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

30th 10/28/16

PRINTED: 09/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445460	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	R 09/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VANCO MANOR NURSING AND REHABILITATION CENTER, INC	813 S DICKERSON RD GOODLETTSVILLE, TN 37072

(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)	(X6) COMPLETION DATE
{K 021} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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: (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 Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1 Boiler rooms, heater rooms, and mechanical equipment rooms doors are kept closed. This STANDARD is not met as evidenced by: Based on observation and testing, the facility failed to maintain the cross corridor fire/smoke doors. The findings included: 1. Observation on 9/28/16 at 11:10 AM, revealed one (1) of the cross corridor fire doors located near the ADON Office was missing the fire rating label. NFPA 101, 4.4.2.1 (2000 Edition), NFPA 101, 8.2.3.2.1 (2000 Edition), NFPA 80, 1-5 (1999 Edition). 2. Observation on 9/28/16 at 11:14 AM, revealed the Maintenance Office fire door facing was damaged near the locking hardware. NFPA 101,	{K 021}	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements and state requirements when necessary K021 1. The Doors have been replaced. 2. 100% of all fire doors to ensure they have appropriate labels have been completed. 3. The Maintenance Director was re-educated on all fire rating labels and to ensure contractors did not cover or remove them.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature], NHA, MPH
TITLE: Administrator
(X8) DATE: 10/14/16

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 021}	Continued From page 1 44.2.1 (2000 Edition), NFPA 101, 8.2.3.2.1 (2000 Edition). These findings were verified and acknowledged by the director of maintenance during the exit conference on 9/28/16.	{K 021}	4. Maintenance director will complete monthly audits to ensure all fire labels are present as required. His findings will be reviewed at the quarterly QA meeting. 5. 10/18/16	10/18/16