

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

PRINTED: 08/12/2013
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 08/05/2013
NAME OF PROVIDER OR SUPPLIER ARDMORE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449	
(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 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on record review, it was determined the facility failed to have the sprinkler system inspected and tested periodically.</p> <p>The finding included:</p> <p>Record review on 8/5/13 at 12:25 PM, the facility was unable to provide a quarterly sprinkler inspection for the second quarter of 2013.</p> <p>This finding was acknowledged by the facility administrator during the exit conference on 8/5/13.</p>	K 062	<p>K062</p> <p>Automatic sprinkler inspection completed 8/8/2013 and scheduled for future quarterly inspections with the vendor immediately upon identification.</p> <p>Facility administrator or designee will verify that quarterly inspections are completed according to routine inspection schedule X 4 quarters.</p> <p>The facility administrator completed education with Maintenance Director on 8-8-13, on Automatic Sprinkler inspections including the expectation that they are completed quarterly.</p> <p>The facility will review with the Performance Improvement committee each quarterly inspection verification to ensure they are completed timely X 4 quarters.</p>	
K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(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</p>	K 076	<p>Date of Compliance</p> <p>K076</p> <p>Unsecured oxygen tanks identified on 8/5/13 immediately secured upon identification.</p> <p>The administrator or designee will check designated oxygen storage locations at random intervals 3X week X 4 weeks to ensure that all oxygen tanks are secured.</p>	9/5/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Christine Lygett Administrator *8/21/13* TITLE DATE

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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K 076	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to properly store medical gas. The finding included: Observations of the oxygen storage closet and the nurses station on 8/5/13 at 11:46 AM, revealed oxygen cylinders stored unsecured. This finding was acknowledged by the facility administrator during the exit conference on 8/5/13.	K 076	The administrator or designee will check the nurses' station to verify there are no unsecured oxygen tanks at random intervals 3X week X 4 weeks. Direct care staff will be re-educated on the oxygen storage policy, including proper storage locations. The facility will ensure ongoing compliance with the administrator or designee conducting weekly checks of oxygen storage locations and the nurses' station 1 X week X 3 months.		
K 147 SS=D	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 observations and testing, it was determined the facility failed to maintain the electrical wiring and equipment in accordance with National Fire Protection Association 70, National Electrical Code. 9.1.2. The findings included: 1. Observations on 8/5/13 at 11:24 AM, revealed oxygen concentrators plugged into power strips in West hall room 1 and East hall room 13. 2. Testing on 8/5/13 at 11:31 AM, revealed the ground fault circuit interrupter in North hall room 35 was not functioning.	K 147	Performance Improvement Committee monthly X 3 and further as needed. The Performance Improvement committee consists of the Administrator, Medical Director, Director of Nurses, Unit Manager, Health Information Manager, Business Office Manager, Social Services, Maintenance Director, Recreation Director, and Director of Food Services. Ongoing audits will be determined as needed by the PI committee. Date of Compliance K147 Ground fault circuit interrupter repaired, back to back power strips removed, and extension cord removed immediately upon identification.	9/5/13	

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K 147	Continued From page 2 3. Observation on 8/5/13 at 11:36 AM, revealed back to back power strips at the nurses station and in the social services office. 4. Observations on 8/5/13 at 11:44 AM, revealed an extension cord in use in East hall room 17. These findings were acknowledged by the facility administrator during the exit conference on 8/5/13.	K 147	Every room identified as needing additional outlets will have a UL listed quad adapter hard wired to current circuit tree to replace power strips. Maintenance personnel re-educated on the expectation of use of UL listed quad adapters hard wired to the current circuit tree for additional outlets in place of power strips, including not allowing back to back power strips or extension cords under any circumstances. Maintenance Director or designee will complete monthly audits of workstations and resident rooms will be completed 1 X month X 3 months to verify no power strips or extension cords are being used. Performance Improvement Committee monthly X 3 and further as needed. The Performance Improvement committee consists of the Administrator, Medical Director, Director of Nurses, Unit Manager, Health Information Manager, Business Office Manager, Social Services, Maintenance Director, Recreation Director, and Director of Food Services. Ongoing audits will be determined as needed by the PI committee. Date of Compliance	9/5/13	