

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

PRINTED: 08/24/2015
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 08/20/2015
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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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K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</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 1¾ 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 observations, the facility failed to maintain the doors protecting the corridors.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation of the central supply room on the 2nd floor on 8/18/2015 at 7:38 AM, revealed the door was sticking to the door frame not allowing the door to close within the door frame. National Fire Protection Association (NFPA) 80, 15-1.2 (1999 Edition) 2. Observation of the bio-hazard door on the 2nd floor on 8/18/2015 at 7:41 A.M. revealed it would 	K 018	<p>The Central Supply Room door, the bio-hazard door on the 2nd floor, the trash room door on the 2nd floor, and the storage room door on the 2nd floor were all repaired.</p>	09/19/15
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Thomas Harlen</i>	TITLE ADMINISTRATOR	(X6) DATE 8/27/15
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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 required for continued program participation.

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K 018	Continued From page 1 not close within the door frame. NFPA 80, 15-1.2 (1999 Edition) 3. Observation of the trash room door on the 2nd floor on 8/18/2015 at 8:45 A.M. revealed it would not close within the door frame. NFPA 80, 15-1.2 (1999 Edition) 4. Observation of the storage room door on the 2nd floor on 8/18/2015 at 9:02 A.M. revealed it would not close within the door frame. NFPA 80, 15-1.2 (1999 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 8/18/2015.	K 018	All doors will be checked by the maintenance supervisor and/or designee to ensure no other doors are affected by the deficient practice. Maintenance supervisor and/or designee will in-service maintenance staff on doors protecting corridor openings. Maintenance staff will monitor doors opening into the corridor weekly x2, the monthly to ensure adequate closure of doors.	09/19/15
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 with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that smoke detectors had the required clearance from the air supply diffusers. The findings included: Observation of the 2nd floor emergency eye room on 8/18/2015 at 8:46 A.M. revealed a smoke detector too close to the air supply diffuser. This finding was verified by the maintenance	K 054 K054	Maintenance supervisor and/or designee will monitor doors that enter into the corridor on a monthly basis to ensure adequate maintenance closure of doors. Findings will be reported to the QA meetings monthly x2, then PRN thereafter for review. The smoke detector was moved away from the air supply diffuser with the required clearance. All other smoke detectors were checked by the maintenance department to ensure required clearance from all other air supply diffusers.	09/19/15

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K 054	Continued From page 2	K 054	Life Safety Coordinator will in-service maintenance and security staff on the appropriate code for clearance on smoke detectors.	09/19/15
K 062 SS=F	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 observations, the facility failed to maintain the sprinkler system. The findings included: 1. On 8/18/2015 at 7:00 A.M. through 11:00 A.M. revealed the sprinkler heads in the following areas on second floor had a lint build up and/or bent deflectors: a. sprinkler head deflector outside room 253 was bent. b. sprinkler head in the 2nd floor kitchenette had lint build up. c. 5 of 6 sprinkler heads in the 2nd floor dining room had lint build up on them. d. sprinkler head in the corridor by room 240 and inside room 240 2 of 3 had lint build up on them. e. sprinkler head outside room 232 in corridor had lint build up on it. f. 2 sprinkler heads in room 232 had lint build up on them. g. sprinkler head behind the bio-hazard door in the bath room had lint build up on it. h. sprinkler head behind the bio-hazard door in	K 062	life Safety Coordinator will oversee the installation of new smoke detectors to ensure they meet the required standard. The above findings will be reported to the QA meetings x2 months, then PRN thereafter for review. The sprinkler head outside room 253 and the sprinkler head behind the bio-hazard door in short hall were replaced. The Sprinkler heads in the 2 nd floor Kitchenette, the sprinkler heads in the 2 nd floor dining room, the sprinkler head in the corridor by room 240 and the sprinklers inside room 240, the sprinkler head outside room 232 in the corridor, the 2 sprinkler heads in room 232, the sprinkler head behind the bio-hazard door in the bath room, the sprinkler head outside outside room 338, the sprinkler head in front of elevator on the 3 rd floor, the sprinkler head in the kitchenette on the 3 rd floor, the sprinkler head outside room 336, the sprinkler heads in room 333, the sprinkler head outside room 324, and the sprinkler head outside room 323 were all cleaned.	09/19/15

