<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>ID</th>
<th>PREFIX TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>025</td>
<td>K</td>
<td>025</td>
<td>Life Safety Code Standard</td>
</tr>
</tbody>
</table>

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 observations, it was determined the facility failed to maintain the smoke barriers.

The findings included:

1. Observation on 4/19/10 at 12:03 PM, revealed penetrations around the sprinklers located in the corridor next to rooms 1, 2 and 3. National Fire Protection Association (NFPA) 101, 8.2.4.4.2

2. Observations of residents' rooms 14 and 22 on 4/19/10 at 12:15 PM, revealed penetrations around the sprinklers. NFPA 101, 8.2.4.4.2

3. Observation of the janitors' closet located next to room 36 on 4/19/10 at 12:35 PM, revealed penetrations around the sprinkler. NFPA 101, 8.2.4.4.2

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 4/19/10.

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 of survey whether or not a plan of correction is provided. 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 is requisite to continued program participation.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>STATIONID OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>

**K038 Life Safety Code Standard**

The facility will ensure exit access is arranged so that exits are readily accessible at all times.

1. No residents were found to be affected by the alleged practice.

2. All residents have the potential to be affected by the alleged practice. All exit doors are readily available and open freely without sticking.

3. The exit door located next to room 1 has been adjusted by Maintenance staff on 4/23/10, and is opening freely with no sticking.

4. Maintenance Staff will monitor doors during monthly maintenance rounds to assure none are sticking. Findings will be reviewed by QI Committee for 3 months to ensure compliance is met and continued. Maintenance Director and Administrator will monitor periodically for continued compliance.

**K052 Life Safety Code Standard**

The facility will ensure a fire 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.

1. No residents were found to be affected by the alleged practice.

2. All residents have the potential to be affected by the alleged practice. All lines in dialer panel are working.

3. DeltaCom required lines #1 and #2 into the...
### Statement of Deficiencies and Plan of Correction

#### (X1) Provider/Supplier/CLA Identification Number:
445374

#### (X2) Multiple Construction

- **A. Building:** 01 - Main Building 01
- **B. Wing:**

#### (X3) Date Survey Completed:
04/19/2010

### Name of Provider or Supplier

**Hidden Acres Health Care Center**

### Address

**Street Address, City, State, Zip Code:**
904 Hidden Acres Dr
Mount Pleasant, TN 38474

### ID Prefix Tag

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must be Preceded by Full Regulatory or ISA 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>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 052</td>
<td>Continued From page 2: This STANDARD is not met as evidenced by: Based on observation and testing, it was determined the facility failed to maintain the fire alarm system. The findings included: Observations and testing of the main fire alarm panel on 4/19/10 at approximately 1:35 PM, revealed that when phone lines #1 or #2 were disconnect from the dialer panel, the dialer trouble light did not illuminate. National Fire Protection Association 72, 1-5.4.6 This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 4/19/10. NFPA 101 Life Safety Code Standard Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.5.6, NFPA 10</td>
<td>K 052</td>
<td>4. Maintenance staff will monitor trouble light and dialer panel during monthly maintenance rounds. Findings will be reviewed by QI Committee for 3 months to ensure compliance. The Maintenance Director will periodically monitor reports to ensure continued compliance.</td>
<td>5/12/10</td>
</tr>
<tr>
<td>K 064</td>
<td>Life Safety Code Standard 1. No residents were found to be affected by the alleged practice. 2. All residents have the potential to be affected. Maintenance staff verified 5/3/10 all extinguisher in building are in good repair. 3. The class K fire extinguisher in the kitchen was replaced by Columbia Fire Protection on 5/3/10. 4. The Maintenance staff will ensure that no extinguishers are damaged during their monthly rounds to check extinguisher gauges. The findings will be reviewed by the QI Committee; and the Maintenance Director will monitor periodically during rounds and log audits to ensure continued compliance.</td>
<td>K 064</td>
<td>5/3/10</td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>PREFIX</td>
<td>TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES</td>
<td>ID</td>
</tr>
<tr>
<td>----</td>
<td>--------</td>
<td>-----</td>
<td>----------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>K064</td>
<td></td>
<td></td>
<td>Continued From page 3</td>
<td>K064</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 4/19/10. NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SS=F</td>
<td></td>
<td>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observations, interview and record review, it was determined the facility failed to maintain the kitchen’s hood exhaust system. The findings include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Observations of the kitchen on 4/19/10 at 1:05 PM, revealed there were no instructions for manually operating the kitchen’s hood fire-extinguishing system posted conspicuously in the kitchen.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>During an interview in the kitchen on 4/19/10 at 1:10 PM, kitchen staff member #1 did not know how to manually operate the kitchen’s hood fire extinguishing system. The instructions are to be reviewed periodically with employees by the management. National Fire Protection Association (NFPA) 96, 8-1.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Records review on 4/19/10 at 1:45 PM, revealed the facility was unable to provide documentation that the kitchen’s hood exhaust system was cleaned and inspected by a properly trained, qualified and certified company or person(s). NFPA 96, 8-3.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>These findings were acknowledged by the</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K 069 Continued From page 4
Administrator and verified by the Maintenance Supervisor at the exit interview on 4/19/10.

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 and testing, it was determined the facility failed to maintain the electrical equipment.

The findings included:

1. Observations and testing in residents' rooms 3 and 6 on 4/19/10 at 12:05 PM, revealed the ground fault circuit interrupters located next to the sinks failed the grounding test. National Fire Protection Association (NFPA) 70, 110-12

2. Observations on 4/19/10 at 12:15 PM, revealed the electrical panel located next to room 14 was blocked with a cart. NFPA 70, 110-26(a)

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 4/19/10.

K 069

K 147 Life Safety Code Standard

The facility will ensure that all wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2.

1. No residents were found to be affected by the alleged practice.

2. All residents have the potential to be affected. All GFCI outlets in building tested on 4/30/10 and found in working order. No equipment is blocking electrical panel.

3. a) Maintenance Director has rewired GFCI outlets in rooms 3 and 6 on 4/22/10, and found them to now be working correctly.

   b) An in-service was given to nursing staff by DON on 4/19/10 that no carts may be in hallway blocking electrical panel. On 5/5/10 the Maintenance staff posted a sign stating "Do Not Block Electrical Panel" at the location and yellow safety tape was placed on floor in front of the panel.

4. The Maintenance staff will monitor GFCI outlets during monthly maintenance rounds to ensure all are in working order. The DON, ADON, and Maintenance Staff will monitor area by electrical panel to ensure no carts are parked in front of the panel. The findings will be reviewed by the QI Committee; Administrator and Maintenance Director will monitor for continued compliance.

5/5/10