**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR MEDICARE & MEDICAID SERVICES**  

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(Q1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:**  
445172  

**(Q2) MULTIPLE CONSTRUCTION:**  
A BUILDING 01 - MAINTENANCE 01  
WING B  

**(Q3) DATE SURVEY COMPLETED:**  
04/06/2013  

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**NAME OF PROVIDER OR SUPPLIER:**  
KINDRED NURSING AND REHABILITATION-SMITH COUNTY  

**(D4) SURVEY ADDRESS, CITY, STATE, ZIP CODE:**  
112 HEALTH CARE DR  
CARTHAGE, TN 37030  

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**SUMMARY STATEMENT OF DEFICIENCIES**  
(EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LEGAL IDENTIFYING INFORMATION)**

<table>
<thead>
<tr>
<th>Deficiency Tag (K)</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 000</td>
<td>42 CFR 483.70(a)</td>
</tr>
<tr>
<td>K 001</td>
<td>K3 BUILDING: 0101</td>
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<tr>
<td>K 002</td>
<td>K6 PLAN APPROVAL: 1993</td>
</tr>
<tr>
<td>K 003</td>
<td>K7 SURVEY UNDER: 2000 Existing</td>
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<tr>
<td>K 004</td>
<td>K8 SNF/NF</td>
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</tbody>
</table>

**Type of Structure:** Two story, Type II (000), 1993, unprotected non-combustible concrete and steel frame structure with a total of seven smoke compartments. Facility has a complete automatic (wet) sprinkler system inside the structure and (dry pipe) outside on the overhang.

**A Comparative Federal Monitoring Survey was conducted on 4/4/2013, following a State Agency Annual Survey on 3/2/2013 in accordance with 42 Code of Federal Regulations, Part 483:**

**Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Kindred Nursing and Rehabilitation - Smith County was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.**

The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).

**NFPA 101 LIFE SAFETY CODE STANDARD**

**Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1**

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**POC ACCEPTED**

**APR 6 2019**

**K 003**

**This Plan of Correction is the center's credible allegation of compliance.**

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The entire plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

**K033**

It is the practice of this Center to maintain exit access arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

Properly installed delayed egress locking devices are provided on exit doors. The delayed egress locking device for the exit door on the 300 wing next to resident room 311 was adjusted to perform properly on 04/04/13. When tested after adjustment the audible alarm sounded and the door opened in 15 seconds when pressure was applied to the door push bar.

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**LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE:**

**TITLE:**  
04/25/13  

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**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 cross-referenced to the appropriate deficiency. Deficiencies are cross-referenced to the appropriate deficiency following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.**
K 038 Continued From page 1

This STANDARD is not met as evidenced by:

Based on observation and interview, the facility failed to provide properly installed delayed egress locking devices. The deficient practice affected one of seven smoke compartments, staff and 20 residents. The facility has a capacity for 125 beds with a census of 67 the day of survey.

Findings include:

Observation on 4/4/2013 at 11:20 a.m., revealed the delayed egress exit door on the 300 wing next to resident room 311 failed to sound an audible alarm and open in 15 seconds when pressure was applied to the door push bar.

Interview at 11:20 a.m., with the Maintenance Supervisor revealed the facility was not aware of the requirement the delayed egress door sound an alarm and open in 18 seconds when sufficient pressure is applied to the door releasing push bar.

The census of 97 was verified by the Administrator on 4/4/2013. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 4/4/2013.

Actual NFPA Standard: NFPA 101, 7.2.1.6.1. Approved, listed, delayed-egress locks shall be permitted to be installed on doors serving law and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic fire detection system.
<table>
<thead>
<tr>
<th>K036</th>
<th>Continued From page 2</th>
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<tbody>
<tr>
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<td>sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met.</td>
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<td>(a) The doors shall unlock upon activation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the activation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6.</td>
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<td>(b) The doors shall unlock upon loss of power controlling the lock or latching mechanism.</td>
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<td>(c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lb (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, re-locking shall be by manual means only.</td>
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<td>Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted.</td>
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<td>(d) &quot;On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/3 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS NFPA 101 LIFE-SAFETY CODE STANDARD S8/E</td>
</tr>
</tbody>
</table>

| K072 | Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct |

This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not substitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The entire plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.

