

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

PRINTED: 07/24/2015
FORM APPROVED
OMB NO. 0938-0391

45th 9/05/15

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 07/22/2015
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NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771
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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. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:
 Based on observation and record review, the facility failed to maintain the automatic sprinkler system and its components.

The findings include:

Observation and record review on 7/22/15 between 8:45 AM and 2:00 PM revealed the following:

1. No 10 year dry sprinkler test has been conducted.
2. No 5 year gauge replacement or calibration has been conducted.
3. Wires are attached to and supported by the sprinkler piping above ceiling by room 11.

These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/22/15. NFPA 25 2-3.2*, TIA 98-1 2-3.1.1 Exception No. 5, 6-1.1.5*

K 072 SS=D
NFPA 101 LIFE SAFETY CODE STANDARD
 Means of egress are 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 obstruct exits, access to, egress from, or visibility of exits. 7.1.10

K 062

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.

K062 NFPA 101 Life Safety Code Standard

- 1.a. 10 year dry sprinkler test has been initiated by Knoxville Fire Sprinkler LLC on 7-24-15.
- 1.b. Regulations were reviewed for other sprinkler system testing requirements.
- 1.c. Maintenance Director will log in the front of the sprinkler system compliance book the date the next 10 year dry sprinkler test needs to be performed.

K 072

8/27/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melissa A. Franklin</i>	TITLE <i>Administrator</i>	(X6) DATE 8/13/15
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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 her 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 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to maintain the automatic sprinkler system and its components.</p> <p>The findings include:</p> <p>Observation and record review on 7/22/15 between 8:45 AM and 2:00 PM revealed the following:</p> <ol style="list-style-type: none"> No 10 year dry sprinkler test has been conducted. No 5 year gauge replacement or calibration has been conducted. Wires are attached to and supported by the sprinkler piping above ceiling by room 11. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/22/15. NFPA 25 2-3.2*, TIA 98-1 2-3.1.1 Exception No. 5, 6-1.1.5*</p>	K 062	<p>Continued</p> <p>1.d. 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.</p> <p>2.a. 5 year gauge replacement was completed on 7/23/15.</p> <p>2.b. Regulation was reviewed for other sprinkler system requirements.</p> <p>2.c. Maintenance Director will log in the front of the sprinkler system compliance book the date the next 5 year gauge replacement/calibration needs to be performed.</p> <p>2.d. 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.</p>	
K 072 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are 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 obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p>	K 072		8/27/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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This STANDARD is not met as evidenced by:
 Based on observation and record review, the facility failed to maintain the automatic sprinkler system and its components.

The findings include:

Observation and record review on 7/22/15 between 8:45 AM and 2:00 PM revealed the following:

1. No 10 year dry sprinkler test has been conducted.
2. No 5 year gauge replacement or calibration has been conducted.
3. Wires are attached to and supported by the sprinkler piping above ceiling by room 11.

These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/22/15.
 NFPA 25 2-3.2*, TIA 98-1 2-3.1.1 Exception No. 5, 6-1.1.5*

K 062
Continued

3a. Wires attached to and supported by the sprinkler piping above ceiling by room 11 were addressed and corrected on 7-30-15.

3b. Maintenance Director audited other areas on the wing on 7-29-15 and any deficient areas were addressed and corrected on 7-30-15.

3.c Maintenance Director will do a complete check off with all vendors that perform work above the ceiling prior to the vendor leaving the facility at completion of the job to ensure this deficient practice does not re occur.

3.d. 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.

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K 072	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide a means of egress out of the fenced in courtyard. The findings include: Observation on 7/22/15 at 1:45 PM revealed the fenced in courtyard is not provided with hard slip resistant surface to a public way. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/22/15. NFPA 7.1.10.1*	K 072	K072 NFPA 101 Life Safety Code Standard 1. Bid received and approved for development of new hard slip resistant surface from fenced in courtyard to public way on 7/23/2015. Work scheduled and to be completed by Junior Ward. 2. Other health care center egress areas audited for hard slip resistant surface to public way with no deficient practice noted by Maintenance Director. 3. Maintenance Director will conduct quarterly audit to ensure facility does not need additional hard slip resistant surface at egress area. 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.	8/27/15
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