K018 NFPA 101 LIFE SAFETY CODE STANDARD; DOORS PROTECTING CORRIDOR OPENINGS

1. On 11/5/12, upon being notified of the wedge holding the supply room door open, the wedge was removed and an automatic door closure was installed on the door to ensure the door closes.

2. On that same day, the facility maintenance department inspected all doors protecting corridor openings to ensure there were no impediments to the closing of the doors. None were found.

3. On 11/8/12, the maintenance staff, department heads and unit managers were in-service on the importance of protecting corridor openings to ensure there was no impediment to the closing of the doors. On 12/7/12 an all-staff (RNs, LPNs, CNTs, Housekeeping, Dietary, rehab, Business office, and activities) in-service will be conducted on the importance of protecting corridor openings to ensure there was no impediment to the closing of the doors.

Any staff not attending in-services on these dates will not be allowed to work until they have attended the in-services.

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 patient. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days 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.
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>KO/8</td>
<td>4. On 11/8/12 the facility</td>
<td>KO/8</td>
<td>The facility maintenance</td>
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<td></td>
<td>maintenance staff included a</td>
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<td>will report to the QA/PI</td>
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<td>check of all corridor openings</td>
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<td>Committee on the results</td>
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<td>in their monthly interior check.</td>
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<td>of this inspection at the</td>
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<td></td>
<td>The facility maintenance director</td>
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<td>next 2 quarterly meetings.</td>
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<td>will report to the QA/PI</td>
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<td>The next quarterly QAPI</td>
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<td>Committee on the results of</td>
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<td>meeting is scheduled for</td>
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<td>this inspection at the next 2</td>
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<td>December 13, 2012. The</td>
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<td>quarterly meetings. The next</td>
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<td>Chairman of the QA/PI</td>
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<td></td>
<td>quarterly QAPI Committee</td>
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<td>Committee will report to</td>
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<td>meeting is scheduled for</td>
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<td>the Governing Body</td>
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<td>December 13, 2012. The</td>
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<td>immediately following the</td>
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<td>Chairman of the QA/PI Committee</td>
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<td>quarterly QAPI</td>
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<td>will report to the Governing</td>
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<td>meeting.</td>
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<td>Body immediately following the</td>
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<td>Attachments:</td>
</tr>
<tr>
<td></td>
<td>quarterly QAPI meeting.</td>
<td></td>
<td>12) Monthly interior checklist</td>
</tr>
</tbody>
</table>

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K029 NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4. protects hazardous areas. When the approved automatic fire extinguishing system is used, the areas are separated from other spaces by smoke resistant 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

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the one hour fire rated construction in hazardous areas.

The findings included:

1. Observation on 11/6/12 at 10:20 AM revealed penetrations in the ceiling around the gas and exhaust lines in the mechanical room off the 400 hall of the ICF area.

2. Observation on 11/6/12 at 11:30 AM revealed penetrations in the walls in the Skilled area mechanical room behind water pipes and at floor adjacent to the door.

These findings were acknowledged by the maintenance staff and the facility administrator during the exit interview on 11/6/12.

K038 SS-D

NFPA 101 LIFE SAFETY CODE STANDARD

Exit access is arranged so that exits are readily

K038 SS-D

12/12/12

Attachment:
1. Monthly interior checklist

K038 SS-D

NFPA 101 LIFE SAFETY CODE STANDARD; ONE HOUR FIRE RATED CONSTRUCTION

1. On 11/7/12, the ceiling of the mechanical room of the ICF 400 hall was fire caulked.

2. On 11/7/12, the facility maintenance department initiated a facility wide fire wall/smoke wall inspection for penetration. That inspection is projected to be completed by 11/28/12.

3. The facility maintenance department will include a fire wall/smoke wall inspection on the monthly interior checklist so that all smoke wall/firewalls will be inspected monthly.

4. The facility maintenance director will report to the QA/PI Committee on the results of this inspection at the next 2 quarterly meetings. The next quarterly QA/PI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QA/PI meeting.

