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

PRINTED: 01/20/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445480	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF SPRINGFIELD, LLC	704 5TH AVENUE EAST SPRINGFIELD, TN 37172

(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 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system. The findings included: Observations on 1/17/17 at 10:38 AM, revealed the facility failed to maintain the proper type of spare in-stock sprinklers (missing sidewall sprinkler). NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 6.2.7.1 (2010 Edition). The maintenance director was present during the findings and the administrator acknowledged the findings during the exit conference on 1/17/17.	K 351	**Corrective Action for residents affected.** No residents were found to be adversely effected by this deficient practice. **Identification of other residents who may be at risk.** No other residents are affected by this deficient practice. **What measures will be put into place to ensure the cited practice does not reoccur.** Acquired sidewall sprinkler head from fire system contractor by Plant Operations Director. Sidewall sprinkler head placed in spare sprinkler head box by Plant Operations Director. Added check to quarterly check list and quarterly preventive maintenance. **How Corrective action will be monitored** Audit to ensure the deficient practice will not reoccur will be submitted to the monthly QA Meeting consisting of Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Activities Director Dietary Manager, Medical Records, Unit Manager, Plant Operation Director, MDS Coordinator, Therapy, and Human Recourses for review, for the next 3 months.	02/01/2017 02/01/2017 02/01/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Randy Ashby NHA	Administrator	2-9-17

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.