K 025
SS=D
NFPA 101 LIFE SAFETY CODE STANDARD
Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

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

The findings included:
Observations of the area above the smoke doors by the 300 hall nurses' station on 1/11/10 at 11:40 AM, revealed a penetration in the wall. National Fire Protection Association 101, 8.3.6.1

During the facility tour on 1/11/10 the following deficiency was noted and verified by the maintenance staff.
NFPA 101 LIFE SAFETY CODE STANDARD

K 054
SS=D
All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3

K 025
A one inch penetration in the wall above the 300 Hall smoke doors was sealed by the Maintenance Director using DAP High Heat Mortar Sealant.

All smoke door walls were inspected for any penetrations by the Maintenance Director. Any penetrations will be sealed using DAP High Heat Mortar Sealant.

All areas are now in compliance with NFPA 101, 8.3.6.1.

K 054
The smoke detector located in the 300 Hall milk room was relocated 36 inches away from the direct path of the air return vent to be in
**K 054** Continued From page 1

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

The findings included:

Observations of the 300 hall milk room on 1/11/10 at 12:15 PM, revealed the smoke detector was in the direct path of the air return vent. National Fire Protection Association 72, 2-3.5.1

During the facility tour on 1/11/10 the following deficiency was noted and verified by the maintenance staff.

**K 062**

**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

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

The findings included:

Observations of the 200 hall nourishment room on 1/11/10 at 11:35 AM, revealed supplies were stored within the 18 inch clearance rule of the sprinkler head. National Fire Protection Association 13, 5.5.6

During the facility tour on 1/11/10 the following deficiency was noted and verified by the maintenance staff.

**K 054** compliance with NFPA 72, 2-3.5.1. Work was completed by the Maintenance Director.

All smoke detectors in the Center will be visually inspected by the Maintenance Director. Any not in compliance will be relocated to meet NFPA 72, 2-3.5.1.

**K 062**

The supplies located on the top shelf of the 200 hall nourishment room were removed by the Maintenance Director to comply with the 18 inch clearance rule for sprinkler heads. The shelf has been marked to indicate no storage to all staff.

Maintenance Director will in-service all staff regarding the 18 inch clearance rule at the next staff meeting.
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<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 067</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</td>
<td>K 067</td>
<td></td>
<td>A replacement Broan vertical exhaust fan of 60 CFM was installed by the Maintenance Director in the 300 hall biohazard closet to be in compliance with NFPA 101, 19.5.2.1. Maintenance Director will visually inspect all exhaust fans in the center to ensure proper working order. Any not in compliance will be replaced with appropriate sized exhaust fan in accordance with NFPA 101, 19.5.2.1.</td>
</tr>
<tr>
<td>K 135</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Flammable and combustible liquids are used from and stored in approved containers in accordance with NFPA 30, Flammable and Combustible Liquids Code, and NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals. Storage cabinets for flammable and combustible liquids are constructed in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 99, 4.3, 10.7.2.1.</td>
<td>K 135</td>
<td></td>
<td>The unsecured oxygen cylinder located at the 100 hall storage location was moved by the Maintenance Director to a secure location in the storage rack in compliance with NFPA 55, 6-6. The storage area will be visually monitored by the Maintenance</td>
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<tr>
<td>ID PREFIX TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
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<td>K 135</td>
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<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain combustible liquids. The findings included: Observations of the outside area by the 100 hall south exit on 1/11/10 at 11:20 AM, revealed a cylinder of oxygen not secured. National Fire Protection Association 55, 6-6 During the facility tour on 1/11/10 the following deficiency was noted and verified by the maintenance staff.</td>
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<tr>
<td>K 141</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD SS=D Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the no smoking signs. The findings included: Observations of the rehab gym on 1/11/10 at 12:10 PM, revealed a cylinder of oxygen stored in the room with no precautionary sign posted. National Fire Protection Association 99 8.6.4.2 During the facility tour on 1/11/10 the following deficiency was noted and verified by the maintenance staff.</td>
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<td>K 135</td>
<td>Director to ensure compliance. All staff will be in-serviced by the Maintenance Director at the next general staff meeting to ensure understanding of NFPA 55, 6-6.</td>
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<tr>
<td>K 141</td>
<td>A permanent “No Smoking” sign was installed on the entrance door to the Rehab Gym by the Maintenance Director to be in compliance with NFPA 99, 8.6.4.2. All areas of the building have been inspected by the Maintenance Director to ensure appropriate rooms are in compliance with NFPA 99, 8.6.4.2.</td>
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Department of Health and Human Services
Centers for Medicare & Medicaid Services

Event ID: 42H121 Facility ID: TN5991

If continuation sheet Page 4 of 5
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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</table>
| K 147 SS=E   | NFPA 101 LIFE SAFETY CODE STANDARD  
Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  
This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system.  
The findings included:  
1. Observations of the janitor's closet by room 102 on 1/11/10 at 11:00 AM, revealed the electrical panel was blocked with a buffer. National Fire Protection Association 70 110-26(a)  
2. Observations of the 300 hall east boiler room on 1/11/10 at 12:15 PM, revealed an open space in the electrical panel. NFPA 70, 373-4  
During the facility tour on 1/11/10 the following deficiencies were noted and verified by the maintenance staff. | K 147 | The buffer blocking the electrical panel in the janitor's closet by room 102 was moved by the Maintenance Director. Signage has been installed by the Maintenance Director to prevent blockage of the electrical panel according to NFPA 70 110-26(a).  
Housekeeping staff along with all staff will be in-serviced by the Maintenance Director at the next general staff meeting regarding NFPA 70 110-26(a) and the blocking of electrical panels.  
The open space on the electrical panel in the 300 hall east boiler room was repaired by the Maintenance Director to close the open gap between contactors in accordance with NFPA 70, 373-4.  
Maintenance Director visually inspected all electrical panels in the center to ensure no open spaces existed in compliance with NFPA 70, 373-4. | 01/11/10 |
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