

Survey Deficiency Summary

20 Facilities Surveyed

Surveys Taken 1/08/20-1/22/20

E006 Plan Based on All Hazards Risk Assessment

- D Facility failed to annually review the risk assessment utilizing an all-hazards approach.
- D Facility failed to provide a facility-based risk assessment utilizing an all-hazards approach.
- D Facility failed to provide the complete the risk assessment utilizing an all-hazards approach.

E009 Local, Tribal Collaboration Process

- D Facility failed to provide a process for cooperation and collaboration with emergency personnel in the emergency preparedness program per the requirements of Federal CFR 483.473(b)(4).

E013

- D Facility failed to develop policies and procedures based on facility specific hazards.

E015 Subsistence for Staff and Patients

- D Facility failed to include all policies and procedures for the subsistence needs of patients and staff in the emergency preparedness program.
- D Facility failed to provide policies and procedures for alternate sources of energy to maintain the temperatures to protect the patient health and safety; fire detection, extinguishing and alarm systems; and sewage and waste disposal.
- D Facility failed to include all policies and procedures for the subsistence needs of patients and staff in the emergency preparedness program.

E020 Policies for Evac and Primary/Alt. Comm.

- D Facility failed to develop policies and procedures for safely evacuating the facility.

E022 Policies/Procedures for Sheltering in Place

- D Facility failed to include policies and procedures for sheltering in place in the emergency preparedness program.
- D Facility failed to include policies and procedures for sheltering in place in the emergency preparedness program.

E024 Policies/Procedures-Volunteers and Staffing

- D Facility failed to include policies and procedures for the use of volunteers in the emergency preparedness program.
- D Facility failed to include policies and procedures for the use of volunteers in the emergency preparedness program.

21-Feb-20

E025 Arrangement with Other Facilities

- D Facility failed to maintain update arrangements with other facilities.

E026

- D Facility failed to include policies and procedures for the 1135 waiver in the emergency preparedness program.

E026-Roles under a waiver

- D Facility failed to include policies and procedures for the 1135 waiver in the emergency preparedness program.
- D Facility failed to include policies and procedures for the 1135 waiver in the emergency preparedness program.

E030 Names and Contact Information

- D Facility failed to develop a communication plan that includes all contact information. The facility could not provide all staff names and contact information in the emergency manual.

E031 Emergency Officials Contact Information

- D Facility failed to include a contact list with contact information in the communication plan.

E032 Primary/Alternative Means for Communications

- D Facility failed to have a policy and procedure for primary and alternate means for communicating with facility staff during an emergency.

E034 Information on Occupancy/Needs

- D Facility failed to provide documentation for the methods for sharing information of the facilities occupancy needs and its ability to provide assistance to the authority having jurisdiction, the incident command center, or designee. Interview with the administrator revealed that facility did not have a current method to share information for the facilities occupancy needs.

E035 LTC and ICF/IID Sharing Plan with Patients

- D Facility failed to provide documentation on procedures for sharing information from the emergency plan with patients and their families or representatives.

E036 EP Training and Testing

- D Facility failed to develop an emergency preparedness training and testing program that is based on the emergency plan.
- D Facility failed to develop an emergency preparedness training and testing program that is based on the emergency plan.

E037 EP Training program

- D Facility failed to train staff in the policies and procedures in the emergency preparedness plan.

E039 EP Testing Requirements

- D Facility failed to participate in a full-scale exercise that is community-based, and a second full-scale exercise that is community-based, individual facility-based, or a tabletop exercise in 2019.
- D Facility failed to conduct exercises to test the emergency plan at least annually. The facility failed to participate in an full-scale exercise that is community-based, and a second full-scale exercise that is community-based, individual facility-based, or a table top exercise in 2019.

F550 Resident Rights/Exercise of Rights

- D Facility failed to ensure dignity for one patient with a catheter when the facility failed to ensure the catheter drainage bag was covered.
- D Facility failed to treat one patient who required a urinary catheter with dignity related to not covering the patient's catheter drainage bag.
- D Facility failed to promote and enhance the patients' dignity when staff did not close the blinds when performing pressure injury treatments, did not knock on the patients' doors prior to entering the patients' rooms and did not close the blinds when weighing a patient.

F553 Right to Participate in Planning Care

- D Facility failed to ensure a patient and/or representative participated in the development and implementation of a person-centered plan for one patient.

