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 1 1/2 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 are permitted. 19.3.6.3

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

Tag: K.018

1. Facility covered louvered doors covered to ensure smoke resistance. 4/17/13
2. The facility inspected all doors in corridors and confirmed all have smoke resistant doors without louveres. 4/17/13
3. Facility will ensure that all doors installed/replaced in corridors will be smoke resistant doors. The louvered corridor doors were original with the building. It has never been the practice of the maintenance staff to install louveres on corridor doors, and maintenance staff will continue to not install louvered doors in corridors or replace corridor doors with louvered doors. 4/17/13
4. The Maintenance Director will ensure that all doors installed/replaced in corridors will be smoke resistant doors. The louvered corridor doors were original with the building, it has never been the practice of the maintenance staff to install louveres on corridor doors, and maintenance staff will continue to not install louvered doors in corridors or replace corridor doors with louvered doors. 4/17/13
Continued From page 1

1. Maintenance department will install signage stating that any door equipped with delayed egress may be opened by pushing door for 30 seconds.

2. The facility will ensure that all doors with delayed egress will have proper signage indicating how to exit.

3. Maintenance staff will routinely inspect signage to ensure it is properly installed and clearly visible.

4. QA report will be done in the 2nd quarter of 2013 and will be done on going as needed. The Maintenance Director and Office Manager will conduct the QA study.

5/17/13 & Ongoing
K 064  Continued From page 2
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 record review and interview, the facility
failed to maintain smoke detectors.

The findings include:

Record review and interview with the
maintenance director on April 1, 2013 at 12:00
p.m. revealed that smoke detectors failed the
sensitivity testing and were never corrected or
replaced after the test.

This finding was verified by the maintenance
director and acknowledged by the administrator
during the exit conference on April 2, 2013.

K 061  SS=F
NFPA 101 LIFE SAFETY CODE STANDARD
Required automatic sprinkler systems have
valves supervised so that at least a local alarm
will sound when the valves are closed.  NFPA
72, 9.7.2.1

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to have
the automatic sprinkler system valves supervised.

The findings include:

Observation on April 1, 2013 at 4:30 p.m.

K 054  Tag: K054

1. Facility will have all smoke detectors
   that do not meet sensitivity testing
   requirements replaced.  4/19/13

2. No other smoke detectors had failed
   the inspection, therefore no other
   residents were identified as being
   affected by the same deficient practice.
   4/19/13

3. The Director of Maintenance will
   ensure that testing is completed as
   required and failed equipment
   replaced in a timely manner.
   4/19/13

4. Director of Maintenance will ensure
   that the preventative maintenance plan
   is conducted properly by the
   contracted vendor. If problems are
   found with future inspections of the
   system, the Director of Maintenance
   will ensure that timely action is taken
to make needed repairs.  4/19/13
## Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** HEALTH CENTER AT STANDIFER PLACE, THE  
**Street Address, City, State, Zip Code:** 2628 WALKER RD, CHATTANOOGA, TN 37421

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Summery Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>ID</th>
<th>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>K081</td>
<td></td>
<td>Continued From page 3 revealed the Post Indicator Valve (PIV) was not supervised with a tamper switch.</td>
<td>K081</td>
<td></td>
<td>Tag: K061</td>
<td>4/19/13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013.</td>
<td></td>
<td></td>
<td>1. As of 4/19/13 the facility has had the Post Indicator Valve (PIV) rewired to ensure supervision with a tamper switch.</td>
<td>4/19/13</td>
</tr>
<tr>
<td>K062</td>
<td>SS=F</td>
<td>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 25, 9.7.5</td>
<td>K062</td>
<td></td>
<td>2. Facility has only one other PIV which was found to be supervised with a tamper switch. Therefore, no other residents were found to have the potential to be affected by this deficient practice. No other corrective action was needed.</td>
<td>4/19/13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on record review, the facility failed to maintain the automatic sprinkler system.</td>
<td></td>
<td></td>
<td>3. The Director of Maintenance will ensure that the preventative maintenance plan includes inspection of both PIV's and the tamper switches.</td>
<td>4/19/13</td>
</tr>
<tr>
<td>K067</td>
<td>SS=F</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</td>
<td>K067</td>
<td></td>
<td>4. Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor and that the vendor has been made aware that a tamper switch has been added to the PIV. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.</td>
<td>4/19/13</td>
</tr>
</tbody>
</table>
The Health Center at Standifer Place, Main Building 01, April 2, 2013 Survey Completed

Type: K062

1. Facility has contracted with International Fire Protection who will submit drawings to the State of Tennessee to convert our current system from a dry system to a wet system. 5/17/13

2. The facility has verified that all other sprinkler systems are operating properly and are under a regular preventative maintenance schedule. 5/17/13

3. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs. 5/17/13

4. Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs. 5/17/13
This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain the Heating, Ventilating, and Air-conditioning (HVAC)

The findings include:

Record review and interview with the maintenance director on April 1, 2013 at 12:45 p.m. revealed the 4-year fire damper maintenance was not performed.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013.

