

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/19/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045239	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2007
NAME OF PROVIDER OR SUPPLIER MONTICELLO HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1052 OLD WARREN ROAD MONTICELLO, AR 71655	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS This CMS 2567L supercedes the CMS 2567 sent on February 9, 2007 The findings on this statement of deficiencies demonstrate non-compliance with Title 42, Code of Regulations 483.70(a), life safety from fire. The requirement is not met as evidenced by the facility's failure to meet the National Fire Protection Association code(s) cited.	K 000		
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 record review and interview, the facility failed to ensure the battery powered lights had been tested for 90 minutes annually. This failed practice had the potential to affect all the residents in the facility. The findings are: On 1/24/07 at 9:45 a.m., there was no documentation available for review that the battery-powered emergency lights had been tested for 90 minutes annually. When asked for the documentation, the Maintenance man stated, "...did not know that was required."	K 046		2/24/07
K 104 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.	K 104		2/24/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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K 104	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure the fire walls were sealed and had not been penetrated. This failed practice had the potential to affect 16 residents. The findings are: On 1/24/07 at 11:00 a.m., the 400-Hall fire wall had duct work and conduit passing through the firewall that had not been sealed.	K 104			