

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

PRINTED: 05/22/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045140	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2007
NAME OF PROVIDER OR SUPPLIER SEARCY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 SKYLINE DRIVE SEARCY, AR 72143	
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K 000	INITIAL COMMENTS A Comparative Federal Monitoring Survey was conducted at Searcy Healthcare Center on May 23, 2007 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. At this Comparative Federal Monitoring Survey, Searcy Healthcare Center was not found in substantial compliance with Title 42, Code of Federal Regulations, 483.70 et seq (Life Safety from fire). The State Life Safety Code Survey was conducted on May 18, 2007. The facility is a sprinkled facility.	K 000		
K 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017		

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 017	Continued From page 1	K 017		
K 025 SS=E	<p>This STANDARD is not met as evidenced by: Based on observation on March 23, 2007, the facility failed to maintain egress corridor walls that would prohibit the passage of smoke for a partially sprinkled facility of this construction type. This would allow smoke to pass and fire to propagate potentially affecting all of the residents of the facility.</p> <p>1. During a tour of the facility with the Engineering Supervisor between 10am and noon much of the corridor walls above the ceiling were observed with incomplete corridor protection.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations during a tour of this facility with the Engineering Supervisor on May 23, 2007, the facility failed to assure that the smoke barriers for the facility was properly protected from penetrations and gaps, including in accordance with NFPA 101, section 8.3. The unprotected penetration would permit the movement of smoke</p>	K 025		

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K 025	Continued From page 2 from one compartment to another in the facility. Based on observations of the smoke barriers, there were penetrations and incomplete repairs of the majority of the smoke barriers of the facility potentially affecting all of the residents as follows: 1. At 10:31 am the Smoke Barrier by Hall 3 had an opening associated with a pipe that was unsealed. 2. At 10:50 am the Smoke Barrier by Hall 6 had two openings associated with pipes that were unsealed. 3. At 11:00 am the Smoke Barrier by the Dining Room an opening associated with wires and conduits that was unsealed. 4. At 11:04 am the Smoke Barrier by Hall 7 had an opening associated with a pipe that was unsealed. 5. At 11:08 am the Smoke Barrier by Hall 8 had an opening associated with wires that was unsealed.	K 025		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029		

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K 029	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations during the tour of this facility with the Engineering Supervisor on May 23, 2007, the facility failed to assure that hazardous areas on all corridor within the facility were separated from all other use areas including the egress corridor by appropriately partitions that would resist the passage of smoke and meets the required fire rating for two hazard areas potentially affecting several of the residents. 1. At 9:05 am the Soiled Linen Room off Hall 10 did not have a closer and was missing ceiling tiles that would allow the passage of smoke into the adjacent space. 2. At 9:26 am the Mechanical Room off Hall 11 had one unrepaired penetration in the wall that would allow the passage of smoke into the adjacent space. 3. At 9:58 am the Mechanical Room off Hall 5 was unsprinkled and did not meet the required fire rating and did not have a closer 4. At 11:14 am the Kitchen Water Heater Room had an opening associated with a conduit that would allow the passage of smoke into the adjacent space.	K 029		
K 043 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Patient room doors are arranged so that the patient can open the door from inside without using a key. (Special door locking arrangements are permitted in mental health facilities.)	K 043		

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K 043	Continued From page 4 19.2.2.2.2 This STANDARD is not met as evidenced by: Based on observations during tour of this facility with the Engineering Supervisor on May 23, 2007 the facility failed to assure that egress exits are so arranged that exits are readily accessible at all time potentially affecting all of the residents. 1. At 9:15 am there was a padlock on the storage room door of Hall 10 such that a person could be trapped in the room. 2. At 9:20 am there was no signage or code posted by the Hall 10 delayed egress fire exit such that a person not knowing the code could be trapped in the building. 3. At 9:30 am there was no signage or code posted by the Hall 11 delayed egress fire exit such that a person not knowing the code could be trapped in the building. 4. At 9:33 am the back lobby fire exit had a delayed egress that did not alarm , but opened in 15 seconds. The signage indicated an alarm would sound	K 043		
K 046 SS=D	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 observations during a tour of the facility with the Engineering Supervisor on May 23, 2007,	K 046		

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K 046	Continued From page 5 the facility failed to assure that there was adequate illumination potentially affecting several residents..	K 046		
K 052 SS=F	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, record reviews and interviews on May 23, 2007 the facility failed to assure that Fire Alarm System was installed, tested and maintained in such a manner to assure that all alarm initiating devices and fire protection features operated properly, affecting all residents, staff, and occupants of the facility. 1. At 10:15 am the Air Handling Units in the corridor by Nursing Station No. 1 did not shut off upon the activation of the fire alarm system. 2. At 11:40 am record review of the fire drills the March 7, 2007 fire drill time was missing. The	K 052		

