

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

45th 8/27/16

PRINTED: 07/25/2016
FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E446	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2016
--	--	--	--

NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771
--	---

(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 022 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. Doors, passages or stairways that are not a way of exit that are likely to be mistaken for an exit have a sign designating "No Exit". 7.10, 18.2.10.1, 19.2.10.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to identify doors that are not means of egress doors as no exit doors.</p> <p>The findings include:</p> <p>Observation on 7/11/16 at 11:09 AM revealed the glass doors leading to an outside space that is in the ALC hallway is not labeled "NO Exit". This outdoor space is not a means of egress and does not lead to a public way.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/11/16.</p>	K 022	<p>Baptist Health Care Center does not agree that any deficiencies existed, including the alleged deficiencies that are the subject of the attached response. The facility does not admit the facts or the conclusions set out in any survey or statement of deficiencies, but makes this response in order to comply with state and federal law and as part of its commitment to quality care for residents. The facility is not waiving its rights to dispute any survey or deficiency, nor to raise any defenses, whether in an informal dispute resolution, a formal appeal, or any other legal or administrative proceeding. The facility does not admit that any actions taken in response to the notice of deficiencies constitute the applicable standard of care for long-term care providers. This plan of correction serves as the allegation of compliance and will be provided to the members of the QAPI team at next meeting.</p>	
K 025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to have all smoke barrier walls sealed to resist the passage of smoke and fire.</p>	K 025		8/9/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melina A. Franklin</i>	TITLE <i>Administrator</i>	(X6) DATE 7/29/16
--	-------------------------------	----------------------

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 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.

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

PRINTED: 07/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E446	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2016
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771		
(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 022 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. Doors, passages or stairways that are not a way of exit that are likely to be mistaken for an exit have a sign designating "No Exit". 7.10, 18.2.10.1, 19.2.10.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to identify doors that are not means of egress doors as no exit doors.</p> <p>The findings include:</p> <p>Observation on 7/11/16 at 11:09 AM revealed the glass doors leading to an outside space that is in the ALC hallway is not labeled "NO Exit". This outdoor space is not a means of egress and does not lead to a public way.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/11/16.</p>	K 022	<p>K022 NFPA 101 Life Safety Code Standard</p> <ol style="list-style-type: none"> Exit Sign was removed immediately on 7/11/2016 by Maintenance Director and "No Exit Sign" ordered on 7/11/2016. "No Exit sign" was installed on 7/12/2016. All other doors leading outside will be observed for correct signage 7/12/2016. Maintenance Director will monitor all doors leading to the outside on a quarterly basis to ensure correct signage is in place for two quarters. No other deficiencies found Any deficient practice findings will be reported to the Quality Assurance Performance Improvement Committee for evaluation and recommendation during routine meetings. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Assistant Administrator, Assistant Director of Nursing, Medical Director, Pharmacist, Registered Dietician, and other consultant medical personnel as well as other facility department managers. 	8/9/16	
K 025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to have all smoke barrier walls sealed to resist the passage of smoke and fire.</p>				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melina A. Franklin Administrator 7/29/16

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 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.

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

PRINTED: 07/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E445	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2016
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771		
(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 025	Continued From page 1 The findings include: Observation on 7/11/16 between 12:00 PM and 12:30 PM revealed unsealed penetrations in the smoke barrier walls located by the employee lounge and resident room 1. The unsealed penetrations consist of blank openings and large cracks in the block wall and openings around conduits. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/11/16. NFPA 101 2000 Edition 8.3.6.1	K 025	K025 NFPA 101 Life Safety Code Standard 1. Maintenance Director sealed the unsealed penetrations in smoke barrier walls located by the employee lounge and resident room 1 on 7/11/2016 2. Maintenance Director audited for unsealed penetrations in smoke barrier walls. 7/12/2016 and any deficiencies noted were sealed at that time. 3. Maintenance Director will conduct inspection after any vendor performs work in the ceiling area to ensure facility does not develop other areas of unsealed penetrations in smoke barrier walls. 4.) Audit results will be reported to the Quality Assurance Performance Improvement Committee for evaluation and recommendation during routine meetings to ensure ongoing compliance with this requirement. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Assistant Administrator, Assistant Director of Nursing, Medical Director, Pharmacist, Registered Dietician, and other consultant medical personnel as well as other facility department managers.		
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with 7.1.10, 18.2.1, 19.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to have all means of egress free from obstruction. The findings include: Observation on 7/11/16 at 10:45 AM revealed the exit discharge from the dining room was obstructed by chairs, crates, and a buggy cart. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/11/16.	K 072		8/9/16	

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

PRINTED: 07/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E445	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2016
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771	
(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 025	Continued From page 1 The findings include: Observation on 7/11/16 between 12:00 PM and 12:30 PM revealed unsealed penetrations in the smoke barrier walls located by the employee lounge and resident room 1. The unsealed penetrations consist of blank openings and large cracks in the block wall and openings around conduits. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/11/16. NFPA 101 2000 Edition 8.3.6.1	K 025		
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with 7.1.10, 18.2.1, 19.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to have all means of egress free from obstruction. The findings include: Observation on 7/11/16 at 10:45 AM revealed the exit discharge from the dining room was obstructed by chairs, crates, and a buggy cart. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/11/16.	K 072	K072 NFPA 101 Life Safety Code Standard 1. Maintenance staff immediately removed obstruction from the exit discharge from the dining room on 7/11/2016. Signage notating this area to stay cleared was ordered on 7/11/2016 and installed on 7/12/2016. 2. Visual audit of all exit egress areas performed by Maintenance Director on 7/11/2016 with no other obstructions found. 3. Maintenance Director or designee will audit all exit egress weekly for three months to ensure deficient practice does not reoccur. Any deficient finding will be reported to the Quality Assurance Performance Improvement Committee at the regularly scheduled meeting. 4. Audit results will be reported to the Quality Assurance Performance Improvement Committee for evaluation and recommendation during routine meetings to ensure ongoing compliance with this requirement. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Assistant Administrator, Assistant Director of Nursing, Medical Director, Pharmacist, Registered Dietician and other consultant medical personnel as well as other facility department managers.	8/19/16