K 018

**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.

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain all corridor doors to close and latch.

The findings included:

Observations on 8/17/09 revealed the following:
- a. At 9:42 AM, the Unit 2 nurse's station restroom door would not close.
- b. At 10:32 AM, the Unit 1 shower room door would not latch when closed.

K 025

**NFPA 101 LIFE SAFETY CODE STANDARD**

Smoke barriers are constructed to provide at

This plan of correction is submitted as required under state and federal law and does not constitute an admission on the part of the center that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.

The Unit 2 Nurses station restroom door and the Unit 1 shower room door to repaired to ensure they would latch when closed. All doors were checked to ensure that they latch when closed.

Director of Maintenance will QA doors to ensure that they latch when closed and will report to QA Committee until substantial compliance is met.

**RECEIVED**
SEP 1 2009

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Title**

**Date**

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<table>
<thead>
<tr>
<th>ID</th>
<th>Tag</th>
<th>Description</th>
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<tbody>
<tr>
<td>K025</td>
<td>Continued From page 1</td>
<td>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, it was determined the facility failed to maintain all smoke barriers. The findings included: During a tour of the facility on 8/18/09 at 8:24 AM, the following penetrations were observed in the attic smoke barrier between resident rooms 212 and 214: a. At the 10 inch by (x) 10 inch air conditioning duct. b. At 2 electrical conduits. c. At the data cables. d. At the smoke wall access door.</td>
</tr>
<tr>
<td>K029</td>
<td>SS=0</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ½ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 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...</td>
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</table>

The penetrations in the attic smoke barrier between patient rooms 212 and 214: a) At the 10 inch by (x) 10 inch air conditioning duct b) At 2 electrical conduits c) At the data cables d) At the smoke wall access door were sealed. The attic smoke barriers throughout the center will be observed to ensure that no penetrations exist. Director of Maintenance will QA for penetrations in the attic smoke barrier and will report to QA Committee until substantial compliance is met. The door from the laundry folding room to the laundry washer room was repaired to ensure latch when door closed. All doors were checked to ensure that they latch when closed. Director of Maintenance will QA doors to ensure that they latch when closed and will report to QA Committee until substantial compliance is met.
K 029

Continued from page 2
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 observation, it was determined the facility failed to maintain all hazardous areas.

The findings included:
During a tour of the facility on 8/17/09 at 1:30 PM, the door from the laundry folding room to the laundry washer room was observed not to latch when closed.

NFPA 101 LIFE SAFETY CODE STANDARD

A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

This STANDARD is not met as evidenced by:
Based on observation and testing, it was determined the facility failed to provide for a properly installed, maintained, and tested fire alarm system with approved functioning.

K 052

SS=F

The Fire Alarm Annunciator Panel (FAAP) located at the Unit 2 Nurses Station will be repaired to indicate a telephone line problem.
The visible notification appliances at a) Unit 1 Nurse's station b) Unit 2 Nurse's station and c) Unit 4 Nurse's station will be repaired to ensure they flash in synchronization.
Director of Maintenance will QA the Fire Alarm Annunciator Panel and the synchronization of the visible notification appliances and report to the QA Committee until substantial compliance is met.

9/19/2009
9/19/2009
9/24/2009
### K 052

**Summary of Deficiencies**: Continued from page 3 components.

The findings included:

1. Observations during testing of the facility fire alarm system on 8/18/09 at 9:04 AM, revealed the fire alarm system consisted of a main fire alarm control panel (FACP) and an automatic dialer component. When the automatic dialer component was placed in trouble from phone line failure, the fire alarm annunciator panel (FAAP) located at the Unit 2 nurse's station failed to indicate a telephone line problem.

2. During testing of the facility fire alarm system on 8/18/09 at 9:34 AM, 3 of 3 visible notification appliances in the following locations failed to flash in synchronization:
   a. Unit 1 nurse's station.
   b. Unit 2 nurse's station.
   c. Unit 4 nurse's station.

**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

This STANDARD is not met as evidenced by: Based on observation and record review, it was determined the facility failed to maintain all smoke detectors.

The findings included:

1. During a tour of the facility on 8/18/09 at 10:00 AM, 1 of 1 smoke detectors in the respiratory

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<table>
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<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<td>K 054</td>
<td>The smoke detector in the respiratory office was moved to greater than 3 feet from the air supply diffuser. The 39 of 123 smoke detectors that failed sensitivity testing and the 1 set of batteries that failed load testing were repaired. The Director of Maintenance will observed to ensure that all smoke detectors in the building are greater than 3 ft from air supply diffusers. Director of Maintenance will QA smoke detectors and will report to QA Committee until substantial compliance is met.</td>
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<td>K054</td>
<td>Continued From page 4</td>
<td>office was observed to be closer than the 3 feet requirement from the air supply diffusers.</td>
<td>K054</td>
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<tr>
<td>K062</td>
<td>SS=D</td>
<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>
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<tr>
<td>K144</td>
<td>SS=E</td>
<td>Generators are inspected weekly and exercised under load for 30 minutes per month in</td>
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**The sprinkler heads in the attic a) one above patient room 204 b) one above patient room 210 and c) one over ambulance entrance were repaired so that they were not obstructed by insulation.**

**The attic sprinklers heads throughout the center were observed to ensure that they are not obstructed.**

**Director of Maintenance will QA attic sprinkler for obstruction and will report to QA Committee until substantial compliance is met.**
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:**

445004

**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING 01 - MAIN BUILDING 01

B. WING

**(X3) DATE SURVEY COMPLETED:**

08/18/2009

**NAME OF PROVIDER OR SUPPLIER:**

NHC HEALTHCARE, DICKSON

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

812 CHARLOTTE ST

DICKSON, TN 37055

**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION):**

**ID PREFIX TAG**

**ID PREFIX TAG**

**PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY):**

**K 144** Continued From page 5 accordance with NFPA 99. 3.4.4.1.

This STANDARD is not met as evidenced by:

Based on observation and interview, it was determined the facility failed to maintain the emergency generator power supply.

The findings included:

Observations during a tour of the facility on 8/17/09 at 2:22 PM, revealed the emergency generator for Unit 2 of the nursing home was located outside of the facility, in a location that was not continuously occupied.

During an interview at the Unit 4 nurse's station on 8/17/09 at 2:25 PM, the Maintenance Director revealed that the facility did not have annunciator system in a continuously occupied location to indicate when the Unit 2 generator system was in trouble status.

**K 144**

The Unit 2 generator system will be repaired to have an annunciator system in a continuously occupied location. The Director of Maintenance will QA to ensure the annunciator system is in working order and will report to QA Committee until substantial compliance is met.

**COMPLETION DATE:**

9/19/2009

9/24/2009