

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

PRINTED: 09/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2012
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NAME OF PROVIDER OR SUPPLIER AMERICARE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3391 OLD GETWELL RD MEMPHIS, TN 38118
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K 017 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the corridor door to the trash chute room to automatically close and latch securely in their frames.</p> <p>The findings included:</p> <p>During the tour of the facility on 9/10/12 beginning at 9:45 AM, revealed the corridor fire door to the trash chute room would not close and latch due to someone putting plastic in the latch slot.</p>	K 017		
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or</p>	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 requisite to continued program participation.

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K 018	<p>Continued From page 1</p> <p>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, it was determined the facility failed to maintain fire doors to resist the passage of smoke.</p> <p>The findings included:</p> <p>During the tour of the facility on 9/10/12 beginning at 9:45 AM revealed the following:</p> <ul style="list-style-type: none"> a. The corridor fire doors between the Administration building and the McRee building did not close and latch. The coordinator was missing. b. The McRee day room outside exit door closure was broken. c. The door closure at room 107 in the McRee building was inoperative. 	K 018		

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K 018	Continued From page 2	K 018		
K 067 SS=F	<p>d. The door closure to room 123 in the Magoffin building was disconnected.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based of observation, it was determined the facility failed to maintain ventilation in 44 of 44 (resident toilet rooms 101, 102, 103, 104, 105, 106, 108, 109, 110, 111, 112, , 113, 114, 115, 116, 117, 118, 119, 120, 121, 123, 201, 202, 203, 204, 205, 207, 206, 208, 210, 211, 212, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224 and 225) resident toilet rooms.</p> <p>The findings included:</p> <p>Observations of the 1st and 2nd floor Magoffin building on 9/10/12 beginning 9:45 AM, revealed the exhaust vents in toilet rooms 101, 102, 103, 104, 105, 106, 108, 109, 110, 111, 112, , 113, 114, 115, 116, 117, 118, 119, 120, 121, 123, 201, 202, 203, 204, 205, 207, 206, 208, 210, 211, 212, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224 and 225 were not working.</p>	K 067		
K 071 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Rubbish Chutes, Incinerators and Laundry Chutes:</p>	K 071		

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K 071	<p>Continued From page 3</p> <p>(1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes comply with section 9.5.</p> <p>(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in accordance with 9.7.</p> <p>(3) Any trash chute discharges into a trash collection room used for no other purpose and protected in accordance with 8.4.</p> <p>(4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain doors in hazardous areas.</p> <p>The findings included:</p> <p>Observation during the tour of the 1st Magoffin building on 9/10/12 beginning at 9:45 AM, revealed the door to the trash chute room would not close and latch.</p>	K 071		
K 109 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>This requirement applies only to existing limited care facilities.</p>	K 109		

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K 109	<p>Continued From page 4</p> <p>An automatic smoke detection system is installed in all corridors. (As an alternative to the corridor smoke detection system on patient sleeping room floors, smoke detectors may be installed in each patient sleeping room and at smoke barrier or horizontal exit doors in the corridors.) Such detectors are electrically interconnected to the fire alarm system. 19.3.4.5.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to ensue the smoke detection devices in all patient rooms were working. The facility is fully sprinklered.</p> <p>The findings included:</p> <p>During the facility tour on 9/10/12 beginning at 9:45 AM, revealed the smoke detector in the following rooms were not working:</p> <ul style="list-style-type: none"> a. McRee building - room 411. b. Magoffin building 1st floor - rooms 107, 108, 109 and 111. c. Magoffin building 2nd floor - room 217. 	K 109		
K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p>	K 147		

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K 147	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain all electrical components.</p> <p>The findings included:</p> <p>Observations during the tour of the facility on 9/10/12 beginning at 9:45 AM, revealed the following:</p> <ol style="list-style-type: none"> 1. McCree building <ol style="list-style-type: none"> a. Room 411 had the call light cancel button taped over. b. Room 424 had call light loose on wall and call light cancel button taped over. 2. Magoffin building - 1st floor <ol style="list-style-type: none"> a. The north entrance had exposed wiring due to the door bell being disconnected. b. Room 120 had a wall receptacle broken and an electrical receptacle within 6 feet of the sink without a ground fault circuit interrupter (GFCI). c. The wall air conditioner in room 123 was inoperative and the wall receptacle by the bed had the sheetrock torn away. d. There was a radio in dietary with spliced wiring. 	K 147		
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