N 831: 1200-8-6-.08(1) Building Standards
(1) The nursing home must be constructed, arranged and maintained to ensure the safety of the resident.

This rule is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the facility to ensure the safety of the resident.

The findings included:
1. Observations of the kitchen on 9/20/11 at 9:48 AM, revealed 19 of 19 carbon dioxide fountain drink tanks were unsecured.
2. Observations of the kitchen electrical room on 9/20/11 at 10:00 AM, revealed 3 penetrations to the 1 hour wall to the right of the door.
3. Observations of the laundry area on 9/20/11 at 10:10 AM, revealed a heavy lint buildup on 19 of 20 sprinkler heads. The location of the sprinkler heads was as follows: 12 heads in the dryer room, 2 heads behind the dryers, 3 heads in the washer room and 2 heads in the soiled sorting room.
4. Observations of the handicapped rest room on the C hall on 9/20/11 at 10:30 AM, revealed there was not a fire alarm strobe light installed.

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/20/11.

N 902: 1200-8-6-.08(2) Life Safety
(2) The nursing home shall provide fire protection by the elimination of fire hazards, by

The facility will be constructed, arranged, and maintained to ensure the safety of the resident.

Corrective action(s) for those immediately affected:
a. On 9/21/2011, the carbon dioxide fountain drink tanks were secured.
b. On 9/20/2011, the penetrations in the kitchen electrical room were filled.
c. On 9/20/2011, all sprinkler heads in laundry area were cleaned.
d. On 10/04/2011, fire alarm strobe lights were installed.

Identification and correction of other residents with the potential to be affected:
All residents could have the potential to be affected.

Measures to ensure systematic change:
The preventative maintenance rounds will continue to monitor for compliance and address any noted concerns:
Target Date: 10/21/2011

Monitoring of corrective action(s) to ensure compliance:
The Director of Maintenance will report compliance to QA for three months.

The facility will install smoke detectors three feet from the supply air, return, and exhaust vents.
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
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<tbody>
<tr>
<td>N 902</td>
<td>Continued From page 1 The installation of necessary fire fighting equipment and by the adoption of a written fire control plan. Fire drills shall be held at least quarterly for each work shift for nursing home personnel in each separate patient-occupied nursing home building. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years. All fires which result in a response by the local fire department shall be reported to the department within seven (7) days. The report shall contain sufficient information to ascertain the nature and location of the fire, its probable cause and any injuries incurred by any person or persons as a result of the fire. Initial reports by the facility may omit the name(s) of resident(s) and parties involved, however, should the department find the identities of such persons to be necessary to an investigation, the facility shall provide such information. Authority: T.C.A. §§4-5-202, 4-5-204, 68-11-202, 68-11-204, 68-11-206, and 68-11-209. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to install 6 of 10 smoke detectors 3 feet from the supply air, return and exhaust vents. The findings included: 1. Observations of the A hall on 9/20/11 from 10:15 AM until 10:30 AM, revealed 3 smoke detectors too close to the supply air vents in front of rooms 124, 132 and the shower room. A smoke detector too close to the return air vent was located in front of room 136.</td>
<td>N 902</td>
<td>Corrective action(s) for those immediately affected: All smoke detectors on A, B, and C halls have been moved away from the air vents by 9/27/2011. Identification and correction of other residents with the potential to be affected: All residents have the potential to be affected. Measures to ensure systematic change: a. Director of Maintenance will ensure all smoke detectors are 3 feet from supply air, return, and exhaust vents. Target Date: 10/21/2011 Monitoring of corrective action(s) to ensure compliance: Director of Maintenance will monitor for compliance and report to QA meeting for three months.</td>
<td>09/20/2011</td>
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</tbody>
</table>
2. Observations of the B hall from 10:20 AM until 10:30 AM, revealed 2 smoke detectors too close to the supply air vents in front of room 152 and the shower room.

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/20/11.