

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

PRINTED: 06/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445499	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BAP REHAB HOSP B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2013
NAME OF PROVIDER OR SUPPLIER BAPTIST REHABILITATION-GERMANTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 2100 EXETER ROAD GERMANTOWN, TN 38138	
(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
K 000	INITIAL COMMENTS This Comparative Federal Life Safety Code (LSC) Survey was conducted on June 12, 2013 from approximately 9:30 am to 2:00 pm. It was conducted per the requirements of the Federal Register at 42CFR 483.70 (a) using Chapter 19, Existing Health Care Occupancies, of the 2000 edition of NFPA 101 Life Safety Code and its referenced publications. The building has a complete automatic sprinkler system throughout. The facility houses 18 beds with census of 17 on the survey date. The deficiencies determined during the survey are as follows and were acknowledged by the Administrator at the exit interview at approximately 2:30 PM to 3:00 PM on the date of the survey. The maintenance staff accompanied the LSC surveyors during the survey and performed the testing that was requested.	K 000	This plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements. POC ACCEPTED JUL 02 2013 <i>Kathleen D. Grant</i>	06-13-13
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper	K 056	The top shelf of the dining/activity room storage closet was removed to allow clearance between the sprinkler deflector and storage of at least 18 inches. An eighteen inch clearance of the sprinkler deflector will be maintained throughout the facility.	06-13-13 06-13-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Rebecca P. DeRose

TITLE

Administrator

(X5) DATE

7-2-13

Revised

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445489	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BAP REHAB HOSP B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2013
NAME OF PROVIDER OR SUPPLIER BAPTIST REHABILITATION-GERMANTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 2100 EXETER ROAD GERMANTOWN, TN 38138	
(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
K 056	Continued From page 1 switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a sprinkler system that meets code requirements. Findings Include: At approximately 10:05 AM on the date of the survey the clearance between the sprinkler defector and the stacked boxes was less than 18 " in the resident dining/activity room storage closet. The maintenance staff stated the boxes are for resident activities and had a therapist relocate the boxes during the survey. The clearance between the deflector and the top of storage shall be 18 " or greater. Obstructing the water discharge from the sprinkler decreases the effectiveness of the sprinkler system. Ref: 2000 NFPA 101 Section 19.3.5 1999 NFPA 13 Section 5-6.6	K 056	Monthly environmental rounds will be conducted to assure an eighteen inch clearance of the sprinkler deflector is maintained. Results of the environmental rounds will be reported in the Performance Improvement Committee.	07-09-13
K 211 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)	K 211		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 448499	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BAP REHAB HOSP B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2013
NAME OF PROVIDER OR SUPPLIER BAPTIST REHABILITATION-GERMANTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 2100 EXETER ROAD GERMANTOWN, TN 38138	
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K 211	<p>Continued From page 2</p> <ul style="list-style-type: none"> o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to properly install an Alcohol Based Hand Rub dispenser (ABHR).</p> <p>Findings include:</p> <p>At approximately 11:50 AM on the date of the survey an Alcohol Based Hand Rub dispenser (ABHR) was installed over an electrical outlet in the Quite Room.</p> <p>Dispensers shall not be installed adjacent to or over and ignition source. A light switch, electrical outlet and electrical equipment are considered some of the possible ignition sources.</p> <p>The maintenance staff acknowledged the deficiency when it was identified by the surveyor.</p> <p>Ref: 2000 NFPA 101 Section 19.3.2.7</p>	K 211	<p>The Alcohol Based Hand Rub dispenser (ABHR) was relocated in the Quiet Room, away from the electrical outlet.</p> <p>Alcohol Based Hand Rub dispensers (ABHR) will be installed according to Life Safety Code Standards throughout the facility.</p> <p>Monthly environmental rounds will be conducted to assure proper installation of Alcohol Based Hand Rub dispensers (ABHR) in accordance with Life Safety Code Standards. Results of the environmental rounds will be reported in the Performance Improvement Committee.</p>	<p>06-13-13</p> <p>06-13-13</p> <p>07-09-13</p>