If continuation sheet Page 3 of 5
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
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<tbody>
<tr>
<td>445164</td>
<td>A. BUILDING 01 - MAIN BUILDING 01</td>
</tr>
<tr>
<td>B. WING</td>
<td>11/05/2012</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**  
QUALITY CARE HEALTH CENTER  

**STREET ADDRESS, CITY, STATE, ZIP CODE**  
932 BADDOUR PARKWAY  
LEBANON, TN 37097

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
</table>
| K038               | Continued From page 2  
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 exit access.  
The findings included:  
1. Observation on 11/5/12 at 10:56 AM revealed equipment stored in the S25 corridor for over thirty minutes (10:25 AM to 10:55 AM).  
2. Observation on 11/5/12 at 11:49 AM revealed cars parked in the path of egress from the Quality area dining room.  
3. Observation on 11/5/12 at 11:50 AM revealed the key for the gate exiting the courtyard off the Quality area dining room was missing.  
4. Observation on 11/5/12 at 1:33 PM revealed the door leading outside from the 400 hall in the ICF area did not have the required "NO EXIT" sign.  
5. Observation on 11/6/12 at 12:00 PM revealed the ICF 400 hall exit discharge did not all weather and surface to the public way.  
These findings were acknowledged by the maintenance staff and the facility administrator during the exit interview on 11/5/12. | K038 | 1. On 11/5/12, upon being notified that equipment was stored in the S25 corridor for over 30 minutes, the equipment was removed.  
2. On 11/5/12, the facility maintenance department initiated a facility wide inspection to determine if any other equipment was stored in hallways in such a way as exit access was not maintained. That inspection was completed that day and no further violations were found.  
3. On 11/8/12 facility maintenance staff, department heads and unit managers were in-service on the importance of maintaining exit access in corridors. On 12/7/12 an all-staff (RN, LPNs, CNTs, Housekeeping, Dietary, rehab, Business office, and activities) in-service will be conducted on the importance of maintaining exit access in corridors. Any staff not attending in-services on these dates will not be allowed to work until they have attended the in-services  
4. On 11/8/12 the facility maintenance staff included a check of all corridors for exit access in the monthly interior checklist. The facility maintenance director will report to the QA/P committee on the results of this inspection at the | |
**Quality Care Health Center**

<table>
<thead>
<tr>
<th>ID Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ko3p</td>
<td>The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QAPI meeting.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. On 11/5/12, upon being notified that cars were parked in the path of egress from the Quality area dining room, the cars were removed. A temporary “NO PARKING” sign was installed and yellow hash lines were painted in front of the path of egress (see photograph). A permanent “NO PARKING” sign will be installed by 11/28/12.</td>
<td></td>
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<tr>
<td></td>
<td>2. On 11/5/12, the facility maintenance department initiated a facility wide inspection to determine if any other cars were parked in a path of egress. That inspection was completed that day and no further violations were found.</td>
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<tr>
<td></td>
<td>3. On 11/8/12 maintenance staff, department heads and unit managers were in-service on the importance of maintaining a path of egress. On 12/7/12 an all-staff (RNs, LPNs, aides, etc.) in-service was held.</td>
<td></td>
</tr>
</tbody>
</table>

*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 patient. (See Instructions.)* Except for nursing homes, the findings stated above are disclosed 30 days allowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier:** QUALITY CARE HEALTH CENTER

**Street Address, City, State, ZIP Code:** 532 BADDOUR PARKWAY, LEBANON, TN 37087

**Survey Date:** 11/07/2012

<table>
<thead>
<tr>
<th>ID Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID Tag</th>
<th>Provider's Plan of Correction</th>
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</thead>
<tbody>
<tr>
<td>KO3P</td>
<td>LPNs, CNTs, Housekeeping, Dietary, rehab, Business office, and activities in-service will be conducted on the importance of maintaining a path of egress. Any staff not attending in-services on these dates will not be allowed to work until they have attended the in-services. On 11/15/2012 the facility maintenance staff included a check of all path of egress in a monthly exterior checklist. 4. The facility maintenance director will report to the quarterly QA/PI Committee on the results of this inspection at the next 2 quarterly meetings. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QAPI meeting.</td>
<td>KO3P</td>
<td>Cross-referenced to the appropriate deficiency</td>
</tr>
</tbody>
</table>