F554 Resident Self-Admin Meds-Clinically Appropriate

- D Facility failed to ensure one nurse remained with a patient during an inhalation treatment.
- D Facility failed to assess two sampled patients for medications self-administration. Inhalers were being left in the patient rooms.

F558 Reasonable Accomidations of Needs/Preferences

- D Facility failed to provide reasonable accommodations to promote comfort while in bed for one patient.
- D Facility failed to ensure reasonable accommodation of needs for one patient reviewed for call light accessibility. The call light was not positioned where the patient could reach it.

F582 Medicaid/Medicare Coverage/Liability Notice

- C Facility failed to provide two of three patients with the advanced beneficiary notice, Center for Medicare and Medicaid services (CMS)-10055 when they needed therapy services and remained in the facility for long-term care services.

F600 Free from Abuse and Neglect

- J Facility failed to ensure abuse screening, training and background checks were conducted for two private sitters which placed one patient at risk for potential abuse.

F604 Right to be Free from Physical Restraints

- D Facility failed to ensure a pre-restraining assessment was completed for one patient.

F610 Investigate/Prevent/Correct Alleged Violation

- K Facility failed to identify, thoroughly investigate, and protect vulnerable patients from further abuse for injuries of unknown source that could be indicative of abuse for two sampled patients. The facility failed to investigate bruising for one patient's left upper and arm and posterior forearm and another patient's dark purple colored marks around the patient's neck placing these patients in immediate jeopardy and substandard quality of care.

F625 Notice of Bed Hold Policy Before/Upon Transfer

- D Facility failed to issue bed hold notices within 24 hours after transfer to the hospital for two patients.

F636 Comprehensive Assessment & Timing

- D Facility failed to complete an annual MDS assessment for one patient.

F637 Comprehensive Assessment After Significant Change

- D Facility failed to complete a significant change MDS for one patient. The patient had chosen hospice services.

F638 Quarterly Assessment At Least every 3 Months

- E Facility failed to complete a quarterly MDS for 21 patients.

F641 Accuracy of Assessments

- D Facility failed to accurately assess on patient for falls on the MDS.
- D Facility failed to ensure MDS assessments were completed accurately for antipsychotic medication use, pressure injuries and anticoagulant medication use for three patients.
- D Facility failed to accurately assess restraints for one patient and failed to accurately assess hospice for one patient.
- D Facility failed to accurately assess a fall with no injury on the MDS for one patient and failed to accurately identify the discharge location on the MDS for one patient.

F656 Develop/Implement Comprehensive Care Plan

- J Facility failed to implement care plan interventions for one patient reviewed for falls. This failure resulted in immediate jeopardy for the patient.

- G Facility failed to ensure care plan interventions were followed for nutritional impairment for one patient reviewed which resulted in actual harm when the patient sustained severe weight loss.
- D Facility failed to develop a comprehensive care plan for one patient.
- D Facility failed to have a comprehensive care plan related to discharge preferences for one patient.

F657 Care Plan Timing and Revision

- J Facility failed to ensure care plans were revised to reflect the patients' current status for injuries of unknown origin, severe weight loss and pressure ulcers for five patients. These failures resulted in immediate jeopardy for two patients and actual harm for one patient.
- D Facility failed to revise the care plan for one patient.

F684 Quality of Care

- E Facility failed to ensure physician's orders were obtained for hospice services for two patients.
- D Facility failed to follow physician's orders for wound care for one patient which resulted in an unmet care need. The facility failed to update the monthly physician's recapitulation orders to reflect a change in the patient's code status for two patients which had the potential to result in the facility not following the patient's code status request.
- D Facility failed to implement a bowel movement protocol and failed to ensure effective coordination of hospice care for one patient.
- D Facility failed to provide and document treatments for arterial wounds for one patient.
- D Facility failed to obtain a physician's order for oxygen at three liters per minute for one patient.

F686 Treatment/Svcs to Prevent/Heal Pressure Ulcers

- E Facility failed to document ordered treatments and accurately assess pressure ulcers for four patients reviewed for pressure ulcers.

F689 Free of Accident Hazards/Supervision/Devices

- L Facility failed to ensure the environment was free from accident hazards when hot water temperatures were measured from 116 degrees Fahrenheit (F) to 144 degrees F in 48 of 63 patient rooms. This failure placed the patients in immediate jeopardy and substandard quality of care.
- J Facility failed to eliminate a foreseeable and known accident hazard in the patient's environment for one patient placing this patient in immediate jeopardy and substandard quality of care. The patient had sustained a head laceration from hitting his head on the overbed table. The intervention was to pad the table. However, during survey the table was not padded.

