### Summary Statement of Deficiencies

**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 19.3.5.3.6 are permitted. 19.3.5.3

- Roller latches are prohibited by CMS regulations in all health care facilities.

**K 018**

- The closures have been adjusted to ensure that the latching side closes first on the linen closet. All doors shut properly. The Maintenance Director, or designee will monitor linen closets weekly for proper closure and repair any doors found to be non-compliant and report to quarterly QA Committee.

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**Observations and Findings**

This STANDARD is not met as evidenced by:

- Based on observation, it was determined the facility failed to maintain 5 of 5 (2 sets on the west wing, west south wing, east wing and the set by E01) double door linen closets would not latch when closed.

- The findings included:

- Observations of the facility's linen closets on 11/7/10 from 8:05 AM until 8:50 AM, revealed linen closet doors in the following locations did not latch when closed:
  - a. The 2 sets on the west wing by resident rooms W12 and W13.

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**Signature**

**Administrative**

11/7/10

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**Notes**

Any deficiency statement marked 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.
K 018 Continued From page 1
b. The set on the west south wing.
c. The set on the east wing.
d. The set by E01.

K 021
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD
Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:

a) the required manual fire alarm system;

b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and

c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.6.2

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain the two smoke barriers doors in the restorative dining room.

The findings included:

Observations of the restorative dining room on 11/7/10 at 7:50 AM, revealed that the 2 sets of doors were propped open with chairs.

K 062
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD
Required automatic sprinkler systems are

Doors will not be propped open with any device. Staff will be in-serviced by December 9, 2010 on proper procedure regarding doors.

Maintenance Director or designee will monitor doors daily for non-compliance and correct staff as needed and report to quarterly QA committee status of compliance.
<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>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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<tr>
<td>K062</td>
<td>Continued From page 2. Continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.8.12, NFPA 13, NFPA 25, 9.7.5.</td>
<td>Sprinkler heads have been cleaned of dust. The sprinkler heads missing escutcheons have had the escutcheons replaced.</td>
<td>12/7/10</td>
</tr>
<tr>
<td>K072</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>The extension cord has been removed. Maintenance Director or designee will monitor egress paths daily for obstructions and remove said obstruction and then report findings to Quarterly QA committee.</td>
<td>12/7/10</td>
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**TENNESSEE STATE VETERANS HOME**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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| K 072         | Continued From page 3
Based on observation, it was determined that the facility failed to maintain egress to a public way.  
The findings included:  
Observation of the exit to a public way by resident room W30 on 11/7/10 at 8:15 AM, revealed an extension cord was stretched across the egress path. | K 072                                                                                                                                                                                                 |                 |