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

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:** 445429

**(X2) MULTIPLE-CONSTRUCTION**

A. BUILDING 01 - STATE BUILDING 01
B. WING

**(X3) DATE SURVEY COMPLETED:** 07/20/2009

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**NAME OF PROVIDER OR SUPPLIER**

MCKENZIE HEALTH CARE CENTER

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

175 HOSPITAL DRIVE
MC KENZIE, TN 38201

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<table>
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<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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| K 054     | SS=E| **NFPA 101 LIFE SAFETY CODE STANDARD**
All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 | K 054     | SS=F| **NFPA 101 Life Safety Code Standard**
Requirement:
All required smoke detectors, including those activating door hold-open devices, are approved, maintained, will be inspected and tested in accordance with the manufacturer's specifications. 9.6.13
Corrective Action:
1. The smoke detectors on Station 1 nurses' station, Station 2 medication room, Station 3 wandering unit corridor outside of the clean utility room and in the service corridor near dining room corridor door were moved on 7/27/09 to the required three feet from the air supply diffusers.
2. Other smoke detectors were inspected by the Administrator and Maintenance Supervisor on 7/21/09 to ensure they were the appropriate distance from the air supply diffusers.
3. The Maintenance Supervisor was in-service on 7/21/09 by the Administrator regarding the requirement of the smoke detectors being three feet from the air supply diffusers.
4. The QA team, consisting of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Staffing Coordinator, Risk Management nurse, Bookkeeper, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activities Coordinator, will monitor for compliance monthly for three months through random facility rounds to ensure compliance. Different members of the committee will participate depending on the nature of the audit. | 7/27/09 |
| K 062     | SS=F| **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 | K 062     | SS=F| **NFPA 101 Life Safety Code Standard**
Requirement:
Required automatic sprinkler systems will be 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 | |

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**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

Julie Roberts

**TITLE**

Administrator

**DATE**

8/14/09

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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.
**K 062**  Continued From page 1

**The findings included:**

Record review of the facility's sprinkler testing reports in the dining room on 7/20/09 at 10:31 PM, revealed the sprinkler system had not been inspected quarterly as required.

**K 064**  NFPA 101 LIFE SAFETY CODE STANDARD

**SS=D**  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10

**Correction Action:**
1. On 7/27/09 the automatic sprinkler system was inspected and tested on this date.
2. The automatic sprinkler system is set-up to be inspected and tested quarterly per a contracted vendor.
3. The Maintenance Supervisor was in-serviced on 7/27/09 to ensure the automatic sprinkler is being inspected and tested quarterly.
4. The QA team, consisting of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Staffing Coordinator, Risk Management nurse, Bookkeeper, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activities Coordinator, will monitor for compliance monthly for three months through random facility rounds to ensure compliance.

**Completion Date:** 7/27/09

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**K 064**  NFPA 101 Life Safety Code Standard

**SS=D**  PORTABLE FIRE ExTINGUISHERS are provided in all health care occupancies will be in accordance with 9.7.4.1 19.3.5.6, NFPA 10

**Correction Action:**
1. A K-type fire extinguisher was placed in the dietary department on 7/22/09.
2. The K-type fire extinguisher will be available in the dietary department all times.
3. The Maintenance Supervisor was in-serviced on 7/22/09 to ensure the K-type fire extinguisher is located in the dietary department for the protection of combustible cooking media.
4. The QA team, consisting of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Staffing Coordinator, Risk Management nurse, Bookkeeper, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activities Coordinator, will monitor for compliance monthly for three months through random facility rounds to ensure compliance.

**Completion Date:** 7/22/09
**K 147** Continued From page 2

The findings included:

Observations during the facility tour on 7/20/09 revealed the following:

a. At 8:09 PM, 3 power strips were connected to each other in resident room 105.
b. At 8:15 PM, 1 of 1 light fixtures in the janitor's closet across from station 2 nurses' station was detached from the ceiling.
c. At 8:17 PM, 1 of 1 ground fault circuit interrupter (GFCI) receptacles in the station 2 nurses' restroom did not function.
d. At 8:55 PM, 1 of 4 circuit breaker panels labeled EM in the service hall electric room was missing a circuit breaker causing a void in the panel.
e. At 9:25 PM, 1 of 1 light fixtures in the laundry washroom closet was broken.

**K 147**

**SS=E**


**Requirement:**
Electrical wiring and equipment will be in accordance with NFPA 70, National Electrical Code. 9.1.2

**Corrective Action:**
1. The maintenance supervisor removed the 3 power strips from resident room on 7/21/09. The light fixture in the janitor's closet was remounted to the ceiling on 7/21/09. The ground fault circuit was replaced in station 2 nurses' restroom on 7/21/09. The circuit breaker panels labeled EM in the service hall electric room was installed on 7/21/09. The light fixture in the laundry washroom was repaired on 7/22/09.
2. The Administrator and maintenance supervisor made facility rounds on 7/23/09 to ensure that all electrical wiring and equipment were functioning properly.
3. On 7/27/09 the Administrator in service the maintenance supervisor on maintaining all electrical wiring and equipment to ensure proper functioning.
4. The QA team, consisting of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Staffing Coordinator, Risk Management nurse, Bookkeeper, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activities Coordinator, will monitor for compliance monthly for three months through random facility rounds to ensure compliance. Different members of the committee will participate depending on the nature of the audit.

**Completion Date:** 7/27/09

**7/27/09**