- E Facility failed to implement a falls intervention after a fall for one patient and failed to identify and investigate a fall for one patient.

F692 Nutrition/Hydration Status Maintenance

- G Facility failed to ensure patients maintained acceptable parameters of nutritional status and failed to accurately assess, implement and monitor interventions to prevent severe weight loss for one patient. These failures caused actual harm to one patient who sustained severe weight loss.

F695 Respiratory/Tracheostomy care and Suctioning

- D Facility failed to store nebulizer tubing in a safe and sanitary manner and date a humidifier for four patients.
- D Facility failed to properly store and date respiratory equipment to prevent the spread of infection for three patients.

F698 Dialysis

- D Facility failed to ensure communication between the facility and the dialysis clinic for one patient.

F727 RN 8 Hrs/7 days/Wk, Full Time DON

- D Facility failed to have eight hours of RN coverage on 11/10/2019 for one of 73 days reviewed. The RN had only worked 6 hours.

F758 Free from Unnec Psychotropic Meds PRN Use

- D Facility failed to limit the use of as needed antipsychotic medications to 14 days without an evaluation and a new order from the physician.

F760 Residents Are Free of Significant Med Errors

- D Facility failed to ensure one patient was free from significant medication errors. The nurse administered two pills instead of the one that was ordered.
- D Facility failed to ensure one nurse administered medications free of significant medication errors for one patient on insulin. The fast acting insulin was administered and no snack given. The food tray came 24 minutes later and food should have been given within 10-15 minutes.

F761 Label/Store Drugs & Biologics

- D Facility failed to ensure medications were properly stored and secured in one medication storage area.
- D Facility failed to properly label and store medications and supplies in one medication room. There was a vial of Tuberculin Purified Protein Derivative 5 units/0.1ml opened and approximately half empty with no opened date.

- D Facility failed to ensure medications were properly stored when opened and undated medications were found in two medication storage areas. One nurse left opened and unattended medications at a patient's bedside.
- D Facility failed to ensure medications were securely locked and inaccessible in one medication storage area. The medication storage room was unsecured without a door knob or lock on the door.

F770 Laboratory Services

- D Facility failed to obtain laboratory services as ordered by the physician for one patient which had the potential to result in unmet care needs.

F801 Qualified Dietary Staff

- G Facility failed to ensure the Registered Dietitian maintained acceptable parameters of nutritional status and failed to accurately assess and implement interventions to prevent severe weight loss for one patient. This failure placed one patient in immediate jeopardy for severe weight loss.

F812 Food Procurement Store/Prepare/Serve - Sanitary

- F Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by a burner stove with thick black carbon build-up on the stove eyes, carbon build up in an oven and one cook failed to perform hand hygiene with glove use and had facial hair exposed.
- F Facility failed to store food in a safe and sanitary manner as evidenced by unlabeled, undated and expired food in the walk-in refrigerator, walk-in freezer and the kitchen dry bin.
- F Facility failed to ensure food was served under sanitary conditions when one cook touched food with a contaminated glove.
- F Facility failed to handle food in a sanitary manner for one patient on the secure unit, and failed to maintain dietary equipment in a sanitary manner.
- D Facility failed to handle food in a sanitary manner for one patient being served during the noon meal. The CNA feeding the patient moved the grilled cheese sandwich with bare hands while assisting the patient.

F814 Dispose Garbage & Refuse Properly

- E Facility failed to properly store garbage in a covered dumpster on five days of the survey.

F835 Administration

- L Administration failed to administer the facility in a manner that enabled the facility to use its resources effectively and efficiently to attain and maintain the highest practicable well-being of the patients. Administration failed to provide oversight to monitor and provide a safe patient environment related to hot water temperatures, to provide training of staff to prevent potential burns of patient when water temperatures rose to dangerous levels and to ensure injuries of unknown origin which could be indicative of abuse were identified and investigated. Administration failed to ensure patient sitters were screened and trained for abuse and to ensure coordination of care between the IDT to identify and assess patients' nutritional status. Administration failed to continue implementation of the plan of correction after the complaint survey in August where abuse was cited at an immediate jeopardy level. These failures placed the patients in the facility in immediate jeopardy.

