

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

PRINTED: 09/01/2011  
FORM APPROVED  
OMB NO. 0938-0391

45th 10/15/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/29/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALEXIAN VILLAGE OF TENNESSEE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377</b>	
(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 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  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  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the sprinkler system was maintained. The findings include: Observation on August 29, 2011 at 10:50 a.m. revealed wiring above the lay in ceiling was attached to or supported by sprinkler piping on the sixth floor east hall at patient room 601 and at patient room 721 on the seventh floor west hall.	K 062	K 062 The facility will continue to maintain in reliable operating condition an automatic sprinkler system.  1. The sixth floor east hallway and the seventh floor west hallway where wiring was attached was detached and corrected when identified.  2. No other areas were noted to have been affected by this practice.	09/17/11
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70. The findings include: Observation on August 29, 2011 at 10:50 a.m. revealed one (1) electrical junction box installed above the ceiling on sixth floor east hall at patient room 601 with no protective cover.	K 147	The Facility Services Director as of September 16, 2011 has educated the electrical contractors on not attaching wiring to sprinkler piping.  3. The Facility Manager will inspect all completed electrical work to ensure that it has been properly installed.  4. The Facility Manager will report all findings to the Quality Assurance Committee monthly times three months.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.

SEP 16 2011