K 054 SS=F

NFPA 101 LIFE SAFETY CODE STANDARD

All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer’s specifications. 9.5.1.3

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to install smoke detectors in required locations.

The findings included:

Observations during the initial tour on 4/2/12 revealed the following:

a. At 9:50 AM, the smoke detector in the linen closet next to the oxygen storage room was not installed at least 3 feet from the air return as required.

b. At 9:58 AM, the smoke detector in the corridor outside of the double dining room doors was not installed at least 3 feet from the air return as required.

c. At 9:59 AM, the only smoke detector to the dining room was installed at the double doors (with hold open devices for smoke release) that had a depth of wall section above the doors exceeding 24 inches. The depth of the wall section above the doors was 28 inches requiring a smoke detector on each side.

d. At 10:40 AM, the smoke detector in the corridor outside of resident room 24 was not installed at least 3 feet from the air return as required.

These findings were verified by the maintenance personnel.

RECEIVED

A. BUILDING 01
B. WING

01 - MAIN BUILDING 01

DATE SURVEY COMPLETED

04/02/2012

NAME OF PROVIDER OR SUPPLIER

OBION COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

1084 EAST COUNTY HOME ROAD

UNION CITY, TN 38261

ID PREFIX TAG

K 054

SS=F

PROVIDER’S PLAN OF CORRECTION

ID PREFIX TAG

K 054

SS=F

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

NFPA 101 LIFE SAFETY CODE STANDARD

REQUIREMENT:

All required smoke detectors, including those activating door hold-open devices, will be approved, maintained, inspected and tested in accordance with the manufacturer’s specifications. 9.6.1.3

CORRECTIVE ACTION:

1. The smoke detectors in the linen closet next to the oxygen storage room, in the corridor outside of the double dining room doors, and in the corridor outside of resident room 24 were moved on 04-13-12 to the required three feet from the air returns. A smoke detector was installed on each side of the double doors to the dining room on 04-13-12.

2. The Maintenance Supervisor inspected the facility on 04-13-12 to ensure all smoke detectors were installed in proper locations.

3. The Administrator in-serviced the Maintenance Supervisor on 04-13-12 on the requirement that smoke detectors have to be three feet away from the air returns.

4. The Administrator and Maintenance Supervisor will monitor for compliance through monthly facility rounds and report findings to the Quality Assurance Committee quarterly.

COMPLETION DATE: 04-13-12
<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>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X3) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K054</td>
<td>Continued From page 1 supervisor and acknowledged by the administrator during the exit conference on 4/2/12. K147 NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</td>
<td></td>
<td>K054</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SS=F</td>
<td></td>
<td></td>
<td>K147</td>
<td>REQUIREMENT: Electrical wiring and equipment will be maintained in accordance with NFPA 70, National Electrical Code. 9.1.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain all electrical wiring and components. The findings included: Observations during the initial tour on 4/2/12 revealed the following: a. At 9:30 AM, 110 volt wires were connected outside of a junction box in the attic accessed through the laundry corridor. b. At 10:00 AM, the flexible conduit from the electrical panel in the electrical room off the dish room in dietary had exposed 110 volt wires. c. At 11:12 AM, the electrical receptacle by the closet in resident room 22 was loose in the wall. d. At 11:40 AM, 2 of 2 emergency lights in the generator housing had exposed 110 volt wires at the ends of the flexible conduits. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/2/12.</td>
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</tr>
</tbody>
</table>

FORM CMS-2567(02-09) Previous Versions Obsolete Event ID:OMW921 Facility ID: TN6802 if continuation sheet Page 2 of 3
K 147 Cont’d

SS=F

NFPA 101 LIFE SAFETY CODE STANDARD

CORRECTIVE ACTION (cont’d):
3. The Administrator in-serviced the Maintenance Supervisor on 04-04-12 concerning the requirement to maintain electrical wiring and equipment in accordance with NFPA 70, National Electrical Code, 9.1.2.

4. The Maintenance Supervisor and Administrator will monitor for compliance through monthly facility rounds and report the findings to the Quality Assurance Committee quarterly.

COMPLETION DATE: 04-18-12