

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

PRINTED: 05/18/2009
FORM APPROVED
OMB NO. 0938-0391

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 05/11/2009
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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 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the fire and smoke barriers as required by the National Fire Protection Association 101, 19.3.6.3.1.</p> <p>The findings included:</p> <p>Observations on 5/11/09 revealed the following:</p> <p>a. At approximately 10:50 AM, in the east hall area, the corridor next to the computer room had a penetration on one side.</p> <p>b. At approximately 11:00 AM, the dining room area entry door had penetrations on one side of the door.</p>	K 018	<p><i>This plan of correction is being submitted in compliance with specific regulatory requirements and this preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the Statement of Deficiencies.</i></p> <p>K-018</p> <p>1. a. Penetrations next to computer room were sealed by Maintenance Director on 5/15/09.</p> <p>b. Penetrations by the dining room area entry were sealed by Maintenance Director on 5/15/09.</p> <p>c. Fabricator was contacted on 5/14/09 regarding room's 12, 25, 27 door frame fabrication. It will be installed immediately upon fabrication.</p> <p>d. The latch on room 31's door was repaired by the Maintenance Director on 5/14/09.</p> <p>2. Resident doors were audited by the Maintenance Director by 5/29/09 to ensure all resident room doors properly latch. The maintenance director audited corridors and doors for penetrations by 5/29/09. The Maintenance Director will conduct weekly audits for 30 days to identify any unsealed doors.</p> <p>3. The Maintenance Director was re-educated by the Administrator by</p>	5/29/09
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maucella Bryant</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/29/09</i>
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* 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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K 018	Continued From page 1 c. Between 11:00 AM and 12:15 AM, resident rooms 12, 25 and 27's entry doors were warped and could not close tight around their upper halves. d. At approximately 12:30 PM, resident room 31's entry door did not close and latch within the frame. During the tour of the facility the Maintenance Director confirmed the presence of the findings as noted above.	K 018	5/27/09 on repairing penetrations, doors that do not fit frames properly and doors that do not latch properly. 4. The Maintenance Director will report tracking and trends of weekly rounds and monthly preventative maintenance program at the monthly Quality Management meeting. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers.	
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect the exit openings as required by the National Fire Protection Association 101, 19.2.2.2.6..	K 021	K-021 1. The wedge was immediately removed from the therapy door on 5/11/09. 2. An audit was conducted by the Maintenance Director on 5/11/09, no other doors were wedged open. The Maintenance Director will conduct rounds to check for wedged doors weekly for the next 30-days. Doors will be randomly inspected during monthly preventative maintenance rounds. 3. Staff were re-educated that doors can be held open with a wedge by the Assistant Director of Nursing by 5/29/09.	

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K 021	Continued From page 2 The findings included: Observations on 5/110/9 at approximately 11:30 AM, revealed the Therapy area entry/exit door was blocked with a wedge and did not have a magnetic lock. During the tour of the facility the Maintenance Director confirmed the presence of the finding as noted above.	K 021	4. The Maintenance Director will report tracking and trends of weekly rounds and monthly preventative maintenance program at the monthly Quality Management meeting. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers.	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect the fire and smoke barriers as required by the National Fire Protection Association 101, 8.3.6.1</p> <p>The findings included: Observations on 5/11/09 at approximately 1:30 PM, revealed the ceiling area above the north hall fire door had a penetration around ¾ inch (") diameter pipe in the fire wall. During the tour of the facility the Maintenance</p>	K 025	<p>K-025</p> <p>1. The penetration above North Hall fire door was sealed by the Maintenance Director by 5/15/09.</p> <p>2. The Maintenance Director completed an audit of all wall areas surrounding the fire doors by 5/29/09. The Maintenance Director will conduct rounds to check for penetrations around fire doors weekly for the next 30-days. Walls will be randomly inspected during monthly preventative maintenance rounds.</p> <p>3. The Maintenance Director was educated that there cannot be penetrations in walls around fire doors by the Administrator on 5/20/09.</p> <p>4. The Maintenance Director will report tracking and trends of weekly rounds and monthly preventative maintenance program at the monthly</p>	5/29/09

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K 025	Continued From page 3 Director confirmed the presence of the finding as noted above.	K 025	Quality Management meeting. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers. K-038 1. The exit door area in the dining room was immediately cleared on 5/11/09. 2. No exit doors were blocked on 5/11/09. Maintenance Director will audit exit doors weekly for 30-days to ensure they are not blocked. Exit door areas will be randomly audited during monthly preventative maintenance rounds. 3. Staff will be re-educated on keeping exit ways clear and unblocked by the Assistant Director of Nursing Services by 5/29/09. The Maintenance Director taped off a 3-foot area around the dining room exit door to remind staff and residents not to block that area. 4. The Maintenance Director will report tracking and trends of weekly rounds and monthly preventative maintenance program at the monthly Quality Management meeting. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 protect the fire barriers as required by the National Fire Protection Association 101, 7.1.10.1; 101, 19.2.1. The findings included: Observations on 5/11/09 at approximately 10:15 AM, revealed the dining room area's exit door was blocked with dining tables, chairs and a bucket on the outside of the door. During the tour of the facility the Maintenance Director confirmed the presence of the findings as noted above.	K 038		
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.	K 066		

