### NFPA 101 LIFE SAFETY CODE STANDARD

**K 018**

**SS = F**

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ 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.

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain the doors protecting the corridors.

The findings included:

Observation of the 300 corridor's fire doors on 4/4/11 at 1:40 PM, revealed a medical cart in the path of the doors, not allowing the fire door next to room 300 to close within the door frame. National Fire Protection Association 80, 15.2.3.1

This finding was verified by the maintenance supervisor and acknowledged by the

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**Residents Affected**

No residents were affected.

**Residents Potentially Affected**

All residents have the potential to be affected.

**Measures/Systemic Changes**

Re-education of all staff of keeping all corridor's fire doors free of all equipment and fire policy and procedures.

**Monitoring Changes**

Maintenance will ensure compliance with periodic observation of areas covered under this code. Any reports of non-compliance will be reported to monthly QAA with action plan in place as needed.
**GOLDEN LIVINGCENTER - BRANDYWOOD**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
555 BLEDGE
GALLATIN, TN 37066

<table>
<thead>
<tr>
<th>(K4) ID</th>
<th>PREFIX TAG</th>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<tbody>
<tr>
<td>K018</td>
<td>08</td>
<td>K018</td>
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<tr>
<td>K025</td>
<td>SS=F</td>
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</tbody>
</table>

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

**K018**

Continued From page 1 administrator during the exit conference on 4/5/11.

**K025**

NFPA 101 LIFE SAFETY CODE STANDARD

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed maintain the smoke barriers.

The findings included:

1. Observation of the 500 attic smoke barrier wall on 4/4/11 at 11:40 AM, revealed a sprinkler pipe and a cable were not sealed at the wall above the fire doors. National Fire Protection Association (NFPA) 101, 8.2.4.4.1

2. Observation of the 100 attic smoke barrier wall on 4/4/11 at 11:46 AM, revealed a conduit and the wood trusses were not sealed at the wall above the fire doors. NFPA 101, 8.2.4.4.1

3. Observation of the 200 attic smoke barrier wall on 4/4/11 at 11:54 AM, revealed a sprinkler pipe was not sealed at the wall above the fire doors.

**Resident Affected**

No residents were affected.

**Residents Potentially Affected**

All residents have the potential to be affected.

**MEASURES/Systemic Changes**

1. 500 attic smoke barrier wall sprinkler pipe & cable penetrations sealed.
2. 100 attic smoke barrier wall conduit & wood trusses penetrations sealed.
3. 200 attic smoke barrier wall sprinkler pipe penetration sealed.
4. Room 213 penetration sealed.
5. 100 and 300 corridors low voltage wires sealed at ceiling & walls.
6. Main electrical room penetrations in ceiling and wall sealed.
7. Phone room penetrations in ceiling, wall and the end of conduits sealed.

**Monitoring Changes**

Maintenance will ensure compliance with periodic observation of areas covered under this code. Any reports of non-compliance will be reported to monthly QAA with action plan in place as needed.
**Golden Livingcenter - Brandywood**

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<thead>
<tr>
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<th>K 025</th>
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<tr>
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<td><strong>NFPA 101, 8.2.4.4.1</strong></td>
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<td>4. Observation of room 213 on 4/4/11 at 12:26 PM, revealed a penetration around the sprinkler. NFPA 101, 8.2.4.4.1</td>
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<tr>
<td></td>
<td></td>
<td>5. Observations of the 100 and 300 corridors on 4/4/11 at 12:40 PM, revealed low voltage wires not sealed at the ceilings and walls. NFPA 101, 8.2.4.4.1</td>
</tr>
<tr>
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<td>6. Observation of the main electrical room on 4/4/11 at 1:15 PM, revealed penetrations in the ceiling and walls. NFPA 101, 8.2.4.4.1</td>
</tr>
<tr>
<td></td>
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<td>7. Observation of the phone room on 4/4/11 at 1:17 PM, revealed penetrations in the ceiling, wall and the end of conduits was not sealed. NFPA 101, 8.2.4.4.1</td>
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<td></td>
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<td>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/5/11.</td>
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<tr>
<td>K 029</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong></td>
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<td>One hour fire rated construction (with 1/2 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.6.4 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</td>
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</table>
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:
445124

