

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

PRINTED: 04/29/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445470	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2009
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NAME OF PROVIDER OR SUPPLIER ARBOR PLACE OF PURYEAR	STREET ADDRESS, CITY, STATE, ZIP CODE 223 W CHESTNUT, PO BOX 306 PURYEAR, TN 38251
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K 046 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by. National Fire Protection Association (NFPA) 101 2000 EDITION 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review, it was determined the facility failed to test emergency lighting as required.</p> <p>The findings included:</p> <p>Record review on 4/6/09 at 10:12 AM, the facility was unable to provide documentation was to verify that the battery powered emergency lights were tested for 30 seconds/month or tested for 90 minutes/year.</p>	K 046 K046	<p>Maintenance staff will monitor and document battery powered emergency lights are tested for 30 seconds/month, or 90 minutes per year. This will be monitored per Administrator for compliance. Tag will be monitored per Quality Assurance Committee monthly until next survey.</p>	4.30.09
K 047 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous</p>	K 047		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE <i>Jean Murrell</i>	TITLE <i>LNHA</i>	(X6) DATE <i>3/6/09</i>
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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 047 Continued From page 1
illumination also served by the emergency lighting system. 19.2.10.1

This STANDARD is not met as evidenced by National Fire Protection Association 101 2000 Edition

7.10.9.2 Testing.

Exit signs connected to or provided with a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3.

7.9.3 Periodic Testing of Emergency Lighting Equipment.

A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.

This STANDARD is not met as evidenced by:

Based on record review, it was determined the facility failed to test exit signs as required

The findings included:

Record review on 4/6/09 at 10:14 AM, the facility was unable to provide documentation to verify that the battery powered exit lights were tested for

K 047 **K047**
Maintenance staff will montiro and document battery powered exit lights are tested for 30 seconds per month or 90 minutes per year. This will be monitored by Administrator for compliance. Tag will be monitored per Quality Assurance Committee monthly until next survey. *4-30-09*

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K 047	Continued From page 2 30 seconds/month or tested for 90 minutes/year.	K 047		
K 050	NFPA 101 LIFE SAFETY CODE STANDARD SS=D Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by. Based on record review, it was determined the facility failed to provide documentation that all required fire drills were conducted. The findings included: Record review on 4/6/09 at 10:38 AM, revealed the facility failed to conduct a 2nd shift fire drill during the 4th quarter of 2008 and the 3rd shift fire drills during the 3rd and 4th quarters of 2008 and the 1st quarter of 2009.	K 050	K050 Administrator will inservice Maintenance staff to provide unexpected fire drills quarterly/each shift. Documentation will be kept of all shift fire drills. Administrator will monitor for compliance. Tag will be monitored per Quality Assurance Committee monthly until next survey.	4-30-09
K 062	NFPA 101 LIFE SAFETY CODE STANDARD SS=D 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.	K 062	K062 Annual inspection will be done yearly, and quarterly and documented. The 5 year obstructive investigation will be done and documented. Maintenance staff was inservice and advised of these required inspections per life safety inspector. Maintenance will keep a written record of when these inspections are due and documentation when they are done. Administrator will review records for compliance. Tag will be monitored on Quality Assurance Committee monthly until next survey.	5-30-09

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K 062 Continued From page 3
Based on record review, it was determined the facility failed to maintain and test a complete automatic sprinkler system.

The findings included:

Record review of the facility's sprinkler testing reports on 4/6/09 at 10:45 AM revealed the following:
a. The last annual inspection of the sprinkler system was 3/12/08.
b. The facility was not conducting quarterly sprinkler inspections.
c. The facility had not conducted a 5 year obstruction investigation on the sprinkler system
The 3/12/09 annual sprinkler inspection report indicated that it is unknown when the system was last checked for obstructions.

K 064 SS=D NFPA 101 LIFE SAFETY CODE STANDARD
Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10

This STANDARD is not met as evidenced by. Based on observations, it was determined the facility failed to maintain all fire extinguishers

The findings included:

Observations during a tour of the facility on 4/6/09 at 8:52 AM, the portable fire extinguishers at the following locations were last inspected annually in March 2008:
a. In the corridor outside of the kitchen.

K 062

K 064 K064

Facility will maintain portable fire extinguishers with annual inspection and maintain a record of when inspections are due and done. Maintenance will inspect portable extinguishers and maintain a record for when inspections are due and done. Administrator will review records for compliance. Tag will be monitored per Quality Assurance Committee until next survey.

4-14-09

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K 064	Continued From page 4 b. In the corridor outside of patient room 9. c. In the kitchen (K type extinguisher). d. In the kitchen (ABC type extinguisher).	K 064		
K 069 SS=D	NFWA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFWA 96 This STANDARD is not met as evidenced by. Based on record review, it was determined the facility failed to have the kitchen hood suppression system inspected semi-annually. The findings included: Record review of the facility's kitchen hood suppression system inspections on 4/6/09 at 10:40 AM, revealed the last inspection was 3/12/08.	K 069	K069 Facility will maintain record for kitchen hood suppression system inspections to be done semi-annually. Maintenance will keep record of inspection dates and be responsible to have kitchen hood suppression system inspected semi-annually. Administrator will review records for compliance. Tag will be monitored per Quality Assurance Committee until next survey.	4-14-09
K 144 SS=D	NFWA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFWA 99. 3.4.4.1. This STANDARD is not met as evidenced by. Based on observation, it was determined the facility failed to maintain the emergency generator power supply.	K 144	K144 Present generator of facility does not have an enunciator system in place. Request a wavier of adding an enunciator to present facility generator system in lieu of moving into the new facility by July 2009. Formal letter of request of waiver sent to CMS, cc. with this POC.	7/31/09

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K 144	Continued From page 5 The findings included: Observations during a tour of the facility on 4/6/09 at 10:15 AM, revealed the emergency generator for the nursing home was located outside of the facility. The facility did not have an annunciator system in a continuously occupied location to indicate when the generator system was in trouble status.	K 144		