

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

PRINTED: 10/30/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445118	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/14/2014
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NAME OF PROVIDER OR SUPPLIER  ASHTON PLACE HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3030 WALNUT GROVE RD MEMPHIS, TN 38111
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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=D	<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, it was determined the facility failed to maintain clearance around all sprinkler heads. National Fire Protection Association (NFPA) 25, 1998 edition 5-5.5.2.1</p> <p>The findings included:</p> <p>Observation of the kitchen on 10/14/14 at 9:30 AM, revealed the sprinkler head in the walk in-cooler and the sprinkler head in the walk-in freezer were obstructed by the light fixture.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 10/14/14.</p>	K 062	<p>K-062</p> <p>Regulations read that required automatic sprinkler systems are continuously maintained in reliable working condition and maintain clearance around all sprinkler heads. It was identified that the sprinkler head in the walk in freezer had a light fixture that obstructed clearance.</p> <p>On 11/6/2014, the Maintenance Director and administrator walked the entire building to assure all sprinkler heads were free from any/all obstructions. There were no other negative findings.</p> <p>On 11/6/2014, the maintenance director Called the electrician and scheduled a Time for the light/fixture (in the walk-in Freezer) to be relocated away from the sprinkler head. The light fixture is scheduled to be moved on Monday, November the 10<sup>th</sup>.</p> <p>The report showing these changes were made, will be brought to the weekly interdisciplinary team on Friday and also brought to the next quarterly quality assurance committee meeting.</p>	11/10/14
K 130 SS=F	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: National Fire Protection Association (NFPA) 25, 5-3.3.4 For installations having an automatic transfer switch, the following test shall be performed to ensure that the overcurrent protective devices (i.e., fuses or circuit breakers) do not open. Normal power failure shall be</p>	K 130	<p>K-130</p> <p>The automatic transfer switches shall be tested routinely and exercised in accordance With NFPA 110, standard for Emergency and Standby Power Systems. Facility didn't have all required Documentation to support this was being Done on a weekly basis, as required.</p>	11/15/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ 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 130	Continued From page 1 simulated while the pump is delivering peak power output to cause connection of the pump motor to the alternate power source. The pump's peak power output shall be restored (if necessary). The simulated normal power failure condition then shall be removed, which, after a time delay, shall cause the reconnection of the pump motor to the normal power source.  NFPA 25, 5-3.4.2 Automatic transfer switches shall be tested routinely and exercised in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.  NFPA 25, 5- 3.2.1 A weekly test of electric motor-driven pump assemblies shall be conducted without flowing water. This test shall be conducted by starting the pump automatically. The pump shall run a minimum of 10 minutes.  NFPA 24, 5-3.2.2 A weekly test of diesel engine-driven pump assemblies shall be conducted without flowing water. This test shall be conducted by starting the pump automatically, and the pump shall run a minimum of 30 minutes.  NFPA 25, 5-4.2 Test results shall be recorded and retained for comparison purposes in accordance with Section 1-8. All time delay intervals associated with the pump's starting, stopping, and energy source transfer shall be recorded. (See 5-3.3.4.)  This STANDARD is not met as evidenced by:  Based on record review, it was determined the facility failed to record weekly run test on the fire pump.	K 130	The weekly test will be conducted without flowing water. The test will be recorded and retained for comparison purposes in accordance with section 1-8. All time delay intervals associated with the pump's starting, stopping, and energy source transfer shall be recorded.. On 11/6/2014, Maintenance director and the administrator created a new tracking log to track the weekly run test on the fire pump. This tracking log will be kept with the weekly generator test log.  The administrator will accompany the maintenance Director weekly (with test runs) for 4 weeks. The Administrator will accompany 2 times per month for the following two months. The Administrator will review all required logs monthly for the next 12 months.  This required log will be brought to the weekly interdisciplinary team on Fridays. These audits will also be brought to the quarterly quality Assurance committee with all findings/result.	11/15/14	

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K 130	Continued From page 2 The findings included:  During record review the facility was unable to provide documentation of weekly runs on the fire pump.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 10/14/14.	K 130		
K 147 SS=D	NFFA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to install ground fault circuit interrupter (GFCI) receptacles for water contained medical equipment. National Fire Protection Association 70, 210-8  The findings included:  Observation of gym 1 on 10/14/14 at 9:15 AM, revealed the hydroculator was not connected to a GFCI receptacle.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 10/14/14.	K 147	K-147 Facility failed to install a ground fault circuit interrupter (GFCI) in the rehab gym. It is imperative that all Electrical wiring and equipment is in Accordance with NFPA 70. On 10/14/14, It was determined that this receptacle Had not been replaced with the correct GFCI.  On 10/14/14, the Maintenance director Replaced the receptacle (in the gym) With the correct GFCI.  On 10/14/14, the administrator and the Maintenance director walked the entire Facility and audited to make sure all receptacles Meet standards. (GFCI) There were no other receptacles found To be out of compliance.  Current findings will be brought to the Weekly interdisciplinary team on Friday.  The current findings will be brought to the Monthly quality assurance committee for Next 3 months.	10/14/14