

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

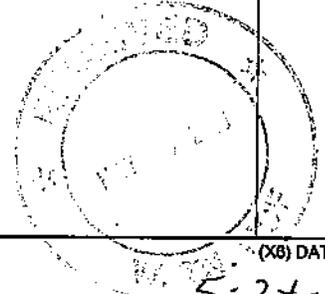
PRINTED: 05/13/2009
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445411 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 05/13/2009 |
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| NAME OF PROVIDER OR SUPPLIER APPLINGWOOD HCC | STREET ADDRESS, CITY, STATE, ZIP CODE 1536 APPLING CARE LANE CORDOVA, TN 38018 |
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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 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 hazardous areas are substantial doors, such as those constructed of 1 1/4 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 observation, it was determined the facility failed to maintain smoke resistant doors.</p> <p>The findings included:</p> <p>Observations of the 200 corridor on 5/11/09 at 10:15 AM, revealed the Aide Bath door would not close.</p> | K 018 | <p>K 018</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD SS=D</p> <p>REQUIREMENT: Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 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. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> The corridor door on wing 200, known as the bath door, was repaired by the Maintenance Supervisor on 05/13/09. The facility doors were inspected by the Maintenance Supervisor and Administrator to ensure that doors closed and latched. The Maintenance Supervisor was inserviced to inspect and ensure that doors latch properly upon closing. The Safety Committee will monitor for three months through random facility rounds to ensure compliance. If compliance is not met, the Safety Committee will re-inservice the Maintenance Department. <p>Completion Date: 06/13/09</p> | |
| K 038 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> | K 038 | | |



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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>George M. M... ..</i> | TITLE Administrator | (X8) DATE 5-24-09 |
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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 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 038 | <p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the exit discharge was accessible at all times.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of the exit discharge from the dining room on 5/11/09 at 12:00 PM, revealed a garden hose was obstructing the walkway to the public way. Observation of the exit discharge from the 200 corridor (beside room 210) on 5/11/09 at 12:15 PM, revealed two parked cars obstructing the path to the public way. | K 038 | <p>K 038</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD SS=D</p> <p>REQUIREMENT: Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> The garden hose outside the dining room door was immediately removed by the Maintenance Supervisor. The exit discharger will be blocked off until re-stripping is completed to provide open access for residents in event of evacuation. The Administrator inspected all doorways on 05/13/09 to ensure compliance. The Maintenance and Housekeeping departments were inserviced on 05/13/09 regarding the need to keep all exit doors and walkways clear of obstruction. This included hoses and parked cars. The Safety Team and the Administrator will monitor all exit doorways on a regular basis to ensure all exits are free and clear for egress. <p>Completion Date: 06/13/09</p> | |
| K 062 SS=D | <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 observation, it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of the laundry on 5/11/09 at 10:30 AM, revealed the sprinkler head was covered with a heavy buildup of lint. | K 062 | | |

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| K 062 | Continued From page 2 2. Observations in the soiled linen room in the laundry on 5/11/09 at 10:30 AM, revealed the sprinkler head was covered with a heavy buildup of lint. | K 062 | K 062 NFPA 101 LIFE SAFETY CODE STANDARD SS=D REQUIREMENT: 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 Corrective Action: 1. The Maintenance Supervisor cleaned the Sprinkler heads in the Laundry and Soiled Linens rooms on 05/13/09. 2. The sprinkler heads were inspected and found clear by the Administrator on 05/13/09. 3. The Maintenance Supervisor, Housekeeping, and Laundry workers were inserviced on 05/13/09 regarding the necessity of keeping all sprinkler heads clean and free of obstruction. 4. The Safety Committee and the Administrator will monitor the sprinkler heads regularly to ensure they are clean and free of obstruction. Completion Date: 06/13/09 | |
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