

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  06/07/2010
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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 025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain 4 of 6 corridor fire doors.</p> <p>The findings included:</p> <p>Observations during the tour on 6/7/10 beginning at 9:00 AM revealed the following:</p> <p>a. The corridor fire door at room 523 on the 2nd floor of the McCree building did not close and latch.</p> <p>b. The corridor fire doors on the 1st floor of the McGoffin building at room 105 did not close and latch.</p> <p>c. The corridor fire doors on the 1st floor of the McGoffin building at room 109 did not close and latch.</p> <p>d. The corridor fire door on the 2nd floor of the McGoffin building at room 204 did not close and latch.</p>	K 025	<p>AmeriCARE recognizes the importance of safety codes and standards. To ensure that residents and staff are not adversely affected by this deficiency, the following corrections will be made.</p> <p>Utilizing a <b>FIRE DOOR CHECK LIST</b>, all corridor Fire Doors will be checked by the Building Services Director, during the first working week of each month, to assure proper closure.</p> <p>Corridor fire doors are being repaired.</p> <p>NOTE: At the time of survey, a local service agent was on-site, as per our policy, checking all corridor doors.</p>	6/30/10
K 033 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit components (such as stairways) are</p>	K 033	<p>Exit Components - blocking open stairwell exit</p> <p>Stairwell doors will not be propped open for any reason.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Robert S. Matham* TITLE *Administrator* (X6) DATE *7-1-10*

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.

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

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FORM APPROVED  
OMB NO. 0938-0391

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K 033	Continued From page 1 enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain 1 of 2 stairwells in the McGoffin Building.  The findings included:  Observations on 6/7/10 beginning at 9:00 AM, the West stairwell in the basement of the McGoffin building was blocked open with a piece of cardboard.	K 033	All employees will be in-serviced by the Assistant Administrator on Life Safety Code Standards regarding the propping open of any stairwell door.	6/30/10
K 071 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Rubbish Chutes, Incinerators and Laundry Chutes:  (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.  (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in accordance with 9.7.	K 071	Trash and Linen Chute Doors  The Trash and Linen Chute Doors in the soiled linen room on the 2 <sup>nd</sup> . floor of the Magoffin Building, have been temporarily repaired by John Cook Doors and Windows.  The company is also fabricating custom replacement doors for these areas, and will install them.	6/30/10

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K 071	<p>Continued From page 2</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 observations, it was determined the facility failed to maintain the trash and linen chute self-closing doors.</p> <p>The findings included:</p> <p>Observations on 6/7/10 beginning at 9:00 AM, the trash and linen chute doors in the soiled linen room on the 2nd floor of the McGoffin building did not close and latch.</p>	K 071		
K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p>	K 076	<p>Maintenance of Oxygen Cylinders</p> <p>(a) The Assistant Administrator will in-service all employees on the proper storage requirements of oxygen cylinders.</p> <p>(b) All unsecured oxygen cylinders, in the storage room, 1<sup>st</sup> floor of the Magoffin Building, have been removed.</p>	

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K 076	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain oxygen cylinders in a safe manner that would ensure the safety of the residents.</p> <p>The findings included:</p> <p>Observations on 6/7/10 beginning at 9:00 AM, revealed the following:</p> <p>a. There was a unsecured oxygen cylinder at the nurse station on the 2nd floor of the McGoffin building.</p> <p>b. There were unsecured oxygen cylinders in the oxygen room on the 1st floor of the McGoffin building.</p>	K 076	<p>(c) When "full" oxygen cylinders are delivered, "empty" cylinders will be removed.</p> <p>(d) The Building Services Director is responsible for checking the oxygen storage room weekly, for compliance.</p>	6/30/10
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