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K 062	Continued From page 3 short hall had a bent deflector. 2. On 8/18/2015 at 7:00 A.M. through 11:00 A.M. revealed the sprinkler heads in the following areas on the third floor had a lint build up: a. sprinkler head outside room 338. b. sprinkler head in front of elevator. c. sprinkler head in the kitchenette. d. sprinkler head outside room 336. e. two sprinkler heads in room 333. f. sprinkler head outside room 330. g. sprinkler head outside room 324. h. sprinkler head outside room 323. National Fire Protection Association (NFPA) 25, 2-2.1.1 (1999 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 8/18/2015.	K 062	The Life Safety Coordinator inspected all other sprinkler heads to ensure no other sprinkler heads were bent and to ensure that other sprinkler heads were free of lint. Life Safety Coordinator will in-service maintenance and security staff on the maintenance and cleanliness of sprinkler heads. Maintenance staff will monitor sprinkler heads on a monthly basis to ensure that sprinkler heads are not bent and that they are free of lint. Findings will be given to the Life Safety Coordinator monthly for review.	09/19/15
K 064 SS=D	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, the facility failed to ensure 1 of 1 fire extinguishers was inspected monthly. National Fire Protection Association 10-6.2.1 The findings included: Observation of the monthly inspection tag on the	K 064	Life Safety Coordinator will monitor sprinkler heads quarterly to ensure that sprinkler heads are not bent and they are free of lint. Findings will be reported to the QA meetings monthly x2, then PRN thereafter for review.	

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K 064	Continued From page 4 fire extinguisher in the elevator equipment room on 8/18/2015 at 8:45 A.M. revealed the fire extinguisher had not inspected in July 2015.	K 064	The fire extinguisher was inspected.	09/19/15	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: National Fire Protection Association (NFPA) 101, 8.2.3.2.4 Penetrations and Miscellaneous Openings in Fire Barriers. 2000 edition This STANDARD is not met as evidenced by: Based on observation, the facility failed to seal all penetrations in fire walls. The findings included: 1. Observation above the 2nd floor ceiling on 8/18/15 at 9:20 AM revealed 3 penetrations, one in the conduit in the fire wall, around the sprinkler pipe, and around the thermostat wiring. 2. Observations above the ceiling on the 2nd floor on 8/18/2018 at 9:25 A.M. revealed an open conduit and a hole in the wall above These findings were verified by the facilities director and acknowledged by the administrator	K 130	The Life Safety Coordinator will in-service the security staff on the inspection of the fire extinguishers. The security staff officer will monitor the inspection of the extinguishers each month and will maintain a log of each extinguisher inspected. The Life Safety Coordinator will review the log monthly and will audit the extinguishers monthly x2, then PRN thereafter. Findings will be reported to the QA meetings monthly x2, then PRN thereafter for review.		
		K130	The penetration in the conduit in the fire wall in the 2 nd floor ceiling, the penetration around the sprinkler pipe in the 2 nd floor ceiling, and the penetration around the sprinkler pipe in the 2 nd floor ceiling has been repaired. All fire walls and barriers will be inspected by the Maintenance Supervisor to ensure no other areas were affected by the deficient practice. Maintenance will repair any penetrations found.	09/19/15	

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K 130	Continued From page 5 during the exit conference on 8/18/2015.	K 130	Maintenance will monitor any/all work done to fire walls/barriers to ensure that penetrations are repaired appropriately.	09/19/15
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	Maintenance Supervisor will monitor firewalls/barriers monthly to ensure that no penetrations are in firewalls/barriers. Findings will be reported to the QA meetings Monthly x2, then PRN thereafter for review.	
	This STANDARD is not met as evidenced by: Based on record review, the facility failed to exercise the generator under load for 30 minutes as required. National Fire Protection Association 110 6-4 The findings included: During the record review the facility failed to provide documentation the generator had not been exercised under load for 30 minutes for the month of August 2014. This finding was verified by the maintenance supervisor and acknowledged by by the administrator during the exit conference on 8/18/2015.	K144	Generator was exercised under load for thirty minutes and documented. In-service will be done to ensure that the generator is exercised 30 minutes under load weekly as required and that documentation is to be done providing proof that generator was exercised. Two security staff members will ensure that the generator is exercised 30 minutes under load weekly. They will document providing proof that the generator was exercised and functioned properly.	09/19/15
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	The Life Safety Coordinator will monitor the documentation weekly x4, then monthly thereafter to ensure adequate compliance. Findings will be reported to the QA meetings monthly x2, then PRN thereafter for review.	

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K 147	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: National Fire Protection Association 70E, 3-1.2.3.6 & 3-10.4.7.2</p> <p>Based on observation, the facility failed to maintain lighting fixtures.</p> <p>The findings included:</p> <p>During the initial tour of the facility on 8/18/2015 at 8:50 A.M. revealed light fixtures in the boiler room on the 3rd floor did not have bulb protection.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 8/18/15.</p>	K 147	<p>A bulb protector was placed over the light fixture in the boiler room on the 3rd floor.</p> <p>The maintenance supervisor will check all light fixtures to ensure they have appropriate protection over the bulbs.</p> <p>Maintenance Supervisor will in-service maintenance staff regarding the application of bulb protection over all light fixtures.</p> <p>Maintenance staff will check light fixtures monthly to ensure that all fixtures have appropriate bulb protection.</p> <p>Maintenance Supervisor will monitor light fixtures weekly x4, then monthly x2, then randomly to ensure that light fixtures have appropriate bulb protection. Findings will be reported to the QA meetings x2 months, then PRN thereafter for review.</p>	