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

FORM APPROVED
OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445294 | | 06/06/2012 |

NAME OF PROVIDER OR SUPPLIER
LIFE CARE CENTER OF COLLEGEDALE

STREET ADDRESS, CITY, STATE, ZIP CODE
PO BOX 658, 9210 APISON PIKE
COLLEGEDALE, TN 37315

| (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 029 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to assure hazardous area ' s one (1) hour fire rated construction is maintained.<br>The findings include:<br>Observation and interview with the Maintenance Director, on June 5, 2012 at 8:40 a.m. confirmed the mechanical hot water heater romm had 2 wall's head of wall joint was not firestopped. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 5, 2012. | K 029 | 1) The 2 walls head of wall joint were fire stopped on 6-12-12.<br><br>2) Plant Director observed other areas in facility to insure wall joints were firestopped.<br><br>3) Plant Director and designee received in-service education on 6-20-12 to observe for firestopped wall heads and joints during preventive maintenance compliance rounds and rounds with contractors.<br><br>4) Plant Director and/or designee will report findings to the PI Committee (Medical Director, DON, SSD, Pharmacist, HR Director, FSS, ES Director, ACT Director, Administrator, Marketing Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved. | 6-30-12<br><br>6-30-12<br><br>6-30-12<br><br>6-30-12 |
| K 045 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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 | K 045 | | |

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 6/21/12

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ner safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing 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 ys 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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| | 445294 | | 06/05/2012 |

NAME OF PROVIDER OR SUPPLIER: LIFE CARE CENTER OF COLLEGEDALE

STREET ADDRESS, CITY, STATE, ZIP CODE: PO BOX 658, 9210 APISON PIKE, COLLEGEDALE, TN 37315

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| K 045 | Continued From page 1 | K 045 | 1) Outside lighting at exit discharges from the building were replaced with double lighting fixtures by rooms 313, 322, 128, rear kitchen exit and exit by service corridor on 6-20-12. | 6-30-12 |
| | This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure exits paths were lighted so the area would not be in total darkness. The findings include: Observation and interview with the Maintenance Supervisor, on June 5, 2012 at 9:00 a.m. confirmed the outside lights at the exit discharges from the building were not illuminated such that the failure of any single lighting fixture (bulb) would not leave the area in darkness (NFPA 101, 7.8.1.4) by rooms 313, 322, 128, rear kitchen exit and the exit by the service corridor This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 5, 2012. | | 2) Plant designee will observe lighting fixtures during compliance rounds and replace as needed. | 6-30-12 |
| | | | 3) Double lighting fixtures will be placed on preventive maintenance schedule to insure proper lighting at outside exit discharges from the building. Plant Director and designee received in-service education on 6-20-12. | 6-30-12 |
| K 062 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD | K 062 | 4) Plant Director and/or designee will report non-compliance to the PI Committee (Medical Director, DON, Administrator, RSM, SSD, Pharmacist, FSS, ACT Director, ES Director, HR Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved. | 6-30-12 |
| | 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 and interview, the facility failed to assure the Sprinkler piping or hangers shall not be used to support non-system components. (NFPA 13, 9-1.1.7) The findings include: Observation and interview with the Maintenance Director, on June 5, 2012 at 1:30 p.m. confirmed wiring above the lay in ceiling was attached to or | | | |

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NAME OF PROVIDER OR SUPPLIER: LIFE CARE CENTER OF COLLEGEDALE

STREET ADDRESS, CITY, STATE, ZIP CODE: PO BOX 658, 9210 APISON PIKE, COLLEGEDALE, TN 37315

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| K 062 | Continued From page 2<br>supported by sprinkler piping inside the medical gas manifold room, corridor outside the medical gas manifold room, in the corridor outside the MDS office and Dietary Manager ' s office.<br>Based on observation and interview, the facility failed to assure all areas were sprinkled.<br>The findings include:<br>Observation and interview with the Maintenance Director, on June 5, 2012 at 8:50 a.m. confirmed the sprinkler riser room was not provided with sprinkler protection.<br>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 5, 2012. | K 062 | 1) Wiring above the lay in ceiling attached or supported by sprinkler piping was removed inside and outside the medical gas manifold room, corridor outside the MDS office and Dietary Manager's office on 6-14-12. | 6-30-12 |
| | | | 2) Plant Director and /or designee will observe for wiring above the lay in ceiling and sprinkler protection in facility for having the potential to be affected. | 6-30-12 |
| | | | 3) Plant Director and/or designee received In-service education to accompany contractors in facility and insure wiring is not supported by sprinkler piping and sprinkler protection is provided. | 6-30-12 |
| | | | 4) Plant Director and/or designee will report findings to PI Committee (Medical Director, Administrator, DON, Pharmacist, FSS, SSD, ACT Director, RSM, HR Director, Plant Director, ES Director, HIM, Admissions Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved. | 6-30-12 |