K 050  NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

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:
Based on observation, it was determined the facility failed to train the staff in fire drills.

The findings included:

Observations during the fire drill on 1/5/10 at 10:00 AM, the staff did not turn off the dryers in the laundry room. National Fire Protection Association (NFPA) 101, 19.7.2.1

During the facility tour on 1/5/10 the following deficiency was noted and verified by the maintenance staff.

K 062  NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

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, 97.5

This STANDARD is not met as evidenced by:

Christian Care Center of Cheatham County believes its current practices were in compliance with the applicable standard of care, but that in order to respond to this citation from the surveyors, the facility is taking the following additional actions:

Corrective Actions for Targeted Residents:

1. The laundry personnel are now turning off the dryers when the fire alarm sounds as per the facility policy to protect the safety of the residents. A sign has been placed above the dryers to alert staff of the required procedure. The employee that failed to turn the dryer off during the fire drill on 1-5-2010 received disciplinary action.

Identification of Other Residents with Potential to be Affected:

1. The laundry personnel are now turning off the dryers when the fire alarm sounds as per the facility policy to protect the safety of the residents. A sign has been placed above the dryers to alert staff of the required procedure.

Systematic Changes:

1. The laundry personnel were in-serviced one on one from 1-5-2010 until completion

K 050 Continued Next Page
| K 050 SS-D | Continued |

1-22-2010 on the policy requiring the dryers to be turned off when the fire alarm sounds. The employee that failed to turn the dryer off during the fire drill on 1-5-2010 received disciplinary action:

**Monitoring:**

1. The Director of Maintenance will monitor for compliance during fire alarms and report findings to the Performance Improvement Committee, consisting of but not limited to the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Maintenance Director, Dietary Manager, Activity Director, Social Services Director, MDS Coordinator, Medical Records clerk, and Pharmacy Consultant, monthly for six months.

Completion Date February 3, 2010
K 062 Continued From page 1

Based on observations, it was determined the facility failed to maintain the sprinkler system.

The findings included:

Observations of resident rooms 101, 210, 215, 401, 405 and 406 on 1/5/10 at 9:20 AM, revealed clothes and boxes were stored within the 18 inch rule of the sprinkler heads in the closets. National Fire Protection Association 13, 5.5.6

During the facility tour on 1/5/10 the following deficiency was noted and verified by the maintenance staff.

K 064 NFPA 101 LIFE SAFETY CODE STANDARD SS=E

Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.6.6, NFPA 10

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain the fire extinguishers.

The findings included:

1. Observations of the storage room by room 104 on 1/5/10 at 9:55 AM, revealed the fire extinguisher was not mounted as required. National Fire Protection Association (NFPA) 10, 1.6.7

2. Observations of the 400 hall soiled utility room on 1/5/09 at 10:20 AM, revealed the fire extinguisher was blocked with equipment. NFPA

Christian Care Center of Cheatham County believes its current practices were in compliance with the applicable standard of care, but that in order to respond to this citation from the surveyors, the facility is taking the following additional actions:

Corrective Actions for Targeted Residents:

1. Resident rooms, 101, 210, 215, 401, 405 and 406 are now in compliance with the 18 inch rule of the sprinkler heads in the closets.

Identification of Other Residents with Potential to be Affected:

1. Residents closets were audited by housekeeping staff on 1-5-2010 to ensure the 18 inch rule of the sprinkler heads were in compliance. Finding were reported to the Director of Housekeeping.

Systematic Changes:

1. Housekeeping staff is monitoring resident closets for compliance of the 18 inch rule of the sprinkler heads on a daily checklist. These findings are reported to the Housekeeping Supervisor.

2. Housekeeping staff was in-serviced January 28 and 29, 2010 on monitoring closets to ensure the 18 inch rule of the sprinkler heads is in compliance.

Monitoring:

1. Housekeeping Supervisor will monitor the daily check sheets from the housekeeping staff monthly for 6 months and report findings to the Performance Improvement Committee, consisting of but not limited to the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Maintenance Director, Dietary Manager, Activity Director, Social Services Director, MDS Coordinator, Medical Records Clerk and Pharmacy Consultant, monthly for six months.

Completion Date February 3, 2010
K064 SS-E

Christian Care Center of Cheatham County believes its current practices were in compliance with the applicable standard of care, but that in order to respond to this citation from the surveyors, the facility is taking the following additional actions:

**Corrective Actions for Targeted Residents:**

1. The fire extinguisher that was by room 104 has been removed. This was a training extinguisher and was not in use. It has been discarded.
2. The fire extinguisher that was blocked by the equipment in the soiled utility room on 400 hall has been relocated. The fire extinguisher is no longer blocked by equipment.

**Identification of Other Residents with Potential to be Affected:**

1. Director of Maintenance has reviewed the fire extinguishers in the building to ensure they are not blocked with equipment. This was completed on January 6, 2010.

**Systematic Changes:**

1. Director of Maintenance in-serviced the staff January 28 and 29, 2010 on ensuring equipment does not block fire extinguishers.
2. Director of Maintenance inspects fire extinguishers monthly and is ensuring they are not blocked with equipment.

**Monitoring:**

1. Director of Maintenance will monitor monthly and report findings to the Performance Improvement Committee, consisting of but not limited to the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Maintenance Director, Dietary Manager,
CHRISTIAN CARE CENTER OF CHEATHAM COUNTY, INC

<table>
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<th>ID</th>
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<td>K064</td>
<td>Continued From page 2 10, 1.6.3</td>
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<td>Activity Director, Social Services Director, MDS Coordinator, Medical Records Clerk and Pharmacy Consultant, monthly records for six months. Compliation Date February 3, 2010</td>
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<tr>
<td>K067</td>
<td>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 90A, 18.5.2.2</td>
<td>K067</td>
<td>Christian Care Center of Cheatham 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: 1. A new exhaust fan was placed in the laundry bathroom on January 15, 2010.</td>
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<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the Heating Ventilation and Air Conditioning system. The findings included: Observations of the laundry bathroom on 1/5/10 at 9:50 AM, revealed there was no exhaust fan. National Fire Protection Association 101, 19.5.2.1 During the facility tour on 1/5/10 the following deficiency was noted and verified by the maintenance staff.</td>
<td></td>
<td>Identification of Other Residents with Potential to be Affected: 1. Director of Maintenance has checked the building to ensure that exhaust fans are in place as required to maintain the heating Ventilation and Air Conditioning System. Systematic Changes: 1. Director of Maintenance has checked the building to ensure that exhaust fans are in place as required to maintain the heating Ventilation and Air Conditioning System. Monitoring: 1. Director of Maintenance will monitor and report findings to the Performance Improvement Committee, consisting of but not limited to the</td>
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

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Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Maintenance Director, Dietary Manager, Activity Director, Social Services Director, MDS Coordinator, Medical Records Clerk and Pharmacy Consultant, monthly for six months.

**Completion Date February 3, 2010**