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

45th 12/17/10

PRINTED: 11/04/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7500	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED 11/01/2010

NAME OF PROVIDER OR SUPPLIER: CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 202 ENON SPRINGS ROAD EAST, SMYRNA, TN 37167

(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 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridor walls. The findings include: Observation on 11/1/10 at 11:50 a.m., revealed the A Wing's corridor walls were not sealed at the ceiling deck. National Fire Protection Association (NFPA) 101, 19.3.6.2.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.	K 017	Disclaimer for Plan of Correction Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Christian Care Center of Rutherford County of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Rutherford County files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/ Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings. **K017** Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:	
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 11-11-10

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN7509	A. BUILDING 01 - MAIN B. WING	11/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC	202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167

(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 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridor walls. The findings include: Observation on 11/1/10 at 11:50 a.m., revealed the A Wing's corridor walls were not sealed at the ceiling deck. National Fire Protection Association (NFPA) 101, 19.3.6.2.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.	K 017	**K017 - continued** Corrective Actions for Targeted Residents On 11/2/10, the facility hired an expert fire stop company (Fire Stop Logistics) to inspect and seal the A Wing corridor walls at the ceiling deck. The work was completed on 11/8/10. Identification of Other Residents with Potential to be Affected Current residents have the potential to be affected. Systematic Changes Quarterly checks of the fire and smoke walls will be conducted by the facility Maintenance Director to assure compliance. Any deficiencies will be promptly addressed by the Maintenance Director and contracted expert fire stop company. Monitoring Findings of the quarterly inspections will be reported by the Maintenance Director to the Performance Improvement Committee for review and recommendations to be followed up by the facility's Maintenance Director and Administrator.	
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily	K 038	The Performance Improvement Committee meets monthly and consists of the	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	11-11-10

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED
	TN7300		11/01/2010

NAME OF PROVIDER OR SUPPLIER: CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 202 ENON SPRINGS ROAD EAST, SMYRNA, TN 37167

(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 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.5.1, 19.3.6.2.1, 19.3.3.5 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridor walls. The findings include: Observation on 11/1/10 at 11:50 a.m., revealed the A Wing's corridor walls were not sealed at the ceiling deck. National Fire Protection Association (NFPA) 101, 19.3.6.2.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.	K 017	**K017 - continued** Administrator, Medical Director, Maintenance Director, Director of Nursing, MDS/Assessment Nurse, Clinical Records Director, Social Services Director, Activities Director, Dietary Manager, Human Resources, Business Office Manager, Pharmacy Consultant, and Housekeeping/Laundry Director.	11/10/10
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily	K 038	**K038** Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Administrator — TITLE — (X6) DATE: 11-11-10

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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	TN7309		11/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC	202 SWON SPRINGS ROAD EAST SMYRNA, TN 37167

(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 038	Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the exit access. The findings include: Observation of the dining room's exit door on 11/1/10 at 1:20 p.m. revealed the magnetic door locking key pad's system was inoperable. The door did unlock upon fire alarm activation. National Fire Protection Association (NFPA) 101, 19.2.2.2.2 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.	K 038	K038 - continued Corrective Actions for Targeted Residents The cited key pad was replaced by the facility's fire monitoring contractor (Siemens' Industries, Inc.) on 11/2/10. Upon repair, the lock and key pad performed as required. Identification of Other Residents with Potential to be Affected Current residents have to the potential to be affected. Systematic Changes The daily checklist of the Maintenance Director was updated on 11/10/10 to include checking the magnetic lock doors and key pads for proper functioning. The doors with magnetic locks and key pads will also be checked during fire drills to assure they unlock and function as required. Monitoring Findings of the inspections will be reported monthly by the Maintenance Director to the Performance Improvement Committee for review and recommendations to be followed up by the facility's Maintenance Director and/or Administrator. The Performance Improvement Committee meets monthly and consists of Administrator, Medical Director, Maintenance Director, Director of Nursing, MDS/Assessment Nurse, Clinical Records Director, Social Services Director, Activities Director, Dietary Manager, Human Resources, Business Office Manager, Pharmacy Consultant, and Housekeeping/Laundry Director.	11/10/10
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by:	K 050		

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	TN7509		11/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC	202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167