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01
B. WING

(X3) DATE SURVEY COMPLETED
04/05/2011

NAME OF PROVIDER OR SUPPLIER
GOLDEN LIVINGCENTER - BRANDYWOOD

STREET ADDRESS, CITY, STATE, ZIP CODE
55S E BLEDFAE
GALLATIN, TN 37066

(X4) ID PREFIX TAG
K 029

K 029
Continued From page 3

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

The findings included:

Observation of the main boiler room on 4/4/11 at 1:55 PM, revealed the room door was removed from the door frame. National Fire Protection Association 19.3.2.1

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/5/11.

K 038
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

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the exit access from the exit discharge to the public way.

The findings included:

1. Observation of the 500 corridor's exit on 4/4/11 at 12:22 PM, revealed the exit's path of egress from the exit discharge to the public way was not slip resistant under foreseeable conditions. National Fire Protection Association

K 029
Residents Affected
No residents were affected.

Residents Potentially Affected
All residents have the potential to be affected.

Measure/Systemic Changes
Modifications will be completed in the boiler room of the laundry area to maintain positive air pressure.

Monitoring Changes
Maintenance will ensure compliance with periodic observation of areas covered under this code. Any reports of non-compliance will be reported to monthly QAA with action plan in place as needed.

K 038
Residents Affected
No residents were affected.

Residents Potentially Affected
All residents have the potential to be affected.

Measure/Systemic Changes
1. Modifications will be completed on 500 corridor's exit path of egress.
2. Modifications will be completed on 300 corridor's exit path of egress to meet NFPA guidelines.

Monitoring Changes
Maintenance will ensure compliance with periodic observation of areas covered under this code. Any reports of non-compliance will be reported to monthly QAA with action plan in place as needed.
GOLDEN LIVING CENTER - BRANDYWOLD

K 038 Continued From page 4
(NFPA) 101, 7.1.6.4

2. Observation of the 300 corridor's exit on 4/4/11 at 1:35 PM, revealed the exit's path of egress from the exit discharge to the public way was not slip resistant under foreseeable conditions. NFPA 101, 7.1.6.4

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/5/11.

NFPA 101 LIFE SAFETY CODE STANDARD

Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the required exit access width in the corridors.

The findings included:

1. Observation of the 200 corridor on 4/4/11 at 12:22 PM, revealed carts on both sides of the corridor, reducing the available egress width below four feet. National Fire Protection Association (NFPA) 101, 19.2.3.3

2. Observation of the 400 corridor on 4/4/11 at 1:03 PM, revealed a food service cart in the middle of the corridor, reducing the available egress width below four feet. NFPA 101, 19.2.3.3

3. Observation of the 300 corridor on 4/4/11 at...
K 039 Continued From page 5
1:35 PM, revealed a food service cart and medical cart on both sides of the corridor, reducing the available egress width below four feet. NFPA 101, 19.2.3.3
These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/5/11.

K 050
NFPA 101 LIFE SAFETY CODE STANDARD
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 8 AM a coded announcement may be used instead of audible alarms. 19.7.1.2

This STANDARD is not met as evidenced by: Based on observation and record review, it was determined the facility failed to conduct the required quarterly fire drills.

The findings included:
1. Observation during the fire drill on 4/5/11 at 10:50 AM, revealed staff member #2 failed to clear the residents' rooms closest, bathroom, and failed to announce the code red. National Fire Protection Association (NFPA) 101, 19.7.1.2
2. Record review on 4/5/11 at 11:05 AM, revealed the facility failed to conduct fire drills

Monitoring Changes
Maintenance will ensure compliance with periodic observation of areas covered under this code. Any reports of non-compliance will be reported to monthly QAA with action plan in place as needed.

K 050
Resident Affected
No residents were affected.

Residents Potentially Affected
All residents have the potential to be affected.

