<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO 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>DATE COMPLETION COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 036 SS=E</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong>&lt;br&gt;Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1&lt;br&gt;This STANDARD is not met as evidenced by:&lt;br&gt;Based on observation, it was determined that the facility failed to maintain clear passages in 4 of 5 (south wing, east wing, connector corridor beside the courtyard and north wing corridors) exit corridors.&lt;br&gt;The findings included:&lt;br&gt;1. Observations of the south wing corridor on 1/11/11 at 9:55 AM and 12:16 PM, revealed linen carts in the same location parked by resident room 5 and 15.&lt;br&gt;2. Observations of the east wing corridor on 1/11/11 at 9:24 AM and 12:15 PM, revealed a linen cart in the same location beside resident room 31.&lt;br&gt;3. Observations in the connector corridor beside the courtyard on 1/11/11 at 9:33 AM and 12:16 PM, revealed a linen cart in the same location by resident room 45.&lt;br&gt;4. Observations in the north wing corridor on 1/11/10 at 9:16 AM and 11:55 AM, revealed linen carts in the same locations beside resident rooms 67, 75 and 39.</td>
<td>K 036</td>
<td>1) Exit access is now arranged so that exits are readily accessible at all times in accordance with Section 7.1. 19.2.1&lt;br&gt;2) Linen carts were moved to alleviate on each wing on 1/11/11&lt;br&gt;3) Storing linen cart in storage will prevent all residents from only being on halls during active rounds.&lt;br&gt;4) Inservice was completed with LPN's, RN's, and CNA's beginning 1/11/11 through 1/15/11 by the Director of Nursing Service, delineating linen cart and supplies and staff training on usage. New procedures will be followed with usage report done again within a month. Linen carts will be kept in linear when not in use, preventing staff from needing to make linen service rounds.&lt;br&gt;5) RSN's RN's will monitor linen cart service. Results will be reviewed monthly by RSN's RN's and CNA's. Following results will be given to the RN and CNA. Once the number of discipline actions with written up and ending with reprimand is necessary.&lt;br&gt;6) RSN's RN's will monitor linen cart service. Results will be reviewed monthly by RSN's RN's and CNA's. Follow up results will be given to the RN and CNA. Once the number of discipline actions with written up and ending with reprimand is necessary.&lt;br&gt;7) RSN's RN's will monitor linen cart service. Results will be reviewed monthly by RSN's RN's and CNA's. Follow up results will be given to the RN and CNA. Once the number of discipline actions with written up and ending with reprimand is necessary.</td>
<td>1/11/11</td>
</tr>
<tr>
<td>K 062 SS=D</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong>&lt;br&gt;Required automatic sprinkler system will be continued maintained in reliable</td>
<td>K 062</td>
<td></td>
<td>1-11-11</td>
</tr>
</tbody>
</table>

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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 insubstantial 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 available 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.

**Form CMS-2567(02-99) Previous Version Obsolete**
**Event ID: 342121**
**Facility ID: TN4002**
If continuation sheet Page 1 of 4
K 062 Continued From page 1
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.5, 4.6.12, NFPA 13, NFPA 25, 9.7.5.

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain 1 of the 3 sprinkler heads in the kitchen.

The findings included:
Observations of the kitchen on 1/11/11 at 9:40 AM, revealed 1 of the 3 sprinkler heads had a buildup of lint.

K 104 NFPA 101 LIFE SAFETY CODE STANDARD

Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.

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

The findings included:
Observation of the smoke barrier next to the clean equipment room on east wing on 1/11/11 at 1:20 PM, revealed penetrations around 2 conduits.

K 130 NFPA 101 MISCELLANEOUS

Penetrations of smoke barriers by ducts were protected in accordance with 8.3.6.

(1) Plant Operations performed penetrations (in ducts) on 1/11/11.
(2) Plant Operations personnel performed penetrations on site, including (or) around conduit.
(3) Plant Operations personnel will monitor penetrations on site.
(4) Plant Operations personnel will add penetrations on site to monthly checklist.
(5) Penetrations must be sealed and corrected with fireproofing.

If continuation sheet Page 2 of 4
### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>(K1) Provider/Supplier/CNA Identification Number</th>
<th>(K2) Multiple Construction</th>
<th>(K3) Date Survey Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>445224</td>
<td>A. Building 01 - Main Building 01</td>
<td>01/11/2011</td>
</tr>
<tr>
<td></td>
<td>B. Wing _________________________</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Provider or Supplier

HENRY COUNTY HEALTHCARE CTR

### Street Address, City, State, Zip Code

239 Hospital Circle  
PARIS, TN 38242

<table>
<thead>
<tr>
<th>(K4) 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>(K5) Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 130</td>
<td>Continued From page 2 OTHER LSC DEFICIENCY NOT ON 2765</td>
<td></td>
<td>K450</td>
<td>1-28-11</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

- American Disability Act Accessibility Guidelines for Buildings and Facilities (ADAAG)
- 4.23 Bathrooms, Bathing Facilities, and Shower Rooms
- 4.28.3* Visual Alarms. Visual alarm signal appliances shall be integrated into the building or facility alarm system. If single station audible alarms are provided then single station visual alarm signals shall be provided. Visual alarm signals shall have the following minimum photometric and location features:
  1. The lamp shall be a xenon strobe type or equivalent.
  2. The color shall be clear or nominal white (i.e., unfiltered or clear filtered white light).
  3. The maximum pulse duration shall be two-tenths of one second (0.2 sec) with a maximum duty cycle of 40 percent. The pulse duration is defined as the time interval between initial and final points of 10 percent of maximum signal.
  4. The intensity shall be a minimum of 75 candela.
  5. The flash rate shall be a minimum of 1 Hz and a maximum of 3 Hz.
  6. The appliance shall be placed 80 in (2030 mm) above the highest floor level within the space or 6 in (152 mm) below the ceiling, whichever is lower.

This STANDARD is not met as evidenced by:

Based on observation, it was determined the

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Note: The continuation of the table and detailed plan of correction would be provided if the page had more content.
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Continued From page 3</td>
<td>K 130</td>
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<tr>
<td></td>
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<td>facility failed to provide visual alarm signals in all handicapped areas.</td>
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<tr>
<td></td>
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<td>The findings included:</td>
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<tr>
<td></td>
<td></td>
<td>1. Observation of the handicapped toilet and shower room on the south hall on 1/11/11 at 9:50 AM, revealed there was no strobe light in the room.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>2. Observation of the handicapped toilet and shower room on the west hall on 1/11/11 at 12:40 PM, revealed there was no strobe light in the room.</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>