

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

PRINTED: 07/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445339	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2013
--	--	---	--

NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343
---	---

(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 018 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to prevent the blocking of corridor resident room doors in the open position.</p> <p>The findings included:</p> <p>Observations during the initial tour on 6/19/13 beginning at 10:02 AM, revealed the corridor doors to all resident rooms (rooms 101 through 110; rooms 201 through 210 and rooms 301 through 310) were blocked in the open position by resident bathroom doors in each room.</p> <p>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/19/13.</p>	K 018	<p>K 018</p> <p>The corridor doors to all resident rooms (rooms 101 through 110; rooms 201 through 210; and rooms 301 through 310) are not blocked from being in the open position by the resident bathroom doors in each room.</p> <p>This finding will be corrected by the maintenance director by 7/1/13. The maintenance director will install a Spring Hinge on all resident room bathroom doors in each room which includes (rooms 101 through 110; rooms 201 through 210; and rooms 301 through 310).</p> <p>An audit of orders on all active charts is conducted and corrections made.</p> <p>Inservice was given to the Director of Nursing, Medical Records, and MDS Coordinator of procedure for recapping orders on a monthly basis before physician signs.</p> <p>The Maintenance Director and the Administrator will check each resident room to ensure that each bathroom door has a Spring Hinge installed and it works as required.</p>	
K 054 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 054	<p>The Safety Committee will be inserviced by the Administrator and the Maintenance Director regarding will be inserviced on the purpose of the Spring Hinge installation. All resident rooms will be audited for correctness and brought to QA monthly.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Crystal March* TITLE *Administrator* (X6) DATE *7/12/13*

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.

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

PRINTED: 07/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445339	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2013
--	--	---	--

NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343
---	---

(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 054	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the smoke detectors were installed at least 3 feet from the air returns.</p> <p>The findings included:</p> <p>Observations during the initial tour on 6/19/13 beginning at 9:35 AM, revealed smoke detectors were not installed at least 3 feet from the air returns in the following locations:</p> <ol style="list-style-type: none"> The smoke detector in the group room/puzzle room. The smoke detector in the maintenance director's office. <p>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/19/13.</p>	K 054	<p>K054</p> <p>The smoke detectors will be installed at least 3 feet from the air returns in the group room/puzzle room and the maintenance director's office by 7/15/13.</p> <p>The Maintenance Director and the Administrator will check the room/puzzle room and the maintenance director's office to ensure that they are installed as required.</p> <p>The Safety Committee will be inserviced by the Administrator and the Maintenance Director regarding the purpose of installing the smoke detectors at least 3 feet from the air returns. The group room/puzzle room and the maintenance director's office will be audited for correctness and brought to QA monthly.</p>	
-------	---	-------	---	--