

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

PRINTED: 08/19/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445133	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2014
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NAME OF PROVIDER OR SUPPLIER ALLEN MORGAN HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 177 NORTH HIGHLAND 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 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to ensure staff were familiar with the fire drill procedures.</p> <p>The findings included:</p> <p>Observation during the fire drill conducted on 8/11/14 at 8:47 PM revealed the following:</p> <ol style="list-style-type: none"> Staff members failed to close and latch the doors to resident rooms 127 and 128. Staff members did not react to the fire drill in an urgent manner. Security staff was not familiar with the procedure to reset the fire alarm system. Security staff was not familiar with the procedure to contact the monitoring company to verify receipt of the alarm. <p>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 8/13/14.</p>	K 050	<p>Staff notified to close and latch all resident room doors during fire drill.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Staff members will be in-serviced on proper protocol, including closing doors during a fire drill.</p> <p>Fire drills will be done on all shifts to ensure staff close all resident doors, then will continue quarterly on every shift thereafter.</p> <p>Safety officer and/or designee will monitor fire drills to ensure that staff are closing doors. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.</p> <p>Equipment has been repaired and tested so staff can hear location of fire.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Staff will be in-serviced on fire drill protocol.</p> <p>New amplifiers were installed on the first and second floors so the staff can hear the page for location of the fire.</p> <p>The safety officer and/or designee will monitor during fire drills the response time of staff.</p> <p>The Administrator and/or designee will monitor the amplifiers to ensure adequate functioning during a fire drill. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.</p> <p>Security Staff was made aware and familiar with the procedure to reset the fire alarm system.</p> <p>All staff have the potential to be affected by the deficient practice.</p>	9/13/14
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>			9/13/14

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 144 Continued From page 1
Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

Security staff will be in-serviced on procedure to reset the fire alarm system.

9/13/14

The procedure to reset the fire alarm system will be posted on the door of the fire panel.

The safety officer and/or designee will monitor each fire drill to ensure that the security staff is familiar with resetting the fire alarm system. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.

Security staff was made aware of how to contact the monitoring company.

9/13/14

This STANDARD is not met as evidenced by:
Based on observation and review of generator testing logs, it was determined the facility failed to maintain the emergency generator power supply.

All residents have the potential to be affected by the deficient practice.

Security staff will be in-serviced on proper procedure for contacting the monitoring company during a fire drill.

The findings included:

1. Observation during the initial tour on 8/13/14 at 12:33 PM, revealed the generator transfer switch in the 3rd floor electrical room was not provided with battery powered task illumination.

The procedure for contacting the monitoring company during a fire drill will be posted in the security office for security staff for easy reference.

The security coordinator and/or designee will monitor the security staff during a fire drill to ensure that the security staff readily know the protocol to contact the monitoring company and know where to access the information. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.

National Fire Protection Association (NFPA) 99 1999 edition section 3-4.2.2.2 item #5: Task illumination, battery charger for emergency battery-powered lighting unit(s), and selected receptacles at the generator set location.

A battery powered back-up light was installed at the generator transfer switch on the third floor electrical room.

9/13/14

2. Review of the facility's generator testing log on 8/13/14 at 2:00 PM, the facility was unable to provide a record of documented weekly electrolyte level inspections for the generator battery.

All generators have the potential to be affected by the deficient practice.

Security Supervisor and/or designee will check all generators to ensure that adequate battery powered task illumination is provided.

NFPA 110 1999 edition 6-3.6* Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be

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K 144 Continued From page 2
inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 8/13/14.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E
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 all electrical wiring and components.

The findings included:

- Observations during the initial tour on 8/11/14 beginning at 6:25 PM revealed the following:
- a. Two of two electrical disconnects at the staff smoking area were not locked and were a potential shock hazard.
 - b. An unapproved multiplug adaptor was in use in resident room 127.

National Fire Protection Association (NFPA) 70, 110-27(a)(4) Electrical parts must be guarded except those over 8 feet from floor or working space. NFPA 101 9.1.2 2000 edition

These findings were verified by the maintenance

K 144 Security supervisor and/or designee will monitor battery powered illumination on generators weekly to ensure proper functioning. 9/13/14

Storage batteries, including electrolyte levels, have been inspected to ensure that it meets manufacturer's specifications.

Cummings Diesel will perform preventative maintenance on the generators every 6 months to test and ensure that electrolyte levels meet manufacturer specifications.

Safety coordinator and/or designee will monitor the batteries, including the electrolyte levels, to ensure the battery levels are not low.

Security coordinator and/or designee will audit and document weekly to ensure compliance. Findings will be reported to the QI Committee monthly x 2, then PRN thereafter for review.

Master locks were placed on the electrical disconnects. 9/13/14

All electrical disconnect boxes have the potential to be affected by the deficient practice.

Maintenance supervisor and/or designee will check every electrical disconnect box to ensure it is locked and secure.

Maintenance supervisor and/or designee will monitor weekly disconnect boxes to ensure they remain locked and safe. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.

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K 147 Continued From page 3 supervisor and acknowledged by the administrator during the exit conference on 8/13/14.

K 147

Multi-plug adapter was removed from room #127.

9/13/14

All resident rooms have the potential to be affected by the deficient practice.

Staff will be in-serviced that multi-plug adapters are not allowed to be used.

DON and/or designee will check all resident rooms to ensure that no multi-plug adapters are in use.

DON and/or designee will monitor resident's rooms weekly x 2, then monthly x 2, then PRN thereafter to ensure compliance. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.

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