

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

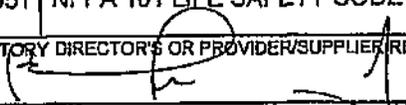
45<sup>th</sup> 8/01/10

PRINTED: 06/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445427	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  06/15/2010
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NAME OF PROVIDER OR SUPPLIER  BETHESDA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501
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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
K 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the corridor doors.</p> <p>The findings included;</p> <p>During the facility tour on 6/15/10 the following deficiencies were noted and verified by the Director of Maintenance.</p> <p>At 8:25 AM, observation of the Resident room 609 revealed the door was being held open with a wad of paper. National Fire protection Association (NFPA). 101, 7.2.1.8.1</p>	K 018	<p>NFPA 101 Life Safety Code Standard SS=D</p> <p><u>Requirement:</u> There will be no impediment to the closing of doors.</p> <p><u>Corrective Action:</u></p> <ol style="list-style-type: none"> <li>1. The paper holding open the door to room 609 was removed by the maintenance director on 6/15/10.</li> <li>2. Facility doors were inspected by the maintenance director on 6/15/10 to ensure proper function.</li> <li>3. The maintenance director was inserviced by the Administrator on 6/23/10 regarding fire door inspection and repair responsibilities.</li> <li>4. The maintenance director will monitor for compliance monthly through facility rounds and observations.</li> </ol>	6/23/10
K 051	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p>	K 051		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Reginald Administrator (X6) DATE 6-30-10

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 051 SS=E	Continued From page 1  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the alarm system.  The findings included:  During the facility tour on 6/15/10 the following deficiencies were noted and verified by the Director of Maintenance.  At 9:00 AM, observation during the fire drill	K 051	NFPA 101 Life Safety Code Standard SS=E  <u>Requirement:</u> The facility's fire alarm system will be installed and maintained to provide effective warning of fire in any part of the building.  <u>Corrective Action:</u> 1. The strobe lights in the corridors have been scheduled to be repaired to ensure synchronization by a local fire alarm systems monitoring company on or before 7/21/10. 2. The facility alarm system was inspected by the maintenance director on 6/15/10 to ensure effective warning of fire in any part of the building. 3. The maintenance director was inserviced by the Administrator on 6/23/10 regarding proper maintenance of the fire alarm system. 4. The maintenance director will monitor for compliance monthly during facility fire drills.	7/21/10

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K 051	Continued From page 2	K 051			
K 052 SS=E	revealed the strobe lights in the corridors were not synchronized. National Fire protection Association (NFPA). 72, 5.4.1.7.3  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 observation, it was determined the facility failed to maintain the alarm system.  The findings included:  During the facility tour on 6/15/10 the following deficiencies were noted and verified by the Director of Maintenance.  At 8:15 AM, observation of the south hall nurses station revealed the pull station was blocked with a floor fan. National Fire protection Association (NFPA). 72, 2-8.2.1	K 052	NFPA 101 Life Safety Code Standard SS=E  <u>Requirement:</u> The facility fire alarm system will be installed, tested and maintained in accordance with NFPA 70 and NFPA 72.  <u>Corrective Action:</u> 1. The floor fan blocking the pull station at the south hall nurses station was removed by the maintenance director on 6/15/10. 2. The facility pull stations were inspected by the maintenance director on 6/15/10 to ensure proper clearance. 3. The maintenance director was inserviced by the Administrator on 6/23/10 regarding proper monitoring of the fire alarm system. 4. The maintenance director will monitor for compliance monthly during facility fire drills.	6/23/10	
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance	K 054	NFPA 101 Life Safety Code Standard SS=D  <u>Requirement:</u> The facility smoke detectors will be maintained, inspected and tested in accordance with the manufacturer's specifications.		

