### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/Clinic Identification Number:**
44E251

**Multiple Construction:**
- Building: 01 - Main Building 01
- Wing: __________

**Name of Provider or Supplier:**
Serene Manor Medical Ctr.

**Street Address, City, State, Zip Code:**
970 Wray St
Knoxville, TN 37917

**Date Survey Completed:**
08/09/2011

<table>
<thead>
<tr>
<th>Identification Tag</th>
<th>ID Prefix</th>
<th>ID</th>
<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
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<tbody>
<tr>
<td>K 018 SS=D</td>
<td>K 018</td>
<td>K 018</td>
<td>Corridor doors to resident rooms 301, 302, and the 3rd floor smoking room have been repaired and will positively latch upon closing. All doors have been verified for positive latch. Doors will continue to be verified for positive latch during monthly maintenance reviews.</td>
<td>8-22-11</td>
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**Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or USC Identifying Information):**

**NFPA 101 Life Safety Code Standard**

- 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.

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

- Based on observation and interview, the facility failed to assure corridor doors closed to a positive latch. (NFPA 101, 19-3.6.3.)

**The findings include:**

- Observation and interview with the Maintenance Director on August 9, 2011, at 3:00 p.m., confirmed the corridor doors to residential rooms 301, 302 and the 3rd floor smoking room failed to close to a positive latch.

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

Rita Draper
Administrator

8-22-11

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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 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.
K 046 Continued From page 1
Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure the Automatic Transfer switch location's battery-powered emergency lighting was operable (NFPA 110, 5-3.1.)

The findings include:
Observation and interview with the Maintenance Director, on August 9, 2011 at 1:40 p.m. confirmed the emergency generator Automatic Transfer switch room battery-powered emergency light failed to operate when tested.

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 6 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 interview, the facility failed to assure staff was familiar with fire drill procedures.

The findings include:

K 046 The emergency generator automatic transfer switch room battery powered emergency light has been repaired. All emergency lights have been verified to be operational. Also, all emergency lights will continue to be verified operational during the monthly maintenance reviews.

K 050 The facility has conducted an in-service and a fire drill with special focus on staff responsibilities during a drill which includes all residents to be supervised by staff and doors closed in all areas of the building. The entire building will be monitored for procedure compliance during each fire drill.
**K 050**

Continued From page 2

Observation during a fire drill conducted on August 9, 2011 at 3:15 p.m. confirmed resident room rooms 202/203 and 204, and the 2nd floor dayrooms were open during the drill. Two (2) Residents in the adjacent fire zone area were observed wandering in the corridor during the drill. Observation with the Administrator at 3:20 pm confirmed eight residents were in the 2nd floor dayroom with the door being left open. This had the potential to affect 8 of 75 residents in the facility.

**K 104**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.

This **STANDARD** is not met as evidenced by: NFPA 101, 8.3.6.1 (1). Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected by filling the space with a material that is capable of maintaining the smoke resistance of the smoke barrier or it shall be protected by an approved device that is designed for the specific purpose.

Based on observation and interview, the facility failed to assure fire barrier fire ratings are maintained.

The findings include:

- Observation and interview with the Maintenance Director, on August 9, 2011 at 3:45 p.m. confirmed an unsealed duct penetration in the 1st floor dry food storage room ceiling's concrete.
<table>
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<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</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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NAME OF PROVIDER OR SUPPLIER
SERENE MANOR MEDICAL CTR.

STREET ADDRESS, CITY, STATE, ZIP CODE
970 WRAY ST
KNOXVILLE, TN 37917

DATE OF SURVEY COMPLETED
08/09/2011