N 902 1200-8-6-.09(2) Life Safety

(2) The nursing home shall provide fire protection by the elimination of fire hazards, by 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 sustained by any person or persons as a result of the fire. Initial reports by the facility may omit the name(s) of residents 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. §§4-6-202, 4-5-204, 49-12-202, 49-11-204, 49-11-206, and 49-11-209.

This Rule is not met as evidenced by:
Based on observation and interview during the complaint investigation, TN00032869, it was determined that the facility failed to follow its fire plan, failed to follow their smoking policy, and staff was not familiar with fire drill procedures.

The findings include:
1. Interview and record review on October 16, 2013, at 11:50 a.m., confirmed the person

Division of Health Care Facilities
LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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discovering the fire failed to call out the code phrase and sound the building fire alarm for 2 of 3 trash cans fires occurring approximately 15-minutes apart.

2. Interview and review of the facility Smoking Policy on October 16, 2013 at 11:50 a.m. confirmed the facility failed to ensure residents were not in possession of cigarette lighters as required in their Smoking Policy.

The smoking policy states, "4. All resident smoking products (cigarettes, lighters, matches) will be kept with the nursing department, at all times, other than when smoking. Review of written statements from staff after the fire incident revealed residents in rooms 126 and 316 had cigarette lighters in their room, however the pink lighter in room 126 was not found where the resident in bed 126-1 believed it should be in her closet.

These findings were verified and acknowledged by the Director of Nursing and Administrator during the exit conference on October 16, 2013.

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3. continued;
On 10/14/13 @ 11:30a DON and NHA reviewed the current smoke policy with 100% of residents that smoke.
On 10/23/13 @ 5:30p DON and NHA initiated an additional review of current smoke policy with residents that smoke with signatures obtained on current smoke policy - 100%
resident smokers will have reviewed signed current smoke policy on before 10/24/13.

Smoking Policy added to 100% admission packets on 10/24/13 per the Admissions Coordinator.
On 10/22/13 @ 4pm signs were posted at entrance to facility in and visitors/resident smoke area regarding smoking policy.

Smoke policy added to new employee orientation packet.
Fire Drill/Fire Procedure Policy added to new employee orientation packet.

4. Fire Drill to be conducted twice/6wks per the Maintenance Director and/or Maintenance Assistant. Began on 10/18/13.
Random room searches per facility staff
3dx7d, then 1dx7d, then 3wx6wks. Initiated on 10/13/13 @ 6pm.

Quality Assurance Committee will review results during regularly scheduled meetings to evaluate findings and amend plan as necessary.