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K 066	Continued From page 4 (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to comply with smoking regulations as required by the National Fire Protection Association 99; 101, 19.7.4. The findings included: Observations on 5/11/09 at approximately 9:55 AM, revealed resident room 27 had no precautionary sign such as "NO-SMOKING" posted outside indicating oxygen was in use. During the tour of the facility the Maintenance Director confirmed the presence of the finding as noted above.	K 066	Services, and three other Department Managers. K-066 1. An "oxygen in use" sign was immediately placed on room 27's door on 5/11/09. 2. The Director of Nursing Services completed a visual check to ensure all other doors requiring the posted sign were in place on 5/11/09. The Director of Nursing Services will conduct weekly audits for 30-days to ensure "oxygen in use" signs are posted appropriately. 3. Staff were re-educated to post "oxygen in use" signs appropriately by the Assistant Director of Nursing by 5/29/09. 4. The Director of Nursing Services will report tracking and trends of weekly audit at the monthly Quality Management meeting. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than	K 076	K-076 1. The Maintenance Director immediately secured the oxygen tank on 5/11/09.	

Staff

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K 076	Continued From page 5 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain pressurized cylinders as required by the National Fire Protection Association 99; 101, 19.3.2.4. The findings included: Observations on 5/11/09 at approximately 12:10 PM, the oxygen storage area revealed the cylinders were not protected from falling. The Maintenance Director immediately secured the cylinders.	K 076	2. No other area in the center has oxygen storage. 3. Licensed nurses were re-educated on safe e-tank storage by the Assistant Director of Nursing by 5/29/09. The Maintenance Director will inspect the e-tank storage room weekly for 30-days and as part of the monthly preventative maintenance program. 4. The Maintenance Director will report tracking and trends of weekly rounds and monthly preventative maintenance program at the monthly Quality Management meeting. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers.	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system as required by the National Fire Protection Association (NFPA) 70, 110-12; 70, 110-13(a); 70, 410-56(d). The findings included:	K 147	K-147 1. a. The Maintenance Director put the electrical splice in the nutritional services department in a junction box on 5/14/09. b. The Maintenance Director repaired the loose electrical box in the computer room on 5/14/09. c. The Maintenance Director repaired the LB connection's open cover plate in the boiler room on 5/14/09.	<i>5/29/09</i>

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K 147	Continued From page 6 Observations on 5/11/09 revealed the following: a. At approximately 9:30 AM, the refrigerator area in dietary had an electrical splice that was not in a junction box. NFPA 70, 110-12; 70, 410-56(d). b. At approximately 9:40 AM, the east hall computer room back wall had a loose electric outlet box. c. At approximately 10:15 AM, the boiler room had an LB connection with an open cover plate. NFPA 70, 410-56(d). d. At approximately 10:20 AM, the boiler room had an electric panel #QOC had an open slot among the breakers. NFPA 70, 373-4. During the tour of the facility the Maintenance Director confirmed the presence of the findings as noted above.	K 147	2. No other area in the center has oxygen storage. 3. Licensed nurses were re-educated on safe e-tank storage by the Assistant Director of Nursing by 5/29/09. The Maintenance Director will inspect the e-tank storage room weekly for 30-days and as part of the monthly preventative maintenance program. 4. The Maintenance Director will report tracking and trends of weekly rounds and monthly preventative maintenance program at the monthly Quality Management meeting. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers. K-147 1. a. The Maintenance Director put the electrical splice in the nutritional services department in a junction box on 5/14/09. b. The Maintenance Director repaired the loose electrical box in the computer room on 5/14/09. c. The Maintenance Director repaired the LB connection's open cover plate in the boiler room on 5/14/09.	5/29/09

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K 147	Continued From page 6 Observations on 5/11/09 revealed the following: a. At approximately 9:30 AM, the refrigerator area in dietary had an electrical splice that was not in a junction box. NFPA 70, 110-12; 70, 410-56(d). b. At approximately 9:40 AM, the east hall computer room back wall had a loose electric outlet box. c. At approximately 10:15 AM, the boiler room had an LB connection with an open cover plate. NFPA 70, 410-56(d). d. At approximately 10:20 AM, the boiler room had an electric panel #QOC had an open slot among the breakers. NFPA 70, 373-4. During the tour of the facility the Maintenance Director confirmed the presence of the findings as noted above.	K 147	d. The Maintenance Director covered the open area on the breaker box on 5/14/09. 2. The Maintenance Director completed an audit of electrical splices, outlet boxes, LB connection covers and breakers on 5/14/09. The Maintenance Director will conduct weekly audits for 30-days and include these items on preventative maintenance. 3. The Maintenance Director was educated on electrical joints in conduit boxes, electrical outlet boxes not being loose, cover plates in place on LB connections and breaker slots completely covered. 4. The Maintenance Director will report tracking and trends of weekly rounds and monthly preventative maintenance program at the monthly Quality Management meeting. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers.	

5/19/09