<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X3) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K018</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong>&lt;br&gt;Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.8.3.6 are permitted. 19.3.6.3&lt;br&gt;Roiler latches are prohibited by CMS regulations in all health care facilities.</td>
<td><strong>K018</strong>&lt;br&gt;No residents were affected.&lt;br&gt;The door closures were added to the South day room door to maintain smoke resistant doors.&lt;br&gt;All residents have a potential to be affected by this practice.&lt;br&gt;The maintenance director will check to ensure the door closure is connected X 3 months.&lt;br&gt;Findings will be reported in QA &amp;A X 3 months</td>
<td>9/14/12</td>
</tr>
</tbody>
</table>

**Laboratory Director's or Provider/Supplier Representative's 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 90 DAYS FOLLOWING THE DATE OF SURVEY WHETHER OR NOT A PLAN OF CORRECTION IS PROVIDED. FOR NURSING HOMES, THE ABOVE FINDINGS AND PLAN 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 REQUIRIBLE TO CONTINUED PROGRAM PARTICIPATION.

FORM CMS-2567(02-00) Previous Versions Obsolete

Event ID: V11121
Facility ID: TN7401
If continuation sheet Page 1 of 3
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
</table>
| K029 | Continued From page 1 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 resisting 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 | K029 | 9/18/12 
K029
No residents were affected.

The door closure was added to the Physical therapy door to prevent the spread of smoke.

All residents have a potential to be affected by this practice.

The maintenance director will check to ensure the door closure is connected X 3 months.

Findings will be reported in QA&A X 3 months.

<p>| SS=E | NFPA 101 LIFE SAFETY CODE STANDARD | K062 | Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 16.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 |</p>
<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</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>
</table>
| K 062 | Continued From page 2 | Observations on 9/5/12 revealed the following:  
a. At 9:10 AM - 4 of the 4 sprinkler heads in the service hall were corroded and had paint on the pendants.  
b. At 9:20 AM - 1 of the 2 sprinkler heads in resident room N6 had paint on the pendant.  
c. At 10:00 AM - 4 of the 4 sprinkler heads in the boiler room were corroded.  

The findings included:  
Observation of the south hall on 9/5/12 at 8:50 AM revealed the following:  
a. The men's shower rooms had a 3 bag soiled linen cart stored in front of 2 electrical panels.  
b. The women's shower rooms had a clean linen cart stored in front of 2 electrical panels.  

K 062  
No residents were affected.  
All sprinkler heads noted were replaced on 9/14/12.  
All residents have the potential to be affected by this practice.  
The maintenance director will inspect sprinkler X 3 months and quarterly there after.  
Findings will be reported in QA&A X 3 months.  
K 147  
No residents were affected.  
All staff will be educated on not storing linen carts in front of electrical panels completed 9/21/12.  
All residents have the potential to be affected by this practice.  
The maintenance director will conduct random checks X 2 months.  
Findings will be reported in QA&A X 3 months.  

K 147  
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 in observation, it was determined the facility failed to maintain clearance around electrical panels.  
The findings included:  
Observation of the south hall on 9/5/12 at 8:50 AM revealed the following:  
a. The men's shower rooms had a 3 bag soiled linen cart stored in front of 2 electrical panels.  
b. The women's shower rooms had a clean linen cart stored in front of 2 electrical panels.

K 147  
No residents were affected.  
All staff will be educated on not storing linen carts in front of electrical panels completed 9/21/12.  
All residents have the potential to be affected by this practice.  
The maintenance director will conduct random checks X 2 months.  
Findings will be reported in QA&A X 3 months.  

K 147  
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 in observation, it was determined the facility failed to maintain clearance around electrical panels.  
The findings included:  
Observation of the south hall on 9/5/12 at 8:50 AM revealed the following:  
a. The men's shower rooms had a 3 bag soiled linen cart stored in front of 2 electrical panels.  
b. The women's shower rooms had a clean linen cart stored in front of 2 electrical panels.