

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

PRINTED: 01/26/2014
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 01/14/2014
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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 NFPA 101 LIFE SAFETY CODE STANDARD
SS=F

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 record review, it was determined the facility failed to have all smoke detectors tested for sensitivity.

The findings included:

Review of the facility's fire alarm testing reports on 1/14/14 at 8:45 AM, revealed the facility failed to conduct biannual sensitivity testing on all smoke detectors. The last sensitivity testing was done December 2011.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 1/14/14.

K 054

K054
NFPA 101 Life Safety Code Standard
SS = F

Requirement:
All required smoke detectors, including those

Corrective Action:

1. Sensitivity Check was performed by Superior Fire Protection, Inc. on all smoke detectors on 1/15/14.
2. The facility has a contract with Superior Fire Protections, Inc. to check our system per NFPA-72. The contract calls for timely inspections. This is a nationally known company and was a few days late for inspection. We were constantly in touch with them about the importance of timely compliance. They completed an inspection the week of survey and everything was good. The facility Maintenance Supervisor(s) will stay in touch to assure the facility they will be timely in the future.
3. The Administrator inserviced the Maintenance Supervisors on 1/17/14 regarding the standards and requirements regarding the bi-annual sensitivity checks and staying in touch with Superior Fire Protection, Inc. to assure they will be timely in the future.
4. The Performance Improvement Nurses will monitor the effectiveness of these audits monthly 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 Nurse, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the Completion Date: 1/17/14

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>2 Donald L Jones</i>	TITLE <i>Adm</i>	(X6) DATE <i>1/29/14</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.