

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

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 05/17/2010
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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 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the exit directional signs as required.</p> <p>The findings included:</p> <p>Observations in the east hall area next to the therapy office on 5/17/10 at 12:15 PM, revealed the exit directional sign was without an arrow sign. National Fire Protection Association (NFPA) 101, 7.10.1.2.</p> <p>The deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview on 5/17/10.</p>	K 045	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Ardmore on Main Care & Rehabilitation Center does not admit that the deficiency listed on this form exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>K045</p> <p>1. The East Hall Exit Directional Sign near therapy was repaired by the Maintenance Director on May 19, 2010.</p>	
K 052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052	<p>2. The Maintenance Director and Administrator checked other exit signage on May 26, 2010 with no other issues identified.</p> <p>3. The Administrator re-educated the Maintenance Director on June 2, 2010 regarding proper emergency exit signage with correct directional arrows.</p> <p>4. The Administrator and Maintenance Director will check the directional exit</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Diana Fisher* TITLE *Administrator* (X6) DATE *6/4/10*

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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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 052 Continued From page 1

This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the alarm system as required in 3 of 3 (East, West and North halls) halls.

The findings included:

Observations during the fire drill on 5/17/10 at 1:45 PM, the strobe lights in the east and the west halls and as well as the two strobe lights in the north hall were not synchronized. 72; 101, 9.6.1.4.

K 147 SS=D

The deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview on 5/17/10. 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, it was determined the facility failed to maintain the electrical system as required.

The findings included:

Observations of the porch behind the dining room on 5/17/10 at 12:05 PM, revealed the following:
a. The electric receptacle outlet was without a cover plate. National Fire Protection Association

K 052

signage one x weekly x 4 weeks and monthly thereafter during safety walk rounds.

The PI Committee consisting of the Medical Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor the results of the safety walk rounds monthly for three months; subsequent plans of correction will be implemented as necessary based on the walk round results.

K 147

K052

1. Maintenance Director contacted Fire System Provider on May 28, 2010, for repair of the strobe lights to be synchronized during active alarms.
2. Administrator signed a contract for repair of the synchronization of the strobe lights on June 2, 2010, to be repaired on the first available date of the contractor.
3. Strobe light synchronization will be checked one time weekly x four weeks and then monthly during routine fire drills.

6/14/2010

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44532T	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2010
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NAME OF PROVIDER OR SUPPLIER ARDMORE ON MAIN CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25305 MAIN STREET ARDMORE, TN 38449
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K 147

Continued From page 2
 (NFPA) 70, 410-56(d).
 b. The electrical outlet was not a Ground Fault Circuit Interrupter. NFPA 70, 210-8(a)(3).

 The deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview on 5/17/10.

K 147

4. The PI Committee consisting of the Medical Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor the results of the synchronization checks monthly for three months; subsequent plans of correction will be implemented as necessary based on the results.

K147

1. Maintenance Director replaced the electrical outlet with a GFCI plug and waterproof cover by June 4, 2010.

2. Other outside outlets were checked by the Maintenance by June 4, 2010 and repairs were made as indicated.

3. Administrator and Maintenance Director will check outside outlets one time weekly x four weeks and monthly on safety walk rounds.

4. The PI Committee consisting of the Medical Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor the results of the safety walk rounds monthly for three months; subsequent plans of correction will be implemented as necessary based on the results.

6/14/2010

6/14/2010