**K018**

Corrective actions for the alleged deficient practice noted as:

Fire doors not closing to frame will be the replacement of the two fire doors adjacent to room 324.

2nd floor central bath next to 224, laundry room door, 1st floor linen room, and beauty shop door sticking were corrected on 3/11/09. On that date a survey was done of all doors in building to identify and correct any others with potential for same alleged deficient practice.

Measures put into place to prevent recurrence will include weekly checks of doors in building during regular rounds and these will be repaired at discovery and results discussed during monthly safety committee meetings for the next three months and quarterly thereafter.

We would like to request a 30 day waiver for the K018 until May 4, 2009 in order to replace the fire doors with a 3 week lead time.

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**Laboratory Director or Provider/Supplier Representative Signature**

**Title**

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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 other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are discoverable 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 discoverable 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.
Ms. Shirley Jones
Regional Administrator
Division of Health & Care Facilities
781 B Airways Blvd.
Jackson, TN 38301

Dear Ms. Jones,

Per Jerry Humphries request I am writing to update you on two areas that were cited on our Annual survey. Under tag K-18 we are replacing the fire doors. They were ordered and will be delivered by April 10th, 2009, and installed by approximately April 14th, 2009. Under tag N 901 the facility was cited for synchronization of the strobe lights. We are working with International Fire Protection. They are assessing our current system and will make recommendations for the facility to be in compliance. As per our plan of correction, this should be accomplished by June 4th, 2009.

Thank you for working with us in getting the facility in regulatory compliance. If you have any questions or need additional clarification please do not hesitate to contact me.

Sincerely,

[Signature]
Joseph Garafola
Administrator

Attachments (1)
Cc: Jerry Humphries w/ attachment
March 26, 2009

Greenhills Health & Rehab.
3939 Hillsboro Circle
Nashville, TN

Fax: 615-298-6580
615-298-2518

Attention: Fire Doors,

A double Fire Door for the 3rd floor has been ordered.
The doors are scheduled to be delivered by Friday - April 10, 2009.
Upon arrival, we will schedule to have the doors installed by approx. April 14, 2009.

Thank you,

Spencer Wilson
Contracting Decors, Inc.

Cc: Johnny Chandler
    Contracting Decors, Inc.
K01B

Continued From page 1

... sticking to the door frame. NFPA 101, 7.2.1.5.1

d. At approximately 10:08 AM, the laundry room
door was sticking to the door frame. NFPA 101,
7.2.1.5.1

d. At approximately 11:05 AM, the door to the 1st
floor soiled linen room located next to the nurses' station was sticking to the door frame. NFPA 101,
7.2.1.5.1

e. At approximately 11:08 AM, the door to the
beauty shop was sticking to the door frame.
NFPA 101, 7.2.1.5.1

During the facility tour on 3/2/09, the above findings were verified by the maintenance director.

K025
SSF

NFPA 101 LIFE SAFETY CODE STANDARD

Smoke barriers are constructed to provide at least 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 glass 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 observations, it was determined the facility failed to maintain the smoke barriers.

The findings included:

Observations during the facility tour on 3/2/09
K 025

Corrective actions for the alleged deficient practice noted as fire wall penetrations in stairways at 3rd floor, C stairwell sprinkler pipe and wall, then A, B, and C stairwells corridor walls have been completed. Maintenance Director and his designee have done a survey of the remainder of the building to identify any other potential areas of concern, and will again monthly for the next three months. These areas will be repaired upon discovery and then findings reported at the monthly Safety Committee meeting for the next three months. Completion date for any repairs needed will be by April 4, 2009

K 026
Continued From page 2

revealed the following:

a. At approximately 8:25 AM, the 3rd floor C stairwell (corridor side) fire wall revealed the sprinkler pipe's conduit was not sealed at the wall and the conduit's end was not sealed. National Fire Protection Association (NFPA) 101, 8.2.3.2.3.1

b. At approximately 8:29 AM, the 3rd floor C stairwell had penetrations in the fire wall. NFPA 101, 8.2.3.2.3.1

c. At approximately 8:37 AM, the 1st and 2nd floor A, B, and C stairwells had penetrations in the corridor walls. NFPA 101, 8.2.3.2.3.1

d. At approximately 9:03 AM, the 2nd floor C stairwell had penetrations in the fire wall. NFPA 101, 8.2.3.2.3.1

During the facility tour on 3/2/09, the above findings were verified by the maintenance director.

