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PRINTED: 02/10/2016
FORM APPROVED
OMB NO. 0938-0391

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

FEB 22 2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445470	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2016
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HEALTHCARE OF PURYEAR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 220 COLLEGE STREET PURYEAR, TN 38251
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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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches shall be prohibited.</p> <p>18.3.6.3 This STANDARD is not met as evidenced by: Based on observations and testing, the facility failed to maintain fire/smoke doors.</p> <p>The findings included:</p> <p>1. Observation on 1/27/16 at 8:55 AM, revealed the fire door located in the clean linen room was held open by un-approved hold open device (wedge). National Fire Protection Association (NFPA) 101, 18.3.6.3.3 (2000 Edition)</p> <p>2. Observation and testing of the resident room doors on 1/27/16 at 10:05 AM, revealed door gaps exceeded 1/2 inches in the following locations: a. 103. b. 106. c. 169. Centers of Medicare and Medicaid Services Survey and Certification 07-18</p> <p>2. Observation and testing of the resident room doors on 1/27/16 at 10:06 AM, revealed room 171 door did not latch properly inside the doorframe. NFPA 80, 15.1.2 (1999 Edition)</p>	K 018	<p>Door wedge was immediately removed from the fire door located in the clean linen room on 01/27/2016 by the Maintenance Supervisor. Weather stripping was placed over resident room doors on rooms 103, 106, and 169 to close the gap on 01/29/2016 by the Maintenance Supervisor. Resident room door latch on room 171 was repaired to ensure complete closure on 02/15/2016 by the Maintenance Supervisor.</p> <p>All fire doors were examined 01/28/2016 by the Maintenance Supervisor to ensure none were being held open by wedges. None were found. All resident room doors were inspected on 01/28/2016 by the Maintenance Supervisor to ensure no other doors had a gap that exceeded 1/2 inch. None were found.</p> <p>All resident room doors were inspected to ensure all latched completely on 01/28/2016 by the Maintenance Supervisor. All found to latch completely.</p> <p>Sign posted on the both sides of the clean linen room door that states "Door MUST be closed at all times" on 01/27/2016. Laundry and Housekeeping staff in-serviced on 02/17/2016 by Housekeeping/Laundry Supervisor on the importance of keeping this door closed.</p>	02/19/16
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kaw Lancaster, WHA

021916

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.



Continuation of K062

Completion Date: 02/17/2016

All sprinkler heads in the facility were examined by the Maintenance Supervisor on 02/02/2016. Any sprinkler heads that were found to have debris, were cleaned. All escutcheon plates in the facility were examined by the Maintenance Supervisor on 02/02/2016. None were found to be loose.

The Maintenance Supervisor will conduct monthly inspections of all sprinkler heads for debris and clean/remove if found. The Maintenance Supervisor will conduct monthly inspections of all escutcheon plates to ensure all are secure and reinforce any found to be loose.

Any noncompliance with the cleaning of sprinkler heads or unsecured escutcheon plates will be reported to the Quality Assurance/Improvement Committee by the Maintenance Supervisor for immediate action to resolve.

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K 147 SS=D	Continued From page 2 Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the electrical system. The findings included: 1. Observation on 1/27/16 at 8:31 AM, revealed the electrical box was damaged behind bed 2 inside room 105. National Fire Protection Association (NFPA) 70, 370-28(c) (1999 Edition) 2. Observations on 1/27/16 at 9:41 AM, revealed an electrical outlet within 6 feet of a sink inside the dish washing room. NFPA 70, 210-8 (1999 Edition) These findings were verified by the maintenance director and acknowledged by the administrator during the exit interview on 1/27/16.	K 147	Electrical box behind bed 2 in resident room 105 was replaced by the Maintenance Supervisor on 01/29/2016. The GFI outlet was installed in dish washing room near the sink by Maintenance Supervisor on 02/01/2016. All electrical boxes in the facility were inspected by the Maintenance Supervisor on 02/16/2016. None found that needed replacing. All electrical outlets within 6 feet of a water source where inspected by the Maintenance Supervisor on 02/01/2016 to ensure they were GFI outlets. None found to be in need of replacement. The Maintenance Supervisor will inspect all electrical boxes monthly and GFI outlets to ensure none are in need of repair. Any future noncompliance with damaged electrical outlets that are not repaired or need for GFI outlet within 6 feet of water source will be reported to the Quality Assurance/Improvement Committee by the Maintenance Supervisor for immediate action to resolve the issue.	02/17/16	

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Continuation of K062

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The Maintenance Supervisor will conduct monthly inspections of all sprinkler heads for debris and clean/remove if found. The Maintenance Supervisor will conduct monthly inspections of all escutcheon plates to ensure all are secure and reinforce any found to be loose.

Any noncompliance with the cleaning of sprinkler heads or unsecured escutcheon plates will be reported to the Quality Assurance/Improvement Committee by the Maintenance Supervisor for immediate action to resolve.

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