

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

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PRINTED: 08/31/2009
FORM APPROVED
OMB NO. 0938-0391

SEP 10 2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445195	(X2) MULTIPLE CONSTRUCTION A. BUILDING - 01-BUILDING 0101 B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2010
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NAME OF PROVIDER OR SUPPLIER BAPTIST MEMORIAL HOSP-Memphis SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 6019 WALNUT GROVE ROAD MEMPHIS, TN 38120
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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 062 SS = D	<p>NFPA 101 LIFE SAFETY CODE SANDARD</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 observation, it was determined that the facility failed to maintain sprinkler heads in the kitchen.</p> <p>The findings included:</p> <p>Observations of the patient services side of the kitchen on 8/23/10 at 10:00 AM, revealed ten sprinkler heads had a buildup of lint and grease on them.</p> <p>Observations of the production side of the kitchen on 8/23/10 at 10:10 AM, revealed sixteen sprinkler heads with a buildup of lint and grease.</p>	K 062	<p>Actions taken are as follows:</p> <p><u>Policy and Procedure Review:</u></p> <ul style="list-style-type: none"> Maintenances of Buildings to Life Safety Code Standards Building Maintenance Program Fire Prevention Equipment Inspection and Tests Fire Detection and Response Equipment Inspections and Testing (Attachment W) <p><u>Practice Changes:</u></p> <ul style="list-style-type: none"> Replaced sprinkler heads in the kitchen production cooking area & patient services prep line area.(Attachment X) Revised CMS/Regulatory Checklist in Food Nutrition Services (FNS) to include sprinkler heads are free of dust/grease (Attachment N) CMS/Regulatory Checklist will be completed monthly by FNS leadership (Attachment N) Increased frequency of Kitchen Hazard Rounds performed by Safety/Facilities Services from every 6 months to monthly. (Attachment Y) <p><u>Performance Improvement, Monitoring and Reporting:</u></p> <ul style="list-style-type: none"> Review results of CMS/Regulatory Checklist and Kitchen Hazard rounds monthly and report to the Skilled Nursing Facility PI Committee quarterly. Review results of Kitchen Hazard Rounds monthly and report to Environment of Care Committee monthly. 	<p>9/1/2010</p> <p>9/2/2010</p> <p>9/1/2010</p> <p>9/1/2010</p> <p>9/9/2010</p> <p>9/9/2010</p> <p>9/9/2010</p>
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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Janice M. Hill* TITLE *Administrative* DATE *9/10/10*

A 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 disposable 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.