

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

RECEIVED
PRINTED: 01/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445490	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	FEB 11 2016 (X3) DATE SURVEY COMPLETED 01/19/2016	
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 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <p>Observations on 1/19/16 from 9:37 AM, through 12:00 PM, revealed the sprinkler system needed maintaining. National Fire Protection Association 25, 2-2 Edition 2000</p> <ol style="list-style-type: none"> Two sprinkler heads in dietary had a build up of lint on them. Two sprinkler heads in the rehabilitation department had a build up of lint on them. One sprinkler head in the staff break room had a build up of lint on it. The sprinkler head in the basement business office storage room was blocked by a water pipe. The sprinkler head in the hall of the basement was blocked by a water pipe. The sprinkler head behind the dryers had a build up of lint on it. There was no sprinkler head found in the elevator equipment room. The west medication room sprinkler head had a build up of lint on it. 	K 062	<p>The facility has contacted River City Sprinkler Company and the sprinkler heads are due to be replaced on 2/ 09/16 to meet the requirements of the Life Safety Code.</p> <p>The two (2) sprinkler heads in the basement business area have been moved away from the water pipes. A sprinkler head was installed in the elevator equipment room in the basement of the facility. The Maintenance Director was reminded about the need of sprinkler heads to be in good condition at all times. Maintenance Director will observe sprinkler heads quarterly and replace any sprinkler heads as needed.</p> <p>To ensure compliance, the Maintenance Director has rid all lint from each of the identified sprinkler heads (2 in dietary, 2 in the rehab area, 1 in the staff break room, 1 in the laundry area, and 1 in the West Hall medication room.) The Administrator and the Maintenance Director have conducted Environmental Rounds to ensure compliance with each of the above noted corrections.</p> <p>To ensure that future compliance is maintained, the Maintenance Director will observe sprinkler heads quarterly and replace as needed. Observations and negative findings will be reviewed in quarterly Continuous Quality Improvement (CQI) meetings with negative findings corrected immediately.</p> <p>The Maintenance Director will maintain receipts for all sprinkler head monitoring and replacement dates to include findings, and the operable parts needing to be replaced.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Marlene Segel, Administrator
TITLE
DATE
2.10.16

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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Marlene Siegel

Administrator

2.10.16

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