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K 054	Continued From page 3 with the manufacturer's specifications. 9.6.1.3  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the smoke detectors.  The findings included:  During the facility tour on 6.15.10 the following deficiencies were noted and verified by the Director of maintenance.  At 9:15 AM, observation of the alarm panel revealed the duct smoke sensor in the back hall was not working as required. National Fire Protection Association (NFPA). 72, 9.6.1.4	K 054	<u>Corrective Action:</u> 1. The duct smoke detector in the back hall was replaced on 6/17/10 by the maintenance director. 2. The facility smoke duct detectors were inspected by the maintenance director on 6/17/10 to ensure proper function. 3. The maintenance director was inserviced by the Administrator on 6/24/10 regarding the proper maintenance of the facility's smoke detectors. 4. The maintenance director will monitor for compliance monthly through fire alarm panel monitoring.	6/24/10	
K 062 SS=D	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, it was determined the facility failed to maintain the sprinkler system.  The findings included:  During the facility tour on 6/15/10 the following deficiencies were noted and verified by the Director of Maintenance.  At 8:10 AM, observation of the Therapy	K 062	NFPA 101 Life Safety Code Standard SS=D  <u>Requirement:</u> The facility sprinkler system will be maintained in a reliable operating condition.  <u>Corrective Action:</u> 1. The missing escutcheon plate in the therapy department was replaced by the local sprinkler system monitoring company on 6/29/10. 2. The facility was inspected by the maintenance director on 6/15/10 to ensure there were no other damaged or missing escutcheon plates. 3. The maintenance director was inserviced by the Administrator on 6/23/10 regarding the proper maintenance of the facility's sprinkler system. 4. The maintenance director will monitor for compliance monthly during facility rounds and observations.	5/29/10	

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K 062	Continued From page 4	K 062		
K 064 SS=E	Department revealed an escutcheon plate was missing. National Fire Protection Association (NFPA). 13, 3.2.8  NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire extinguishers.  The findings included:  During the facility tour on 6/15/10 the following deficiencies were noted and verified by the Director of Maintenance.  At 9:20 AM, observation of the dryer room revealed the fire extinguisher was blocked with a trash can. National Fire Protection Association (NFPA). 10, 1.6.3  At 9:40 AM, observation of the fire sprinkler room revealed the fire extinguisher was not checked monthly. National Fire Protection Association (NFPA). 10, 4.3.1	K 064	NFPA 101 Life Safety Code Standard SS=E  <u>Requirement:</u> Portable fire extinguishers will be provided in accordance with 9.7.4.1.19.3.5.6 NFPA 10  <u>Corrective Action:</u> 1. The trash can blocking the fire extinguisher in the dryer room was removed by the maintenance director on 6/15/10. The fire extinguisher in the fire sprinkler room was inspected by the maintenance director on 6/15/10. 2. The facility fire extinguishers were inspected by the maintenance director on 6/15/10 to ensure timely inspection and adequate clearance. 3. The maintenance director was inserviced on 6/23/10 regarding the proper maintenance, upkeep and inspection of facility fire extinguishers. 4. The maintenance director will monitor for compliance monthly during facility rounds and observations.	6/23/10
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	NFPA 101 Life Safety Code Standard SS=D  <u>Requirement:</u> The facility's ventilation system will be installed in accordance with the manufacturer's specifications.	

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K 067	Continued From page 5  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the HVAC system.  The findings included:  During thwe facility tour on 6/15/10 the following deficiencies were noted and verified by the Director of Maintenance.  At 9:10 AM, observation of the 100 hall janitor's closet revealed the exhaust fan did not work. National Fire Protection Association (NFPA). 101.19.5.2.1	K 067	<u>Corrective Action:</u> 1. The exhaust fan in the 100 hall janitor's closet was repaired by the maintenance director on 6/16/10. 2. The facility exhaust fans were inspected by the maintenance director on 6/16/10 to ensure proper function. 3. The maintenance director was inserviced by the Administrator on 6/23/10 regarding the exhaust fan inspection and maintenance. 4. The maintenance director will monitor for compliance monthly through facility rounds and observations.	6/23/10	
K 147 SS=E	NFPA 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 maintain the electrical system.  The findings included:  During the faciity tour on 6/15/10 the following deficiencies were noted and verified by the Director of Maintenance.  At 8:20 AM, observation of the south staff lounge, the 100 hall janitor's closet, and in medical supply revealed the electrical panels were blocked with equipment. National Fire protection Association	K 147	NFPA 101 Life Safety Code Standard SS=E  <u>Requirement:</u> The facility's electrical wiring will be maintained in accordance with NFPA 70, National Electrical Code 9.1.2  <u>Corrective Action:</u> 1. The equipment blocking the electrical panel in the janitor's closet was removed by the maintenance director on 6/15/10. The electrical outlet in the recreation room was replaced with a GFCI by the maintenance director on 6/15/10. 2. The facility's electrical panels and electrical outlets were inspected by the maintenance director on 6/15/10 to ensure proper clearance and function. 3. The maintenance director was inserviced by the Administrator on 6/23/10 regarding the maintenance, inspection and testing of electrical panels and electrical outlets. 4. The maintenance director will monitor for compliance monthly through facility rounds and observations.	6/23/10	

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K 147	Continued From page 6 (NFPA). 70, 110-26(a)  At 8:35 AM, observation of the recreation room revealed an electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI), as required. NFPA 70, 210, 8(a)(5)	K 147			

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