

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

PRINTED: 07/07/2016  
FORM APPROVED  
OMB NO. 0938-0391

454 8/21/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445159	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/05/2016
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NAME OF PROVIDER OR SUPPLIER  BETHANY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211
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K 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain corridor doors.</p> <p>The findings included:</p> <p>Observation on 7/5/16 at 12:11 AM, revealed the F-Hall dayroom door was obstructed from self-closing by a cart. National Fire Protections Association (NFPA) 101, 4.6.12.2 (2000 Edition) NFPA 101, 4.4.2.1 (2000 Edition) NFPA 101, 8.2.3.2.1 (2000 Edition) NFPA 80, 15-2.3 (1999 Edition)</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/5/16.</p>	K 018	<p>The cart was immediately removed from the F-Hall door. The Facility Service's Director inspected the entire building to ensure no other doors were obstructed. An in-service was provided to all staff regarding the blocking of fire doors. In-servicing will begin 7/21/2016 thru 7/31/2016 (Attachment #6)</p> <p>The Environmental Services Director will provide an annual in-service to ensure continued compliance and will conduct weekly inspections of all fire doors. The Environmental Services Director will report the result of monitoring to the Administrator and to the QAPI Committee monthly, beginning with the July 25, 2016 meeting. Reporting will continue for two additional months. After three months of reporting the QAPI Committee will determine the monitoring and reporting frequency thereafter.</p>	7/31/16
K 021 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p>	K 021	<p>The paint was removed from the fire rating labels on the doors in D-Hall</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sandra Hain</i>	TITLE NHA	(X6) DATE 7/22/16
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A 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 021	<p>Continued From page 1</p> <p>Doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <p>(a) The required manual fire alarm system and</p> <p>(b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and</p> <p>(c) The automatic sprinkler system, if installed</p> <p>18.2.2.2.6, 18.3.1.2, 19.2.2.2.6, 19.3.1.2, 7.2.1.8.2</p> <p>Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1</p> <p>Boiler rooms, heater rooms, and mechanical equipment rooms doors are kept closed.</p> <p>This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain the cross corridor fire doors.</p> <p>The findings included:</p> <p>Observation on 7/6/16 at 11:40 AM, revealed the fire rating labels on the cross corridor fire doors were painted over in the following areas:</p> <p>a. D-Hall</p> <p>b. A-Hall (at 12:15 PM)</p> <p>NFPA 101, 4.4.2.1 (2000 Edition), NFPA 101, 8.2.3.2.1 (2000 Edition), NFPA 80, 15-2.4.1 (1999 Edition)</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on</p>	K 021	<p>and A-Hall as of 7/11/16. All other fire doors were inspected and the maintenance staff has ensured no other fire rating labels on the door frames are covered. The Environmental Services Director completed a follow up inspection of the entire facility to ensure all paint was removed from all fire labels. No other door frames were identified with paint covering the fire labels. The inspection was completed on 7/11/16.</p> <p>An in-service was given to all maintenance personnel 7/7/2016 on the proper technique for painting the facility's door frames. (Attachment #7)</p> <p>The Environmental Services director will inspect the entire building every 3 months to ensure all fire rating labels are visible on the door frames.</p> <p>The results of the inspections will be reported to the Administrator and to the QAPI Committee beginning with the meeting scheduled for July 25, 2016 and quarterly thereafter. After three quarters of inspections and reporting, the QAPI Committee will determine the frequency of inspections and reporting thereafter.</p>	7/25/16
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K 021	Continued From page 2 7/6/16.	K 021	15 second delayed egress signage was placed on the F-Hall cross corridor and the D-Hall Stairwell Exit on 7/7/16. All other delayed egress doors were inspected to ensure proper signage. The inspection was completed by the Environmental Services Director on 7/11/16.	7/25/16	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the exits.  The findings included:  Observation on 7/5/16 at 12:08 AM, revealed the F-Hall cross corridor and the D-Hall Stairwell Exit delayed egress doors did not have the 15 second delayed egress signage. NFPA 101, 19.2.1 (2000 Edition) NFPA 101, 7.2.1.6.1 (2000 Edition)  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/5/16.	K 038	The Environmental Services director provided an in-service to the Maintenance Staff regarding proper delayed egress door signage on 7/7/16. (Attachment #8)  The Environmental Services Director will inspect all delayed egress doors signage on a quarterly basis to ensure compliance. The result of the inspections will be reported to the Administrator and to the QAPI Committee on a quarterly basis, beginning with the meeting scheduled for July 25, 2016. Inspection and reporting will continue for three additional quarters. After three quarters of inspection and reporting, the QAPI Committee will determine the frequency of inspection and reporting thereafter.		
K 147 SS=D	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 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain the electrical system.  The finding included:  Observation on 7/5/16 at 12:00 PM, revealed the facility failed to properly secure the generator to the concrete pad to prevent movement during operation. NFPA 101, 19.5.1 (2000 Edition), NFPA 101, 9.1.3 (2000 Edition), and NFPA 110, 5-4.3 (1999 Edition).	K 147	The generator was properly secured down to the concrete pad using seismic bolts on 7/7/16 by Nixon		

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K 147	Continued From page 3  This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 7/5/16	K 147	<p>Power Services. A copy of the work order for completion is attached (Attachment #9) This is the only generator on the facility property.</p> <p>The Environmental Services Director will inspect the generator quarterly to ensure the bolts to secure the generator remain intact. The result of the inspections will be reported to the Administrator and to the QAPI Committee on a quarterly basis, beginning with the meeting scheduled for July 25, 2016. Inspection and reporting will continue for three additional quarters. After three quarters of inspection and reporting, the QAPI Committee will determine the frequency of inspection and reporting thereafter.</p> <p>The QAPI Committee meets monthly. Membership of the QAPI Committee includes the Medical Director, the Administrator, the DON, the Nursing Unit Managers for First and Second Floors, MDS Staff, Environmental Services Director, Clinical Coordinator, Activities Director, Dietary Manager, Social Services Director, and the Admissions Coordinator.</p>	7/25/16
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