**Attachment:**
1. Pictures of the No Parking Signs and yellow hash lines
2. Monthly Exterior Checklist
<table>
<thead>
<tr>
<th>(#1) ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSC identifying information)</th>
<th>(#3) ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
<th>(#4) Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. On 11/5/12, upon being notified that the key to the gate exiting the courtyard off the Quality area dining room was missing, the key was replaced. &lt;br&gt;2. On 11/8/12 facility maintenance department inspected the remaining two fence gates to see if the gate keys were missing. There were no other missing keys &lt;br&gt;3. On 11/8/12 maintenance staff, department heads and unit managers were in-service on the importance of maintaining keys to the gates in the courtyard. On 12/7/12 an all-staff (RNs, LPNs, CNTs, Housekeeping, Dietary, rehab, Business office, and activities) in-service will be conducted on the importance of maintaining courtyard gate keys. &lt;br&gt;Any staff not attending in-services on these dates will not be allowed to work until they have attended the in-services. &lt;br&gt;On 11/15/1212 the facility maintenance staff included a check of all courtyard gate keys in a monthly exterior checklist. &lt;br&gt;4. The facility maintenance director will report to the QA/PI Committee on the results of this inspection at</td>
<td>K03P K03P</td>
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</table>
The next 2 quarterly QAPI meetings. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QAPI Committee will report to the Governing Body following the quarterly QAPI meeting.

Attachment:
14) Monthly exterior checklist
15) Picture of key

1. On 11/5/12, upon being notified that the door leading outside from the ICF 400 hall did not have the required "NO EXIT" sign, a temporary "NO EXIT" sign (see photograph) was installed. A permanent "NO EXIT" sign will be installed by 11/28/12.

2. On 11/5/12, the facility maintenance department initiated a facility wide inspection to determine if any other doors were missing a "NO EXIT SIGN", none were found.

3. On 11/8/12 maintenance staff, department heads and unit managers were in-serviced on the importance of marking and maintaining exit doors as "EXIT" or "NO EXIT"
On 11/15/12 the facility maintenance staff included a check of all exit doors for appropriate signage in the monthly exterior checklist.

4. The facility maintenance director will report to the QA/PI Committee on the results of this Inspection at the next 2 quarterly QAPI meetings. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QAPI meeting.

Attachment:
16) Picture of “No Exit Sign”
14) Monthly exterior checklist

1. On 11/5/12, upon being notified that the ICF 400 hall exit discharge did not have the required all-weather hard surfaces to the public way, the exit was marked with a temporary "NO EXIT SIGN." On 11/12/12 a poured concrete walkway was completed providing an all-weather discharge. (see attached photograph)

2. On 11/5/12, the facility maintenance department initiated a facility wide inspection to determine...
KO3/F  KO3/F

if any other exits did not have an all-weather discharge. That inspection was completed that day and no further violations were found.

3 On 11/15/12 all-weather discharges were added to a monthly exterior checklist.

4. The facility maintenance director will report to the QA/PI Committee on the results of this inspection at the next 2 quarterly meetings. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QAPI meeting.

Attachment:

16) Picture of "No Exit Sign"
17) Picture of walkway
14) Monthly exterior checklist
<table>
<thead>
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<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>K 062 SS=D</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong></td>
<td>K 062</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD; AUTOMATIC SPRINKLER SYSTEM</strong></td>
<td>11/15/12</td>
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<tr>
<td></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>
<td></td>
<td>1. On 11/5/12 the facility maintenance department straightened the bent and twisted sprinkler pipe under the canopy of the main entrance. 2. On 11/5/12, the facility maintenance department initiated a facility wide inspection to determine if any other sprinkler pipes were damaged. That inspection was completed that day and no further violations were found. 3 On 11/15/12 exterior sprinkler heads were added to the monthly exterior checklist. 4. The facility maintenance director will report to the QA/PI Committee on the results of this inspection at the next 2 quarterly meetings. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QAPI meeting. Attachment: 14) Monthly exterior checklist</td>
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<tr>
<td>K 069 SS=D</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong></td>
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<td></td>
<td>11/16/12</td>
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<td></td>
<td>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</td>
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<td>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to properly protect the cooking facilities. The findings included: 1. Observation on 11/5/12 at 11:20 AM revealed the caps on the hood extinguishing system</td>
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<td>ID</td>
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<tr>
<td>K 089</td>
<td>Continued From page 4 nozzles were not properly affixed in the Quality area kitchen. 2. Observation on 11/5/12 at 11:21 AM revealed the manual activation device for the hood extinguishing system was blocked by a table with coffee and tea makers on it. These findings were acknowledged by the maintenance staff and the facility administrator during the exit interview on 11/5/12.</td>
<td>K 089</td>
<td>1. On 11/16/12 the facility hired a company to replace the caps on the kitchen hood extinguishing system of both Quality and Cedars dietary departments. (see attached invoice) 2. These being the only hood extinguishing systems, no further action was necessary. 3. The facility maintenance department will include a check of these caps on the monthly interior checklist. This check will reported to the facility maintenance director monthly. 4. The facility maintenance director will report to the QA/PI Committee on the results of this inspection at the next 2 quarterly meetings. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QAPI meeting. Attachment: 18) Invoice for company to replace caps 12) Monthly interior checklist</td>
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<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
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<tr>
<td>K069</td>
<td>1. On 11/5/12, upon being notified that the manual activation device for the hood extinguishing system in the Quality Dietary Department was blocked by a table, the table was removed. 2. On 11/5/12, the facility maintenance inspected the Cedar's Dietary department and found that manual activation device was not blocked. 3. On 11/5/12, the facility dietary staff was in-serviced by the Dietary Manager on the importance of not blocking the manual activation device for the hood extinguishing system. Any staff not attending in-services on these dates will not be allowed to work until they have attended the in-services. On 11/15/12, the facility maintenance department included a check of manual activation device for the hood extinguishing system into their monthly interior checklist. 4. The facility maintenance director will report to the QA/PI Committee on the results of this check at the next 2 quarterly meetings. The next quarterly QA/PI Committee meeting is scheduled for December 13, 2012.</td>
<td>K069</td>
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K069

K069

The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QA/PI meeting.

Attachments:
12) Monthly interior checklist

K076

K076

NFPA 101 LIFE SAFETY CODE STANDARD

Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.

(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.

(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to properly mark oxygen storage areas.

The findings included:
1. Observation on 11/5/12 at 10:25 AM revealed the time clock room in the 600 hall of the ICF

600 hall, and the room adjacent to 5-21 and the nursing station had oxygen stored without a sign marking it as such, temporary "OXYGEN STORED INSIDE" signs (see photograph) were installed. Permanent "OXYGEN STORED INSIDE" signs will be installed by 11/28/12.
2. On 11/5/12, the facility maintenance department initiated a facility wide inspection to determine if any other rooms used to store oxygen did not have "OXYGEN STORED INSIDE" sign present. That inspection was completed that day and no further violations were found.
**Quality Care Health Center**

**Summary Statement of Deficiencies**

Continued from page 5:

- Area had oxygen stored in it without a sign marking it as such.

- Observation on 11/5/12 at 10:58 AM revealed the storage room adjacent to 6-21 and the nursing station had oxygen storage without a sign marking it as such.

These findings were acknowledged by the maintenance staff and the facility administrator during the exit conference on 11/5/12.

**Provider's Plan of Correction**

- On 11/8/12, maintenance staff, department heads, and unit managers were in-serviced on the importance of proper storage of oxygen.

3. On 11/8/12, maintenance staff, department heads, and unit managers were in-serviced on the importance of proper storage of oxygen. On 12/7/12, an all-staff (RNs, LPNs, CNTs, Housekeeping, Dietary, rehab, Business office, and activities) in-service will be conducted on the importance of proper storage of oxygen.

4. Any staff not attending in-servicings on these dates will not be allowed to work until they have attended the in-servicings.

On 11/15/12, "OXYGEN STORED INSIDE" signs were added to the monthly facility interior checklist.

4. The facility maintenance director will report to the QA/PI Committee on the results of this inspection at the next 2 quarterly meetings. The next quarterly QA/PI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QA/PI meeting.

**Attachments:**

- Photograph of sign "OXYGEN STORED INSIDE"
- Monthly interior checklist

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Additional notes:

- 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 due by the 30th day following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are due by the 30th day following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.

---

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

**DATE**

---

**X(6) DATE**

---

**FAX NO.**

---

**P. 35/75**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CENTERS FOR MEDICARE & MEDICAID SERVICES**

---

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**X(1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:**

445154

**X(2) MULTIPLE CONSTRUCTION**

- A. BUILDING
- B. WING

**X(3) DATE SURVEY COMPLETED:**

11/05/2012

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

930 BADDOUR PARKWAY
LEBANON, TN 37097
<table>
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</table>
| K 130 SS-D    | NFPÁ 101 MISCELLANEOUS
OTHER LSC DEFICIENCY NOT ON 2766

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the facility in accordance with the Life Safety Code.

