| K029 | NFPA 101 LIFE SAFETY CODE STANDARD | Signature HealthCARE of Columbia does not believe and does not admit that any deficiencies existed, before, during, or after the survey. Signature HealthCARE of Columbia reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Signature HealthCARE of Columbia reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which Signature HealthCARE of Columbia does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Signature HealthCARE of Columbia offers its response, credible allegations of compliance as part of its ongoing efforts to provide quality of care to residents. |

| K029 | SS=E | National Fire Protection Association 80, 15-2.5.2. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 12/8/10. NFPA 101 LIFE SAFETY CODE STANDARD | 1/05/11 |

| K056 | SS=E | If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Maintenance of Fire Sprinkler Systems, National Fire Protection Association 80, 15-2.5.2. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 12/8/10. NFPA 101 LIFE SAFETY CODE STANDARD | 1/05/11 |

| K029 | SS=E | If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Maintenance of Fire Sprinkler Systems, National Fire Protection Association 80, 15-2.5.2. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 12/8/10. NFPA 101 LIFE SAFETY CODE STANDARD | 1/05/11 |

| K056 | SS=E | If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Maintenance of Fire Sprinkler Systems, National Fire Protection Association 80, 15-2.5.2. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 12/8/10. NFPA 101 LIFE SAFETY CODE STANDARD | 1/05/11 |
K 029
SS=J

NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with ½ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1
and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resistant partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to protect hazardous areas as required.

The findings included:

Observations in the laundry room on 12/6/10 at 12:30 PM, revealed the fire door had a ½ inch (*) diameter penetration under the door knob.

K 056
SS-E

National Fire Protection Association 80, 15-2.5.2

This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 12/8/10. NFPA 101 LIFE SAFETY CODE STANDARD

If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

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 80 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.

PRINTED: 12/13/2010
FOM APPROVED
OMB NO. 0938-0331

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

[49] PROVIDER/SUPPLIER/CCLA IDENTIFICATION NUMBER:

445485

STREET ADDRESS, CITY, STATE, ZIP CODE
1410 TROWBIDGWOOD AVENUE
COLUMBIA, TN 38401

NAME OF PROVIDER OR SUPPLIER
SIGNATURE HEALTHCARE OF COLUMBIA

029

PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

029

[50] DATE SURVEY COMPLETED

12/08/2010

[51] ID PREFIX TAG

[52] ID PREFIX TAG

[53] ID PREFIX TAG

029

2. Identification of others areas that could be affected by the deficient practice:
The Maintenance Supervisor checked all the remaining doorknobs in the facility for penetrations on 12/06/10 & no other problems were found.

3. Measures put in place to ensure deficient practice does not recur:
A maintenance staff member currently performs facility rounds twice monthly in resident areas looking for physical plant repairs needed & correcting anything found. The basement will be added to these twice-monthly rounds & all areas will be checked for penetrations at this time. These rounds will be documented as to what was found & what was done to correct the findings.

4. This corrective action will be monitored by:
The Maintenance Supervisor will review all rounds documentation twice monthly after completion. The review will be to check for completion of the documentation & repairs needed. The results of these reviews will be reported monthly to the QA Committee for review & recommendations to ensure compliance.

Members of the QA Committee:
Administrator, DON, Medical Director,
Ortho Medical Director, three ADONs, the
Restorative Nurse, Staff Development
Coordinator, Medical Records Clerk,
Dietary Manager, Activity Director, Social
Service Coordinator, Wound Care Nurse,
MDS Coordinator, Housekeeping
Director, Therapy Manager &
Maintenance Director.

LARRY D. HEMSTEDT, Executive Director

[50] COMPLETION DATE

02/08/2011

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1 2
K 056

Continued From page 1

Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.8

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to provide total sprinkler coverage of the facility as required.

The findings included:

Observations in the canopy areas on 12/6/10 at 11:00 AM, the south short hall canopy and the southeast short hall canopy areas were not sprinklered. The canopies were constructed of combustible materials. National Fire Protection Association (NFPA) 13, 4.1. NFPA 13, 4.1

These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 12/6/10. 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

K 056

1. Corrective action for areas affected:
The sprinklers to the south short hall canopy & the southeast short hall canopy will be installed by 1/05/11.

2. Identification of other areas that could be affected by the deficient practice:
The Maintenance Supervisor checked all other exits for sprinkler needs & identified one additional area, north short hall canopy, which will have a sprinkler installed by 1/05/11 as well.

3. Measures put in place to ensure deficient practice does not reoccur:
Any new construction will be assessed for sprinkler needs at time of construction.

