NFPA 101 LIFE SAFETY CODE STANDARD

K 018
SS-D

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ 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.

Westmoreland Care and Rehabilitation does not believe and does not admit that any deficiencies existed, before, during, or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its responses, credible allegations of compliance as part of its ongoing efforts to provide quality of care to residents.

1. Immediate Interventions: The door latch to the 100 hall soiled work room was readjusted to positively latch. The door latch to the 200 hall Fire Door was readjusted door to positively latch.

2. 100% inspection of entire facility doors was conducted for adherence to the regulation by maintenance personnel. No other areas were identified as needing corrective action.

KEY:

TBD

acs/3/30/12

831

Administrator

8/09/12

08/18/12

August 30, 2012
### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** Westmoreland Care & Rehab CTR  
**Street Address, City, State, Zip Code:** 1599 New Highway 62, Westmoreland, TN 37186  
**Date Survey Completed:** 08/06/2012

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Precedeed by Full Regulatory or LSC Identifying Information)</th>
<th>Provider’s Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>Completion Date</th>
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These findings were acknowledged by the maintenance director and the administrator during the exit conference on 8/6/12.  
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. NFPA 101 LIFE SAFETY CODE STANDARD. | 3. Maintenance staff will perform monthly inspections of doors for proper adherence to doors latching throughout the facility to ensure compliance with this regulation.  
4. The corrective action will be monitored by the Maintenance Director and will perform monthly inspections throughout the facility to ensure compliance with this regulation. Findings will be logged and reviewed at the monthly QA/PI meeting. | 08/09/12 |
| K062 | SS>D | Required automatic sprinkler systems are continuously maintained in reliable operating condition.  
This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the automatic sprinkler system in reliable operating condition.  
The findings included:  
Observations on 8/6/12 beginning at 11:50 AM, revealed debris on the sprinklers in the following locations:  
a. Exit corridor by the women’s employee locker room  
b. Room 210  
c. 200 hall shower room  
d. Room 316.  
e. 300 hall beauty shop.  
This finding was acknowledged by the maintenance director and the administrator during the exit conference on 8/6/12.  
NFPA 101 LIFE SAFETY CODE STANDARD.  
Cooking facilities are protected in accordance with 9.2.3., 19.3.2.6., NFPA 96. | | |

**Form CMS-2567(02-98) Pinkus Versions Obsolete**  
Event ID: P0DD21  
Facility ID: TN8307  
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<table>
<thead>
<tr>
<th>(KX) 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>
<th>(X5) COMPLETION DATE</th>
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This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect the cooking facilities. The findings included: Observations in the kitchen on 8/6/12 at 12:52 PM, revealed the stove was not centered under the hood extinguishing system nozzles. This finding was acknowledged by the maintenance director and the administrator during the exit conference on 8/6/12. | K 069 | 4. The corrective action will be monitored by the Maintenance Director. Monthly inspections will occur throughout the facility to ensure compliance with regulations. Findings will be reviewed at the monthly QA/PI meetings. | 08/6/2012 |
| K 130  | OTHER LSC DEFICIENCY NOT ON 2786  
This STANDARD is not met as evidenced by: National Fire Protection Association 101 Life Safety Code: 8.2.3.2.4.2 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows: (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to | K 130 | 1. Immediate Interventions: The Hood Extinguishing System Nozzles to the center of the stove were readjusted.  
2. A 100 % inspection of entire facility was conducted for adherence to this regulation by Maintenance personnel. No other areas were identified as needing corrective action.  
3. Measures to ensure practice does not recur: The Maintenance staff will perform monthly inspections throughout the facility to ensure compliance with this regulation.  
4. Corrective actions will be monitored by: The Maintenance Director will perform monthly inspections throughout the facility to ensure Compliance to this regulation. The findings will be logged and reviewed at the Monthly QA/PI meetings. | 08/15/12 |
### K 130

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The fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet one of the following conditions:
- a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.
- b. It shall be protected by an approved device that is designed for the specific purpose.

(3) Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met:
- a. The material shall be capable of maintaining the fire resistance of the fire barrier.
- b. The material shall be protected by an approved device that is designed for the specific purpose.

(4) Where design takes transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions:
- a. It shall be made on either side of the fire barrier.
- b. It shall be made by an approved device that is designed for the specific purpose.

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to comply with the Life Safety Code.

The findings included:

Observations in room 207 on 08/12 at 12:11 PM, revealed the escutcheon plate on the sprinkler was not positioned correctly, producing a penetration in the ceiling.

This finding was acknowledged by the maintenance director and the administrator.

#### K 130

1. Immediate interventions: The Exhuast Plate on the sprinkler in room 207 was readjusted immediately.
2. Other areas that have potential to be affected and corrective action: A 100% inspection of entire facility was conducted for adherence to this regulation by the maintenance personnel.
   - No other areas were identified as needing corrective action.
3. Measures to ensure practice does not recur: The maintenance staff will perform monthly inspections throughout the facility to ensure compliance to this regulation.
4. Corrective action will be monitored by: The Maintenance Director will perform monthly inspections throughout the facility to ensure compliance with this regulation. The findings will be logged and reviewed at the monthly Q2/FI meetings.
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<td>during the exit conference on 8/6/12.</td>
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**K 130**