PRINTED: 06/14/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445470	A. BUILDING 02 - BUILDING B. WING	06/07/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR PLACE OF PURYEAR	220 W CHESTNUT, PO BOX 306 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 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect all hazardous areas. The findings included: Observations during a tour of the facility on 6/7/10 at 1:01 PM, revealed the door from the soiled linen room to the laundry would not close and latch and contained a window.	K 029	A new door with a 1 hr. fire rating without windows has been ordered and will be installed by the maintenance man as soon as it is available. It will have a self closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 Has been ordered 6/30/2010	7/15/2010
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 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. The findings included: Record review in the employee break room on 6/7/10 at 10:40 AM, the facility was unable to	K 062	The automatic sprinkler systems will be continuously maintained in reliable operating condition and will be inspected and tested quarterly. This will be monitored and documented by using a check sheet per maintenance. Administrator will monitor by observation of check sheet for compliance. Administrator will sign off check sheet for verification. Tag will be monitored by the Quality Assurance committee monthly until next survey.	7/09/2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Joann McWhite	Administrator	6/30/10

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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	445470		06/07/2010

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ARBOR PLACE OF PURYEAR

STREET ADDRESS, CITY, STATE, ZIP CODE
220 W CHESTNUT, P.O. BOX 306
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K 062	Continued From page 1 provide documentation that the sprinkler system had been inspected quarterly as required.	K 062		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review, it was determined the facility failed to test the emergency generator supply. The findings included: Review of the emergency generator reports in the employee break room on 6/7/10 at 10:55 AM, the facility was unable to provide documentation for a monthly load test of the generator for 30 minutes for March, April, and May of 2010.	K 144	The facility Maintenance person will inspect the generator weekly and exercise it under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. the Maintenance person will monitor this and document each inspection and load time. Administrator will monitor for compliance, by observation of maintenance check sheet and signing off beside that person. Tag will be monitored monthly by the Quality Assurance Committee until next survey.	6/15/ 2010