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

PRINTED: 03/10/2011
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
	445490	A. BUILDING 01 - MAIN BUILDING 01 B. WING	02/27/2011

RECEIVED MAR 2 2011

NAME OF PROVIDER OR SUPPLIER: AVE MARIA HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 2805 CHARLES BRYAN RD, BARTLETT, TN 38134

(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 052 SS=F	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 review of fire sprinkler company report, observation and interview, it was determined the facility failed to maintain all components of the fire alarm system. The findings included: Observation of the remote fire alarm panel annunciater in the foyer on 2/27/11 at 9:00 AM, revealed a visual trouble signal. The main fire alarm panel on the east hall had indicated a visual trouble signal from the post indicator valve (PIV) on the north side of the building. During an interview at the fire alarm panel on 2/27/11 at 9:00 AM, the night supervisor revealed that the staff were aware of the trouble signal on the fire alarm panel. She stated that there was a short in the wiring but the system still worked. Observations of the post indicator valve on 2/27/11 at 9:15 AM on the north side of the	K 052	Facility fire alarm system will be tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. Plan of Correction: Short in wiring repaired on 3-7-11. Preventative Action: Fire system will continue to be tested and maintained. Components will be repaired or replaced based on testing results. QA and Monitoring: Maintenance/Safety Director will report any testing results or problems with fire alarm system to the QA Committee for the next two quarters. Based on compliance, reports will cease, however, Maintenance Director will continue to report any problems to Administrator on occurrence. Date of Completion:	3-31-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: NHA (X6) DATE: 3-18-11

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 052	Continued From page 1 building revealed that the valve was locked in the open position. The administrator provided documentation that the fire sprinkler company had been called in to correct the problem of the valve being locked in the open position. The report from the fire sprinkler company dated 1/28/11 stated: "Checked wires and switch at the PIV, switch good, wires showed a short going towards Building. Checked wires, surge suppressor and detector for PIV where they came in Building. Surge Suppressor and detector voltages good, wires showed a short going out of Building. Wires between Building and PIV shorted. PIV fully OPEN and locked. Disabled Point at panel until it can be repaired. Maintenance said pipe and wires are to be moved and remade starting next week, otherwise system is fully functional. M3-33 in disable trouble is only problem on Fire Alarm System."	K 052		
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, it was determined the facility failed to ensure all smoke detectors had the required clearance from the air supply vents. The findings included: Observation of the Physical Therapy department on 2/27/11 at 10:40 AM, revealed a smoke	K 054 K 054	Facility will ensure all required smoke detectors are maintained, inspected and tested in accordance with manufacturers specifications. Plan of Correction: Smoke detector in Physical Therapy Department was re-located to comply with required clearance from air supply vents on 3-9-11. Preventative Action: All smoke detectors in facility will be inspected by Maintenance/ Safety Director or designee to ensure complaince. QA & Monitoring: Maintenance/Safety Director will report any change of location or need for addition/replacement of smoke detectors through the next two quarters to the QA Committee. Date of Completion:	3-31-11

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K 054	Continued From page 2 detector within three feet of the air supply register.	K062	Facility will ensure required automatic sprinkler systems are continuously maintained, inspected and tested periodically. Plan of Correction: The 5 sprinkler heads in kitchen have been cleaned and are free of grease and lint as of 3-1-11. Preventative Action: Maintenance/Safety Director or designee will visually inspect sprinkler heads throughout facility for lint and grease build-up on a monthly basis. Any issues will be addressed upon discovery. QA & Monitoring: For the next two quarters, Maintenance Director will report to the QA Committee on the inspection and maintenance of sprinkler heads. Random monitoring will be performed on an on-going basis by Maintenance Director and Administrator. Date of Completion: 3-31-11	
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 5 of 19 kitchen sprinkler heads. The findings included: Observations of the kitchen on 2/27/11 at 9:45 AM, revealed five of nineteen sprinkler heads had a buildup of grease and lint. There were two sprinkler heads in the dishwasher room, one in front of the ice machine, and two in the meal prep area, for a total of five sprinkler heads.	K 062		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect all appliances under the kitchen hood system with the fire suppression system. The findings included:	K 069	Facility will protect all appliances under the kitchen hood system with the fire suppression system. Plan of Correction: System installed in dietary vent-a-hood is within Ansul and NFPA 17-A/96 compliance per inspection by Floied on 3-15-11. Gas radiant char grill nozzle(s) height 15" - 40" total cooking area cannot exceed 864 square inches. Fryer nozzle height 27"-47"	

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K 069	Continued From page 3 Observations of the kitchen cooking appliances on 2/27/11 at 10:10 AM, revealed the three burner grill was not protected by the fire suppression system. The double pan deep fryer was not centered under the two suppression systems nozzles.	K 069	Preventative Action: Floied Fire Extinguisher and steam cleaning inspection will continue according to required regulations. Date of Completion:	3-15-11
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 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to install ground fault circuit interrupters to all electrical appliances that were within three feet of an electrical source and maintain 2 of 10 ground fault circuit interrupter (GFCI) receptacles in the kitchen. The findings included: 1. Observation of the two water fountains outside the conference room on 2/27/11 at 10:25 AM, revealed the water fountains were not connected to ground fault circuit interrupter receptacles. 2. Observation of the kitchen on 2/27/11 at 10:00 AM, revealed two of ten GFCI ground fault circuit interrupter receptacles test buttons would not function.	K 147	Facility will ensure electrical wiring is in accordance with NFPA 70, National Electrical Code 9.1.2. Plan of Correction: 1. Corrected 3-14-11. 2. Corrected 3-10-11. Preventative Action: Maintenance/Safety Director will continue monthly inspections to ensure ground fault circuit interrupted receptacles are installed to all electrical appliances that are within 3 feet of water source, and GFCI receptacles in kitchen are maintained. QA & Monitoring: Maintenance/Safety Director will report to the QA Committee for the next two quarters on compliance with GFCI receptacles and test buttons. Any issues will be reported to Administrator and repaired upon discovery. Date of Completion:	3-31-11