(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 038	Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1	K 038		
	This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the exit access. The findings include: Observation of the dining room's exit door on 11/1/10 at 1:20 p.m., revealed the magnetic door locking key pad's system was inoperable. The door did unlock upon fire alarm activation. National Fire Protection Association (NFPA) 101, 19.2.2.2.2 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.		**K050** Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents Facility staff in-services were conducted by the Maintenance Director, Director of Nursing, and Administrator on 11/1/10, 11/2/10, and 11/5/10 regarding proper fire	
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by:	K 050		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7509	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED 11/01/2010
NAME OF PROVIDER OR SUPPLIER: CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE: 202 ENON SPRINGS ROAD EAST, SMYRNA, TN 37167	

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K 050	Continued From page 2 Based on observations it was determined the facility failed the fire drill. The findings include: Observations during the fire drill on 11/1/10, at 1:30 p.m., revealed the staff member selected to react to the drill failed to close the resident's room door. National Fire Protection Association (NFPA) 101, 19.7.1.2	K 050	K050 - continued drill and safety policy and procedures. New staff will continue to be in-serviced upon hire as well as all staff will be re-inserviced at least twice per year by the Maintenance Director and/or Administrator regarding fire drill and fire safety policy. Additional fire drills were conducted by the Maintenance Director and/or Administrator on 11/5/10, 11/8/10, 11/10/10 and 11/11/10.	
K 062 SS=G	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 observations it was determined the facility failed to maintain the sprinkler system. The findings include: 1. Observation on 11/1/10 at 11:60 a.m., revealed the sprinkler located in the corridor next to center supply exit door was obstructed by an exit sign. National Fire Protection Association (NFPA) 13, 5.5.5.3 2. Observation on 11/1/10, at 1:40 p.m., revealed water was draining from the main sprinkler system's drain without any test conducted. NFPA 25, 2-2 3. Observation of the sprinkler systems riser room on 11/1/10, at 2:00 p.m., revealed the	K 062	Identification of Other Residents with Potential to be Affected Current residents have the potential to be affected. Systematic Changes Fire drill results will be audited by the Maintenance Director for compliance. Monitoring Findings of the audits will be reported monthly by the Maintenance Director to the Performance Improvement Committee for review and recommendations to be followed up by the facility's Maintenance Director and/or Administrator. The Performance Improvement Committee meets monthly and consists of Administrator, Medical Director, Maintenance Director, Director of Nursing, MDS/Assessment Nurse, Clinical Records Director, Social Services Director, Activities Director, Dietary Manager, Human Resources, Business Office Manager, Pharmacy Consultant, and Housekeeping/Laundry Director.	11/11/10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED
	TN7509		11/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC	202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167

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K 050	Continued From page 2 Based on observations it was determined the facility failed the fire drill. The findings include: Observations during the fire drill on 11/3/10, at 1:30 p.m., revealed the staff member selected to react to the drill failed to close the resident's room door. National Fire Protection Association (NFPA) 101, 19.7.1.2	K 060		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the sprinkler system. The findings include: 1. Observation on 11/1/10 at 11:50 a.m., revealed the sprinkler located in the corridor next to center supply exit door was obstructed by an exit sign. National Fire Protection Association (NFPA) 13, 5.6.5.3 2. Observation on 11/1/10, at 1:40 p.m., revealed water was draining from the main sprinkler system's drain without any test conducted. NFPA 25, 2-2 3. Observation of the sprinkler system's riser room on 11/1/10, at 2:00 p.m., revealed the	K 062	**K062** Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents On 11/2/10, the Maintenance Director moved the cited exit sign to an appropriate location that does not obstruct a sprinkler head. On 11/2/10, Tennessee/Kentucky Sprinkler repaired the cited leaking drain. On 11/2/10, information required for the hydraulic name plate was verified by Fire Sprinkler, LLC and recorded on the hydraulic name plate. Identification of Other Residents with Potential to be Affected Current residents have the potential to be affected. Systematic Changes The Maintenance Director's daily audit was updated on 11/10/10 to include inspection of items obstructing sprinkler heads, checking for any leaking from the	

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	TN7509	A. BUILDING 01 - MAIN B. WING	11/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC	202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167

