

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

PRINTED: 12/08/2014  
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  12/01/2014
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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 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 record review, it was determined the facility failed to conduct a 5 year obstruction investigation on the sprinkler piping, as required.

The findings included:

During record review the facility was unable to provide documentation to verify that a 5 year obstruction investigation had been conducted on the sprinkler piping.

National Fire Protection Association 25 1998 edition 10-2.2\* Obstruction Prevention. Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections.

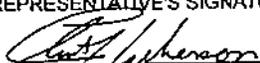
This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 12/1/14.

K 062

- K 062
1. Superior fire protection is scheduled to complete the obstruction prevention system inspection on 12/17/2014
  2. Maintenance director will keep records to ensure the obstruction prevention system inspection is completed every 5 years.

12/17/14

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  	TITLE Administrator	(X6) DATE 12/17/14
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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 067  
SS=F

**NFPA 101 LIFE SAFETY CODE STANDARD**

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A

This STANDARD is not met as evidenced by:  
Based on review of the National Fire Protection Association (NFPA) standards, record review and interview, it was determined the facility failed to maintain all fused link fire dampers, as required.

The findings included:

Review of the NFPA maintenance standard 90 A, 1999 edition, 3-4.7 documented, "at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary."

During record review the facility failed to provide documentation that all fused link fire dampers had been inspected every 4 years as required.

During an interview in the maintenance director's office on 12/1/14 at 1:15 PM, the maintenance director revealed he was unaware of the requirement for inspections of all fused link fire dampers.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 12/1/14.

K 067

- K 067
- Maintenance director completed the fuse link fire damper inspection on 12/15/14.
  - Maintenance director will keep records to ensure the fuse link fire damper inspection is completed every 4 years.

12/15/14

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