**Highlands of Dyersburg Health & Rehab**

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**Summary Statement of Deficiencies**

- 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 observations, it was determined the facility failed to ensure the smoke detectors were installed at least 3 feet from the air supply registers, air returns, and exhaust fans.

The findings included:

Observations during the initial tour on 11/27/12 revealed the following:

- a. At 9:45 AM, the smoke detector in the corridor near patient room 308 was not installed at least 3 feet from the air return.
- b. At 9:50 AM, the smoke detector in the corridor near patient room 307 was not installed at least 3 feet from the exhaust grill.
- c. At 10:25 AM, the smoke detector in the time clock corridor was not installed at least 3 feet from the exhaust grill.
- d. At 1:10 PM, the smoke detector in the courtyard entrance corridor was not installed at least 3 feet from the forced air heater.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 11/27/12.

**Providers Plan of Correction**

1. Smoke Detectors in rooms 308,307, in the time clock corridor and the courtyard entrance corridor in facility were moved and reinstalled at least 3 feet from exhaust fan.
2. A visual inspection of the smoke detectors was done by maintenance and the Administrator throughout the facility to make sure they were properly installed.
3. Maintenance Dept will monitor weekly until completion of remodeling and then monthly.
4. Administrator will review weekly inspection reports and randomly check smoke detectors throughout the facility. The results will be reported to the QA committee monthly until three months after completion of remodeling and then on a schedule set forth by the QA committee.

**Signature**

Zachary N. Griswold, CEO

**Date**

12/6/12

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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 disclosable 30 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.