

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

PRINTED: 11/20/2009
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 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2009
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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 072 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by. Based on observation, it was determined the facility failed to ensure the means of egress was accessible an free of obstructions.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations in the service hall on 11/8/09 at 8:43 AM, revealed six barrels, a trash can and a bedside table were stored in the service hall which could impede any easy means of egress Observations of the court yard area on 11/8/09 at 9:25 AM, revealed a grill was in the path of egress which could impede any easy means of egress. 	K 072	<p>Consultant, the Social Services director, the Activity director, the environmental services director, the MDS coordinator, and others as appointed by the administrator, will make any needed changes to the plan .</p>	
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 observations, it was determined the facility failed to maintain all electrical equipment in the building.</p>	K 147	<p>K 147</p> <p>The facility will maintain all electrical equipment in the building.</p> <p>The light fixture in the laundry area has been replaced on 11/9/09 by the Maintenance Director.</p> <p>The hydrocollator in the rehab room now has a GFI receptor as of 11/09/09. Repaired by the Maintenance Director</p>	11-9-09

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE <i>Betty Mullins Adm</i>	TITLE Adm	(X6) DATE 11-05-09
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A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 072 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by. Based on observation, it was determined the facility failed to ensure the means of egress was accessible an free of obstructions.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observations in the service hall on 11/8/09 at 8:43 AM, revealed six barrels, a trash can and a bedside table were stored in the service hall which could impede any easy means of egress 2. Observations of the court yard area on 11/8/09 at 9:25 AM, revealed a grill was in the path of egress which could impede any easy means of egress. 	K 072	<p>The facility will ensure that the means of egress will be accessible and free of obstructions</p> <p>The six barrels, a trash can and a bedside table were removed from the service hall on 11/9/09 by the housekeeping supervisor. The barrels are now being stored in the laundry area.</p> <p>The grill was moved from the sidewalk in the court yard on 11/9/09 by the maintenance director.</p> <p>The Administrator and/or the Maintenance Director will monitor these areas 5 days a week x 30 days and then weekly x 3 monthly then quarterly. The findings will be reported to the QA committee monthly x 3 months and then quarterly for the next 12 months. The QA committee, comprised of the Administrator, the Director of Nursing, the Medical Director, Dietician /food service manager, the Pharmacy</p>	11-9-09
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 observations, it was determined the facility failed to maintain all electrical equipment in the building.</p>	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE <i>Betty Mullins Adm</i>	TITLE Adm	(X6) DATE 11-25-09
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any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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 147	Continued From page 1 The findings included: 1. Observations in the laundry area on 11/8/09 at 8:44 AM, revealed a light fixture had exposed electrical wires. 2. Observations in the rehab room on 11/8/09 at 9:06 AM, revealed the Hydrocollator needed to be plugged into a ground fault interrupter receptor. 3. Observations in the dietary area on 11/8/09 at 9:20 AM, revealed the electrical wires from a radio had been spliced together.	K 147	The radio in the Dietary Department was removed by 11/9/09 by the Maintenance Director. The Maintenance Director will do Preventative Maintenance monthly and the physical plant consultant will review on the quarterly visit. Finding will be brought to the QA committee monthly. The QA committee, comprised of the Administrator, the Director of Nursing, the Medical Director, Dietician /food service manager, the Pharmacy Consultant, the Social Services director, the Activity director, the environmental services director, the MDS coordinator, and others as appointed by the administrator, will make any needed changes to the plan .	