

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

PRINTED: 04/07/2016
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445033 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - RIBEIRO B. WING _____ | (X3) DATE SURVEY COMPLETED 04/05/2016 |
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| NAME OF PROVIDER OR SUPPLIER NASHVILLE COMMUNITY CARE & REHABILITATION AT BORDE | STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218 |
|---|---|

| (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 025 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the smoke/fire barriers.</p> <p>The findings included:</p> <p>Observation on 4/4/16 at 2:15 PM, revealed that different types of fire caulk was mixed to seal penetrations in the following areas:</p> <ol style="list-style-type: none"> Above fire/smoke doors beside resident assessment room Above fire/smoke doors beside room 125 Above fire/smoke doors beside housekeeping room Above fire/smoke doors beside room 103 <p>NFPA 101, 8.2.3.2.4.2 (2000 Edition)</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 4/5/16.</p> | K 025 | <ol style="list-style-type: none"> Maintenance Department repaired all identified above ceiling penetrations that had mixed caulk was removed and replaced with single fire barrier caulk material to fill penetration above fire/smoke door beside resident assessment room, fire/smoke doors beside Resident Room 125, above fire/smoke doors beside housekeeping room, fire/smoke doors beside room 103. All fire/smoke walls above fire/smoke doors have the potential to be affected. Maintenance Director in-serviced maintenance staff on identifying penetrations and proper caulking of area. Maintenance Director and/or department designee will audit the building above fire/smoke doors for penetrations and replace any mixed caulk found with single fire barrier caulk material. Audits will be conducted monthly x 3, and quarterly thereafter. Any negative findings will be recorded and reported to QAPI Committee Monthly. | 5/6/16 |
| K 077 SS=F | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Piped in medical gas systems comply with NFPA 99, Chapter 4.</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the piped in medical gas lines.</p> <p>The findings included:</p> | K 077 | | 5/6/16 |

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

TITLE

(X6) DATE

Andrew Magee

Administrator

4/29/16

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 077 | Continued From page 1 Observation on 3/4/16 at 11:53 AM, revealed the medical gas lines had dissimilar metals touching and supporting medical gas lines throughout the entire facility. NFPA 99, 4-3.1.2.9 (1999 Edition) This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 4/5/16 | K 077 | <ol style="list-style-type: none"> 1. On 4/27/16 the Maintenance Department did an audit of all above the ceiling medical gas lines to ensure the no dissimilar metals were touching the piping. Any areas that dissimilar metals were found touching the pipes were corrected at the time of the audit. 2. All above ceiling medical gas piping could be affected. 3. On 4/26/16 the Maintenance Director in-serviced the Maintenance Staff on the correct procedures for identifying and correcting of dissimilar metals touching the medical gas piping. 4. The Maintenance Director and/or Maintenance Department will audit above ceiling in all medical gas areas for dissimilar metals touching medical gas piping. Audits will be conducted monthly x 3, and annually thereafter. 5. Any negative findings will be recorded and reported to QAPI Committee in Monthly Meeting. | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445033 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BIRMINGHAM B. WING | RECEIVED MAY 02 2016 | (X3) DATE SURVEY COMPLETED 04/05/2016 |
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| K 021 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</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 as 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 (b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and (c) The automatic sprinkler system, if installed 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. This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain cross corridor fire/smoke doors.</p> <p>The findings included:</p> <p>Observation on 4/4/16 at 11:17 AM, revealed the fire doors leading into the soiled linen holding area do not latch properly. National Fire Protection Association (NFPA) 80, 15-1.2 (1999 Edition)</p> <p>These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 4/5/16.</p> | K 021 | <ol style="list-style-type: none"> On 4/6/16 the Maintenance Department repaired the latching mechanism on the fire door by the soiled linen room. All fire doors in the building could be affected. On 4/6/16 the Maintenance Director in-serviced the Maintenance Staff on the correct procedures for identifying and correcting faulty door latching mechanisms. The Maintenance Director and/or Maintenance Department will audit all fire doors in the building for proper latching. Audits will be conducted monthly x 3, and quarterly thereafter. Any negative findings will be recorded and reported to QA committed in Monthly QAPI Meetings. | 5/6/16 | |
| K 025 | NFPA 101 LIFE SAFETY CODE STANDARD | K 025 | | | |

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

Anthony Mays

TITLE

Administrator

(X6) DATE

4/29/16

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 025 SS=D | Continued From page 1 Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the smoke/fire barriers. The findings included: 1. Observation on 4/5/16 at 11:20 AM, revealed the soiled linen holding room door had two (2) penetrations. 2. Observations on 4/4/15 at 12:30 PM, revealed inappropriate fire stopping installed on smoke/fire barriers above the smoke doors by the nourishment room on the 2nd floor. NFPA 101, 8.2.3.2.4.2 (2000 Edition) These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 4/5/16. NFPA 101 LIFE SAFETY CODE STANDARD | K 025 | 1. Maintenance Director and/or Designee repaired penetrations on the soiled lined room door. 2. All fire doors have the potential to be affected. 3. On 4/6/16 the Maintenance Director in-service staff on identifying and repair fire door penetrations. 4. Maintenance Director and/or department will audit entire building for penetrations in fire doors. All found repairs will be corrected. Audits will be conducted monthly x 3, and quarterly thereafter. 5. Any negative findings will be recorded and reported to QA committee in Monthly QAPI Meetings. | 5/6/16 |
| K 062 SS=D | 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 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system. | K 062 | 1. Maintenance Director and/or maintenance designee cleaned all sprinkler heads in the soiled lined chute rooms, and the laundry chutes were cleaned. On 4/16/16 the sprinkler heads in the kitchen were cleaned. 2. All sprinkler heads in the building could be affected. 3. Maintenance Director in-serviced all maintenance staff on proper procedures for identifying and cleaning of sprinkler heads. 4. The Maintenance Director and/or Maintenance Department will audit all sprinkler heads in the building to ensure there are no foreign materials present. Audits will be conducted monthly x 3, and quarterly thereafter. | 5/6/16 |

