

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

454 10/23/11

PRINTED: 09/07/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445131	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING A B. WING _____	(X3) DATE SURVEY COMPLETED  09/06/2011
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NAME OF PROVIDER OR SUPPLIER  HILLCREST HEALTHCARE-NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918
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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)	(X6) COMPLETION DATE
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K 045 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure exits paths were lighted so the failure of any single bulb would not leave the area in total darkness. (NFPA 101, 7.8.1.4). The findings include: Observation and interview with the Maintenance Supervisor, on September 6, 2011 at 9:30 a.m. confirmed the outside lights at five (5) of seven (7) of the exit discharges from the building were illuminated with single bulb light fixtures.</p>	K 045	<p>K-045</p> <p><u>1.</u> No residents were affected by this practice. On 9/13/2011 Facilities Maintenance Director contacted Consolidated Electrical Distributors and placed an order for multi-bulb outdoor light fixtures. The lights will be installed immediately upon delivery.</p> <p><u>2.</u> Residents residing in the facility have the potential to be affected. A 100% audit was done on all exit discharge lights on 9/6/2011 by Facilities Maintenance Director. All light fixtures were in working order. The daily maintenance audit was revised on 9/6/2011 to include checking that all outdoor light fixtures are in working order.</p> <p><u>3.</u> The lights will be installed upon delivery by Facilities Maintenance Director. The Administrator in-serviced the Facilities Maintenance staff on 9/6/2011 on the procedure of ensuring lights are working properly.</p> <p><u>4.</u> The Facilities Maintenance Director will inspect the outside entrance/exit lights once a month for 3 months, then quarterly to ensure compliance. Audit results will be reported by Facilities Maintenance Director once per month for three months and/or until 100% compliance is met at the Quality Assurance Performance Improvement Committee meeting consisting of Administrator, Director of Nursing, Medical Director, Therapy Manager, Activity Director, Dietary Manager, MDS Coordinator, Assistant Directors of Nursing, Team Leaders, Admissions Director, Social Services, Facilities Maintenance Director, Business Office Manager, Housekeeping Director and Laundry Director.</p>	9-23-11
K 062 SS=E	<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: Based on observation and interview, the facility failed to assure sprinkler piping was not used to support non-system components. (NFPA 13, 9-1.1.7) The findings include: Observation and interview with the Maintenance</p>	K 062		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Doretha Williams* TITLE *Administrator* (X6) DATE *9-23-11*

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.

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K 062	Continued From page 1 Director , on September 6, 2011 between 10:00 a.m. and 1:30 p.m. confirmed low voltage wiring above the lay in ceiling in the corridor was attached to or supported by sprinkler piping in the following locations: 1) Outside the 1st floor soiled utility room 2) By the fire door by room 108 3) Outside the 1st and 2nd floor electrical rooms 1012/2012 4) Outside the 2nd and 3rd floor mechanical rooms	K 062	1. No residents were affected by this practice. Any wiring that was attached to or supported by the sprinkler piping was repaired between 9/6/2011-9/23/2011 by Facilities Maintenance Director. 2. Residents residing in the facility had the potential to be affected. A 100% inspection on all sprinkler pipes was completed on 9/6/2011 by Facilities Maintenance Director. Facilities Maintenance Director will do a follow up inspection after an outside contractor visits to ensure wires are ran correctly.	9-23-11
K 067 SS=F	NFFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: NFFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Based on observation and interview, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFFPA 90A. The findings include: Record review and interview with the Maintenance Supervisor on September 6, 2011 at 1:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers.	K 067	3. Facilities Maintenance Director will educate outside vendors about this Standard prior to the vendor starting any projects. Facilities Maintenance will do a follow up inspection after an outside contractor visits to ensure wires are ran correctly. 4. Facility Maintenance Director will inspect all sprinkler pipes and every access every month to ensure compliance. The inspection results will be reported once per month for 3 months or until 100% compliance is met at the Quality Assurance Performance Improvement Committee meeting consisting of Administrator, Director of Nursing, Medical Director, Therapy Manager, Activity Director, Dietary Manager, MDS Coordinator, Assistant Directors of Nursing, Team Leaders, Admissions Director, Social Services, Facilities Maintenance Director, Business Office Manager, Housekeeping Director and Laundry Director.  K-067 1. No residents were affected by this practice. On 9/16/2011, Facilities Maintenance Director scheduled Del-Air Contractors to inspect and clean the fire dampers. Del-Air Contractors	9-23-11

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K 067  K 130 SS=D	Continued From page 2 Documentation indicated that only 50% of the fire dampers were exercised in November 2008. NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the fire doors were maintained. (NFPA 80) The findings include: Observation and interview with the Maintenance Director, on September 6, 2011 at 10:30 a.m. confirmed the lower latching mechanism of the panic hardware on one side of the fire door by room 107 was removed.	K 067  K 130	assessed dampers and gave a quote on 9/23/2011. They have been scheduled to start cleaning and oiling any moving parts, replace all fire links and operate the dampers to verify that they fully close. <u>2.</u> Residents residing in the facility had the potential to be affected. On 9/16/2011, Del-Air Contractor was put on an Inspection Contract. They will clean and oil any moving parts, plus replace all fire links in all fire dampers. Del-Air will be here to clean 10/3/2011. <u>3.</u> The Administrator in-serviced the Facilities Maintenance Director on the regulation for fire dampers on 9/6/2011. An authorized contractor will do inspections every 4 years and replace fire links at that time. <u>4.</u> The Administrator and/or Facilities Maintenance Director will report updates until 100% compliance is met to the Quality Assurance Performance Improvement Committee meeting consisting of Administrator, Director of Nursing, Medical Director, Therapy Manager, Activity Director, Dietary Manager, MDS Coordinator, Assistant Directors of Nursing, Team Leaders, Admissions Director, Social Services, Facilities Maintenance Director, Business Office Manager, Housekeeping Director and Laundry Director.  K-130 <u>1.</u> No residents were affected by this practice. The lower latching mechanism of the panic hardware was ordered on 9/6/2011 by Facilities Maintenance Director. William S. Tremble installed the lower latching mechanism on 9/19/2011. <u>2.</u> All residents in the facility had the potential to be affected. On 9/6/2011 an inspection was performed on all other latching fire doors. All	9-23-11	