K 052
SS=E
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:
Based on observations, it was determined the facility failed to maintain the fire alarm system.

The findings include:

Observations of the central supply room and the front office located on the 1st floor on 2/1/11 at 10:10 AM, revealed the fire alarm pull stations were blocked with equipment. National Fire Protection Association (NFPA) 72, 2-8.2.2

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11.

K 054
SS=D
NFPA 101 LIFE SAFETY CODE STANDARD
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

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.

Simplex (approved vendor) will move smoke detector 3ft. from the air return vent to comply with current fire safety requirements.
All smoke detectors will be checked by maintenance staff monthly as part of the facility PM program for the fire prevention/detection system. Results will be reported to the PI committee (DNS, ED, UC, MDS coordinator, ADNS, Dietitian, Environmental services supervisor, Admission Director, DSC MD quarterly) by the maintenance director at its regular scheduled meetings for review and recommendation, as indicated.

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.
K 054 Continued From page 1

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

The findings include:

Observations of the basement's corridor by room 504 on 2/1/11 at 10:30 AM, revealed the smoke detector was installed within 3 ft. of the air return vent. National Fire Protection Association (NFPA). 72, 2-3.5.1

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11.

K 062 SS=E NFPA 101 LIFE SAFETY CODE STANDARD

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

This STANDARD is not met as evidenced by:
Based on observation it was determined the facility failed to maintain the sprinkler system.

The findings include:

Observation of the medical records storage room on 2/1/11 at 9:35 AM, revealed 2 escutcheon plates were missing from the sprinklers. National Fire Protection Association (NFPA) 13, 3.2.8

This finding was acknowledged by the Administrator and verified by the Director of
**NAME OF PROVIDER OR SUPPLIER**

MASTERS HEALTH CARE CENTER INC

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<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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>(X5) COMPLETION DATE</th>
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<tr>
<td>K 062</td>
<td>Continued From page 2 Maintenance at the exit conference on 2/1/11. Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</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>02/28/2011</td>
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<tr>
<td>K 064</td>
<td>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</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 fire extinguishers. The findings include: Observation of the service hall located on the 1st floor on 2/1/11 at 10:15 AM, revealed the fire extinguisher was last inspected on October 2010. National Fire Protection Association (NFPA) 10, 4.3.1</td>
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<td>K 067</td>
<td>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, 18.5.2.2</td>
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</tr>
<tr>
<td>SS=E</td>
<td>This STANDARD is not met as evidenced by: Based on observations it was determined the</td>
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**STREET ADDRESS, CITY, STATE, ZIP CODE**

278 DRY VALLEY RD
ALGOOD, TN 38501

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**ID PREFIX TAG**

**COMPLETION DATE**

02/01/2011

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**DATE SURVEY COMPLETED**

02/02/2011
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<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>K 067</td>
<td>Continued From page 3 facility failed to maintain the heating ventilating, and the air conditioning system. The findings include: Observations of the front lobby bathrooms, the A hall janitor's closet, and the B hall soiled utility room on 2/1/11 at 9:30 AM, revealed the exhaust fans were not working. National Fire protection Association (NFPA) 101, 19.5.2.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11. NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the no smoking signs were oxygen was being stored. The findings include: Observation of the G wing dirty utility room located in the basement on 2/1/11 at 10:40 AM, revealed oxygen stored in the room and no precautionary sign posted on the door. National Fire Protection Association NFPA 99, 8.6.4.2 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11. NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 067</td>
<td></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>02/28/2011</td>
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<tr>
<td>K 141</td>
<td>The portable O2 tank was removed on 02/1/2011 from dirty utility room. Rounds will be made by Nursing Supervisor daily. Maintenance Staff will check at least weekly to monitor and verify proper O2 storage and signage as part of the facility PM program. Results will be reported to the PI committee (DNS, ED, UC, MDS coordinator, ADNS, Dietician, Environmental services supervisor, Admission Director, DSC MD quarterly) at it regular scheduled meetings for review and recommendation, as indicated</td>
<td>K 141</td>
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## Summary of Deficiencies

The facility failed to comply with electrical codes. The deficiencies are:

1. **Observation of the laundry room located on the 1st floor** revealed not all of the electrical outlets were ground fault circuit interrupters (GFCI). National Fire Protection Association (NFPA) 70, 517-20

2. **Observations of the central supply room, the dry storage room, and the G wing shower room** located in the basement on 2/1/11 at 10:12 AM, revealed broken light covers. NFPA 70, 110-12

3. **Observations of the kitchen’s mop room** and the A and B nurses’ station medication rooms on 2/1/11 at 10:20 AM, revealed the electrical panels were blocked with equipment. NFPA 70, 110-26(a)

These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11.