

45# 3/26/16

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X4) PROVIDER'S BUSINESS IDENTIFICATION NUMBER: 448162	(X4) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X4) DATE SURVEY COMPLETED 02/08/2016
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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 808 N ROAN STREET JOHNSON CITY, TN 37604
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(X4) 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)	(X4) COMPLETION DATE
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K 130 SS- D	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: 1. Based on observation, the facility failed to maintain fire walls with approved fire stopping systems.</p> <p>The findings include:</p> <p>Observation on 2/8/16 between 1:35 AM and 3:46 PM revealed the following: a. Electrical/mechanical room by laundry has unsealed penetrations around the electrical conduits that are penetrating the fire rated ceiling assembly. b. Attic mechanical room has multiple unapproved fire stopping systems in the wall by applying a sheet rock patch over the penetration in the 1 hour rated walls.</p> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/8/16. NFPA 101 8.2.3.1.1 Floor-ceiling assemblies and walls used as fire barriers, including supporting construction, shall be of a design that has been tested to meet the conditions of acceptance of NFPA 261, Standard Methods of Tests of Fire Endurance of Building Construction and Materials. Fire barriers shall be continuous in accordance with 8.2.2.2, 8.2.3.2.4.2. Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire</p>	K 130	<p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Agape Nursing and Rehabilitation Center of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Agape Nursing and Rehabilitation Center files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE <i>Maundy Proctor</i>	TITLE NHA	DATE 2/17/16
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be exempt from correcting providing it is determined that other safeguards provide sufficient protection to the patient. (See Instructions.) Except for nursing homes, the findings stated above are effective 90 days following the date of survey unless a plan of correction is provided, or nursing homes, the above findings and plans of correction are effective 14 days following the date these documents are made available to the facility. If deficiencies are listed, an approved plan of correction is a condition of program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Form ID: SX4R21

Form ID: TN9003

SX4R21

TN9003

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: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01-MAIN BUILDING 01 B. WING,	(X3) DATE SURVEY COMPLETED 02/08/2016
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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 506 N ROAN STREET JOHNSON CITY, TN 37604
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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)	(X1) COMPLETION DATE
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K 130	<p>Continued</p> <p>barriers shall be protected as follows:</p> <p>(1) The space between the penetrating item and the fire barrier shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(3) - Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met:</p> <p>a. The material shall be capable of maintaining the fire resistance of the fire barrier.</p> <p>b. The material shall be protected by an approved device that is designed for the specific purpose.</p> <p>(4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions:</p> <p>a. It shall be made on either side of the fire barrier.</p> <p>b. It shall be made by an approved device that is designed for the specific purpose.</p> <p>2. Based on observation, the facility failed to maintain fire rated door assemblies.</p>	K 130	<p><u>Corrective Actions for Targeted Residents</u></p> <p>On 2-10-16 3M Fire Protection Products engineers were contacted to help advise on the correct approved fire system solution for the ceiling penetration in the electrical/mechanical room close to laundry. The repair will be completed by the Maintenance Director on 3-25-16 per the 3M fire system. On 2-18-16, the Maintenance Director repaired the 1 hour rated sheet rock walls in the attic mechanical room with an approved fire stopping system for fire walls by the Gypsum Association. On 2-8-16, the Maintenance Director contacted Trimble Door Company to evaluate and repair the cross corridor fire doors floor receivers for the lower latching rods. The repair will be completed by 3-8-16.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 2-10-16 the Maintenance Director inspected the facility for any unsealed penetration and did not find any other areas affected.</p> <p style="text-align: right;">Continue</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2016
FORM APPROVED
CMS NO. 0838-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 446162	(X2) MULTIPLE CONSTRUCTION BUILDING 01 - MAIN BUILDING 01 B.WING	(X3) DATE SURVEY COMPLETED 02/08/2016
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N BORN STREET JOHNSON CITY, TN 37604	
(X4) ID PREFIX TAG K130	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG K130	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Continued</p> <p>The findings include:</p> <p>Observation on 2/8/16 at 12:00 PM revealed the cross corridor fire doors by physical therapy is not provided with floor receivers for the lower latching rods to latch into.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/8/16.</p> <p>NFPA 101 Life Safety Code® 8.2.3.2 Fire Protection-Rated Opening Protectives. 8.2.3.2.1 Door assemblies in fire barriers shall be of an approved type with the appropriate fire protection rating for the location in which they are installed and shall comply with the following.</p> <p>(a) - Fire doors shall be installed in accordance with NFPA 80, Standard for Fire Doors and Fire Windows. Fire doors shall be of a design that has been tested to meet the conditions of acceptance of NFPA 252, Standard Methods of Fire Tests of Door Assemblies. Exception: The requirement of 8.2.3.2.1(a) shall not apply where otherwise specified by 8.2.3.2.3.1.</p> <p>(b) Fire doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 and where used within the means of egress, shall comply with the provisions of 7.2.1.</p>		<p><u>Identification of Other Residents with Potential to be Affected</u> (Continued)</p> <p>On 2-8-16 the Maintenance Director inspected facility for any unapproved fire stopping system in 1 hour rated walls and did not find no other areas affected. On 2-8-16 the Maintenance Director inspected facility cross corridor fire doors and find no other areas affected.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance includes a quarterly audit conducted by the Maintenance Director of fire rate ceilings and 1 hour rated walls for unsealed penetration and unapproved fire stopping repairs in rated walls to ensure compliance with NFPA 101. The Maintenance Director will also conduct a monthly audit on cross corridor fire doors operation and positive latching ability to ensure compliance with NFPA 101, NFPA 80, and NFPA 252.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 446162	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/03/2016
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N ROAN STREET JOHNSON CITY, TN 37604	
(X4) ID PREFIX TAG K130	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL IDENTIFYING INFORMATION) Continue	ID PREFIX TAG K 130	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) <u>Monitoring</u> Results of these audit will be presented monthly by the Maintenance Director to the Quality Assurance Performance Improvement Committee for Review and Recommendations. The Administrator and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance. The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medical Director, Director of Nursing, Asst. Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business Office Manager, Human Resources Manager, Maintenance Director and Rehab Manager and MDS Coordinator.	(X5) COMPLETION DATE 3/25/16

Form CMS-3367(02-99) Provider Version Obsolete

Event ID: RX4R21

Facility ID: 110010