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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 1/4 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 19.3.6.3.6 are permitted. 19.3.6.3

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

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to ensure the resident bathroom doors did not interfere with the closing of the resident room doors in 58 of 60 (resident rooms 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 111, 112, 113, 114, 115, 116, 117, 201, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 301, 302, 303, 304, 305, 306, 308, 309, 310, 311, 312, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327 and 328) resident rooms.

The findings included:

K 018
SS=F


Requirement:
Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/4 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 19.3.6.3.6 are permitted. 19.3.6.3

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

Corrective Action:
1. Corporate Maintenance ordered 58 hinges on 9/13/12 and will be installed by 9/30/12.
2. On 9/13/12, Corporate Maintenance conducted facility rounds to ensure other doors in the facility were not affected.
3. On 9/13/12, The Administrator conducted an interview with the maintenance supervisor regarding preventing the blocking of corridor resident room doors in the open position.
4. The Administrator and Maintenance supervisor will conduct routine facility rounds to ensure bathroom doors are not blocking corridor doors and report findings to QA committee.

9/10/12

[Signature]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE

9/21/12

FORM CMS-2567(02-96) Previous Versions Obsolete Event ID: ISWV21 Facility ID: TN3903 If continuation sheet Page 1 of 2

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 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 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.
K 018 Continued From page 1


These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 9/4/12.