CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS

JENKINS COUNTY MEDICAL CENTER
931 EAST WINTHROPE AVENUE
ATTN JANET SUTTON
MILLEN, GA 30442-1839

CLIA ID NUMBER

11D0261043

EFFECTIVE DATE

05/27/2025

LABORATORY DIRECTOR

HEYWOOD K. GAY

EXPIRATION DATE

05/26/2027

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Gregg Brandush, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
CHEMISTRY - ROUTINE CHEMISTRY (310)	05/27/1993		
CHEMISTRY - URINALYSIS (320)	05/27/1993		
CHEMISTRY - ENDOCRINOLOGY (330)	04/21/1999		
CHEMISTRY - TOXICOLOGY (340)	05/27/1995		
HEMATOLOGY (400)	05/27/1993		
IMMUNOHEMATOLOGY - ABO GROUP & RH TYPE (510)	05/27/1993		
IMMUNOHEMATOLOGY - ANTIBODY DETECTION (TRANSFUSION) (520)	05/27/1993		
IMMUNOHEMATOLOGY - ANTIBODY DETECTION (NON-TRANSFUSION) (530)	06/16/1998		
IMMUNOHEMATOLOGY - COMPATIBILITY TESTING (550)	05/27/1993		

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA.

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Nathan Deal, Governor

Frank W. Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

June 25, 2018

Mr. Earl Whiteley, Administrator
Jenkins County Medical Center
931 East Winthrope Avenue
Millen, GA 30442-1831
ewhiteley@jcmcga.com

Dear Mr. Whiteley:

A survey was completed at your facility on **May 24, 2018** by surveyor(s) from this office. The review was for the purpose of determining that your facility meets or continues to meet Federal requirements for participation in the Title XVIII (Medicare) and/or Title XIX (Medicaid) Program. Also, enclosed is a Report of Licensure Inspection and a report of an inspection by a representative of the Office of the State Fire Marshall.

There were Life Safety Code (LSC), federal and state deficiencies noted during the survey and these will require your attention. We are enclosing the list of deficiencies on CMS form 2567s. Before we can determine your compliance, we must have a written Plan of Correction (POC).

Briefly, the POC must:

1. Be responsive to the cited deficiency;
2. State and describe the end result;
3. Indicate reasonable completion dates; and
4. Accomplish complete and permanent corrective action.

Sufficient space has been left in the right hand column (Provider's POC) for you to enter your reply to each deficiency. You must first identify the deficiency by its tag number under the Column ID Prefix Tag. Write your answer to the deficiency and complete the POC by placing a projected completion date in the right hand column. It is important that you complete these forms, sign and date them in the space provided, and forward it to reach our office **no later than July 5, 2018**. Retain a copy for your files and return completed forms to this office. Any finding regarding a cited deficiency with which you disagree should be annotated on the 2567 form, in statutory and regulatory terms, specifying why you feel the survey agency's citation is not correct.

Federal law requires that all deficiencies found during survey shall be made available to the public. Consequently, the attached list of deficiencies and your plan of correction will be available to any interested person upon request, once the office has received your plan of correction or has determined that no plan will be submitted.

Therefore to the extent possible, your plan of correction should not reference patients by name, medical record number or room number. Other sensitive information, such as employees' social security numbers, home addresses, etc., which is not required to show correction, should also be deleted from the documentation submitted in support of the POC.

If standard or repeat standard level deficiencies were identified, you must explain the circumstances causing the Standards to be "not met" as required in the statement of deficiencies. An unannounced follow-up visit will be made to your facility to determine progress made in correcting the deficiencies. This is a requirement under Medicare/Medicaid regulations. If there are any questions concerning the above, or if we may be of assistance, please call me at (404) 657-5440.

Sincerely,

Bola Ansa

Abimbola (Bola) Ansa, RN
Program Director, Acute Care Unit
Department of Community Health
Healthcare Facility Regulation Division

