**K018**

**SS=0**

**NFPA 101 LIFE SAFETY CODE STANDARD**

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 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

**K018**

**10/18/10**

The Maintenance Supervisor will randomly check doors starting 10/18/10 to ensure they close and latch correctly. Staff will be in services by Nursing Educator or designee that all doors must close and latch and maintenance notified if not closing properly.

Findings by the Maintenance Supervisor will be forwarded to the Quality Improvement Committee monthly. Any findings are discussed and reviewed monthly by the committee, interventions developed and appropriate actions taken.

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**K029**

**SS=0**

**NFPA 101 LIFE SAFETY CODE STANDARD**

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1

**K029**

**10/18/10**

The Maintenance Supervisor will randomly check doors starting 10/18/10 to ensure they close and latch correctly. Staff will be in services by Nursing Educator or designee that all doors must close and latch and maintenance notified if not closing properly.

Findings by the Maintenance Supervisor will be forwarded to the Quality Improvement Committee monthly. Any findings are discussed and reviewed monthly by the committee, interventions developed and appropriate actions taken.
K 029  Continued From page 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

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the
facility failed to maintain doors in hazardous
areas.

The findings included:
Observations of the trash room by the west
nurses station on 9/26/10 at 11:20 AM, revealed
that the door to the trash room would not close
and latch.

K 050  NFPA 101 LIFE SAFETY CODE STANDARD
SS-D
Fire drills are held at unexpected times under
varying conditions, at least quarterly on each shift.
The staff is familiar with procedures and is aware
that drills are part of established routine.
Responsibility for planning and conducting drills is
assigned only to competent persons who are
qualified to exercise leadership. Where drills are
conducted between 9 PM and 6 AM a coded
announcement may be used instead of audible
alarms.  19.7.1.2

This STANDARD is not met as evidenced by:

The Plan of Correction (POC) has been
developed in compliance with State
and Federal regulations. This plan
affirms Poplar Point Health &
Rehabilitation Center's intent and
allegation of compliance with those
regulations. This POC does not
constitute an admission or concession
of either accuracy or factual allegation
made, or existence or scope of
significance, of any cited deficiency.

K 050
This individual staff members
identified through the survey
process will have individual
training/facilitating regarding
deficient practices.
Fire drill will be conducted
per policy by the maintenance
director.

Findings by the Maintenance
Supervisor will be forwarded
to the Quality Improvement
Committee monthly. Any findings
are discussed and reviewed
monthly by the committee,
interventions developed and
appropriate actions taken.
<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>
| K050 | Continued From page 2
Based on observation and review of fire drill procedures, it was determined that the facility staff failed to perform their assigned duties according to the policies and procedures manual. The findings included:

Observations of the fire drill conducted on 9/27/10 at 10:10 AM, revealed that the laundry staff did not turn off equipment. The staff attendant responding to the fire drill area shouted, "Fire, Fire, Fire."

Review of the fire drill policy and procedure documented that the laundry staff were to turn off all equipment in the laundry department when the fire alarm is sounded. The person responding to the fire area should call out Code Red, Code Red, and the room number.

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 |

The Plan of Correction (POC) has been developed in compliance with State and Federal regulations. This plan affirms Poplar Point Health & Rehabilitation Center's intent and allegation of compliance with these regulations. This POC does not constitute an admission or concession of either accuracy or factual allegation made in, or existence or scope of significance, of any cited deficiency.

K 051
On 9/30/10 an annunciator panel was installed at the nurses station.

Staff was in-serviced on how to operate the device.

The annunciator panel will be checked monthly and documented by maintenance.

Findings by the Maintenance Supervisor will be forwarded to the Quality Improvement Committee monthly. Any findings are discussed and reviewed monthly by the committee, interventions developed and appropriate actions taken.
<table>
<thead>
<tr>
<th>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</th>
<th>(X1) PROVIDER/SUPPLIER/CJA IDENTIFICATION NUMBER: 445150</th>
<th>(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01</th>
<th>(X3) DATE SURVEY COMPLETED 09/27/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF PROVIDER OR SUPPLIER</td>
<td>POPLAR POINT HEALTH &amp; REHABILITATION</td>
<td>STREET ADDRESS, CITY, STATE, ZIP CODE</td>
<td>MEMPHIS, TN 38104</td>
</tr>
<tr>
<td>(X4) ID PREFIX TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
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</tr>
<tr>
<td>K 051</td>
<td>Continued From page 3</td>
<td>K 051</td>
<td></td>
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</tbody>
</table>

This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to install all fire alarm components according to National Fire Protection Association 72.

The findings included:

Observations of the fire alarm system on 9/27/10 at 9:36 AM, revealed that the facility failed to install a dialer component annunciator in a continuously occupied area.

**K 076**

**SS-D**

NFPA 101 LIFE SAFETY CODE STANDARD

Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.

(a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one-hour separation.

(b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4

K 076

Corrective action took place 9/23/10 additional oxygen storage containers were placed.

Staff was re-served on proper oxygen tank storage.

Central Supply Clerk or designee will monitor daily for proper storage.

Findings by the Central Supply Coordinator or designee will be forwarded to the Quality Improvement Committee monthly. Any findings are discussed and reviewed monthly by the committee, interventions developed and appropriate actions taken.
K 076 Continued From page 4
This STANDARD is not met as evidenced by:
Based on observation, it was determined the
facility failed to keep 6 of 29 oxygen bottles in a
secure condition to prevent damage.

The findings included:

Observation of the oxygen storage room on
9/27/10 at 9:35 AM, revealed 6 of 29 oxygen
bottles were unsecured.

K 147
NFPA 101 LIFE SAFETY CODE STANDARD
SS=D
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 on observations, it was determined that
the facility failed to maintain electrical
receptacles, avoided the use of extension cords
or ensure a lamp had an approved insulated plug
in, in 4 of 111 resident rooms (rooms 220, 405,
407 and 413) and the beauty shop.

The findings included:

1. Observations in room 220 on 9/26/10 at 11:25
AM, revealed a damaged receptacle by the heat
and air conditioner unit.

2. Observations in room 405 on 9/26/10 at 12:10
PM, revealed a damaged receptacle above the
nightstand.

3. Observations in room 407 on 9/26/10 at 12:14
PM, revealed an extension cord in use.

4. Observations in room 413 on 9/26/10 at 12:25
### K 147

Continued From page 5

PM, revealed a damaged combination switch receptacle behind the bed.

5. Observations of the beauty shop on 9/26/10 at 9:25 AM, revealed an extension cord in use and an old lamp table that did not have a Underwriters Laboratory (UL) approved insulated plug.

### K 211

Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:
- The corridor is at least 6 feet wide
- The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)
- The dispensers have a minimum spacing of 4 ft from each other
- Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet.
- Dispensers are not installed over or adjacent to an ignition source.
- If the floor is carpeted, the building is fully sprinklered.

19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.523, 485.623

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the facility had installed alcohol based hand rub dispensers over night lights in 10 of 111 (rooms 103, 104, 109, 111, 220, 400, 406, 407, 412 and 413) resident rooms.

The findings included:
Observations during the survey on 9/29/10 from
<table>
<thead>
<tr>
<th>K 211</th>
<th>Continued From page 6</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>9:45 AM until 12:45 PM revealed alcohol based dispensers had been installed over the night lights in rooms 103, 104, 109, 111, 220, 400, 408, 407, 412 and 413.</td>
</tr>
</tbody>
</table>