11

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

TITLE

(X6) DATE

Edward Scott McBrayer

RUNHA Administrator 12/15/11

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 054	Continued From page 1 The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 12/12/11.	K 054		