F842 Resident Records - Identifiable Information

- D Facility failed to ensure documentation was complete and accurate for enteral tube feeding residuals for one patient.

F867 QAPI/QAA Improvement Activities

- L The QAPI committee failed to ensure an effective QAPI program when the committee did not recognize an accident hazard risk to monitor and provide a safe patient environment related to hot water temperatures, to provide training of staff to prevent potential burns of patient when water temperatures rose to extreme and dangerous levels, and to ensure abuse policies were followed when injuries of unknown origin which could be indicative of abuse were identified and investigated. The QAPI committee failed to ensure patient sitters were screened and trained for abuse and to ensure coordination of care between the IDT to identify and assess patients' nutritional status. QAPI failed to continue implementation of the plan of correction after the complaint survey in August where abuse was cited at an immediate jeopardy level. These failures placed the patients in the facility in immediate jeopardy.

F880 Infection Prevention & Control

- E Facility failed to ensure practices to prevent the potential spread of infection were followed when three nurses failed to perform hand hygiene, failed to clean an oral inhaler and failed to rinse a PEG tube syringe after use.
- E Facility failed to ensure practices to prevent the potential spread of infection were maintained when three nurses failed to rinse nebulizer equipment after use, placed a contaminated bag of eye drops in the medication cart, administered oral medications with bare hands, and failed to place a soiled dressing in an appropriate receptacle for three patients.

- E Facility failed to ensure practices to prevent the potential spread of infection were maintained when isolation procedures were not followed for two patients in isolation and when three LPNs failed to prevent contamination of a nasal spray cap and binasal cannula, failed to place a soiled dressing in an appropriate receptacle, and failed to observe sterile technique during a straight urinary catheterization for three patients observed during medication administration, tracheostomy care and urinary catheterization.
- D Facility failed to ensure infection control practices were followed to prevent the potential spread of infection for one patient.
- D Facility failed to exercise current standards of practice to prevent the development and transmission of infection for one patient with an indwelling urinary catheter related to the catheter tubing laying on the floor.
- D Facility failed to ensure practices to prevent the potential spread of infection were maintained when two nurses failed to properly store and clean a syringe after use for two patients during medication administration.
- D Facility failed to provide a sanitary environment to help prevent the development and transmission of infection for four patients during the noon meal.

F908 Essential Equipment, Safe Operating Condition

- D Facility failed to maintain the heated plate lowerator in a safe operating condition. One of the heated plate lowerator lids was bent and could not form a proper seal to ensure adequate heating.

K161 Building Construction Type and Height

- D Facility failed to maintain the fire-rated construction of the one-hour ceiling assembly.

K211 Alcohol Based Hand Rub Dispensers

- D Facility failed to provide an unobstructed means of egress.
- D Facility failed to maintain the means of egress.

K232 Aisle, Corridor or Ramp Width

- D Facility failed to maintain the aisle, corridor or ramp width. There were soiled linen carts stored in the hallway.
- D Facility failed to maintain clear and unobstructed corridors for two exit doors.

K271 Discharge from Exits

Facility failed to maintain exit discharge paths.

K281 Illumination of Means of Egress

- D Facility failed to annually test emergency lights.

K291 Emergency Lighting

- D Facility failed to test all emergency lights.

K321 Hazardous Areas; Enclosure

- D Facility failed to maintain the hazardous areas. The door on the clean linen side in the service corridor was not latching in the frame.
- D Facility failed to provide self-closing doors that are self-closing or automatic-closing. There were doors that were wedged open.
- D Facility failed to maintain hazardous areas. An outside shed which contained a gas water heater was not constructed to be a one-hour fire resistant and was not equipped with a sprinkler.
- D Facility failed to provide self-closing or automatic-closing doors on hazardous rooms.
- D Facility failed to protect the hazardous areas with self-closing doors. The door to the kitchen dry goods storage room did not self-close within the frame.
- D Facility failed to maintain the hazardous area. There were penetrations in the one hour fire rated wall not properly fire stopped in accordance with fire stop systems.
Facility failed to maintain hazardous areas. There were penetrations in the fire wall.

