

Dept of Health HCF DEPARTMENT OF
HEALTH AND HUMAN SERVICES CENTERS (OR
MEDICARE & MEDICAID SERVICES

45th 2/20/15

PRINTED: 01/14/2015
FORM APPROVED
CMS NO. 0228-0204

SYSTEM OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 a, WING	(X3) OATB SURVEY COMPLETION DATE 01/12/2015
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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	IO COMPLETION DATE
K 130 SS e	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure fire doors meeting edge gap did not exceed 1/8-inch. (NFPA 101, 8.2.3.2.1, a, NFPA 80 2-3.1.7) The findings include: Observation and interview with the Maintenance Director, on January 13, 2015 at 11:55 a.m. confirmed the pair of fire doors to the 200 hall had a gap at the meeting edge of the doors of 1/2-inch. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 13, 2015.</p>	K 130	<p>K-130</p> <p><u>Corrective Action for Targeted Area</u></p> <p>On 1/22/15 Trimble Door company repaired fire doors on 200 hall so that the gap at the meeting edge did not exceed 1/8-inch.</p> <p><u>Identification of Area with Potential to be affected</u></p> <p>On 1/14/15 the Maintenance Director inspected other fire doors and found no other areas affected.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance include a quarterly audit of fire doors by the maintenance director to ensure that they have correct 1/8" gap at the meeting edge.</p> <p><u>Monitoring</u></p> <p>Results of these audits will be reported quarterly by the Maintenance Director to the Quality Assurance Performance Improvement Committee for Review and Recommendations. The Administrator and Maintenance Director will follow up on</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Don Powers* TITLE *Adm.* DATE *2/6/15*

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 this facility. If deficiencies are cited, an approval plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9003	(X2) MULTIPLE CONSTRUCTION 1. BUILDING: 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 01/13/2015
NAMOP PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601		
(X4) 10 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) COMPLETE DATE
			K130 cont. recommendations from the QAPI Committee to assure compliance. The QAPI Committee consists of the Administrator, Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Social Services Director, Activities Director, Dietary Manager, Maintenance Director, Housekeeping / Laundry Director, Business Office Manager, Admissions Director, and Therapy Manager.	2-6-2015

Division of Health Care Facilities