

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

PRINTED: 12/06/2011
FORM APPROVED
OMB NO. 0938-0391

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 11/28/2011
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NAME OF PROVIDER OR SUPPLIER APPLINGWOOD HEALTH CARE CENTER	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 3/4 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 doors to resist the passage of smoke.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of the service hall on 11/28/11 at 12:00 PM, revealed the employee locker room had a penetration through the door above the handle. Observation of the housekeeping storage room at 12:10 PM, revealed the door was open 	K 018	<p>STANDARD</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures for vertical openings, exits or hazardous areas are substantial doors, such as those constructed of 1 3/4" solid-bonded core wood or capable of resisting fire for at least 20 minutes.</p> <p>Corrective Action</p> <ol style="list-style-type: none"> The doors with penetrations were repaired to close all passage of smoke though holes and the closure was installed on the housekeeping storage door. All doors were inspected throughout facility to ensure no penetrations exist and closure are applied where required. The Maintenance Director was in-serviced to monitor for penetrations and closures in doors. The Safety Committee of the Quality Assurance program will monitor for compliance. 	11/29/11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>George Munchow</i>	TITLE <i>Administrator</i>	(X6) DATE 12-20-11
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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	Continued From page 1 and did not have a self closing device.	K 018	STANDARD NFPA 101 LIFE SAFETY CODE	12/31/11
K 062 SS=D	These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 11/28/11. NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain sprinkler heads. The findings included: Observations of the front drive through canopy on 11/28/11 at 9:00 AM, revealed the nine sprinkler head pendants had a buildup of lint on them.	K 062	STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6,4.6.12,NFPA13,NFPA 25. 9.7.5 Corrective Action 1.The facility will maintain sprinkler heads to be in-good working order at all times. 2.The corroded sprinkler heads will be replaced with non-corroding sprinklers. 3.The maintenance department will routinely inspect sprinkler heads to be sure no build up of lint or corrosion exits. 4. The safety committee will monitor sprinkler head inspections to ensure compliance.	
K 064 SS=D	This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 11/28/11. NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064		

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K 064	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain access to all fire extinguishers. National Fire Protection Association 10 Portable Fire Extinguishers 1-6.5 states extinguishers shall not be obstructed or obscured from view. The findings included: Observations of the service hall on 11/28/11 at 12:05 PM, revealed a fire extinguisher obstructed with five 32 gallon waste containers. This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 11/28/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 064	STANDARD NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1 19.3.5.6,NFPA 10 Corrective Action 1. The 32 gallon waste barrels were immediately removed to un-obstruct the fire extinguisher mentioned. 2. All staff were in-serviced on 11/28/11 to not leave waste containers in front of the fire extinguisher box. 3. The Maintenance Supervisor will monitor area to keep fire extinguisher free from obstruction. 4. Administrator will monitor for blocked fire extinguishers to insure compliance.	11/28/11
K 072 SS=D	Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain egress clearance. The findings included: Observations of the 300 exit corridor on 11/28/11 at 9:45 AM, revealed three vending machines obstructing the path to full instant use.	K 072		

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K 072	Continued From page 3 This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 11/28/11.	K 072	STANDARD NFPA 101 LIFE SAGETY CODE Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits 7.1.10 Corrective Action 1.Vending machines will be placed so as not to obstruct path to full instant egress. 2.The 300 exit corridor will be monitored to keep full instant egress. 3.The Maintenance Director and nursing administration will monitor to keep hallway free for full egress. 4.The Safety committee within the Quality Assurance program will monitor for compliance.	12/30/11	

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