

45th 01/18/13

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>445162 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____   |                      | (X3) DATE SURVEY COMPLETED<br><br>12/03/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ASBURY PLACE AT JOHNSON CITY |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>105 WEST MYRTLE AVENUE<br>JOHNSON CITY, TN 37604  |                      |  |
| (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 038<br>SS=D  | <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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> <p>This STANDARD is not met as evidenced by:<br/>Based on observation, the facility failed to provide exit signs that are clearly visible from any direction.</p> <p>The findings include:</p> <p>Observation on December 3, 2013 at 1:50 p.m. revealed that once you exit out of the Village exit door that leads you into an interior courtyard, the courtyard gate is disguised as the fence and is not clearly visible as an exit. There are no exit signs leading you to the exit gate for the exit access.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 3, 2013.</p> | K 038  | <p>K 038 – NFPA Life Safety Code Standard: Exit access is arranged so that exits are readily accessible at all times...</p> <ol style="list-style-type: none"> <li>Exit signs were placed outside the Village door, on the fence outside the village, and on the brick column outside on 12/9/13.</li> <li>All other exits doors have proper signage.</li> </ol> | 12/9/13              |  |
| K 062<br>SS=D  | <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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:<br/>Based on observation, record review, and</p>  | K 062  | <p>K 062 – NFPA 101 Life Safety Code Standard: Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically...</p> <ol style="list-style-type: none"> <li>The sprinkler contractor will replace the quick opening device by 12/27/13.</li> </ol>                                   | 12/27/13             |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Debbie Hubbard* TITLE *Executive Director* (X6) DATE *12/17/13*

Any deficiency statement 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 062              | Continued From page 1<br>interview, the facility failed to maintain the automatic sprinkler system.<br><br>The findings include:<br><br>Observation, record review, and phone interview with the sprinkler contractor on December 3, 2013 between 2:00 p.m. and 2:30 p.m. revealed the following:<br>1. Interview with the sprinkler contractor revealed the quick opening device (QOD) does not work.<br>2. Record review revealed the full flow trip test time has exceeded its maximum allotted time of 60 seconds. Documentation stated the full flow trip time was 69 seconds.<br>3. Observation revealed paint overspray on sprinkler heads in resident rooms 205, 207, and 209.<br><br>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on December 3, 2013. | K 062         | 2. The sprinkler contractor will ensure full flow trip test time is 60 seconds or less after replacing quick opening device by 12/27/13.<br><br>3. The sprinkler heads in question will be replaced by the sprinkler contractor by 1/17/14.<br><br>4. All other sprinkler heads were inspected by the Director of Maintenance or Maintenance Assistant on 12/17/13. All other sprinkler heads were in compliance. | 12/27/13<br><br>1/17/14<br><br>12/17/13 |
| K 077<br>SS=F      | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Piped in medical gas systems comply with NFPA 99, Chapter 4.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review, the facility failed to maintain the piped in medical gas system.<br><br>The findings include:<br><br>Record review for the annual piped in medical gas system on December 3, 2013 at 3:05 p.m.  | K 077         | K 077 – NFPA 101 Life Safety Code Standard: Piped in medical gas systems comply with NFPA 99, Chapter 4...<br><br>1. Medical Gas System emergency in use alarm was replaced by Air Gas on 12/16/13.   | 12/16/13                                |

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| K 077  | Continued From page 2<br>revealed that the last two (2) annual inspections identified that the emergency in use alarm does not function.<br><br>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 3, 2013. | K 077  | 2. Maintenance Director will review annual inspection report from Air Gas to ensure there are no further discrepancies. |                      |  |