

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

PRINTED: 08/05/2009
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445485	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2009
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NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3933 ALLENBROOKE COVE MEMPHIS, TN 38118
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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 045 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D
Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8

K 045

The Identified Lights were immediately replaced with the Dual Bulb lighting fixtures according to code

9/14/09

All exits have the potential to be affected

The Maintenance Director will review all egress light to ensure proper compliance with Code Standard

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to provide illumination in means of egress so that failure of any single lighting fixture (bulb) will not leave the area in darkness for 4 of 10 exit discharge areas.

The findings included:

Observations of the outside exits on 7/19/09 from 9:00 AM until 10:00 AM, revealed that four exit discharge areas did not have light fixtures with two bulbs.

K 050 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

K 050

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

The Housekeeper was immediately re-inserviced on the fire drill procedures

9/14/09

All residents have the potential to be affected

All staff will be re-inserviced on the fire drill procedures

Maintenance will conduct monthly fire drill to ensure that all staff are familiar with the Fire Drill procedure.

This STANDARD is not met as evidenced by:

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 after 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 after 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 050 Continued From page 1
Based on observation and interview, it was determined the facility failed to ensure that a staff member was familiar with fire drill procedures.

K 050

The findings included:

Observation and interview during the fire drill on 7/20/09 at 9:50 AM, revealed the housekeeper was not familiar with fire drill procedures. The housekeeper on the 300 hall was told there was a fire in room 325. The housekeeper proceeded to tell the surveyor that she would remove the resident and close the door. The surveyor asked the housekeeper what she would do next. The housekeeper stated, "I would pull the alarm." The surveyor asked the housekeeper if she knew the location of the pull station. The housekeeper stated, "Yes." The surveyor told the housekeeper to go to the fire pull station and pull the alarm. The surveyor had to tell the housekeeper twice to activate the alarm. The housekeeper walked slowly to the fire pull station at the end of the hall. The housekeeper did not announce "Code Red" or alert anyone that there was a fire in room 325 as required.

K 051 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

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

K 051

The four Smoke detectors had either shields or directional vents directing the flow of air away from them.

All Smoke Detector will be checked and moved according to NFPA 73

9/14/09

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K 051 Continued From page 2
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

K 051

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to install 4 of 64 smoke detectors according to National Fire Protection Association (NFPA) 72, National Fire Alarm Code.

The findings included:

Observations during the facility tour on 7/19/09 from 9:40 AM until 10:15 AM, revealed four smoke detectors were observed to be mounted too close to the air supply vents. Two of the smoke detectors were located in the dining room, one was in front of room 204, and one was in front of room 239.

K 076 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.

(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.

K 076

The 2 tanks were immediately moved in front of the surveyor to a secured location 9/14/09

The Maintenance Director will Re-Inservice all staff on the proper storage of Oxygen Cylinder Tanks

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K 076 Continued From page 3

(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4

K 076

The Maintenance Director will conduct weekly Audits for one month then monthly for two months for proper storage of oxygen cylinders

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to ensure 2 of 16 oxygen cylinder tanks were secured according to National Fire Protection Association 99.

The findings included:

Observations of the east medicine room on 7/19/09 at 10:21 AM, revealed two oxygen cylinder tanks were unsecured.

AUG 17 2009
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