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K 052	Continued From page 6 Assistant Administrator called the Central Monitoring Service to verify the time of the drill and the Central Monitoring Service advised they did not receive the alarm, which could be related to a non-dedicated line. 3. At 11:45 am the fire alarm inspection record indicated Air Handling Units in the corridor did not shut off upon the activation of the fire alarm system. The Assistant Administrator could not provide any documentation that the fire alarm system was repaired.	K 052		
K 056 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations during a tour of this facility with the Engineering Supervisor on May 23, 2007, the facility failed to assure that the sprinkler system was installed and maintained in accordance with the Life Safety Code and NFPA 13 potentially affecting most of the residents.	K 056		

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K 056	Continued From page 7 1. At 9:37 am the upright sprinkler heads behind the dryers were installed in the pendant position. 2. At 9:38 am excess lint was noted on sprinkler heads behind the dryers.	K 056		
K 067 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD 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, 19.5.2.2 This STANDARD is not met as evidenced by: Based upon observations and interviews on May 23, 2007, the facility failed to assure that the Heating, ventilating, and air conditioning system are installed and maintained to comply with the provisions of section 9.2 that would affect most of the facility. 1. Between 8:30 and 11:30 am corridor were observed to be used as return air plenums. 2. At 11:30 am the Engineering Supervisor indicated that a waiver would be sought for the corridors being used as return air plenums. Note: NFPA 90B, section 4.2.4 states Public corridors shall not be used as a portion of a supply, return or exhaust air system serving adjoining areas other than toilet rooms, bathrooms, shower rooms, sink closets and similar auxiliary spaces opening directly on the corridor.	K 067		
K 068	NFPA 101 LIFE SAFETY CODE STANDARD	K 068		

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K 068 SS=D	Continued From page 8 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: Based on observations during tour of the facility with the Engineering Supervisor on May 23, 2007, the facility failed to assure that gas fired equipment had an adequate supply and distribution of air for combustion and exhaust potentially affecting several residents. 1. At 9:38 am the Laundry Room housed a gas fired appliance and the combustion air for the gas fired appliance was not independent of the room air ventilation due to a vent above the dryer. 2. At 11:13 am the Kitchen Water Heater Room housed a gas fired appliance and did not have the required high and low vents.	K 068		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076		

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K 076	Continued From page 9	K 076			
K 144 SS=C	<p>This STANDARD is not met as evidenced by: Based on observations during tour of this facility with the Engineering Supervisor on May 23, 2007, the facility failed to assure that medical gas storage and administration was performed safely.</p> <p>1. At 9:00 am the gas storage room off Hall 10 had broken ceiling tiles and the outside vent fan was no longer working .</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based upon observations and interviews on May 23, 2007 the facility failed to assure that the emergency power supply system was installed and maintained with the required testing and maintenance program required by NFPA 99 (Health Care Facilities), NFPA 110 (Standard for Emergency and Standby Power Systems), and NFPA 70 (National Electric Code) potentially affecting all residents.</p> <p>1. Based upon observations at 11:29 am the facility did not have a maintenance type battery.</p>	K 144			

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K 144	Continued From page 10 2. Based upon an interview at 11:58 am with the Engineering Supervisor indicated the generator settings for cool down time could not be assured and these settings and percent loads will be reviewed with the generator company. I. Note: NFPA 99, 1999 Edition: 1. NFPA 99, Chapter 16, "Nursing Homes," 16.3.3.2 Essential electrical distribution shall conform to the Type 2 systems as described in Chapter 3. 2. NFPA 99, Chapter 3, "Electrical Systems," Section 3.5 Essential Electrical Systems - Type 2. - 3-5.1 Sources (Type 2 EES). - The requirements for sources for Type 2 essential electrical system shall conform to those listed in 3-4.1 (Sources [Type 1 EES]). II. Note: NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition: 1. NFPA 110, Chapter 2-2 Classification of Emergency Power Supply Systems (EPSS) 2-3.4 Level. 2-2.3.1 - Level 1 defines the most stringent equipment performance requirements for application where failure of equipment to perform could result in loss of human life or serious injuries. All Level 1 equipment shall be permanently installed. 2. NFPA 110, Chapter 6, Routine Maintenance and Operational Testing (Requirements for Weekly, Monthly, Semi-annually, Annually, and every 2 years are	K 144		

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K 144	Continued From page 11 explained.)	K 144			