K324 Cooking Facilities

- D Facility failed to maintain the kitchen hood. There was an excessive amount of grease accumulation on the filters, plenum and in the grease duct.
- D Facility failed to conduct all inspections on the kitchen hood suppression system.
- D Facility failed to have all maintenance on the kitchen hood suppression system conducted. There was no semi-annual maintenance verifying the agent distribution piping was not obstructed.
- D Facility failed to protect the cooking facilities. The kitchen staff member was not knowledgeable of proper fire procedures for fires under the kitchen hood.
- C Facility failed to ensure the kitchen suppression system was maintained. The agent distribution piping was not verified to not be obstructed.

K341 Fire Alarm System; Installation

- D Facility to install the fire alarm system in accordance with NFPA 72. There were smoke detectors within three feet of the air register.

K343 Fire Alarm System - Notification

- D Facility failed to maintain the fire alarm signaling devices. The visual devices were not in sync during activation of the fire alarm system.

K345 Fire Alarm System; Testing and Maintenance

- D Facility failed to maintain the fire alarm system in accordance with NFPA 72. It was past due for the annual inspection.
- D Facility failed to provide fire alarm testing records. The facility could not provide a sensitivity test for the smoke detectors.

K353 Sprinkler System; Testing and Maintenance

- F Facility failed to maintain the automatic sprinkler system. The sprinkler line in the spa closet had a small leak.
- D Facility failed to maintain the sprinkler system. There were corroded sprinklers in the facility.
- D Facility failed to maintain the sprinkler system. The facility failed to provide a 3-year full flow trip test on the dry pipe sprinkler system.
- D Facility failed to maintain the sprinkler system. There was a damaged sprinkler in the supply closet.
- D Facility failed to maintain the fire sprinkler system. There were painted sprinklers in parts of the facility.
- D Facility failed to maintain the automatic sprinkler system. There were corroded sprinkler heads in the dish room.
- D Facility failed to maintain the sprinkler system.
- D Facility failed to maintain the automatic sprinkler system. There were some corroded sprinkler heads in the facility.
- D Facility failed to maintain the fire sprinkler system. There were corroded sprinklers in the facility.
- D Facility failed to maintain the sprinkler system. There were painted sprinklers in the facility.
- D Facility failed to maintain the sprinkler system. There were corroded sprinkler heads in some parts of the facility.
- D Facility failed to maintain the sprinkler system. There were corroded sprinkler heads in some parts of the facility.
- C Facility failed to conduct all sprinkler testing and maintenance for the automatic sprinkler system.

K355 Portable Fire Extinguishers

- D Facility failed to maintain the fire extinguishers.
- D Facility failed to properly maintain the power strips in patient care areas. There were unapproved power strips being used in parts of the facility.
- D Facility failed to maintain fire extinguishers in accordance with NFPA 10. Some of the extinguishers were past due for the annual inspection.

K362 Corridors - Construction of Walls

- F Facility failed to have corridor walls resist the passage of smoke. There were some fans installed in the corridor wall.

K363 Corridor - Doors

- D Facility failed to maintain the corridor doors. There was a hole above the door hardware penetrating the fire wall.
- D Facility failed to maintain the smoke resistive corridor doors.

K372 Subdivision of Building Spaces; Smoke Barriers

- D Facility failed to maintain smoke barrier walls. There were penetrations in the one-hour fire wall.

K521 HVAC

- D Facility failed to provide documentation of the 4-year fire damper inspection test.
- D Facility failed to inspect the fire damper. The facility failed to provide a four-year fire damper inspection all the fire dampers.

K712 Fire Drills

- F Facility failed to ensure fire drills are held at least quarterly on each shift.
- D Facility failed to conduct all required fire drills and the staff was not familiar with the fire drill procedures.

K741 Smoking Regulations

- C Facility failed to maintain the smoking areas. There was not a working self-closing lid on the metal can in the designated smoking area.

K761 Maintenance, Inspection & Testing - Doors

- F Facility failed to conduct annual fire door inspections.
- D Facility failed to inspect fire door assemblies. The three-hour fire door in one part of the facility was not latching properly.
- D Facility failed to inspect fire door assemblies. There was no documentation of the annual inspection and testing of all fire door assemblies.
- D Facility failed to ensure fire doors assemblies are inspected and tested annually in accordance with NFPA 80.

K781 Portable Space Heaters

- D Facility failed to prohibit portable space heating devices. There was a portable electric space heater in the physical therapy room.

- D Facility failed to prohibit portable space heaters exceeding 212 degrees Fahrenheit in employee areas.

K912- Electrical systems

- D Facility failed to maintain receptacles covers. Two receptacles were missing covers on the ceiling in the dryer side of the laundry room.

