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FEB 10 2016

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445339	A. BUILDING 03 - MAIN BUILDING B. WING _____	01/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAILEY PARK CLC	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=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches shall be prohibited. 18.3.6.3 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain doors opening onto the corridor. The findings included: Observations on 1/25/16 revealed the following: a. At 9:10 AM - the storage room door by the therapy department was missing a door closure. b. At 9:35 AM - the clean linen door in the service hall was missing a door closure. The findings was verified by the maintenance personal and acknowledge by the administrator during the exit conference on 1/25/16.	K 018	**K018** 1. Maintenance director added door closure to storage room door on 01/25/2016. 2. Maintenance director added door closure to clean linen door on 01/25/2016.	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: National Fire Protection (NFPA) 25, 2-2.1.1 (1999 edition). Based on observation, the facility failed to maintain all sprinkler heads.	K 062	**K062** 1. Maintenance director cleaned all sprinkler heads in the building on 01/25/2016. 2. Maintenance director will clean all sprinkler heads every three months or sooner if needed. Maintenance director will keep a log to ensure this task is done. 3. Maintenance director contacted Superior Fire Protection on 01/26/2016 to replace sprinkler heads in dishwasher room with non-corrosive sprinkler heads. Sprinkler heads are scheduled to replaced on 02/26/2016.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Clint Hutcheson Adm 2/9/16 JP PHNC2

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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	445339		01/25/2016

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K 062	Continued From page 1 The findings included: Observations on 1/25/16 beginning at 9:00 AM, revealed the following: a. The sprinkler heads in rooms 102, 103, 105, 108, 201, 203, 204, 205, 206, 207, 210, 301, 302, 303, 305, 308 and 309 had a buildup of lint on them. b. The sprinkler head in the corridor outside the employee lounge had a buildup of lint on it. c. Two sprinkler heads in the dishwasher room had a foreign material buildup on them. These finding were verified by the maintenance supervisor during the tour of the facility and acknowledged by the administrator during the exit conference on 1/25/16.	K 062		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: Based on record review, the facility failed to provide a load bank test report. (National Fire Protection Association 110 6-4.2.) The findings included: The facility was unable to provide documentation of the generator having a load bank test conducted for 2014 or 2015. This finding was verified by the maintenance supervisor and acknowledged by the	K 144	**K144** 1. Maintenance director contacted ESSE to conduct a load bank test on the generator on 01/26/2016. The test was completed on 02/08/2016. 2. Maintenance director will keep record to ensure a load bank test is completed yearly.	

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K 144	Continued From page 2 administrator during the exit conference on 1/25/16.	K 144		

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