AA:aa

Enclosure

CMS-2567 State
CMS-2567 Federal
CMS-2567 LSC
CMS-2567 Emergency Preparedness
Completing a Plan of Corrections for Cited Deficiencies
Sample State POC
Sample Federal POC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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
C 000	INITIAL COMMENTS At the time of survey, Jenkins County Medical Center was in substantial compliance with 42 CFR, Parts 483 and 485, Requirements for Critical Access Hospital and Special Requirements for CAH Providers of Long-Term Care Services ("Swing-Beds"). The following deficiencies were cited.	C 000		
C 223	MAINTENANCE CFR(s): 485.623(b)(2) [The CAH has housekeeping and preventive maintenance programs to ensure that--] there is proper routine storage and prompt disposal of trash; This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to ensure proper routine storage and prompt disposal of trash in accordance with Federal State and local laws and regulations (i.e. EPA, OSHA, CDC, State environmental, health and safety regulations.). During the facility tour with the Food & Dietary Manager (Employee #13) and Director of Maintenance (Employee #19) on 5/22/18 at 10:30 a.m. on the hallway near the laboratory, one bag of trash and one red bag waste was located on an uncovered cart. A review of the Centers for Disease Control and Prevention (CDC)'s "Guidelines for Environmental Infection Control in Health-Care Facilities" listed: Section III. Handling, Transporting, and Storing	C 223	HSKP.	

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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
C 223	Continued From page 1 Regulated Medical Waste Part E: If treatment options are not available at the site where the medical waste is generated, transport regulated wastes in closed, impervious containers to the onsite location or to another facility for treatment as appropriate. A review of the Occupational Safety and Health Administration (OSHA) regulation guidelines, "Bloodborne Pathogens" in Standard Number 1930.1030(d)(2)(xiii)(A) listed: The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped. A review of the facility policy titled, "Definition and Disposal of Biohazardous Waste", effective date 05/2011, showed documentation that the facility would handle and dispose all waste in accordance with State health, Safety code, and OSHA guidelines. During an interview with the housekeeper (Employee #21) on 5/22/18 at 10:32 a.m., on the hallway near the laboratory, Employee #21 stated each time he/she collected trash and red bag waste from each room, he/she would place the trash/waste on the cart and transport the cart into the facility's solid utility room. During an interview with Employee #13 on 5/22/18 at 10:35 a.m., on the hallway near the laboratory, Employee #13 stated the facility did not have any covered carts to transport the biohazard waste from areas that contained the waste to the soiled utility room.	C 223	HSKP.	
C 225	MAINTENANCE CFR(s): 485.623(b)(4)	C 225		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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
C 225	Continued From page 2 [The CAH has housekeeping and preventive maintenance programs to ensure that- the premises are clean and orderly; This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews, the facility's preventive maintenance program failed to provide premises that were clean and orderly. During the tour of the Nursing Unit on 5/22/18 at 9:30 a.m., the ice machine inside the nutrition room had a grimy unidentified substance and encrusted build up of mineral deposits. A review of the facility's ice machine logs showed no 2018 calendar year documentation that the ice machine logs were serviced. A review of the facility's policy titled, "Safety Hazard Surveillance", effective date 5/2011 listed: 1. The Safety Office will ensure that an ongoing hospital wide program will collect and evaluate information about environmental deficiencies, hazards, and unsafe practices. 2. Hazard surveillance rounds will be conducted by individuals who have expertise in safety-related issues including, but not limited to, the Safety Office, Infection Control practitioner and department managers. During an interview with the Charge Nurse (Employee #3) on 5/22/18 at 9:30 a.m., inside the nutrition room, Employee #3 acknowledged the	C 225	HSKP HSKP	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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
C 225	Continued From page 3 ice machine was dirty. During an interview with the Director of Maintenance (Employee #19) on 5/22/18 at 11:30 a.m, inside the nutrition room, Employee #19 stated he/she cleaned the ice machine approximately two months ago. Employee #19 further stated, he/she did not know if there were ice machine logs maintained at the facility.	C 225	HSKP	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING _____ B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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
E 000	Initial Comments E-0000 A review of the Emergency Preparedness plan for Jenkins County Medical Center was conducted on 05/21/2018 at 08:30 am. This review showed that the plan was NOT in substantial compliance with the requirements set forth in Appendix Z.	E 000		
E 004	Develop EP Plan, Review and Update Annually CFR(s): 485.625(a) [The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.] * [For hospitals at §482.15 and CAHs at §485.625(a):] The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:] (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least	E 004	Safety Committee	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING _____ B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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
E 004	Continued From page 1 annually. This STANDARD is not met as evidenced by: E-0004 Based on review of the Jenkins County Medical Facility's Emergency Preparedness Plan and interviews with staff it was determined that the facilities plan was not in substantial compliance set forth in Appendix Z. This could place 2 residents and or staff at risk in the event of a disaster emergency. The findings include: During a review of the facilities Emergency Preparedness Plan on 05/21/2018 between 08:30 am and 3:00 pm it was noted that this facility has not completed the required all hazards approach. Facility did not address all immediate local hazards to this facility. Facility did not meet the requirements of Appendix Z. These findings were confirmed by Staff M at the time of discovery.	E 004	Safety Committee	
E 009	Local, State, Tribal Collaboration Process CFR(s): 485.625(a)(4) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	E 009	Safety Committee	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING _____ B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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
E 009	Continued From page 2 * [For ESRD facilities only at §494.62(a)(4)]: (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the dialysis facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. The dialysis facility must contact the local emergency preparedness agency at least annually to confirm that the agency is aware of the dialysis facility's needs in the event of an emergency. This STANDARD is not met as evidenced by: E-0009 Based on review of the Jenkins County Medical Facility's Emergency Preparedness Plan and interviews with staff it was determined that the facilities plan was not in substantial compliance set forth in Appendix Z. This could place 2 residents and or staff at risk in the event of a disaster emergency. The findings include: During a review of the facilities Emergency Preparedness Plan on 05/21/2018 between 08:30 am and 3:00 pm it was noted that this facility has not reached out to local EMA officials for assistance and approval of emergency preparedness plans in place. Facility did not meet the requirements of Appendix Z. These findings were confirmed by Staff M at the time of discovery.	E 009	Safety Committee	
E 025	Arrangement with Other Facilities CFR(s): 485.625(b)(7) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness	E 025		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING _____ B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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
E 025	Continued From page 3 policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:] *[For Hospices at §418.113(b), PRFTs at §441.184,(b) Hospitals at §482.15(b), and LTC Facilities at §483.73(b):] Policies and procedures. (7) [or (5)] The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. *[For PACE at §460.84(b), ICF/IIDs at §483.475(b), CAHs at §486.625(b), CMHCs at §485.920(b) and ESRD Facilities at §494.62(b):] Policies and procedures. (7) [or (6), (8)] The development of arrangements with other [facilities] [or] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. *[For RNHCIs at §403.748(b):] Policies and procedures. (7) The development of arrangements with other RNHCIs and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of non-medical services to RNHCI patients. This STANDARD is not met as evidenced by: E-0025 Based on review of the Jenkins County Medical Facility's Emergency Preparedness Plan and	E 025		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING _____ B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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
E 025	Continued From page 4 interviews with staff it was determined that the facilities plan was not in substantial compliance set forth in Appendix Z. This could place 2 residents and or staff at risk in the event of a disaster emergency. The findings include: During a review of the facilities Emergency Preparedness Plan on 05/21/2018 between 08:30 am and 3:00 pm it was noted that this facility has provided documentation of signed contracts with other facilities and or suppliers for emergency needs during a disaster. Facility did not meet the requirements of Appendix Z. These findings were confirmed by Staff M at the time of discovery.	E 025	Safety Officer	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**05/21/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	**931 EAST WINTHROPE AVENUE MILLEN, GA 30442**