K072

It is the practice of this Center to have means of egress that are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. 7.1.10

Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice will be identified by need of assistance during a fire or emergency.

05/10/13
K072 Continued From page 3

exits, access to, egress from, or visibility of exits. 7.1.10

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to maintain the means of egress free of obstructions and maintain the means of egress full and instant use. The deficient practice affected two of seven smoke compartments, staff and 40 residents. The facility has the capacity for 126 beds with a census of 97 the day of survey.

Findings include:
Observation on 4/4/2013 from 11:45 a.m. to 12:00 p.m., during facility tour, revealed the facility placed a three foot wide cloth ottoman in the emergency exit corridors in wings 600 and 700 next to resident rooms 603 and 702. The three foot wide ottomans partially obstructed the means of egress. Both ottomans were in the means of egress corridor for more than 30 minutes.

Interview on 4/4/2013 at 12:00 p.m., with the facility Maintenance Supervisor revealed that the facility was not aware of the requirement to maintain the means of egress free of obstructions and maintaining the means of egress for full and instant use in the case of an emergency exit.

The census of 97 was verified by the Administrator 4/4/2013. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 4/4/2013.

K072

The three foot wide cloth ottoman(s) in the emergency exit corridors in wings 600 and 700 next to resident rooms 603 and 702 are part of a Care-Foam Chair system. The Chair and Foot rest are to be used together for patient comfort. Use of the Care-Foam Chair allows debilitated residents otherwise unable to come out of their rooms.

Staff withdrew the chair(s) with the patients and did not remove the ottoman(s).

Supervisors and Staff to be instructed through in-service to remove the ottomans when they move the residents. (04/24/12, 04/28/13, 04/27/13, 04/28/13, 04/29/13, 05/02/13, 05/03/13, 05/04/13, 05/05/13, 05/08/13, 05/10/13) by the DON, ADON, SDC, Staff Nurse, Plant Operations Director or Administrator.

Staff will be in-serviced that the Center must have means of egress that are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency (04/24/12, 04/28/13, 04/27/13, 04/28/13, 04/29/13, 05/02/13, 05/03/13, 05/04/13, 05/05/13, 05/08/13, 05/10/13) by the DON, ADON, SDC, Staff Nurse, Plant Operations Director or Administrator.

Future compliance will be assured by monitoring by DON, ADON, SDC, Staff Nurse, Plant Operations Director or Administrator.

Non-compliance will be corrected immediately and reported to the Safety Committee. The Safety Committee reports to the PI (QA) Committee Monthly.
K 072 | Continued From page 4

Actual NFPA Standard: NFPA 101, 7.1.10,
Means of Egress Reliability.
7.1.10.1.1 Means of egress shall be continuously
maintained free of all obstructions or
impediments to full instant use in the case of fire
or other emergency.
7.1.10.2.1 No furnishings, decorations, or other
doors shall be installed to prevent the path of travel
as obstructed by
7.1.10.2.2.2 There shall be no obstructions by
railing, barrier, or gate that divide the open
space into sections aptment to individual
rooms, apartments, or other occupied spaces.
Where the authority having jurisdiction finds the
required path of travel to be obstructed by
furniture or other movable objects, the authority
shall be permitted to require that such objects be
secured out of the way or shall be permitted to
require that railings or other permanent barriers
be installed to protect the path of travel against
enforcement.
670 hours are: 2.5 pre, 4.5 onsite, 10 hours travel
time, and 2 hours for write up.

K 072 | MISCELLANEOUS.
The membership of the Safety Committee is:
Admin, DON, Staff Development Dir,
Director of: Soc Services; Act; Payroll &
Benefits, Dietary Services, Hsk/Laundry,
Maintenance and representatives of CNT,
Housekeeping/Laundry and Dietary.

The Membership of the PI (QA) Committee
is: Medical Dir, Admin, DON, ADON; MDS
Coordinator, Staff Development Dir, Directors
of: Soc Services; Act; Business Ofs: Dietary
Services, Hsk/Laundry, Maintenance, Med
Records and PI (QA) Team Leader(s).
The Administrator is responsible for overall
compliance.

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