

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

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FORM APPROVED
OMB NO. 0938-0391

45th 10/08/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445131	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING A B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2016
NAME OF PROVIDER OR SUPPLIER BEVERLY PARK PLACE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918	
(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 052 SS=0	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety shall be tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.5.1.4, 9.6.1.7.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure smoke detectors were at least 3-feet from air flow.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on 8/22/16 at 12:55 PM revealed a smoke detector within 3-feet of air flow in the main floor soiled utility room. (NFPA 101, 9.6.1.4, 9.6.1.7, NFPA 72, 2-3.5.1*)</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 8/22/16.</p>	K 052	<p>K-052</p> <ol style="list-style-type: none"> On 8-23-16 the identified smoke detector located within 3 foot of an air vent was moved by facilities management staff. A 100% audit of smoke detectors was conducted on 8-23-16 by the Director of Facilities Management. No other smoke detectors were identified as having been affected. Facilities Management staff were in-serviced by the Director of Facilities Management on 08-26-16 on the distance required between smoke detectors and air diffusers. 100% of all newly installed smoke detectors will be audited for 3 months by facilities management staff to ensure placement of greater than three feet from an air diffuser. <p>Results of the findings will be reported to the Quality Assurance Performance Improvement Committee x 3 months or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Therapy Manager, Staff Development Coordinator, Social Services Department, MDS Coordinators, Maintenance Director, Laundry Director, Admissions Director, Business Office Manager, Housekeeping Director, Medical Records, Dietary Manager, Activity Director, and Medical Director.</p>	9-15-16
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
<i>Shirley Williamson</i>		Administrator		9/1/16

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 patient. (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 180 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.