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

PRINTED: 10/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	445075		09/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON HEALTHCARE AND REHABILITATION CENTER	431 LARKIN SPRING RD MADISON, TN 37115

(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 000	INITIAL COMMENTS	K 000	**Disclaimer:**	
	Stories: 1 Construction Type: III (200) Constructed: approx. 1975 Fully Sprinkled: Yes Census: 47 Certified beds: 102		Madison Rehabilitation and Nursing does not believe and does not admit that any deficiencies existed either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.	
	A Life Safety Code Comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 9/25/14 following a Tennessee Department of Health & Environment survey on 8/25/14. At this Comparative Federal Monitoring Survey, Madison Health Care was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2000 edition.			
	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced			
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 018		
	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.8 are permitted. 19.3.6.3			
	Roller latches are prohibited by CMS regulations			

POC ACCEPTED
OCT 27 2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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NAME OF PROVIDER OR SUPPLIER MADISON HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115	

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K 018	Continued From page 1 In all health care facilities. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the smoke resistance of corridor doors. Findings include: On 9/25/2014 from approximately 9:20 am to 11:20 am, the following corridor doors could not resist the passage of smoke. 1. The following doors had hole penetrations: · Lobby to Admissions two ¼ " holes at the latch. · Corridor to Employee Lounge two 1/8 " holes at the latch. · Corridor to Administrator office two ¼ " holes at the latch. · Corridor to Human Resources office one 3/8 " hole at the latch. 2. The following resident room doors had gaps between the door and the door stop in excess of ½ " : · Room 48 had a gap of 7/8 " . · Room 29 had a gap of 7/8 " · Room 17 had a gap of 7/8 " . · Room 16 had a gap of 5/8 " Corridor doors shall be constructed to resist the passage of smoke. In fully sprinklered smoke	K 018	K018 All doors will be checked to ensure proper construction to resist the passage of smoke and the gap not exceed 1/2". Room doors 48, 29, 17, and 16 will be fixed according to regulation. Education will be provided to the Director of Plant Operations in regards to NFPA 101 Life Safety Code K018. All residents in the facility had the potential to be affected by the cited deficiency. The Plant Operations Director or designee will perform checks on all Doors monthly times 3 months and correct. The audits and corrections will be discussed in QA/PI. No residents were affected by the deficient practice.	

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	445075		09/25/2014

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K 018	Continued From page 2 compartments the gap between the door and door stop shall not exceed ½ " . Ref: 2000 NFPA 101 Section 19.3.6.3.1, CMS S&C 07-18 The Director of Plant Operations was present when the deficiencies were identified. Failure to maintain the smoke resistance of corridor doors to resident rooms increases the risk of death or injury due to smoke. The deficiency affected 4 of 48 resident rooms and 4 other doors in the facility that open to the corridor.	K 018		
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 observation and staff interview, the facility failed to maintain the exit access. Findings include: On 9/25/2014 at approximately 9:20 am, the door from the lobby to admissions and the door from admissions to copy had a single cylinder deadbolt and a lockset installed. This installation required 2 releasing operations to unlatch the door.	K 038		

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K 038	Continued From page 3 Doors shall be operable with not more than one releasing operation, the releasing mechanism shall not be more than 48 " above the finish floor. Ref: 2000 NFPA 101 Section 19.2.1, 7.2.1.5.4 The Director of Plant Operations was present when the deficiency was identified. Failure to install door hardware as required increases the risk of death or injury due to fire/smoke and delays egress during emergencies. The deficiency affected 2 of approximately 300 doors in the facility.	K 038	K038 All doors will be checked to ensure there are not 2 releasing operations to unlatch the door. " Education will be provided to the Director of Plant Operations in regards to NFPA 101 Life Safety Code K038. All residents in the facility had the potential to be affected by the cited deficiency. The Plant Operations Director or designee will perform checks on all Doors monthly times 3 months and correct. The audits and corrections will be discussed in QA/PI. No residents were affected by the deficient practice.	10/27/14