

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

PRINTED: 04/11/2012
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 03/26/2012
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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 052
SS=F

NFPA 101 LIFE SAFETY CODE STANDARD
A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

This STANDARD is not met as evidenced by:
Based on record review, it was determined the facility failed to annually test its fire alarm system.

The findings included:

Review of the facility's fire alarm testing records on 3/26/12 at 9:58 AM, revealed the last annual test of the fire alarm system was 12/2/10.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/26/12.

K 062
SS=F

NFPA 101 LIFE SAFETY CODE STANDARD
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:
Based on observation and record review, it was

K 052

The Facility will ensure that it will annually test its fire alarm System.

4/26/12

The fire alarm system was tested on February 15, 2012

The Maintenance Director will monitor the fire alarm testing schedule to ensure compliance with the regulation and report any pending inspections to ensure compliance and report any non-compliance to the QA Committee monthly.

K 062

The Facility will ensure that it will have the required spare supply of at least 6 glass frangible sprinkler heads in its sprinkler riser room.

4/26/12

The Facility has ordered and received the 6 required Glass frangible sprinkler heads and they are now stored in the sprinkler riser room.

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

TITLE

Administrator

(X6) DATE

4/12/12

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 BAILEY PARK CLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343		
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K 062	Continued From page 1 determined the facility failed to maintain and test a complete automatic sprinkler system. The findings included: Observations on 3/26/12 at 7:50 AM, revealed the facility did not have the required spare supply of at least 6 glass frangible sprinkler heads in it's sprinkler riser room. Review of the facility's sprinkler testing records on 3/26/12 at 9:35 AM, revealed the sprinkler system was tested on 3/16/11, 6/1/11, 1/11/12 and 3/15/12. The system was not tested quarterly as required during the 3rd quarter of 2011. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/26/12.	K 062	The Maintenance Director will maintain the proper required glass frangible sprinkler heads in the sprinkler riser room and replace as required. The maintenance director will report any non-compliance to the QA committee monthly. The Facility will ensure that it will quarterly test its sprinkler system. The Maintenance Director will monitor the sprinkler system testing schedule to ensure compliance with the regulation and report any pending inspections to ensure compliance and report any non-compliance to the QA committee monthly.		
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review, it was determined the facility failed to have the kitchen suppression system inspected every 2 years as required. The findings included: Review of the facility's kitchen suppression inspection records on 3/26/12 at 9:46 AM, revealed the last inspection of the suppression system was 5/4/11.	K 069	The Facility will test the kitchen suppression system as required. The Facility does currently test the kitchen system as required as evidenced by the records showing the system being inspected on 5/4/11 and on 11/10/11. The Facility will ensure that it will test the kitchen suppression system twice annually. The Maintenance Director will monitor the kitchen suppression system testing schedule to ensure compliance with the regulation and report any pending inspections to ensure compliance and report any non-compliance to the QA committee monthly.	4/26/12	

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K 069	Continued From page 2 This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/26/12.	K 069		

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APR 11 2012