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| K 062 | Continued From page 2 The findings included: 1. Observation on 4/4/16 at 11:30 AM, revealed the sprinklers were loaded with foreign material in the following areas: a. Soiled Linen Chute Room (1 of 3) b. Laundry Cute's (4 of 4) c. Kitchen (25 of 25) NFPA 25, 2-2.1.1 (1998 Edition) 2. Observation on 4/4/16 at 2:20 PM, revealed the sprinkler escutcheon plate was missing in the walk in cooler. NFPA 13, 3-2.9 (1998 Edition) These findings were verified by the director of maintenance and acknowledged by the administrator duing the exit conference on 4/5/16. | K 062 | 1.Maintenance Department replaced the sprinkler escutcheon ring in the kitchen cooler. 2. All sprinkler escutcheon rings could be affected. 3. On 4/26/16 the Maintenance Director in-serviced the Maintenance Staff on proper procedures for identifying and replacing sprinkler escutcheon rings. 4. The Maintenance Director and/or Maintenance Department will audit all sprinkler heads in the building to ensure that all escutcheon rings are present. Audits will be completed monthly X3 and the Quarterly thereafter. 5. Any negative findings from Audits will be recorded and reported to QA Committee in Monthly QAPI Meetings. | |
| K 077 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD Piped in medical gas systems comply with NFPA 99, Chapter 4. This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the piped in medical gas lines. The findings included: Observation on 3/4/16 at 11:53 AM, revealed the medical gas lines had dissimilar metals touching and supporting medical gas lines throughout the entire facility. NFPA 99, 4-3.1.2.9 (1999 Edition) This finding was verified by the maintenance director and acknowledged by the administrator duing the exit conference on 4/5/16 | K 077 | 1. Maintenance Director completed audit of all above the ceiling medical gas lines to ensure the no dissimilar metals were touching the piping. Any areas that dissimilar metals were found touching the pipes were corrected at the time of the audit. 2. All above ceiling medical gas piping could be affected. 3. Maintenance Director in-serviced the Maintenance Staff on the correct procedures for identifying and correcting of dissimilar metals touching the medical gas piping. 4. The Maintenance Director and/or Maintenance Designee will audit above ceiling in all medical gas areas for dissimilar metals touching medical gas piping. Audits will be conducted monthly x 3, and annually thereafter. 5. Any findings will be recorded and reported to QA Committee in Monthly QAPI Meetings. | 5/6/16 |
| K 130 SS=D | NFPA 101 MISCELLANEOUS | K 130 | | |

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| K 130 | Continued From page 3 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain oxygen storage areas. The findings included: Observation on 4/4/16 at 11:10 AM, revealed oxygen was stored within five (5) feet of combustible material in the oxygen storage rooms in the following locations: a. 2nd floor b. 3rd floor c. 4th floor NFPA 99, 8.3.1.11.2 (1999 Edition) These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 4/5/16. | K 130 | 1. Maintenance Director relocated the oxygen cylinders to the closets at the end of the hallways. These closets will be used only for oxygen storage. 2. All units have incorrectly stored oxygen cylinders. 3. Maintenance Director in-serviced the Maintenance Department on the correct storage and inspection procedures for stored compressed oxygen cylinders. 4. The Maintenance Director and/or Maintenance Department will conduct an audit of all oxygen storage rooms and previous oxygen storage rooms to ensure compliance with NFPA code. Audits will be conducted monthly x 3, and quarterly thereafter. 5. Any negative finding will be recorded and reported to QA Committee in monthly QAPI Meetings. | | |
| 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 findings included: Observation on 4/4/16 at 11:31 AM, revealed the electric outlet cover was missing in the following locations: a. Soiled Linen room b. Room 418 (B bed) c. Junction box above fire doors near room 103 These findings were verified by the director of | K 147 | 1. Maintenance Director or designee replaced the receptacle cover in the soiled linen room, replaced the receptacle cover in room B418, replaced the junction box cover above the ceiling by room 103. Correct covers were used to replace the broken or missing covers. 2. All Electrical covers in the building could be affected. 3. Maintenance Director in-serviced the Maintenance staff on the correct procedure in identifying and correcting missing or broken electrical box covers. | 5/6/16 | |

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| K 147 | Continued From page 4 maintenance and acknowledged by the administrator during the exit conference on 4/5/16. | K 147 | 4. The Maintenance Director and/or Maintenance Designee will audit all electrical covers in the building to ensure they are not broken or missing. Audits will be conducted monthly x 3, and quarterly thereafter. 5. Any findings will be recorded and reported to QA Committee in monthly QAPI Meetings. | | |

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