### Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to CMS, Office of Financial Management, P.O. Box 26694, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0350), Washington, D.C. 20503.

#### (Y1) Provider / Supplier / CLIA / Identification Number
445453

#### (Y2) Multiple Construction
A. Building
B. Wing
C. 01 - MAIN BUILDING 01

#### (Y3) Date of Revisit
11/15/2012

**Name of Facility**

FOREST COVE MANOR

**Address**

45 FOREST COVE
JACKSON, TN 38301

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This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567. Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

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<tr>
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**Reviewed By**

☑️ Reviewed By

State Agency

Reviewed By

CMS RO

**Followup to Survey Completed on:**

10/08/2012

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**Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?**

YES  NO

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**Reviewed By**

Wendy Brow

**Date:** 11/15/12

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Form CMS - 2567B (9-92) Page 1 of 1 Event ID: DNST22
(K 052) NFPA 101 LIFE SAFETY CODE STANDARD

SS-D,

A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 56.1.4

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain 3 feet of clearance around fire pills stations.

The findings included:

Observations of the therapy department on 11/14/12 at 8:20 AM, revealed three wooden folding tables stored in front of the fire pill station.

A staff member removed the tables in the presence of the surveyor.

This finding was acknowledged by the Administrator and verified by the maintenance supervisor at the exit conference on 11/14/12.

(K 076) NFPA 101 LIFE SAFETY CODE STANDARD

SS-D,

Medical gas storage and administration areas are protected in accordance with NFPA 99.

Standards for Health Care Facilities.

RECEIVED
(K 076): Continued From page 1

(a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one-hour separation.

(b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside. NFPA 69 4.3.1.1.2, 19.3.2.4

This STANDARD is not met as evidenced by observation. It was determined the facility failed to assure all pressurized gas containers were secured to prevent damage. The findings included:

1. Observations at the 300 hall nurses station on 11/14/12 at 0.20 AM, revealed an unsecured oxygen tank.

2. This finding was acknowledged by the Administrator and verified by the maintenance supervisor at the exit conference on 11/14/12.

REQUIREMENT:

The facility will ensure medical gas storage and administration areas are protected in accordance with NFPA 69. Standards for Health Care Facilities.

CORRECTIVE ACTION:

1. On 11/14/12 the Assistant Administrator retrieved a station to secure the oxygen bottle at Side 3 nurses station.

2. On 11/14/12, the Maintenance Supervisor and Director of Nursing inspected all facility oxygen cylinders to ensure they were secured in a proper station. The company contracted to provide oxygen brought in additional storage boxes.

3. On 11/14/12, the Administrator provided instruction to the facility nursing, therapy, and maintenance staff to ensure all oxygen is stored in a secure manner.

4. Management will make daily rounds to ensure that oxygen bottles are stored in a secure fashion. This will be communicated weekly for four weeks. Any findings will be reported to the QA Committee.

Completion Date 11/16/12

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