

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

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ASBURY PLACE AT KINGSPORT  B. WING _____	(X3) DATE SURVEY COMPLETED  01/19/2016
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NAME OF PROVIDER OR SUPPLIER  ASBURY PLACE AT KINGSPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660
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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
K 029 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to have walls to hazardous areas capable of resisting the passage of smoke.</p> <p>The findings include:</p> <p>Observation on 1/19/16 at 12:20 PM revealed the central supply storage room has a louvered opening installed above the door.</p> <p>This finding was verified by the maintenance director and acknowledged by the executive director during the exit conference on 1/19/16.</p>	K 029	K029- The central supply louvered opening was removed and replaced with dry wall. This project was finished 2/11/2016.	
K 130 SS=F	<p><b>NFPA 101 MISCELLANEOUS</b></p> <p><b>OTHER LSC DEFICIENCY NOT ON 2786</b></p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to</p>	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Charlotte Norane Cochran, LNH TITLE: \_\_\_\_\_ (X6) DATE: 2-12-16

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 130	<p>Continued From page 1 maintain fire doors and fire door hardware.</p> <p>The findings include:</p> <p>Observation on 1/19/16 between 11:45 AM and 3:40 PM revealed the following:</p> <ol style="list-style-type: none"> <li>1. Double swinging cross corridor fire doors by room 14 have the lower rod and latching mechanism removed.</li> <li>2. Double swinging cross corridor fire doors by room 16 have the lower rod and latching mechanism removed.</li> <li>3. 90 minute metal cross corridor fire doors by room 20 has a gap between the meeting edges of the doors greater than 3/16 of an inch.</li> </ol> <p>These findings were verified by the maintenance director and acknowledged by the executive director during the exit conference on 1/19/16. NFPA 80 2-3.1.7</p> <p>The clearance between the edge of the door on the pull side and the frame, and the meeting edges of doors swinging in pairs on the pull side shall be 1/8 in. ± 1/16 in. (3.18 mm ± 1.59 mm) for steel doors and shall not exceed 1/8 in. (3.18 mm) for wood doors. 15-2.1.1*</p> <p>Hardware shall be examined frequently and any parts found to be inoperative shall be replaced immediately. 15-2.5.3</p> <p>Where a fire door, frame, or any part of its appurtenances is damaged to the extent that it could impair the door's proper emergency function, it shall be repaired with parts obtained from the door's manufacturer. Upon completion of the repairs, the door shall be tested to ensure emergency operation and closing.</p>	K 130	<p>K130- Doors Unlimited ordered the parts and repaired the fire doors. The fire doors were tested and are functioning properly. This project was completed 2/10/16.</p>	
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