4. This corrective action will be monitored by:
Any new construction will be discussed during monthly QA Meeting for sprinkler needs. Members of the QA Committee: Administrator, DON, Medical Director, Ortho Medical Director, three ADONs, the Restorative Nurse, Staff Development Coordinator, Medical Records Clerk, Dietary Manager, Activity Director, Social Services Coordinator, Wound Care Nurse, MDS Coordinator, Housekeeping Director, Therapy Manager & Maintenance Director.

K 067

SS-D

FORM CMS-2587(02-99) Previous Versions Obsolete Event ID: CCE381 Facility ID: TTH008

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2 A
<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>Providers 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 056</td>
<td>Continued From page 1</td>
<td>Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</td>
<td>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to provide total sprinkler coverage of the facility as required. The findings included: Observations in the canopy areas on 12/6/19 at 11:00 AM, the south short hall canopy and the southeast short hall canopy areas were not sprinklered. The canopies were constructed of combustible materials. National Fire Protection Association (NFPA) 13, 4.1. NFPA 13, 4.1 These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 12/6/10. 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>1/05/11</td>
</tr>
<tr>
<td>K 057</td>
<td></td>
<td>1. Corrective action for areas affected: The maintenance staff replaced the grille in the south hall linen room on 12/08/10. 2. Identification of others areas that could be affected by the deficient practice: The Maintenance Supervisor checked all other exhaust fans for grille needs &amp; one additional area was identified, dry storage in dietary department, &amp; it was replaced on 12/08/10.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**K067**

**Continued From page 2**

This **STANDARD** is not met as evidenced by:

Based on observations, it was determined the facility failed to maintain heating, cooling and the air-conditioning system as required.

The findings included:

- Observations in the south hall linen room on 12/6/10 at 11:30 AM, revealed the return exhaust fan unit had no grille installed. National Fire Protection Association 50A, NFPA-4, 101, 18.5.2.1
- This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 12/6/10. NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786

This **STANDARD** is not met as evidenced by: Penetrations and miscellaneous openings in fire barriers such as pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.

This **STANDARD** is not met as evidenced by:

Based on observations, it was determined the facility failed to maintain the fire barriers as required.

The findings included:

**K067**

3. Measures put in place to ensure deficient practice does not recur:

A maintenance staff member currently performs facility rounds twice monthly in resident areas looking for physical plant repairs needed & correcting anything found. The exhaust fan grilles will be added to these twice-monthly rounds. These rounds will be documented as to what was found & what was done to correct the findings.

4. This corrective action will be monitored by:

The Maintenance Supervisor will review all rounds documentation twice monthly after completion. The review will be to check for completion of the documentation & repairs needed. The results of these reviews will be reported monthly to the QA Committee for review & recommendations to ensure compliance.

Members of the QA Committee:
- Administrator, DON, Medical Director,
- Ortho Medical Director, three ADONs, the Restorative Nurse, Staff Development Coordinator, Medical Records Clerk,
- Dietary Manager, Activity Director, Social Service Coordinator, Wound Care Nurse,
- MDS Coordinator, Housekeeping Director, Therapy Manager & Maintenance Director.
Continued from page 3

Observations in the mechanical room on 12/8/10 at 1:00 PM, revealed there was a one inch (*) by (x) four inches cut-out penetration in the fire rated ceiling. This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit interview on 12/8/10.

1. Corrective action for areas affected:
The maintenance crew filled the penetration found in the mechanical room on 12/06/10.

2. Identification of other areas that could be affected by the deficient practice:
The Maintenance Supervisor checked the remainder of the facility on 12/06/10 for penetrations & no other problems were found.

3. Measures put in place to ensure deficient practice does not reoccur:
A maintenance staff member currently performs facility rounds twice monthly in resident areas looking for physical plant repairs needed & correcting anything found. The basement will be added to these twice-monthly rounds & all areas will be checked for penetrations at this time. These rounds will be documented as to what was found & what was done to correct the findings.

4. This corrective action will be monitored by:
The Maintenance Supervisor will review all rounds documentation twice monthly after completion. The review will be to check for completion of the documentation & repairs needed. The results of these reviews will be reported monthly to the QA Committee for review & recommendations to ensure compliance. Members of the QA Committee:
K 130 Continued From page 3

Observations in the mechanical room on 12/6/10 at 1:00 PM, revealed there was a one inch (1") by (x) four inches cut-out penetration in the fire rated ceiling.

This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit interview on 12/6/10.

K 130

Administrator, DON, Medical Director, Ortho Medical Director, three ADONs, the Restorative Nurse, Staff Development Coordinator, Medical Records Clerk, Dietary Manager, Activity Director, Social Service Coordinator, Wound Care Nurse, MDS Coordinator, Housekeeping Director, Therapy Manager & Maintenance Director.