

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

PRINTED: 05/09/2014  
FORM APPROVED  
OMB NO. 0938-0391

45th 6/21/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED  05/05/2014
NAME OF PROVIDER OR SUPPLIER  APPALACHIAN CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE  2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601	
(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 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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 and interview, it was determined that the facility failed to ensure that fire doors positively close and latch with-in their frame.</p> <p>The finding includes:</p> <p>Observation and interview on May 5, 2014 at 1:37 p.m. revealed the fire door by patient shower #2 upstairs did not fully close and latch.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Facility Administrator during the exit conference on May</p>	K 018	<p>This Plan of Correction is submitted as required under State and federal law. The submission of this Plan of Correction does not constitute an admission on the part of Appalachian Christian Village to the accuracy of the surveyor findings nor the conclusions drawn therefrom. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute deficiency or that the scope and severity regarding any of the deficiencies cited are correctly supplied.</p> <p>(1) Replacement doors were ordered on May 16, 2014 and are scheduled to be installed on or before June 20, 2014.</p>	06/20/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*[Signature]* MPH, LNHA  
TITLE Administrator / Dir. of Health Services  
(X6) DATE 6/2/14

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.

JUN 03 2014

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K 018	Continued From page 1  5, 2014.  19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2.			
K 066 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Smoking regulations are adopted and include no less than the following provisions:  (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.  (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.  (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.  (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4	K 066	This Plan of Correction is submitted as required under State and federal law. The submission of this Plan of Correction does not constitute an admission on the part of Appalachian Christian Village to the accuracy of the surveyor findings nor the conclusions drawn therefrom. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute deficiency or that the scope and severity regarding any of the deficiencies cited are correctly supplied.  (1) Metal containers with self-closing covers were ordered on May 9, 2014 and were delivered to the facility on or before May 15, 2014.	05/15/2014

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K 068	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to comply with all provisions of smoking regulations.</p> <p>The finding includes:</p> <p>Observation and interview with the Maintenance Director, on May 5, 2014 at 11:21 a.m., revealed that the designated patient smoking area located in the maintenance corridor did not have a metal trashcan with the self-closing lid.</p> <p>19.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions:</p> <p>(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. Exception: In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(2) Smoking by patients classified as not responsible shall be prohibited. Exception: The requirement of 19.7.4(2) shall not apply where the patient is under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p>				

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K 066	Continued From page 4  (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.  This finding was verified by the Maintenance Supervisor and acknowledged by the Facility Administrator during the exit conference on May 5, 2014.			