<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>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>K144</td>
<td>SS+F</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</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>The following POC is being submitted as required by federal regulations. The submission of this POC is not in any way admission by the facility as to the accuracy of the citation nor the finding of the fact.</td>
<td>7/11/11</td>
</tr>
<tr>
<td>K147</td>
<td>SS+F</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</td>
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</tbody>
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This STANDARD is not met as evidenced by:
Based on record review, it was determined the facility failed to test the emergency generator supplies.

The findings included:
Review of the facility's emergency generator reports in the maintenance director's office, on 7/5/11 at 10:50 AM, the facility was unable to provide documentation for a monthly load test for 30 minutes as required for February, March and May 2011. The facility was also unable to provide documentation that the water level in the generator battery was checked weekly from May through December 2010.

The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 7/5/11.
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This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain all electrical wiring and components.

The findings included:

Observations during the initial tour of the facility on 7/5/11 revealed the following:

a. At 9:00 AM, 1 of 3 emergency electrical receptacles at the nurses' station under the fire alarm control panel (FACP) had its hot and neutral wires reversed.

b. At 9:11 AM, the normal power electrical receptacle at the nurses' station under the FACP had an open ground.

c. At 9:25 AM, the ground fault circuit Interrupter (GFCI) receptacle in the men's shower room did not test.

d. At 9:30 AM, 2 conduits leading from the generator circuit breaker box in the laundry were missing their covers.

e. At 10:02 AM, there were 4 open electrical junction boxes in the attic.

f. At 10:03 AM, there were (2) 110 volt wires spliced outside of electrical junction boxes.

g. At 10:04 AM, the GFCI receptacle behind the dirty dish tray in dietary had an open ground and did not test.

h. At 10:05 AM, the GFCI receptacle under the east cabinets in dietary did not test.

i. At 10:06 AM, the conduit above the 2 compartment sink in dietary was missing its cover.

j. At 10:10 AM, the electrical receptacle in resident room 3 was loose in the wall.

The following POC is being submitted as required by federal regulations. The submission of this POC is not in any way admission by the facility as to the accuracy of the citation nor the finding of the fact.

K 147

A. On 7/13/11, electrical contractor corrected 1 of 3 emergency electrical receptacles at nurses station.

B. On 7/13/11 electrical contractor corrected the normal electrical receptacle at the nurses station under the FACP.

C. On 7/13/11 electrical contractor corrected receptacle in men's shower room.

D. On 7/13/11 electrical contractor corrected 2 conduits at generator circuit breaker box in laundry room.

E. On 7/13/11 electrical contractor corrected 4 open electrical junction boxes in the attic.

F. On 7/13/11 electrical contractor corrected 2 110 volt wires outside of electrical junction boxes.

G. On 7/14/11 electrical contractor corrected the GFCI receptacle behind the dirty dish tray in dietary department.

H. On 7/14/11 electrical contractor corrected the GFCI receptacle under the east cabinets in dietary department.

I. On 7/14/11 electrical contractor corrected the conduit above the two-compartment sink in dietary department.

J. On 7/14/11 electrical contractor corrected the electrical receptacle in resident room 3.

K. On 7/14/11 electrical contractor corrected the hydromonitor in therapy room to GFCI receptacle.

Continued next page
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER IDENTIFICATION NUMBER: 44533

MULTIPLE CONSTRUCTION
A BUILDING 61-BUILDING 0302
B WING

DATE SURVEY COMPLETED: 07/05/2011

NAME OF PROVIDER OR SUPPLIER
BRIARWOOD COMMUNITY LIVING CTR

STREET ADDRESS, CITY, STATE, ZIP CODE
41 HOSPITAL DRIVE, PO BOX 1067
LEXINGTON, TN 38351

ID TAG
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k. At 10:11 AM, the Hydrocollator in therapy, which contains water, was not connected to a GFCI receptacle.
l. At 10:12 AM, the electrical receptacle by the filing cabinet in therapy had its hot and neutral wires reversed.
m. At 10:16 AM, the electrical receptacle in the north wall of the dining room had an open ground.

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 7/5/11.

NFPA 101 LIFE SAFETY CODE STANDARD
SS=P

Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1

This STANDARD is not met as evidenced by:
Based on record review, it was determined the facility failed to follow the required procedures when their sprinkler system was out of service for more than 4 hours in a 24-hour period.

The findings included:
Review of the facility's monthly wet sprinkler system inspection reports, in the maintenance director's office on 7/5/11 at 11:12 AM, revealed the facility was without water service for 24 hours.

K 147
L. On 7/14/11 electrical contractor corrected electrical receptacle to therapy room.
M. On 7/14/11 electrical contractor corrected receptacle in north wall of the dining room.

All electrical outlets will be monitored and tested and logged monthly by maintenance director and logs will be monitored by administrator monthly.
All findings will be brought before QA committee by Administrator at monthly meetings. The Safety and QA committee is responsible for identifying areas that need an action plan, assigning responsibility for implementing the action plan and setting a timeline for completion, making revisions to the action plan if necessary.

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K 154 Continued From page 3 on 5/3/10. The facility failed to provide documentation that the building was evacuated or an approved fire watch was provided.

The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 7/6/11.

K 154

The following POC is being submitted as required by federal regulations. The submission of this POC is not to any way admit that the facility is out of compliance with the facility as to the accuracy of the citation and the finding of the fact.

K154

Inservice was held on July 15, 2011 for all staff. All staff were made aware that if water supply is off for more than 4 hours that fire watch must be done every 30 minutes until water supply is restored. In the event the Maintenance Director and/or Administrator are out of the building, the RN in charge will be responsible or will assign a staff member to fire watch. Logs will be maintained and checked by Administrator and Maintenance Director to assure regulation is met.

All findings will be brought before QA committee by Administrator at monthly meetings. The Safety and QA committee is responsible for identifying areas that need an action plan, assigning responsibility for implementing the action plan and setting a timetable for completion, making revisions to the action plan if necessary.