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

45th 9/17/11

PRINTED: 08/02/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	449424	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/01/2011

NAME OF PROVIDER OR SUPPLIER: CENTER ON AGING AND HEALTH

STREET ADDRESS, CITY, STATE, ZIP CODE: 880 SOUTH MOHAWK DRIVE, ERWIN, TN 37650

(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 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure smoke doors could resist the passage of smoke and closed to a positive latch. (NFPA 101, 19-3.6.3.) The findings include: Observation and interview with the Maintenance Director, on August 1, 2011 at 11:20 a.m. confirmed the kitchen door to the corridor and the dishwashing room door to the dining room failed to close to a positive latch.	K 018	Kitchen door to corridor repaired by 8/15/2011. Kitchen door to dining room repaired to complete latch closure by 8/16/2011	8/15/2011 8/16/2011
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Gary Smith

TITLE: Administrator

(X6) DATE: 8/26/2011

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing 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 s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

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	445424	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/01/2011
NAME OF PROVIDER OR SUPPLIER CENTER ON AGING AND HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650	

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K 062 SS=F	Continued From page 1 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, 9.7.6 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the sprinkler system was maintained. The findings include: Observation, record review, and interview with the Maintenance Director, in the corridor, on August 1, 2011 at 10:20 a.m. confirmed the last sprinkler system full flow dry system trip test conducted on 3-4-2011 exceeded the 60-second maximum time, taking 1 min 36 seconds for water to flow out the test opening.	K 062	No residents involved. Actuator dry pipe was replaced with low pressure actuator to increase trip time speed to 61 seconds from 1 minute 36 seconds. Sprinkler system will be monitored by Moody Sprinkler Company on a quarterly basis.	8/12/ 2011
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe	K 066	Monitoring to be done by QA committee on quarterly basis with Administrator, Director of Nursing, Safety Director, and Department Managers.	

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K 066	Continued From page 2 design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure smoking areas were provided with metal containers with self-closing cover devices (NFPA 101, 19.7.4 (4)). The findings include: Observation and interview with the Maintenance Director, on August 1, 2011 at 1:30 p.m. confirmed the indoor smoking area had an open metal trash can.	K 066	No resident affected. Metal containers (ashtrays) with self closing covers were ordered on 8/15/2011 to be in place by 8/26/2011. Metal self closing trash cans purchased and in place in the indoor smoking area to empty ash trays.	8/26/ 2011
K 067 SS=F	NFPA 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, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A, 3-4.7. The findings include:	K 067	Newman Air Conditioner will give estimate for cleaning and testing dampers by 8/31/2011. Will come yearly to clean and test 25% of dampers at a time.	8/31/ 2011

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K 067	Continued From page 3 Record review and interview with the Maintenance Director on August 1, 2011 at 1:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers.	K 067		
K 147 SS=E	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 and interview, the facility failed to assure GFCI outlets were located in all wet areas (NFPA 70, 517-20).. The findings include: Observation and interview with the Maintenance Director on August 1, 2011 at 1:30 p.m. confirmed the facility failed to provide GFCI protected electrical outlets at the sink bases in resident rooms 201 - 248.	K 147	No residents affected. Rooms 201 – 248 had sink base electrical outlets changed to hospital grade GFCI outlets.	8/17/ 2011