**DOUGLAS NURSING HOME**

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 072</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K072</td>
<td>No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficiency.</td>
<td>4-5-14</td>
</tr>
<tr>
<td>SS=D</td>
<td>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</td>
<td></td>
<td>BY 4/5/14 transition will be installed in the threshold of lobby door. Director of Maintenance or designee will conduct weekly fire drills times 4 weeks then monthly thereafter. Director of Maintenance or designee will check the facility's door thresholds when prior to the monthly fire drill. To ensure the means of egress are free on impediments in the case of fire or other emergencies. All findings will then be reported to the facility's Quality Improvement (QI) committee for review and further recommendations. The QI committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain means of egress free of impediments.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The findings included:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>During a fire drill conducted on 3/5/14 at 4:01 PM, facility staff attempted to evacuate a bedridden resident with the resident's bed. Staff were unable to evacuate the resident from the corridor to the lobby due to an abrupt change in elevation at the door threshold. When the bed wheels were lowered/engaged, the legs of the bed would not clear the ceramic tile in the lobby. The ceramic tile in the lobby was 1/2 inch higher than the vinyl composition tile in the corridor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/5/14.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K 144</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K144</td>
<td>No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficiency.</td>
<td>4-5-14</td>
</tr>
<tr>
<td>SS=F</td>
<td>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING 01 - MAIN BUILDING 01
B. WING

NAME OF PROVIDER OR SUPPLIER
DOUGLAS NURSING HOME

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>K 144</td>
<td>Continued From page 1</td>
<td>K 144</td>
<td>On 3/21/14 the battery powered emergency light for the generator transfer switch was replaced. On 3/21/14 the battery powered emergency light inside the generator housing was replaced. On 3/26/14 Assistant Director of Maintenance was in-serviced on checking the generator emergency lights when conducting generator preventative maintenance. Director of Maintenance or designee will audit generator logs weekly time 4 weeks then randomly thereafter to ensure generator is inspected in accordance with NFPA 99. 3.4.4.1. All findings will then be reported to the facility’s Quality Improvement (QI) committee for review and further recommendations. The QI committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.</td>
<td>4-5-14</td>
</tr>
<tr>
<td>K 147</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance</td>
<td>K 147</td>
<td>No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficiency.</td>
<td></td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based observation and record review, it was determined the facility failed to maintain a complete emergency generator power supply with battery back-up task illumination.

The findings included:

1. Observations during the initial tour on 3/5/14 revealed the following:
   a. At 10:45 AM, the battery powered emergency light for the generator transfer switch, which was located in the biohazard room, failed to test.
   b. At 3:15 PM, the battery powered emergency light inside the generator housing failed to test.

2. Review of the facility’s generator supply testing records in the maintenance shop, on 3/5/14 at 3:19 PM, revealed the facility was not documenting monthly (30 second) or annual (1.5 hours) tests of the battery powered emergency light for the generator transfer switch.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/5/14.
**DOUGLAS NURSING HOME**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
2084 W MAIN ST
MILAN, TN 38358

<table>
<thead>
<tr>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
</table>
| K147 | On 3/07/14 electrical power strips were removed from the biohazard room. On 3/06/14 oxygen concentrator in room 200 was plugged into a fixed receptacle. On 3/10/14 receptacles in rooms 110, 107, and 105, were repaired. On 3/21/14 receptacle in corridor rest room near the dining room was repaired. On 3/19/14 the receptacle in medical records was repaired. On 3/18/14 the receptacles in the administrator office were repaired and the extension cord was removed. On 3/21/14 the receptacles in room 100, 102 were repaired. On 3/7/14 air mattress pump in resident room 101 was plugged into a fixed receptacle. On 3/21/14 receptacles were repaired. On 3/17/14 receptacles in the kitchen were repaired. On 3/7/14 oxygen concentrator in room 405 and the nebulizer in room 303 were plugged into a fixed receptacle. On 4/2/14 facility staff was in-serviced the medical equipment must be plugged directly in to a fixed receptacle and not a power strip.

Director of Maintenance or designee will monitor and repair receptacles as needed and conduct random rounds of the facility to ensure that medical equipment is plugged into a fixed receptacle not a power strip. To ensure that electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2.

All findings will then be reported to the facility's Quality Improvement (QI) committee for review and further recommendations. The QI committee consists of the Administrator, 

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

- **K147** Continued From page 2 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 all electrical wiring and components.

The findings included:

- Observations during the initial tour on 3/5/14 revealed the following:
  - a. At 10:48 AM, 2 electrical power strips were connected to an unapproved multi-plug adapter in the biohazard room.
  - b. At 10:52 AM, an oxygen concentrator in resident room 200 was connected to a power strip instead of a fixed receptacle as required.
  - c. At 10:58 AM, 2 of 3 receptacles in resident room 110 had an open ground.
  - d. At 11:05 AM, in resident room 107, 1 of 3 receptacles had an open ground and 1 of 3 receptacles had a broken cover plate.
  - e. At 11:09 AM, 1 of 3 receptacles in resident room 105 had it's hot and neutral wires reversed.
  - f. At 11:23 AM, 1 of 1 receptacles in the corridor rest room near the dining room had an open ground.
  - g. At 11:28 AM, 1 of 3 receptacles in the medical record's office had an open ground.
  - h. At 11:42 AM, in the administrator's office, 2 of 6 receptacles had an open ground and an extension cord was in use.
  - i. At 11:58 AM, 2 of 3 receptacles in resident room 100 had an open ground.
  - j. At 12:02 PM, 3 of 3 receptacles in resident room 102 had an open ground.
  - k. At 12:08 PM, an air mattress pump in resident
**DOUGLAS NURSING HOME**

<table>
<thead>
<tr>
<th>(X4) ID</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>(X5) COMPLETION DATE</th>
</tr>
</thead>
</table>
| K 147  | Continued From page 3 room 101 was connected to a power strip instead of a fixed receptacle as required.  
  l. At 12:13 PM, 1 of 3 receptacles in the beauty shop had its hot and neutral wires reversed and 1 of 3 receptacles had an open ground.  
m.  At 2:10 PM, the ground fault circuit interrupter (GFCI) receptacle in the kitchen by the entrance to the food storage area failed to test.  
  n. At 2:12 PM, 1 of 1 receptacles in the kitchen had an open ground.  
o. At 2:15 PM, 1 of 1 receptacles in the kitchen next to the deep fryer had its hot and neutral wires reversed and a broken cover plate.  
p. At 2:32 PM, an oxygen concentrator in resident room 405 was connected to a power strip instead of a fixed receptacle as required.  
q. At 2:37 PM, a nebulizer in resident room 303 was connected to a power strip instead of a fixed receptacle as required.  
  These findings were verified by the maintenance supervisor and acknowledged by the Administrator during the exit conference on 3/5/14. | K 147  | Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director. |