1. Facility had the 4 year fire damper maintenance completed on 4/9/13 and all repairs have been completed.
2. Inspections have been conducted of all other fire dampers in buildings housing residents and no other deficiencies were found.
3. Four year fire damper maintenance was added to our existing preventative maintenance contract.
4. Four year fire damper maintenance was added to our existing preventative maintenance contract. The Director of Maintenance will ensure that the vendor completes inspection of all dampers according to the 4 year damper maintenance contract.
**HEALTH CENTER AT STANDIFER PLACE, THE**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 054</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 054</td>
<td>Tag: K054</td>
<td>4/19/13</td>
</tr>
<tr>
<td>SS=F</td>
<td>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</td>
<td></td>
<td>1. Facility will have all smoke detectors that do not meet sensitivity testing requirements replaced.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain smoke detectors.</td>
<td></td>
<td>2. No other smoke detectors had failed the inspection, therefore no other residents were identified as being affected by the same deficient practice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The findings include: Record review and interview with the maintenance director on April 1, 2013 at 12:00 p.m. revealed that smoke detectors failed the sensitivity testing and were never corrected or replaced after the test.</td>
<td></td>
<td>3. The Director of Maintenance will ensure that testing is completed as required and failed equipment replaced in a timely manner.</td>
<td>4/19/13</td>
</tr>
<tr>
<td></td>
<td>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013. NFPA 101 LIFE SAFETY CODE STANDARD K 062 SS=F</td>
<td></td>
<td>4. Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.</td>
<td>4/19/13</td>
</tr>
<tr>
<td></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>
<td></td>
<td>4/19/13</td>
<td></td>
</tr>
</tbody>
</table>
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**STRIKE OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PREMISES/SUPPLIER/CLA IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X1)</td>
<td>PROVIDER</td>
<td>445111</td>
<td></td>
</tr>
<tr>
<td>(X2)</td>
<td>MULTIPLE CONSTRUCTION</td>
<td>A. BUILDING B2 - BUILDING B2</td>
<td></td>
</tr>
<tr>
<td>(X3)</td>
<td>DATE SURVEY COMPLETED</td>
<td>04/02/2013</td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

**HEALTH CENTER AT STANDIFER PLACE, THE**

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

2526 WALKER RD  
CHATTANOOGA, TN  37421

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X4)</td>
<td>ID</td>
<td>PREFIX</td>
<td>TAG</td>
</tr>
<tr>
<td>(X5)</td>
<td>COMPLETION DATE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**K 062** Continued From page 1

Record review on April 1, 2013 at 12:20 p.m. revealed the dry system full flow trip test failed when performed and was never corrected for compliance.

This finding was verified by the administrator and acknowledged by the administrator during the exit conference on April 2, 2013.

**K 064**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Portable fire extinguishers are provided in all healthcare occupancies in accordance with 9.7.4.1, 19.3.5.6, NFPA 10

This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide fire extinguishers at all proper locations.

The findings include:

Observation and interview with the maintenance director on April 2, 2013 at 10:45 a.m. revealed that all fire extinguishers located in the secure unit were removed from the mounted wall cabinets and being stored at the nurses' station.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013.

**K 144**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Generators are inspected weekly and exercised.

**Tag: K062**

1. Facility has contracted with International Fire Protection who will submit drawings to the State of Tennessee to convert our current system from a dry system to a wet system.  
   5/17/13

2. The facility has verified that all other sprinkler systems are operating properly and are under a regular preventative maintenance schedule.  
   5/17/13

3. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.  
   5/17/13

4. Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.  
   5/17/13
The Health Center at Standifer Place, Building 2, April 2, 2013 Survey Completed

Tag: K064

1. Facility properly installed all fire extinguishers located in the secure unit in properly designated locations. 4/5/13

2. Maintenance and clinical staff have been inserviced that fire extinguishers are to be kept in designated locations at all times. 4/5/13

3. Maintenance department will perform routine inspections to ensure that fire extinguishers are located in designated areas. 4/5/13

4. Maintenance and clinical staff have been inserviced that fire extinguishers are to be kept in designated locations at all times. Maintenance staff will conduct routine visual inspections and will continue to monitor as needed. Additional inservices will be provided if deficient practices are discovered through maintenance staffs routine visual inspections. 4/5/13
**K 144** Continued From page 2
under load for 30 minutes per month in accordance with NFPA 89. 3.4.4.1.

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to maintain generator equipment.

The findings include:

Observation on April 2, 2013 at 2:00 p.m. revealed that the remote annunciator when tested did not function or acknowledge the test.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013.

<table>
<thead>
<tr>
<th>Tag: K144</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Facility had the annunciator panel inspected and blown bulbs on annunciator were replaced on 4/10/13.</td>
</tr>
<tr>
<td>4/10/13</td>
</tr>
<tr>
<td>2. All annunciator panels were inspected and are properly functioning and notification.</td>
</tr>
<tr>
<td>4/10/13</td>
</tr>
<tr>
<td>3. Maintenance department will routinely inspect annunciator panels to ensure that they are functioning properly</td>
</tr>
<tr>
<td>4/10/13</td>
</tr>
<tr>
<td>4. Maintenance staff will be instructed on proper procedures for testing that annunciator panels and that bulbs are functional. The Director of Maintenance will perform the inspections and a QA study will be conducted in the 2nd quarter of 2013 and ongoing as needed to ensure that inspections are accurate and being done in a timely manner.</td>
</tr>
<tr>
<td>4/10/13 &amp; Ongoing</td>
</tr>
</tbody>
</table>