K018
SS=D

**NFP A 101 LIFE SAFETY CODE STANDARD**

Doors protecting corridor openings in other than required enclosures of vertical, exits, or hazardous areas are substantial doors, such as those constructed of 1/8 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.

**Maintenance Supervisor repaired entry door at patient room 122 & basement entry door on 1/29/2010. The Maintenance Supervisor and Maintenance Assistant to QA doors monthly for three months and then quarterly for nine months to ensure continued compliance. Results to be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).**

Completion date:

1/29/2010
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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</thead>
<tbody>
<tr>
<td>445976</td>
<td></td>
<td>01/26/2010</td>
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<table>
<thead>
<tr>
<th>NAME OF PROVIDER OR SUPPLIER</th>
<th>STREET ADDRESS, CITY, STATE, ZIP CODE</th>
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</thead>
<tbody>
<tr>
<td>NHC HEALTHCARE, MCMINNVILLE</td>
<td>928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110</td>
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**K018**

*Continued From page 1

The findings were noted by the Maintenance Director, verified and acknowledged by the facility administrator during the exit interview on 1/26/10.

**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:

K-25

Based on observation during the survey, it was determined the facility failed to maintain the fire and smoke barriers.

The findings include:

On 1/26/10 at 3:10 PM observation within the 200 hall area ceiling space above the resident rooms 211 and 213 entry doors revealed penetrations in the smoke walls. NFPA 101, 8.3.6.1.

At 3:15 PM observation above the 200 hall fire doors revealed penetration in the fire/smoke wall. NFPA 101, 8.3.6.1.

The findings were noted and verified by the Maintenance Supervisor sealed the penetrations above patient rooms 211, 213 & above 200 hall fire doors with Flame Stopper, Smoke, Fire & Draft Stop. The Maintenance Supervisor and Maintenance Assistant checked all other smoke walls for penetrations and sealed as appropriate with Flame Stopper, Smoke, Fire & Draft Stop. The Maintenance Supervisor and Maintenance Assistant will check smoke walls monthly for three months and then quarterly for nine months to ensure substantial compliance. Results to be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).

Completion date: 2/2/2010
K 025 Continued From page 2
Maintenace Director and acknowledged by the Facility Administrator during the exit interview on 1/28/10.

K 052
NFPA 101 LIFE SAFETY CODE STANDARD
A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

This STANDARD is not met as evidenced by:
K 052

Based on the survey conducted it was determined, the facility failed to maintain the alarm system.

The findings included:
On 1/28/10 at 2:30 PM during the fire drill, observation revealed the strobe lights in resident room halls 100, 200 and 400 were not synchronized, NFPA 72, 7.5.4.1.7(3).

The findings were noted by the Maintenance Director, verified and acknowledged by the facility administrator during the exit interview on 1/25/10.

K 147
NFPA 101 LIFE SAFETY CODE STANDARD
K 147

Completion date: 3/12/2010
K147
Continued From page 3

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

This STANDARD is not met as evidenced by:

K-147

Based on observation during the survey, It was determined the facility failed to maintain the electrical system.

The findings include:

1. On 1/26/10 at 10:45 AM observation within the office manager's office in the front office area revealed the use of a piggy-back connection

2. At 1:00 PM observation within the resident room #200 revealed a piggy-back connection of two surge protectors. NFPA 70, 240-5.

3. At 3:20 PM observation within the station 4 (400 hall) ceiling area above the fire doors revealed a "J-Box" with live wires without any cover plate. NFPA 70, 410-56(a).

The findings were noted by the Maintenance Director, verified and acknowledged by the facility administrator during the exit interview on 1/26/10.

The Maintenance Supervisor removed the "piggy-back" connections from patient room 200 and the office manager's office. All offices in the center and patient rooms were checked for "piggy-back" connections and removed as appropriate. The Maintenance Supervisor and Maintenance Assistant will check offices and patient rooms monthly for three months and then quarterly for nine months to ensure continued compliance. Findings will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).

The Maintenance Supervisor replaced the "J-Box cover" within the Station 4 (400 hall) ceiling area above the fire doors. The Maintenance Supervisor and Maintenance Assistant will check "J-Box Covers" monthly for three months and then quarterly for nine months to ensure continued compliance. Findings will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).

Completion Date: 1/29/2010