

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

PRINTED: 10/29/2008
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045207 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 10/14/2008 |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER OUACHITA NURSING & REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1411 COUNTRY CLUB ROAD CAMDEN, AR 71701 | |
| (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 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 038 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 | K 038 | | |
| K 068 SS=F | This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure the exit doors at the end of the 700 and 800 Halls unlocked when the fire alarm system was activated. This failed practice had the potential to affect 30 residents who resided on the 700 and 800 halls according to the facility's Roster Sample Matrix received 10/13/08. The findings are: On 10/14/08 at 10:00 a.m., the the exit doors to the 700 and 800 Halls did not unlock when the fire alarm system was activated. | K 068 | | |
| | NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 This STANDARD is not met as evidenced by: | | | |

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 068 | Continued From page 1 Based on observation, the facility failed to ensure the combustion air for the dryers in the laundry room was separated from the general atmospheric air located in the entire laundry room. This failed practice had the potential to affect all 121 residents. The findings are: On 10/14/08 at 9:30 a.m., the combustion air for the dryers in the laundry room were not separated from the general atmospheric air located in the entire laundry room. | K 068 | | | |