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

45th 3/10/12

PRINTED: 01/26/2012
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
	445459	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/23/2012

NAME OF PROVIDER OR SUPPLIER
HANCOCK MANOR NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
1423 MAIN STREET
SNEEDVILLE, TN 37869

(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 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained. The findings include: Observation on January 23, 2012 at 10:40 a.m. revealed a penetration in the rated smoke wall above the ceiling in the kitchen dry storage area.	K 025	**K 025** 1) The Maintenance Director repaired the penetration in the rated smoke wall above the ceiling in the kitchen dry storage area on January 26, 2012. 2) All Residents have the potential to be affected by the citation. The Maintenance Director conducted a visual audit of all smoke walls to ensure good condition without any penetrations on January 30, 2012. All smoke walls were found to be in good condition without any penetrations. 3) The Administrator conducted one-on-one directed education with the Maintenance Director on January 26, 2012 regarding the condition of smoke walls and proper repairs of penetrations made in smoke walls by outside contractors. 4) The Maintenance Director or Administrator will conduct visual audits of all smoke walls once monthly for three months. The Maintenance Director or Administrator will present the results of these audits at the monthly Quality Assurance Performance Improvement Meeting and audits will continue until 100% compliance is achieved. Members of the Quality Assurance Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Minimum Data Set Nurse, Business Office Manager, Social Services Director, Activities Director, Dietary Manager, Rehab Manager, Housekeeping & Laundry Director and Maintenance Director.	01/31/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
George W. Brewer Jr	Administrator	02/02/2012

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.