K 018  NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/2 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 observations, it was determined the facility failed to maintain the corridor doors.

The findings include:

Observation of the Assisted Director of Nurses office and the central supply room on 8/9/11 at 8:15 AM, revealed the doors were being held open with pegs.

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.

PREPARED BY:执行主任

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 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 requisite to continued program participation.
**K018 continued**

non-compliant findings along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, ADON, Staff Development Coordinator, Activity Director, Social Service Director, Housekeeping /Laundry supervisor, and Medical Director) at the _____ monthly meeting for three months, or until no further discrepancies are noted, for review and recommendations as identified and needed.

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**Laboratory Director's or Provider/Supplier Representative's Signature**

*Phillis Eng*  
 **Executive Director**

August 31, 2011
<table>
<thead>
<tr>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K052</td>
<td>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</td>
<td>9/16/11</td>
</tr>
<tr>
<td>K054</td>
<td>It is the practice of this facility to have 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. August 9, 2011 the Plant Operations Manager immediately removed the over-bed table blocking the pull station. August 9, 2011 he re-educated staff involved on “The Response Procedure” including the “No Parking” signs. The Plant Operations Manager will re-educate staff regarding the “The Response Procedure” (see attached exhibit K052 A) including the “No Parking” signs during the September Staff meeting, annually, and during orientation. The Plant Operations Manager and Assistant Plant Operations Manager will monitor for compliance during their daily rounds. They will immediately address any non-compliance. The Plant Operations Manager will report non-compliant findings along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, ADON, Staff Development Coordinator, Activity Director,</td>
<td></td>
</tr>
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**K052 NFPA 101 LIFE SAFETY CODE STANDARD**

SS=D

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:

Based on observations, it was determined the facility failed to maintain the fire alarm system.

The findings include:

Observation of the Ruby Dining room on 8/9/11 at 8:45 AM, revealed the pull station was blocked with a table.

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.

**K054 NFPA 101 LIFE SAFETY CODE STANDARD**

SS=D

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

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**MADISON HEALTHCARE**

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

431 Larkin Spring Rd

MADISON, TN 37115

**ID | SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEGAL IDENTIFYING INFORMATION)

<table>
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<td>SS=D</td>
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<td>K 052</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong></td>
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<td>-------</td>
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<td>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</td>
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</table>

This **STANDARD** is not met as evidenced by:

Based on observations, it was determined the facility failed to maintain the fire alarm system.

The findings include:

Observation of the Ruby Dining room on 8/9/11 at 8:45 AM, revealed the pull station was blocked with a table.

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.

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<td>SS=D</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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<td><strong>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</strong></td>
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Social Service Director,

K 052 continued

Housekeeping /Laundry supervisor, and Medical Director) at the monthly meeting for three months, and until no further discrepancies are noted, for review and recommendations as identified and needed.

<table>
<thead>
<tr>
<th>K054</th>
<th><strong>It is the practice of this facility to have 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</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>The device in the rehab kitchen is not a smoke detector but a heat sensor. Denise Schultz, Plant Operations Manager spoke with Mr. Jim Chandler August 17, 2011 regarding the deficiency cited. Mr. Chandler advised Mr. Schultz via phone that he would dismiss this deficiency.</strong></td>
</tr>
</tbody>
</table>
K054 Continued From page 2

This STANDARD is not as evidenced by:
Based on observations, it was determined the facility failed to maintain the smoke detectors.

The findings include:

Observation of the rehab kitchen area on 8/9/11 at 8:35 AM, revealed the smoke detector was installed within 3 ft. of the air diffuser.

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.

K067

NFPA 101 LIFE SAFETY CODE STANDARDS

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not as evidenced by:
Based on observations, it was determined the facility failed to maintain the Heating, Ventilating, and Air Conditioning Systems.

The findings include:

Observation of the janitor's closet by room 33 on 8/9/11 at 8:10 AM, revealed the exhaust fan was inoperable.

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.

