**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CCLA IDENTIFICATION NUMBER: 445482</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X2) MULTIPLE CONSTRUCTION</td>
</tr>
<tr>
<td>A. BUILDING 01 - RIPLEY HEALTHCARE AND REHAB CENTER</td>
</tr>
<tr>
<td>B. WING</td>
</tr>
<tr>
<td>(X3) DATE SURVEY COMPLETED 12/17/2012</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**
RIPLEY HEALTHCARE AND REHAB CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**
118 HALLBURTON DRIVE
RIPLEY, TN 38063

**SUMMARY STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
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<tbody>
<tr>
<td>K062 SS=D</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>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain 18 of 46 sprinkler heads.

The findings included:

- Observations of the sprinkler heads on 12/17/12 revealed the following:
  - a. At 9:10 AM - the resident laundry room had 1 sprinkler head with paint on the pendant.
  - b. At 9:20 AM - room 516 had 2 sprinkler heads with paint on the pendants.
  - c. At 9:25 AM - room 517 had 2 sprinkler heads with paint on the pendants.
  - d. At 9:35 AM - room 518 had 2 sprinkler assemblies missing escutcheon rings and paint on 1 sprinkler head pendant.
  - e. At 9:30 AM - room 519 had 2 sprinkler heads with paint on the pendants.
  - f. At 9:40 AM - room 520 had 1 sprinkler head with paint on the pendant.
  - g. At 9:45 AM - room 523 had 1 sprinkler head with paint on the pendant.
  - h. At 10:00 AM - the soiled utility room on the 400 hall had 1 sprinkler head with paint on the pendant.
  - i. At 10:25 AM - the main laundry had 5 sprinkler heads with a heavy buildup of lint.

**PROVIDER'S PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<tr>
<td>K062 SS=D</td>
<td>NFPA 101 Life Safety Code Standard Required automatic sprinkler systems will be continuously maintained in reliable operating condition and are inspected and tested periodically.</td>
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- The sprinkler head in the patient laundry room, two in Room 516, two in Room 517, two in Room 518, two in Room 519, one in Room 520, one in Room 523 were replaced by Security Fire on 12/31/12.

- The sprinkler head in the soiled utility room on 400 hall will be replaced on 01/11/2013.

- The five sprinkler heads in the main laundry were cleaned and inspected by Security Fire on 12/31/2012.

- Maintenance Supervisor was reinserviced on 01/02/2013 by Administrator on regulations regarding sprinkler heads.

- Maintenance Supervisor inspected sprinkler heads 12/21/2012 throughout the building for compliance.

- No additional problems were identified.

- Maintenance Supervisor will inspect sprinkler heads monthly for compliance and report findings to the QA and A committee.

- QA and A will monitor for compliance.

**Completion Date:** 01/11/2013

**Sincerely,**
Jennifer Pitts

**Title:** Administrator

**Date:** 1/4/13

**Signature:**

**LAWYER DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

**Facility ID:** TN4903

**Event ID:** 8HVV21

**FORM CMS-2567(02-99) Previous Versions Obsolete**

**If continuation sheet Page 1 of 2**
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<td>K 062</td>
<td>Continued From page 1 This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 12/17/12.</td>
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