

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

PRINTED: 09/09/2011  
FORM APPROVED  
OMB NO. 0938-0391

1515120065 >>

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  09/06/2011
NAME OF PROVIDER OR SUPPLIER  ARBOR PLACE 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 029 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that all storage room doors were not self closing.</p> <p>The findings included:</p> <p>Observations on 9/6/11 beginning at 10:14 AM, revealed rooms 179, 183 and 185 were being used as storage rooms. The doors to rooms 179, 183 and 185 did not have door closures.</p> <p>The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/6/11.</p>	K 029	<p>Life safety code states: Doors are self closing and non-rated or field applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. All storage room doors will be self closing. Maintenance was in-service, rooms that are used for storage must be self closing. Room 179,183,185 some of the extra rooms that are not certified do not have such closures. In-service was given to the maintenance crew; All items that were stored in these rooms was taken out to the facility's outside building. Administrator will monitor for compliance. All staff will be inservice that no articles are to be left for storage in any empty room.</p>	9-14-2011	
K 046 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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:</p>	K 046			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Joanna Newbold* 9/23/11 *JP* TITLE \_\_\_\_\_ (X6) DATE

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 046	Continued From page 1 Based on observation and manual testing, it was determined the exit sign in the mechanical room was not illuminated as required.  The findings included:  Observations during the tour of the facility on 9/6/11 at 10:25 AM, revealed the exit sign was not illuminated to show the path of evacuation when manually tested.  The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/6/11. <b>NFFPA 101 LIFE SAFETY CODE STANDARD</b>	K 046	The facility will have emergency lighting of at least 1 1/2 hour duration that is provided in accordance with 7.9 19.2.9.1. The faulty Exit light in the mechanical room was replaced. Maintenance will monitor every month all lights for working order. Administrator will monitor for compliance. This tag will be monitored by Quality Assurance monthly until next survey.	9/7/2011
K 050 SS=F	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 observation and review of fire drill procedures, it was determined that the facility staff failed to perform their assigned duties according to the policies and procedures manual.  The findings included:  Review of the facility's fire drill procedures	K 050	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 9PM and 6AM a coded announcement may be used instead of audible alarms. 19.7.1.2	

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K 050	Continued From page 2 revealed the staff were to clear the room and close the door to the room where the drill was being conducted. Residents are not allowed to walk down the hall and through the corridor doors during the fire drill.  Observations of the fire-drill conducted on 9/6/11 at 12:55 PM, revealed the staff did not clear the room and did not close the door to the room. Staff also allow a resident to walk down the hall and go through corridor doors.  The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/6/11.	K 050	In-service will be given by Maintenance to all staff on their duties and responsibilities when a fire drill is performed. Maintenance will monitor their performance. Administrator will monitor for staff compliance and performance. This tag will be monitored by the Quality Assurance Committee until next survey.	9-30-2011	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This STANDARD is not met as evidenced by: Based on review of the fire alarm report, it was determined the facilities fire alarm system had not been inspected annually.  The findings included:	K 052	The fire alarm system is required for life safety is installed, tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72 9.6.1.4 This facility's fire alarm system will be inspected completely each year, an annual inspection was done on 6-27-2011. It did not include the Bi-Annual detector sensitivity calibration. Fire company was called and came to do inspection and test	9-13-2011	

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K 052	Continued From page 3  During review of the fire alarm inspection documentation on 9/8/11 revealed the last annual fire alarm system inspection had been conducted on 6/30/10.  The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/8/11.	K 052	These inspections will be monitored by maintenance yearly. Administrator will monitor for compliance. This tag will be monitored by Quality Assurance monthly until next survey.		

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SEP 25 2011