K 051  
**NFPA 101 LIFE SAFETY CODE STANDARD**

A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6

This **STANDARD** is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to ensure all exits were provided with manual pull stations.
The findings include:
Observation and interview with the Maintenance Director, on July 30, 2013 at 11:55 a.m. confirmed there was no manual fire alarm pull station at the exit door near the Oxygen storage room.
This finding was verified by the Maintenance

<table>
<thead>
<tr>
<th>K 051</th>
<th>09/13/2013</th>
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</thead>
<tbody>
<tr>
<td>What corrective action will be taken to correct this alleged deficient practice?</td>
<td></td>
</tr>
<tr>
<td>a. Fire Alarm Pull will be installed by 9/13/13</td>
<td></td>
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<tr>
<td>Identify residents that have the potential to be affected by the alleged deficient practice.</td>
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<tr>
<td>a. All facility residents have the potential to be affected</td>
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<tr>
<td>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</td>
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</tr>
<tr>
<td>a. Pull Station to be installed</td>
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<tr>
<td>b. All other Exit audited for pull stations and all exits equipped properly</td>
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</tbody>
</table>

How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?

a. The Director of Maintenance will report the completion of the pull station to the
   Performance Improvements Committee: (which consists of, the Nursing Home Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Staff Development Coordinator, Human Resource Director, Dietary Manager, Admissions/Marketing Coordinator, Business Office Manager, Housekeeping/Laundry Director, Activity Coordinator, Health Information Manager, and Maintenance Director).
b. The Performance Improvement Committee will review the results. If it is deemed necessary by the committee, the installation process will be reviewed until 100% compliance is achieved.
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDERS PLAN OF CORRECTION</th>
</tr>
</thead>
</table>
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Supervisor and acknowledged by the Administrator during the exit conference on July 30, 2013. | K051 |

LIFE CARE CENTER OF RHEA COUNTY

10066 RHEA COUNTY HIGHWAY
DAYTON, TN 37321

NAME OF PROVIDER OR SUPPLIER
445494

STREET ADDRESS, CITY, STATE, ZIP CODE
A. BUILDING 01 - MAIN BUILDING 01
B. WING
07/30/2013

(23) DATE SURVEY COMPLETED
07/30/2013

(21) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER
445494

(22) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01
B. WING

(24) ID PREFIX TAG
K051

(25) ID PREFIX TAG
K051

(26) PROVIDERS PLAN OF CORRECTION
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Supervisor and acknowledged by the Administrator during the exit conference on July 30, 2013.