(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 050	Continued From page 2 Based on observations it was determined the facility failed the fire drill. The findings include: Observations during the fire drill on 11/1/10, at 1:30 p.m., revealed the staff member selected to react to the drill failed to close the resident's room door. National Fire Protection Association (NFPA) 101, 19.7.1.2	K 050		
K 062 SS=E	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 observations it was determined the facility failed to maintain the sprinkler system. The findings include: 1. Observation on 11/1/10 at 11:50 a.m., revealed the sprinkler located in the corridor next to center supply exit door was obstructed by an exit sign. National Fire Protection Association (NFPA) 13, 5.5.5.3 2. Observation on 11/1/10, at 1:40 p.m., revealed water was draining from the main sprinkler system's drain without any test conducted. NFPA 25, 2-2 3. Observation of the sprinkler system's riser room on 11/1/10, at 2:00 p.m., revealed the	K 062	**K062 - continued** sprinkler system drain, and assurance the hydraulic name plate remains legible with appropriate information. Any concerns noted will be promptly addressed by the facility Maintenance Director. Monitoring Findings of the daily audits will be reported by the facility's Maintenance Director to the Performance Improvement Committee for review and recommendations, with follow-up by the Maintenance Director and/or Administrator. The Performance Improvement Committee meets monthly and consists of the Administrator, Medical Director, Maintenance Director, Director of Nursing, MDS/Assessment Nurse, Clinical Records Director, Social Services Director, Activities Director, Dietary Manager, Human Resources, Business Office Manager, Pharmacy Consultant, and Housekeeping/ Laundry Director.	11/10/10

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	TN7609		11/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC	262 ENON SPRINGS ROAD EAST SMYRNA, TN 37167

(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	Continued From page 3 Information on the sprinklers system's hydraulic nameplate was not legible. NFPA 25, 2-2.7 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.	K 062		
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.5, NFPA 96 This STANDARD is not met as evidenced by: Based on observations and records review it was determined the facility failed to maintain the kitchen hood fire extinguishing system. The findings include: Records review on 11/1/10, at 2:05 p.m., revealed the facility was unable to provide documentation that the kitchen's hood fire extinguishing system's fusible links were replaced annually. National Fire Protection Association (NFPA) 96.	K 069	**K069** Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents The fusible link was replaced on January 6, 2010 by the Columbia Fire Equipment. The fusible link was inspected and cleaned on 7/15/10, and replaced on 11/10/10. Documentation regarding this service is located in the facility's Life Safety Records Book.	
	This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.		Identification of Other Residents with Potential to be Affected Current residents have the potential to be affected.	
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: A fire barrier wall shall extend from the foundation or floor below to the underside of the roof or floor deck above. Any voids or gaps created by the	K 130	Systematic Changes The Maintenance Director will audit records monthly to assure compliance. Monitoring Findings of the monthly audits will be reported by the Maintenance Director to the Performance Improvement Committee for review and recommendations, with followup	

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	TN7609		11/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC	202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167

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K 062	Continued From page 3 Information on the sprinklers system's hydraulic nameplate was not legible. NFPA 25, 2-2.7 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.	K 062		
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations and records review it was determined the facility failed to maintain the kitchen hood fire extinguishing system. The findings include: Records review on 11/1/10, at 2:05 p.m., revealed the facility was unable to provide documentation that the kitchen's hood fire extinguishing system's fusible links were replaced annually. National Fire Protection Association (NFPA) 96. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.	K 069	K069 - continued by the Maintenance Director and/or Administrator. The Performance Improvement Committee meets monthly and consists of the Administrator, Medical Director, Maintenance Director, Director of Nursing, MDS/Assessment Nurse, Clinical Records Director, Social Services Director, Activities Director, Dietary Manager, Human Resources, Business Office Manager, Pharmacy Consultant, and Housekeeping/Laundry Director.	11/10/10
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: A fire barrier wall shall extend from the foundation or floor below to the underside of the roof or floor deck above. Any voids or gaps created by the	K 130	K130 Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:	

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED
	TN7509		11/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC	202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167

