

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

PRINTED: 11/14/2014
FORM APPROVED
REOMBW0938-0391

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 2014 11/12/2014
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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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

K 062

K 062-

11-18-14

Most recent sprinkler system inspection was completed on 09/30/14.

This STANDARD is not met as evidenced by:
Based on record review, it was determined the facility failed to maintain and test a complete automatic sprinkler system.

Next quarterly inspection of Sprinkler system due in December 2014.

The findings included:

The facility sprinkler system will be inspected quarterly. The Maintenance Supervisor or his designee will ensure inspections are completed and documentation of inspections are maintained in the maintenance log book quarterly.

Record review revealed the sprinkler system was not inspected quarterly as required.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 11/12/14.

Any future noncompliance of lack of quarterly sprinkler inspections will be reported to the Quality Assurance/Improvement Committee by the Maintenance Supervisor for immediate action to resolve.

National Fire Protection Association (NFPA) 25 1998 edition 2-3.3* Alarm Devices. Water flow alarm devices including, but not limited to, mechanical water motor gongs, vane-type water flow devices, and pressure switches that provide audible or visual signals shall be tested quarterly.

K 069
SS=F

NFPA 101 LIFE SAFETY CODE STANDARD
Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96

K 069

This STANDARD is not met as evidenced by:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Loren Lancaster</i>	TITLE <i>LNH17</i>	(X6) DATE <i>11/18/14</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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NAME OF PROVIDER OR SUPPLIER BENCHMARK HEALTHCARE OF PURYEAR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 220 COLLEGE STREET PURYEAR, TN 38251		
(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 069	Continued From page 1 Based on record review, it was determined the facility failed to conduct inspections of the kitchen suppression system every 6 months. The findings included: Review of the facility's records revealed the kitchen suppression system was not inspected in May 2014. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 11/12/14. National Fire Protection Association 96 1998 Edition 8-2* Inspection. An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons.	K 069	K 069- Most recent kitchen suppression system inspected 11/04/14. The facility kitchen suppression system will inspected every 6 months. The facility kitchen suppression system will be inspected every 6 months. The Maintenance Supervisor or his designee will ensure inspections are completed and documentation of inspections are maintained in the maintenance log book every 6 months. Any future noncompliance for the lack every 6 month kitchen suppression system inspections will be reported to the Quality Assurance/Improvement Committee by the Maintenance Supervisor for immediate action to resolve.	11-18-14	

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