**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(XIV) PROVIDER/ SUPPLIER/CIA IDENTIFICATION NUMBER:**

445276

**(XV) MULTIPLE CONSTRUCTION**

A. BUILDING 01 - MAIN BUILDING 01
B. WING

**(XVI) DATE SURVEY COMPLETED:**

10/08/2012

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**NAME OF PROVIDER OR SUPPLIER:**

CUMBERLAND VILLAGE CARE AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

136 Davis Lane
Lafollette, TN 37766

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**(XVII) ID PREFIX TAG:**

K 018 SS=D

**SUMMARY STATEMENT OF DEFICIENCIES**

(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 1½ 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.

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**(XVIII) ID PREFIX TAG:**

K 018 K 018

1. The latch on room 327 was fixed by the Maintenance Director to ensure that it closed to a positive latch on 10/12/12. The door to the central hall water heater room was fixed by the Maintenance Director to ensure that it closed to a positive latch on 10/12/12.

2. An audit of all doors in the facility was conducted by the Maintenance Director or designee on 10/19/12. No other doors were identified that did not close to a positive latch.

3. The Administrator conducted reeducation with maintenance staff on ensuring all doors close to a positive latch on 10/19/12.

4. The Maintenance Director or designee will complete an audit of all doors weekly for four weeks and monthly for two months to ensure compliance is achieved and sustained. The Administrator or designee will review and analyze the results of the audit of all doors during the monthly Performance Improvement Committee for three months to ensure compliance is achieved and sustained. Subsequent plans of correction will be implemented as necessary.

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**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE:**

[Signature]

**DATE:**

10/26/12
**CUMBERLAND VILLAGE CARE AND REHABILITATION CENTER**

<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION)</th>
</tr>
</thead>
</table>
| K018 | Continued From page 1
October 8, 2012.
K021 | NFPA 101 LIFE SAFETY CODE STANDARD
SS=D | Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:
a) the required manual fire alarm system;
b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and
c) the automatic sprinkler system, if installed. 19.2.2, 2.6, 7.2.1.8.2 |

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure corridor fire doors were held open by approved devices.
The findings include:
Observation and interview with the Maintenance Director, on October 8, 2012 at 2150 p.m.
confirmed the corridor fire door by the copy room had one side that failed to close to a positive latch.
This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 8, 2012.
<table>
<thead>
<tr>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=F</td>
<td>K050</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>1. Immediate re-education was provided to the staff member not thoroughly checking the resident room by the Maintenance Director on 10/8/12.</td>
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<td>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. 19.7.1.12</td>
<td>2. Immediate re-education was provided to the staff members responding to the fire alarm regarding the necessity to completely check a room prior to leaving it and closing the door by the Maintenance Director on 10/8/12.</td>
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<td></td>
<td>K062</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>3. The Maintenance Director or designee conducted re-education with facility staff on ensuring the affected room during a fire drill is thoroughly checked by 10/26/12.</td>
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<td>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</td>
<td>4. The Maintenance Director or designee will conduct fire drills at least once a month on various shifts for 90 days to ensure compliance is achieved and sustained. The Administrator or designee will review and analyze the results of the fire drills during the monthly Performance Improvement Committee for three months to ensure compliance is achieved and sustained. Subsequent plans of correction will be implemented as necessary.</td>
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<td></td>
<td>K062</td>
<td></td>
<td>1. The dry system had a trip test performed by certified fire protection company on 10/17/12. The result of that trip test was 22 seconds. The leaks in the dry riser room were repaired by a certified fire protection company on 10/18/12.</td>
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<td>2. An audit of both dry systems trip test were in the facility was conducted by the Maintenance Director on 10/17/12. Both</td>
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<td>K 062</td>
<td>Based on record review, observation and interview, the facility failed to assure the sprinkler system was maintained. The findings include: Record review and interview with the Maintenance Director on October 8, 2012 at 3:30 p.m. confirmed the last Dry system trip test conducted on 6-12-12 exceeded the 60-second time for water to reach the test outlet, by indicating it took 80 seconds. A second dry trip test was provided that was not acceptable due to incomplete and missing information. Observation and interview with the Maintenance Director on October 8, 2012 at 3:30 p.m. confirmed the sprinkler riser room had leaks on a dry riser union fitting and the wet system upper control valve had a packing leak. The Maintenance Director stated that the valve had been repacked in the past year. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 8, 2012.</td>
<td>systems were within the appropriate range. An audit of the dry riser room was conducted by the Maintenance Director on 10/18/12. There were no additional leaks found.</td>
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<tr>
<td>K 067</td>
<td>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 80A, 19.5.2.2</td>
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<tr>
<td>K 067</td>
<td>This STANDARD is not met as evidenced by: NFPA 80A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify</td>
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3. The Administrator conducted re-education with maintenance staff on ensuring that trip tests are within the appropriate range prior to the departure of the contracted certified fire protection company and ensuring that the dry riser room remains leak free on 10/19/12.

4. The Maintenance Director or designee will complete an audit of the dry riser room weekly for four weeks and monthly for two months to ensure compliance is achieved and sustained. The Maintenance Director or designee will review the annual dry system trip tests to ensure continued compliance is sustained. The Administrator or designee will review and analyze the results of the dry riser room audit during the monthly Performance Improvement Committee for three months to ensure compliance is achieved and sustained. Subsequent plans of correction will be implemented as necessary.

1. The fire dampers will be inspected by a certified contractor on 10/29/12.

2. An audit of all the fire dampers in the facility was conducted by a certified company on 10/29/12.

3. The Administrator conducted re-education with maintenance staff on
K 087  
Continued from page 4  
that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.  
Based on observation, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A.  
The findings include:  
Record review and interview with the maintenance director on October 8, 2012 at 1:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. The last fire damper inspections were done in 2007.  
This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 8, 2012.  

K 144  
NFPA 101 LIFE SAFETY CODE STANDARD  
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 record review and interview, the facility failed to assure the documentation indicated the emergency generator was run for 30 minutes under load each month.  
The findings include:  
Record review of the Emergency Generator logs with the Maintenance Director, on October 8, ensuring all fire dampers are inspected every four years on 10/19/12.  

4. The Administrator or designee will review and analyze the results of the fire damper inspection during the monthly Performance Improvement Committee to ensure compliance is achieved and sustained. Subsequent plans of correction will be implemented as necessary.  

K 144  
1. The run hour meter will be replaced on 10/29/12 by the generator contractor.  
2. An audit of the run meter on both generators will be conducted by the Maintenance Director on 10/29/12 to ensure they are functioning properly.  
3. The Administrator conducted re-education with maintenance staff on ensuring the run hour meters are functioning properly on 10/19/12.  
4. The Maintenance Director or designee will complete an audit of both run hour meters weekly for four weeks and monthly for two months to ensure compliance is achieved and sustained. The Administrator or designee will review and analyze the results of the run hour meter audit during the monthly Performance Improvement Committee for three months to ensure compliance is achieved and sustained. Subsequent plans of correction will be implemented as necessary.
K 144 Continued From page 5

2012 at 10:00 a.m. failed to confirm when the Generator was run under load monthly. The run hour meter was not functioning properly in order to verify the generator was run for 30 minutes. Readings documented were 80.0 - 89.9 and then rolling back to 80.0. The generator was run weekly under load, for times ranging from .1 to .3 hours.

This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 8, 2012.