The findings included:

1. Observation on 11/5/12 at 10:34 AM revealed a penetration in the firewall in the 500 hall of the ICF area.

2. Observation on 11/5/12 at 10:40 AM revealed a penetration in the smoke wall around wires in the attic between the accounting office and the conference room.

These findings were acknowledged by the maintenance staff and the facility administrator during the exit interview on 11/5/12.

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<th>COMPLTION DATE</th>
</tr>
</thead>
</table>
| K 130         | K 130 NFPÁ 101 MISCELLANEOUS; FIRE WALL PENETRATION
1. On 11/7/12, the firewall in the 500 hall of the ICF area was fire caulked.

2. On 11/7/12, the facility maintenance department initiated a facility wide fire wall/smoke wall inspection for penetration. That inspection is projected to be completed by 11/28/12.

3. The facility maintenance department will include a fire wall/smoke wall inspection on the monthly interior maintenance checklist so that all smoke wall/firewalls will be inspected monthly.

4. The facility maintenance director will report to the QA/PI Committee on the results of this inspection at the next 2 quarterly meetings. The next quarterly QA/PI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QA/PI meeting.

Attachment:
12) Monthly Interior checklist
<table>
<thead>
<tr>
<th>ID TAG</th>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K130</td>
<td>K130</td>
<td>1. On 11/7/12, penetration in the smoke wall around wires in the attic between the accounting office and the conference room was caulked.</td>
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<td>2. On 11/7/12, the facility maintenance department initiated a facility-wide fire wall/smoke wall inspection for penetration. That inspection is projected to be completed by 11/28/12.</td>
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<td>3. The facility maintenance department included a fire wall/smoke wall inspection on the monthly interior maintenance checklist so that all smoke walls/firewalls will be inspected monthly.</td>
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<td>4. The facility maintenance director will report to the QA/PI Committee on the results of this inspection at the next 2 quarterly meetings. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QAPI meeting.</td>
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<td>Attachment:</td>
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<tr>
<td></td>
<td></td>
<td>12) Monthly interior checklist</td>
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</tr>
</tbody>
</table>

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 patient(s). (See Instructions.) Except for nursing homes, the findings stated above are disposable 90 days allowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disposable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued vagus participation.
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEGAL IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K147</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K147</td>
<td>K147 NFPA 101 LIFE SAFETY CODE STANDARD; ELECTRICAL WIRING AND EQUIPMENT</td>
<td>11/7/12</td>
</tr>
</tbody>
</table>

1. On 11/5/12, upon being notified that items were being stored within three feet of the electrical switch gear in the supply room, the items were removed. On 11/8/12, the facility maintenance department marked off with tape, a 3' area within which items could not be stored (see picture).

2. On 11/5/12, the facility maintenance department initiated a facility wide inspection to determine if any other items stored within 3' of electrical switch gear. That inspection was completed that day and no further violations were found. On 11/8/12 all electrical switch gear was marked with a taped 3' clear area.

3. On 11/8/12 maintenance staff, department heads and unit managers were in-serviced on the importance of maintaining a 3' clear area around switch gear and the purpose of the taped off area. The facility maintenance staff included a check of all electrical switch gear in the facility interior checklist.

4. The facility maintenance director will report to the QA/PI Committee on the results of this Inspection at

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE**

**DATE**

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By 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 disclosable 60 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>K 147</td>
<td>S$=D</td>
<td>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</td>
<td>the next 2 quarterly meetings. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/Pi Committee will report to the Governing Body following the quarterly QAPI meeting.</td>
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<td></td>
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<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical equipment.</td>
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<td>The finding included: Observation on 11/5/12 at 11:15 AM revealed storage within three feet of the electrical switch gear in the supply room.</td>
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<td>This finding was acknowledged by the maintenance staff and the facility administrator during the exit interview on 11/5/12.</td>
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</tbody>
</table>

**Quality Care Health Center**

Street Address, City, State, Zip Code: 932 Baddour Parkway, Lebanon, TN 37087

Identification Number: 445154

Survey Date: 11/05/2012