PRINTED: 01/26/2017
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	TN3312		01/25/2017

NAME OF PROVIDER OR SUPPLIER: ST BARNABAS AT SISKIN HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE: 1 SISKEN PLAZA, CHATTANOOGA, TN 37403

(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) COMPLETE DATE
N 835	1200-8-6-.08 (5) Building Standards (5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to obtain approval from the department of health for alterations to the building. NFPA 101, 2012 Edition 192.2.2.4 (2), 7.2.1.6.1 The deficiency affected 6 of 6 smoke compartments. The findings include: Observation and interview with the maintenance director, on 1/25/17 at 2:00 PM revealed 6 stairwell exits on the 2nd and 3rd floors have delayed egress hardware installed without	N 835	1. No patients were identified as being harmed by this deficiency 2. All patients have the potential to be harmed by this deficiency. 3. The floor plan showing modifications, along with the local fire Marshall's letter demanding the changes be made were sent to TDOH on 2/10/17 for approval. 4. All future facilities modifications will be submitted to TDOH plans review prior to modifications being made.	3/10/17

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cynthia L. Wheeler
TITLE: Administrator
DATE: 2/15/17

STATE FORM 6899 BS8621 If continuation sheet 1 of 2

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N 835	Continued From page 1 approval from the department of health. The maintenance director was present when the deficiencies were identified and acknowledged by the administrative staff during the exit conference on 1/25/17.	N 835		