Measures/Systemic Changes
1. Staff member #2 re-educated on fire drill procedures, to check bathroom, closet, & to announce code red. All staff re-educated on fire drill procedures.
2. Maintenance Director, Maintenance assistants trained on monitoring, recording of fire drills.

Monitoring Changes
Maintenance will ensure compliance with periodic observation of areas covered under this code. Any reports of non-compliance will be reported to monthly QAA with action plan in place as needed.
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<tr>
<td>K050</td>
<td>Continued From page 6 during the 3rd shift, 1st quarter (2010) and during the 1st shift, 2nd quarter (2010). NFPA 101, 19.7.1.2</td>
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<tr>
<td>K054</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<tr>
<td>SS=F</td>
<td>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</td>
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<tr>
<td>K062</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<tr>
<td>SS=F</td>
<td>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</td>
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</tbody>
</table>

**Residents Affected:**
No residents were affected.

**Residents Potentially Affected:**
All residents have the potential to be affected.

**Measures/Systemic Changes:**
Smoke detector's biannual sensitivity test has been scheduled.

**Monitoring Changes:**
Maintenance will ensure compliance with periodic observation of areas covered under this code. Any reports of non-compliance will be reported to monthly QAA with action plan in place as needed.
This STANDARD is not met as evidenced by:
Based on observations and record reviews, it was determined the facility failed to maintain the sprinkler system.
The findings included:

1. Observation of resident's room 201 on 4/4/11 at 12:33 PM, revealed a dirty sprinkler. National Fire Protection Association (NFPA) 25, 2-2.1.1
2. Observation of the beauty shop on 4/4/11 at 12:34 PM, revealed a dirty sprinkler. NFPA 25, 2-2.1.1
3. Observation of the 100 corridor's exit canopy on 4/4/11 at 12:45 PM, revealed a dirty sprinkler. NFPA 25, 2-2.1.1
4. Observation of the kitchen on 4/4/11 at 2:14 PM, revealed the sprinklers were dirty and corroded. NFPA 25, 2-2.1.1
5. Record review on 4/5/11 at 11:21 AM, revealed the facility was unable to provide documentation on the sprinkler system's 5 year gage test or replacement. NFPA 25, 2-2.1
6. Record review on 4/5/11 at 11:22 AM, revealed the facility was unable to provide documentation on the sprinkler system's 5 year obstruction investigation. NFPA 25, 10-2.2
7. Record review on 4/5/11 at 11:21 AM, revealed the facility failed to conduct the 3rd (2010) quarter sprinkler inspection. NFPA 25,
K006
Smoking regulations are adopted and include no smoking in the following areas:

1. No smoking in any room, ward or compartment where flammable liquids, gases or combustible materials are stored.

2. No smoking in areas where smoking is prohibited by law or regulation.

3. No smoking in any area specifically designated as a non-smoking area.

4. No smoking in areas where smoking is specifically prohibited by signs or other means.

It is the responsibility of all facility staff to ensure that smoking regulations are followed.

K006
These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/1/11.

K006
Smoking is prohibited in any room, ward or compartment where flammable liquids, gases or combustible materials are stored.

K006
No smoking in areas where smoking is prohibited by law or regulation.

K006
No smoking in any area specifically designated as a non-smoking area.

K006
No smoking in any area where smoking is specifically prohibited by signs or other means.

K006
All residents have the potential to be affected.

K006
Residents were affected.

K006
Maintenance will ensure compliance with the periodic observation of areas covered under this directive. Any reports of non-compliance will be reported to monthly QA with action plans in place as needed.

K006
No residents were affected.

K102
These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/1/11.

K102
Smoking is prohibited in any room, ward or compartment where flammable liquids, gases or combustible materials are stored.

K102
No smoking in areas where smoking is prohibited by law or regulation.

K102
No smoking in any area specifically designated as a non-smoking area.

K102
No smoking in any area where smoking is specifically prohibited by signs or other means.

K102
All residents have the potential to be affected.

K102
Residents were affected.

K102
Maintenance will ensure compliance with the periodic observation of areas covered under this directive. Any reports of non-compliance will be reported to monthly QA with action plans in place as needed.