K 029

NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.4.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by: Based on observations, it was determined the
### K029

**Continued From page 3**

Facility failed to maintain the hazardous areas.

The findings included:

**Observations during the facility tour on 3/2/2009 revealed the following:**

- **a.** At approximately 8:25 AM, the ceiling of the 3rd floor water heater room had penetrations.
- **b.** At approximately 10:01 AM, the water pipes in the ceiling of the laundry room were not sealed.
- **c.** At approximately 11:13 AM, the elevator equipment room had penetrations in the wall and a 2 foot (2') by 2 foot (2') section of the fire wall was damaged.
- **d.** At approximately 11:20 AM, the main mechanical room had penetrations in the ceiling and walls.

During the facility tour on 3/2/2009, the above findings were verified by the maintenance director.

### K038

**NFPA 101 LIFE SAFETY CODE STANDARD**

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.3.1

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to maintain the exit access.

The findings included:

K029 Corrective actions for the alleged deficient practice noted as penetrations in hazardous areas such as laundry room, elevator equipment room, 3rd floor water heater room, and main mechanical room have been completed. The Maintenance Director and his designee have done a survey of all other hazardous areas in the building to identify any other areas of concern with repairs being done upon discovery. These areas will be surveyed weekly for the next three months and these findings discussed at the Safety Committee meetings each month during that period of time. These corrections will be made by April 4, 2009.
**K 038** Continued From page 4

- Observations during the facility tour on 3/2/09 revealed the following:
  - a. At approximately 11:29 AM, the exit door to the kitchen was warped causing the door to stick to the door frame. National Fire Protection Association (NFPA) 101, 7.2.1.5.1
  - b. At approximately 11:40 AM, the staff's lounge room revealed the exit door's 15 second delay egress lock was not working. The maintenance director disabled the 15 second delay. NFPA 101, 7.2.1.6.1

- During the facility tour on 3/2/09, the above findings were verified by the maintenance director.

**K 062**

- **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 26, 9.7.5

This STANDARD is not met as evidenced by:

- Based on observations and record review, it was determined the facility failed to maintain the sprinkler system.

The findings included:

- 1. Observations during the facility tour on 3/2/09 revealed the following:
  - a. At approximately 8:10 AM, the sprinklers in the main lobby were contaminated with lint. National Fire Protection Association (NFPA) 25, 2.2.1.1
  - b. At approximately 9:50 AM, the sprinklers in the

**K 062**

Corrective actions for the alleged deficient practice noted as sprinkler heads contaminated with lint, sprinkler heads obstructed by light assemblies have been completed with cleaning done and lights moved. Those noted as lower sprinkler heads to minimum 1" in resident room 231 and sprinkler room have been completed on 3/13/2009.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDERS PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K052</td>
<td>Continued From page 5</td>
<td>both rooms of resident rooms 105, 207, and 225 were obstructed by the light assemblies. NFPA 13, 5.5.5.3</td>
<td>K052</td>
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<td></td>
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<td>a. At approximately 9:54 AM, the sprinkler in resident room 231 was installed 1/2 inches (&quot; ) from the ceiling. The minimum distance is 1&quot;. NFPA 13, 5.8.4.1.1</td>
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<td>b. At approximately 10:02 AM, the sprinkler located next to the 2nd floor bio-hazard room was installed 1/2&quot; from the ceiling. The minimum distance is 1&quot;. NFPA 13, 5.8.4.1.1</td>
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<td>c. At approximately 10:10 AM, the laundry room had four corroded sprinkler heads. The sprinkler heads must be replaced not cleaned. NFPA 28, 2-2.1.1</td>
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<td>d. At approximately 10:13 AM, the laundry dryer room had two corroded sprinkler heads in the location behind the dryers. The sprinkler heads must be replaced not cleaned. NFPA 28, 2-2.1.1</td>
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<td>e. At approximately 10:17 AM, the rehabilitation gym had sprinklers contaminated with lint. NFPA 25, 2-2.1.1</td>
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<tr>
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<td>f. At approximately 11:08 AM, the sprinklers in the beauty shop were contaminated with lint. NFPA 28, 2-2.1.1</td>
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<td>2. Record review on 3/2/09 at approximately 11:45 AM, revealed there was no documentation that quarterly inspections were conducted on the sprinkler system. NFPA 25, 10-2.2</td>
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<td>3. Record review on 3/2/09 at approximately 11:46 AM, revealed the sprinklers' 5 year obstruction investigation was overdue. NFPA 25, 10-2.2</td>
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</table>

