STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 445187

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 03 - WEST TN. TRANS

(X3) DATE SURVEY COMPLETED
07/16/2013

NAME OF PROVIDER OR SUPPLIER
WEST TN TRANSITIONAL CARE

STREET ADDRESS: CITY, STATE, ZIP CODE
670 SKYLINE DRIVE
JACKSON, TN 38301

(X1) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) % COMPLETION DATE

K 018 SS-F NFPA 101 LIFE SAFETY CODE STANDARD 1.a. Doors separating the dining room from the kitchen were adjusted to properly latch on 7/16/13.
K 018 b. Doors separating the kitchen from the service hall were adjusted to properly latch on 7/16/13.
K 018 c. Corridor doors by room 126 were adjusted to properly latch on 7/16/13.
K 018 d. Door to the soiled utility room (room 118) was adjusted to properly latch on 7/16/13.
K 018 e. Door to the soiled utility room (room 213) was adjusted to properly latch on 7/16/13.
K 018 f. Door to the janitor’s storage room (room 222) was adjusted to properly latch on 7/16/13.
K 018 g. Corridor doors by room 263 were adjusted to properly latch on 7/16/13.
K 018 h. The door to the maintenance office (room 146) had a door closure installed on 7/16/13.
K 018 2. The maintenance supervisor performed an audit on 7/16/13 to ensure all doors latched properly when closed.
K 018 3. The maintenance supervisor was in-serviced on 7/23/13 regarding the importance of ensuring all facility doors properly latch when closed.

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

The findings included:

Observations during the initial tour on 7/16/13 revealed the following:

a. At 10:15 AM - 1 of 2 doors separating the dining room from the kitchen failed to latch when closed.
b. At 10:30 AM - 1 of 2 doors separating the kitchen from the service hall failed to latch when closed.
c. At 12:47 PM - 1 of 2 corridor doors by room 126 failed to latch when closed.
d. At 12:50 PM - the door to the soiled utility room (room 118) failed to latch when closed.
e. At 1:05 PM - the door to the soiled utility room (room 213) failed to latch when closed.
f. At 1:10 PM - the door to the janitor’s storage room (room 222) failed to latch when closed.
g. At 1:25 PM - 1 of 2 corridor doors by room 263 failed to latch when closed.
h. At 1:30 PM - the door to the maintenance office (room 146) had its door closure disconnected.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Title

O&M DATE 7/30/13

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 these documents are made available to the facility. 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 and date to continued program participation must be completed.

RECEIVED

Visit Date: 8/20/13

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<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFIENCIES</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
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<tbody>
<tr>
<td>K 018</td>
<td>Continued From page 1 These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/16/13.</td>
<td>K 018</td>
<td>4. The maintenance supervisor and QA Committee members will perform random audits to ensure all facility doors properly latch when closed, and report any findings to the QA Committee.</td>
<td>7/31/13</td>
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