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

PRINTED: 07/08/2016
FORM APPROVED
OMB NO. 0938-0391

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
	445359		07/05/2016

NAME OF PROVIDER OR SUPPLIER: ROGERSVILLE CARE & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 109 HWY 70 NORTH, ROGERSVILLE, TN 37857

(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=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain the automatic sprinkler system. The findings include: Observation, interview and record review with the maintenance director on 7/5/16 between 10:30 AM and 12:30 PM confirmed multiple deficiencies were identified on the 7/28/15 sprinkler inspection report that the facility could not provide documentation that they had been fixed. These deficiencies are; 1. The 10 year dry sprinkler testing/replacement had not been conducted. NFPA 25, table 5.1 2. Nine sprinkler heads were identified to be replaced at the canopy. NFPA 25, 5.2.1.1 3. Sprinkler heads outside the dish room and in kitchen by the janitor's closet were corroded. 4. The 5 year obstruction had not been conducted. NFPA 25, 10-2.2 5. The 5 year gauge replacement/calibration had not been conducted. 6. Two sprinkler heads in the shower room by room 108 were corroded. 7. Two sprinkler heads over the washer and dryer were corroded. 8. The quick opening device in the dry system #2 " has been turned off, the system continues to trip. " The valve to this QOD was shut at the date of this inspection with the gauge reading " 0	K 062	On7/5/16, the Plant Ops Director notified East Tennessee Sprinkler requesting follow up documentation related to findings on inspection dated 7-28-2015. On 7/6/16 Administrator spoke with Chris Dorr at East Tennessee Sprinkler and routine inspection visit scheduled On 7/12/15 East Tennessee Sprinkler inspected sprinkler system and any areas of concern identified were addressed and supporting documentation obtained for records. (1).Per East Tennessee Sprinkler and Century Fire Protection, the pendant sprinklers are piped in on a return bend drop and a wet type pendant sprinkler. These type sprinklers have a life span of 50 years before testing or replacement is required. Dustin Phillips, FSSI, NFPA/State Certified Fire Inspector confirmed that the 10 year dry sprinkler test was not required in 2013. (2.) Sprinkler heads at canopy were replaced. (3) Sprinkler heads outside the dish room and in the kitchen by the janior's closet were replaced. (4.) 5 year obstruction test was conducted. (5.) 5 year gauge replacement was completed. (6.) Sprinkler heads in the shower room by room 108 were replaced. (7.) Sprinkler heads over the washer and dryer were replaced. (8.) The quick opening device in the dry system #2 was opened On 7/27/2016 the Regional Plant Ops Director provided in-service to Plant Ops Director on following up on inspections and maintaining reports. The Plant Ops Director will report Sprinkler inspection visits to Administrator and submit follow-up paper work with action plan to Administrator at time of visit and to Quality Assurance Performance Improvement Committee Quarterly.	7/27/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carol Lawson
TITLE: Administrator
(X6) DATE: 8-2-16 CK 7-27-16

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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	445359	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/05/2016

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ROGERSVILLE CARE & REHABILITATION CENTER	109 HWY 70 NORTH ROGERSVILLE, TN 37857

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K 062	Continued From page 1 " before the maintenance director opened the valve. NFPA 25 & 13 There was no signage at the fire department connection (FDC). NFPA 25, 9-7.1(e) These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/5/16.	K 062	The Plant Ops Director will perform checks on the Quick Response Valve weekly X 4 weeks then monthly thereafter and report findings to the Quality Assurance Performance Improvement Committee The Quality Assurance Performance Improvement Committee , to include but not limited to (Administrator, DON, ADON's, SSD, Safety Coordinator, Medical Director, FNP, Pharmacist) will review Sprinkler inspection reports to assure follow up is timely and that any areas of concern are addressed immediately	
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure fire door ratings were visible. The findings include: Observation and interview with the maintenance director on 7/5/16 between 11:00 and 11:30 am confirmed; 1. The cross-corridor fire doors on the north wing had the rating painted over. 2. The cross-corridor fire doors by physical therapy and by employee lounge were painted over. 3. The medical records fire door had the rating painted over. 4. The cross-corridor fire doors by the barber shop were painted over. NFPA 80, 1-5.1 These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/5/16.	K 130	On 7/7/2016 the Plant Ops Director began researching paint removal methods that would not also remove the rating information on the rating tag. ON 7/11/2016 the Plant Ops Director and Plant Ops Staff Cleaned and removed paint from the rating tag on the cross-corridor fire doors on the north wing, by Physical therapy, by the employee lounge, Medical Records and by the beauty shop. On 7/ 7/16, the Regional Plant Ops Director inscrviced the Plant Ops Director and Plant Ops Staff on making sure the fire rating tag is not painted over when fire doors are painted. On 7/8/2016 The Plant Ops Director audited all other fire doors Any areas of concern identified were immediately addressed. Plant Ops Director will monitor all cross-corridor fire doors to make sure the rating tag has not been painted over weekly for four weeks then monthly there after and report findings to the Quality Assurance Performance Improvement Committee. The Quality Assurance Performance Improvement Committee , to include but not limited to (Administrator, DON, ADON's, SSD, Safety Coordinator, Medical Director, FNP, Pharmacist) will review monthly the room check audits to ensure audits are completed timely and that any areas of concern are addressed immediately	7-11-16