K102
No residents were affected.
continued from page 9

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain adopted smoking regulations.

The findings included:

Observation of the smoking area on 4/4/11 at 1:50 AM, revealed no approved ash dump device was located in the area. National Fire Protection Association (NFPA) 101, 19.7.4(1), (NFPA) 101, 19.7.1(4)

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/5/11.

NFPA 101 LIFE SAFETY CODE STANDARD

Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96

This STANDARD is not met as evidenced by:
Based on observations and interview, it was determined the facility failed to maintain the cooking facilities.

The findings included:

1. Observation of the kitchen on 4/4/11 at 2:13 PM, revealed the deep fryer was not centered over the kitchen's hood fire extinguishing nozzle. National Fire Protection Association (NFPA) 17, 5-2.1

2. During an interview in the kitchen on 4/4/11 at 2:15 PM, kitchen staff member #1 was unaware
### Continued From page 10

In how to manually operate the hood fire extinguishing system. Instructions for manually operating the fire-extinguishing system shall be posted conspicuously in the kitchen and shall be reviewed periodically with employees by the management. NFPA 95, 8-1.4

3. Observation of the kitchen's K type fire extinguisher on 4/4/11 at 2:16 PM, revealed there was no placard posted identifying the use of the extinguisher as a secondary backup. NFPA 96, 7-2.1.1

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/5/11.

#### NFPA 101 MISCELLANEOUS

**OTHER LSC DEFICIENCY NOT ON 2786**

This STANDARD is not met as evidenced by: Horizontal liquefied petroleum (LP) storage containers with attached supports and designed for permanent installation in stationary service shall be installed in accordance with National Fire Protection Association (NFPA) 58, Table 2.2.5.

LP-Gas containers or systems of which they are a part shall be protected from damage from vehicles.

Health Care Emergency Preparedness Drills: Each organizational entity shall implement one or more specific responses of the emergency preparedness plan at least semi-annually. At least
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| K 130          | Continued From page 11  
|                | one semi-annual drill shall rehearse mass casualty response for health care facilities with emergency services, disaster receiving stations, or both.  
|                | This Standard is not met as evidenced by:  
|                | Based on observations and record review, it was determined the facility failed to protect the liquefied petroleum storage container and failed to conduct the required Health Care Emergency Preparedness Drills.  
|                | The findings included:  
|                | 1. Observation of the emergency generator's LP gas container located outside on 4/4/11 at 11:35 AM, revealed the container was not secured. NFPA 58, Table 2.2.5.  
|                | Observation of the emergency generator's LP gas container located outside on 4/4/11 at 11:35 AM, revealed the container was installed adjacent to a road and parking lot with no protection from vehicle damage. NFPA 58, 3.2.4.2  
|                | 2. Record review on 4/5/11 at 11:32 AM, revealed the facility failed to conduct the required Health Care Emergency Preparedness Drills. NFPA 99, 11-5.3.9  
|                | These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/5/11.  
| K 144          | NFPA 101 LIFE SAFETY CODE STANDARD  
| SS-F           | Generators are inspected weekly and exercised under load for 30 minutes per month in
**GOLDEN LIVINGCENTER - BRANDYWOOD**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
555 E BLEDSOE
GALLATIN, TN 37066

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| K144 | Continued From page 12 accordance with NFPA 99. 3.4.4.1. | | K144 | | Residents Affected
No residents were affected.

Residents Potentially Affected
All residents have the potential to be affected.

Measures/Systemic Changes
Generator has been inspected.

Monitoring Changes
Maintenance will ensure compliance with periodic observation of areas covered under this code. Any reports of non-compliance will be reported to monthly QAA with action plan in place as needed. |
| K147 | NFPA 101 LIFE SAFETY CODE STANDARD SS=D Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 | | K147 | Facility will IDR |

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain the emergency generator.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/5/11.
K 147 | Continued From page 13

The findings included:

Observation of resident's room 106 on 4/4/11 at 12:45 PM, revealed a multiple plug adapter was being used. National Fire Protection Association 70, 240-4

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 4/5/11.