

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

RECEIVED

PRINTED: 08/15/2011
FORM APPROVED
OMB NO. 0938-0301

AUG 26 2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445321	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2011
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NAME OF PROVIDER OR SUPPLIER ARDMORE ON MAIN CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
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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 038 NFPA 101 LIFE SAFETY CODE STANDARD
SS=F
Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the exit access.

The findings include:

1. Observation of the exit located next to rooms 41 and 44 on 8/8/11 at 11:30 AM, revealed the walking surface from the exit discharge to the public way was not slip resistant under foreseeable conditions.
2. Observation on 8/8/11 at 11:20 AM, revealed the dining room doorway into the smoking area did not have a 'NO Exit' sign posted.

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/8/11.

K 062 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

K 038
1.a. Gates Service notified 8/16/11 to initiate process to begin pouring sidewalk to complete a safe path of egress. Scheduled completion date 8/22/11.
1.b. A Not an Exit sign was posted on the dining room doorway 8/15/11.

2.a. No residents were affected by this practice as the exit is not used. An audit was conducted to ensure that the other exits had appropriate signage and that all other exits had proper egress by the Maintenance Director on 8/8/11.

3. The Maintenance Director was re-educated by the Administrator on compliance regarding exits having proper egress and proper signage being placed appropriately throughout and outside the facility. This education was completed by 8/17/11

4. The Administrator and Maintenance Director will check directional exit signage one time weekly for four weeks and monthly times two months during safety rounds. The PI Committee consisting of the Administrator, Director of Nursing Services, Activity Director, Social Services Director, Nutritional Services Director, Maintenance Director, Business Office Manager and the Medical Director will monitor results of the safety rounds and address monthly in PI.
Date of compliance 8/24/11

K 062

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Bony McConan TITLE Administrator (X6) DATE 8/24/11

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445321	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2011
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NAME OF PROVIDER OR SUPPLIER ARDMORE ON MAIN CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
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K 062 Continued From page 1
This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the sprinkler system. The findings include:
Observation on 8/8/11, at 11:13 AM, revealed there was no fire department connection (FDC) sign posted above the FDC.

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/8/11.

K 067 SS=D 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. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:
This rule is not met as evidence by:
Based on observations, it was determined the facility failed to maintain the heating, ventilating and air condition system.

The findings include:
1. Observation of rooms 20 and 31 on 8/8/11 at 11:06 AM, revealed the exterior air conditioning unit covers were missing.
2. Observation on 8/8/11, at 11:42 AM, revealed the soiled linen room had positive pressure

These findings was acknowledged by the

K 062 K062
1. The fire department connection sign was ordered from International Fire and posted above the FDC 8/19/11 by the Maintenance Director.

2. No residents have been affected by this practice. An audit was conducted to ensure that appropriate signage was in place by the Administrator and the Maintenance Director 8/8/2011.

K 067
3. The Maintenance Director was re-educated by the Administrator on compliance regarding proper signage being placed appropriately throughout the facility and outside the facility. This education was completed by 8/17/11

4. The Administrator and the Maintenance Director will make rounds checking for appropriate signage one time weekly for four weeks and monthly times two months. The PI committee consisting of the Administrator, Maintenance Director, Director of Nursing Services, Activity Director, Social Services Director, Business Office Manager, Nutritional Services Director, and the Medical Director will monitor results of rounds and address monthly in PI.

Date of Completion 8/24/11

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K 062	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system. The findings include: Observation on 8/8/11, at 11:13 AM, revealed there was no fire department connection (FDC) sign posted above the FDC.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/8/11.</p> <p>K 067 NFPA 101 LIFE SAFETY CODE STANDARD SS=D</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: This rule is not met as evidence by: Based on observations, it was determined the facility failed to maintain the heating, ventilating and air condition system.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation of rooms 20 and 31 on 8/8/11 at 11:06 AM, revealed the exterior air conditioning unit covers were missing. 2. Observation on 8/8/11, at 11:42 AM, revealed the soiled linen room had positive pressure <p>These findings was acknowledged by the</p>	K 062	<p>K067</p> <ol style="list-style-type: none"> 1. a. The exterior air conditioning unit covers were ordered 8/9/2011 for those units identified as being without covers and placed on the units 8/19/2011 by the Maintenance Director. 1.b. Artic refrigeration was called 8/9/2011 to repair exhaust so that negative air pressure would be restored. 2. No residents have been affected by this practice. An audit was conducted 8/8/2011 by the Maintenance Director to ensure that the other units had appropriate covers and that all other vents had negative air pressure where required. 3. The Maintenance Director was re-educated by the Administrator 8/8/11 on ensuring areas requiring negative pressure meets the requirement and that all air conditioning units have appropriate covers. This education was completed by 8/17/11 4. The Maintenance Director will make rounds weekly times 4 weeks then once a month for two months to identify missing air conditioning unit covers and assess exhaust fans for required negative pressure and will report all findings in the PI meeting. The PI Committee consists of the Administrator, Director of Nursing Services, Maintenance Director, Social Services, Business Office Manager, Activity Director, Nutritional Services Director, and the Medical Director <p>Date of Completion 8/24/11</p>	