K914 Electrical System; Maintenance and Testing

- D Facility failed to maintain the electrical system. There was no documentation of a retention test on the electrical receptacles.

K918 Electrical Systems - Essential Electric System Maintenance and Testing

- F Facility failed to conduct the recommendations for the fuel quality analysis.
- D Facility failed to install emergency lighting with battery backup at the generator transfer switch.
- D Facility failed to maintain the emergency generator in accordance with NFPA 110. The generator was not equipped with an emergency shut off switch outside the casing of the generator.
- D Facility failed to maintain the generator. The test log revealed the actual run time of the generator for testing purposes was 20 minutes each time. The requirements call for 30 minutes at least monthly.
- C Facility failed to ensure the emergency generator was provided with a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover.
- C Facility failed to provide an external emergency stop for the generator.

K920 Electrical Equipment; Power Cords and Extension Cords

- F Facility failed to properly maintain the power strips in patient care areas. There were unapproved power strips being used in parts of the facility.
- E Facility failed to maintain electrical equipment. There were unapproved power strips being used in the facility.
- D Facility failed to properly use power strips in patient care areas for patient-care-related electrical equipment (PRCEE) and non-PRCEE in nine patient rooms.

K921 Electrical Equipment; Testing and Maintenance

- F Facility failed to meet the testing and maintenance requirements for fixed and portable patient care related equipment (PCREE).

N1407 Physical Facility and Community Emergency Plans

- Facility failed to inservice the staff on all facility emergency disaster plans.

N1410 Administration; Personal Property

Facility failed to provide documentation and evaluation of emergency drills conducted for all staff for tornado, earthquake and flood in 2019.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to conduct the annual disaster drills for all staff. There was no documentation for an earthquake drill or bomb threat in 2019.

N600 Emergency water

F Facility failed to have emergency water stored on site.

N727 Pharmaceutical Services

Facility failed to ensure medications were properly stored and securely stored when one nurse left opened and unattended medications at a patient's bedside.

Facility failed to ensure medications were securely locked and inaccessible in one medication storage area. This was a type C pending penalty.

N728 Basic Services; Pharmaceutical Services

Facility failed to ensure medications were properly stored and secured in one medication storage area. There was an unlocked and unattended medication cart in the hallway. This was a pending C penalty.

N766 Food and Dietetic Services; Freezer Temperature

Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by a burner stove with thick black carbon build-up on the stove eyes, carbon build-up in an oven and one cook failed to perform hand hygiene with glove use and had facial hair exposed. This was a type C pending penalty.

Facility failed to ensure food was served under sanitary conditions when one cook touched food with a contaminated glove. This was a type C pending penalty.

N831 Building Standards

E Facility failed to maintain the physical plant and the overall environment. There were penetrations in the three-hour fire rated ceiling not properly fire stopped in accordance with fire stopping systems.

D Facility failed to maintain the physical plant and overall environment. There was an extension cord used to power a boiler in the main boiler room.

Facility failed to ensure the building was maintained to ensure patient safety. There were unsealed penetrations and mixed fire caulk at the rated wall in several locations.

Facility failed to maintain the physical plant and the overall nursing home environment. There were penetrations in the fire wall.

Facility failed to install cooking equipment that produces heat or moisture under a hood system. A commercial steamer was not installed under the hood.

Facility failed to maintain the physical plant. There were penetrations in the fire wall.

Facility failed to maintain the overall environment. There were unsealed penetrations in the fire wall.

Facility failed to maintain the physical plant. There were penetrations in the fire wall.

Facility failed to maintain the overall environment. There were unsealed conduits in the fire wall of the vending machine room.

Facility failed to maintain the physical plant and overall environment. There was a lean to style building attached to the Station 2 building. The lean to structure was constructed of concrete blocks with a wooden (combustible) roof.

N832 Building Standards

Facility failed to maintain the overall environment. There was a five-inch metal sleeve in the one-hour rated fire/smoke barrier ceiling that was unsealed.

N835 Building Standards; Approval of New Construction

Facility failed to obtain prior written approval from the Tennessee department of health before making alterations to the facility. One former patient room was being used for storage and one of the shower rooms was also converted to storage.

N848 Building Standards; Exhaust & Air Pressure

Facility failed to maintain the negative air pressure in the soiled utility area, janitor's closet and other such soiled spaces.