

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

FEB 04 2011

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 01/18/2011
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NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2406 MITCHELL STREET HUMBOLDT, TN 38343
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(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
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K.066 SS-D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 18.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to provide metal containers with self-closing cover devices at all smoking areas.</p> <p>The findings included:</p> <p>Observations of the smoking area at the drive through canopy on 1/18/11 at 9:01 AM, revealed there was no metal container with a self-closing cover device into which ashtrays could be emptied into.</p>	K.066 K.066	<p>1) A metal container that is compliant with the NFPA 101 Life Safety Code Standard will be installed in all smoking areas.</p> <p>2) This has the potential to affect all residents.</p> <p>3) The maintenance director will monitor the smoking areas weekly for compliance.</p> <p>4) The Maintenance Director will report any non-compliance to the QA committee. The QA committee consists of the ADM, the DON, FS, SS, MR, MDS, pharmacy and others</p>	2/2/11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE *Administrative* (X5) DATE *2/4/11*

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445339	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03-MAIN BUILDING B. WING _____ FEB 04 2011	(X3) DATE SURVEY COMPLETED 01/18/2011
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NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343
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(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
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K 147 SS-D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain all electrical wiring and components.</p> <p>The findings included:</p> <p>Observations during the initial tour on 1/18/11 revealed the following:</p> <p>a. At 10:20 AM, the ground fault circuit interrupter (GFCI) receptacle in the toilet room of resident room 210 did not function.</p> <p>b. At 10:24 AM, the ice machine in dietary was not connected to a GFCI receptacle.</p>	K 147	<p>1) The GFI receptacle in the toilet room has been replaced with a properly functioning one.</p> <p>The receptacle for the ice machine has been replaced with a GFI receptacle.</p> <p>2) This has the potential to affect all residents.</p> <p>3) The maintenance director will monitor outlets for compliance and repair/replace as needed.</p> <p>4) The Maintenance Director will report any non-compliance to the QA committee. The QA committee consists of the ADM, the DON, FS, SS, MR, MDS, pharmacy and others</p>	2/20/11
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