K064

This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

K067

It is the practice of this facility for heating, ventilating, and air conditioning comply with the provisions of section 9.2, and are installed in accordance with the manufacturer's specifications. 19.5.2.1.9.2

NFPA 90A 19.5.2.2. The Plant Operations Manager serviced the fan in the janitor's closet August 9, 2011 and determined it was operable but the fan blade was too small and ordered a new blade. August 10, 2011 the Plant Operations Manager put the new blade on the fan making it compliant with K067. The Plant Operations Manager and the Assistant Plant Operations Manager will check all exhaust fans no later than September 16, 2011 to ensure that they are operating compliant with K067. The Plant Operations Manager will continue check the exhaust fans as outlined in the Prevent Maintenance Program. Equipment found not to be operating according to manufacturer's specifications will be immediately replaced. The Plant Operations Manager will report non-compliant findings along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, ADON, Staff Development Coordinator, Activity Director,
K 054
Continued From page 2
This STANDARD is not met as evidenced by:

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

The findings include:

Observation of the rehab kitchen area on 8/9/11
at 8:35 AM, revealed the smoke detector was
installed within 3 ft. of the air diffuser.

This finding was acknowledged by the
Administrator and verified by the Director of
Maintenance at the exit conference on 8/9/11.

NFPA 101 LIFE SAFETY CODE STANDARD

K 067
SS=D

Heating, ventilating, and air conditioning comply
with the provisions of section 9.2 and are installed
in accordance with the manufacturer's
specifications. 19.5.2.1, 9.2, NFPA 90A,
19.5.2.2

This STANDARD is not met as evidenced by:

Based on observations, it was determined the
facility failed to maintain the Heating, Ventilating,
and Air Conditioning Systems.

The findings include:

Observation of the janitor's closet by room 33 on
8/9/11 at 8:10 AM, revealed the exhaust fan was
inoperable.

This finding was acknowledged by the
Administrator and verified by the Director of
Maintenance at the exit conference on 8/9/11.

K 054
See page 2 of 4

This Plan of Correction is the center's credible
allegation of compliance.

Preparation and/or execution of this plan of correction
does not constitute admission or agreement by the
provider of the truth of the facts alleged or conclusions
set forth in the statement of deficiencies. The plan of
correction is prepared and/or executed solely because
it is required by the provisions of federal and state law.

K 067 continued

Social Service Director, Housekeeping
(Laundry supervisor, and Medical Director)
at the monthly meeting for three months,
or until no further discrepancies are noted,
for review and recommendations as
identified and needed.

AUG 24 2011
K 147 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to maintain the electrical system.

The findings include:

(1) Observation of the South hall medicine room on 8/8/11 at 7:45 AM, revealed the electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI).

(2) Observation of the break room on 8/9/11 at 7:48 AM, revealed a broken light cover.

(3) Observation of the kitchen area on 8/9/11 at 7:50 AM, revealed not all of the electrical outlets were not ground fault circuit interrupter (GFCI).

(4) Observation of the maintenance shop on 8/9/11 at 8:00 AM, revealed a light cover was missing.

These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/8/11.

This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

K 147

It is the practice of this facility for the electrical wiring and equipment to be in accordance with NFPA 70, National Electrical Code, 9.1.2. The Plant Operations Manager and the Assistant Plant Operations Manager will replace the broken light cover in the break room, and install a light cover on the maintenance shop light no later than September 16, 2011. The contractor will replace the switch in the South Hall medicine room and in the kitchen area that are not a ground fault circuit interrupter. The Plant Operations Manager and the Assistant Plant Operations Manager will check all other outlets during their daily rounds to ensure they are in compliance with K 147. Any outlet found not to be a ground fault circuit interrupter will be replaced. The Plant Operations Manager will continue to checking compliance with K 147 in the Preventative Maintenance Program. Any equipment found not to be in compliance will immediately be repaired or replaced. The Plant Operations Manager will report any findings of equipment not to be in compliance with K147 along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr,
<table>
<thead>
<tr>
<th>K 147</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
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<tbody>
<tr>
<td>SS=E</td>
<td>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

1. Based on observations, it was determined the facility failed to maintain the electrical system.

   The findings include:

   1. Observation of the South hall medicine room on 8/9/11 at 7:46 AM, revealed the electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI).

   2. Observation of the break room on 8/9/11 at 7:48 AM, revealed a broken light cover.

   3. Observation of the kitchen area on 8/9/11 at 7:50 AM, revealed not all of the electrical outlets were not ground fault circuit interrupter (GFCI).

   4. Observation of the maintenance shop on 8/9/11 at 8:00 AM, revealed a light cover was missing.

These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.