During the facility tour on 3/2/09, the above findings were verified by the maintenance staff.

K052 continued

Contractor has been scheduled to replace noted items 4 sprinkler heads in laundry and 2 sprinkler heads behind dryers on or about 3/25/09. Maintenance Director and his designee have surveyed the remainder of the building to identify any other areas having the same potential for alleged deficiency. Additional like surveys will be done monthly for the next three months and these findings will be reported to the Safety Committee for that period of time. These items will be corrected by April 4, 2009.

Record review noted as quarterly inspections not being done will be corrected by last quarterly sprinkler inspection having been done in January 2009 and next will be done on or about April 2nd 2009, continuing quarterly thereafter. Results of these quarterly inspections are to be presented to the monthly Safety Committee quarterly as they are completed going forward.
K 062 Continued From page 8 director.
K 072 NFPA 101 LIFE SAFETY CODE STANDARD

Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10

This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the means of egress.

The findings included:

Observations during the facility tour on 3/209 at approximately 8:59 AM, revealed the corridors located next to rooms 100 and 233 had food carts in the middle of the corridor, obstructing the means of egress. National Fire Protection Association 101, 7.1.10.1

During the facility tour on 3/209, the above findings were verified by the maintenance director.

K 130 NFPA 101 MISCELLANEOUS

OTHER LSC DEFICIENCY NOT ON 2788

This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the life safety codes.
Continued From page 7

as required.

The findings included:

Observations during the facility tour on 3/2/09 at approximately 10:05 AM, revealed the therapy storage room had water pipes that were not sealed at the ceiling. National Fire Protection Association 101, 8.2.3.2.3.1

During the facility tour on 3/2/09, the above findings were verified by the maintenance director.

K 147

NFPA 101 LIFE SAFETY CODE STANDARD

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the electrical equipment.

The findings included:

Observations during the facility tour on 3/2/09 revealed the following:

a. At approximately 8:17 AM, the electrical outlets located next to and across from the 1st floor elevator lobby were loose in the walls. National Fire Protection Association (NFPA) 70, 110-13(a)
b. At approximately 8:23 AM, the electrical junction box located above the ceiling tiles next to room 333 had exposed wires and there was no cover on the box. NFPA 70, 110-12
c. At approximately 8:47 AM, the electrical conduit located above the ceiling tiles next to 2nd floor elevator lobby revealed the end of the

K 130

Corrective actions for the alleged deficient practice noted as water pipes in therapy storage not sealed at ceiling were corrected on 3/17/09. Maintenance Director and his designee will do a survey of the building to identify any other potential areas needing attention in regards to ceiling penetrations around water pipes. These areas will be checked again monthly for the next three months and these findings will be reported to the Safety Committee for discussion during those monthly meetings. Repairs will be done by April 4, 2009

K 147

Corrective actions for the alleged deficient practice noted as loose electrical outlets at 1st floor elevator, junction box without cover plate above ceiling at 333, conduit above ceiling at 2nd floor elevator, and loose receptacles in rooms 100, 231 and 329, have been corrected.
K 147 continued

The Maintenance Director and his
designee will survey the remainder
of the building including hallways,
resident rooms, and general patient
areas for other receptacles having
the potential for same alleged
deficiency and repair immediately
upon discovery. These surveys will
continue monthly ongoing.

Maintenance Director or his
designee will survey areas above the
ceiling in the remainder of the
building in areas having the
potential for same alleged
deficiency and repair immediately
upon discovery.

Both items of alleged deficiency
will be surveyed monthly for the
next three months and findings
reported to the Safety Committee on
each occasion. Repairs will be
completed by April 4, 2009.