(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 130	Continued From page 4 meeting of the wall and floor below and the underside of the roof or floor deck above shall be filled with an approved material with a fire resistance rating at least equal to that of the fire wall. National Fire Protection Association (NFPA) 221, 3.2 Based on observations it was determined the facility failed to maintain the fire barriers. The findings include: 1. Observation of the fire barrier wall located in the attic above the B wing's corridor fire doors on 11/1/10 at 10:55 a.m., revealed penetrations in the wall. The top and bottom of the fire barrier walls were not sealed on both sides of the barrier. NFPA 101, 8.2.3.2.4.2 and NFPA 221, 3.2 2. On 11/1/10, at 11:20 a.m., observation of the A/B Wings' fire barrier revealed the top of the barrier wall was not sealed at the ceiling deck. NFPA 221, 3.2 3. On 11/1/10 at 11:28 a.m., observation of the A Wing's fire barrier located next to room 213 revealed the top of the barrier walls were not sealed at the ceiling deck on both sides of the barrier. NFPA 221, 3.2 4. Observations on 11/1/10, at 11:30 a.m., revealed penetration in the fire barrier wall located in room 213. NFPA 101, 8.2.3.2.4.2 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10. NFPA 101 LIFE SAFETY CODE STANDARD	K 130	**K130 - continued** Corrective Actions for Targeted Residents On 11/2/10, the facility hired an expert fire stop company (Fire Stop Logistics) to inspect and seal the cited penetrations. The work was completed on 11/8/10. Identification of Other Residents with Potential to be Affected Current residents have the potential to be affected. Systematic Changes Quarterly checks of the fire and smoke walls will be conducted by the facility Maintenance Director to assure compliance. Any deficiencies will be promptly addressed by the Maintenance Director and contracted expert fire stop company. Monitoring Findings of the quarterly inspections will be reported by the Maintenance Director to the Performance Improvement Committee for review and recommendations, with follow-up by the facility's Maintenance Director and Administrator. The Performance Improvement Committee meets monthly and consists of the Administrator, Medical Director, Maintenance Director, Director of Nursing, MDS/Assessment Nurse, Clinical Records Director, Social Services Director, Activities Director, Dietary Manager, Human Resources, Business Office Manager, Pharmacy Consultant, and Housekeeping/Laundry Director.	11/10/10
K 144 SS=F		K 144		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED
	3N7509		11/01/2010

NAME OF PROVIDER OR SUPPLIER: CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 202 LEWIS SPRINGS ROAD EAST, SMYRNA, TN 37167

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K 144	Continued From page 5 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide a remote alarm for the emergency generator. The findings include: Interview with the Director of Maintenance on 8/9/10, at 8:50 a.m., revealed the facility failed to provide an annunciator panel with an audible alarm for the 20 kilowatts emergency generator. The panel must be located in a work site readily observable by the staff. National Fire Protection Association (NFPA) 110, 3.5.6.1. These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.	K 144	**K144** Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents On 11/3/10, the cited emergency generator was replaced by Cummins Crosspoint Electric with another comparable generator that will work with an annunciator panel with an audible alarm. Identification of Other Residents with Potential to be Affected Current residents have the potential to be affected. Systematic Changes The Maintenance Director will conduct weekly generator inspection and tests, as well as monthly 30-minute load tests. On 11/10/10, staff was in-serviced by the Maintenance Director and Administrator regarding the new annunciator panel with audible alarm. Facility staff will be in-serviced upon hire and re-inserviced at least annually regarding the annunciator panel and audible alarm.	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X3) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED
	TN7509		11/01/2010

NAME OF PROVIDER OR SUPPLIER: CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC
STREET ADDRESS, CITY, STATE, ZIP CODE: 202 ENON SPRINGS ROAD EAST, SMYRNA, TN 37167

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K 144	Continued From page 5 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide a remote alarm for the emergency generator. The findings include: Interview with the Director of Maintenance on 8/2/10 at 8:50 a.m., revealed the facility failed to provide an annunciator panel with an audible alarm for the 20-Kilowatts emergency generator. The panel must be located in a work site readily observable by the staff. National Fire Protection Association (NFPA) 110, 3-5.6.1 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.	K 144	**K144 - continued** Monitoring Findings of the inspections and tests will be reported by the Maintenance Director to the Performance Improvement Committee for review and recommendations, with follow-up by the facility's Maintenance Director and Administrator. The Performance Improvement Committee meets monthly and consists of the Administrator, Medical Director, Maintenance Director, Director of Nursing, MDS/Assessment Nurse, Clinical Records Director, Social Services Director, Activities Director, Dietary Manager, Human Resources, Business Office Manager, Pharmacy Consultant, and Housekeeping/Laundry Director.	11/10/10