(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 K-000 During the Life Safety Code Survey at Facility Name conducted on 05/21/2018 at 08:30 am to determine compliance with the requirements of 42 CFR Part 482, Subpart C requirements for Health Care Facilities, the following deficiencies were cited:	K 000	FIRE MARSHALL Report this Report will be Reviewed & Completed By the Safety Committee. SW	
K 291	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: K-291 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed the following: 1. No annual testing of emergency lights was produced during this survey 2. Emergency lights had no documentation of monthly testing. 3. Emergency lights had no documentation of yearly 90 minute testing. 4. Emergency light in kitchen does not work. These findings were confirmed by Staff M at the time of discovery. " Emergency Light Testing Reference: 2012 NFPA 101, 19.2.9.1 and 7.9.3.1.1 " Emergency Light Not Working Reference:	K 291		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 291	Continued From page 1 2012 NFPA 101, 19.2.9.1 and 7.9.2.1	K 291		
K 311	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This STANDARD is not met as evidenced by: K-311 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain vertical penetrations. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed that a vertical penetration hole was in ceiling tile in emergency room hallway. These findings were confirmed by Staff M at the time of discovery. " Reference: NFPA 101, 2012 Edition, Chapter 19, Section 19.3.1	K 311		
K 321	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier	K 321		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 321	Continued From page 2 having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: K-321 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain door closer's. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed that the exit door closer was missing from door leaving out of lab into egress	K 321		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 321	Continued From page 3 hallway. These findings were confirmed by Staff M at the time of discovery. " Reference: 2012 NFPA 101, 19.3.2.1.3	K 321		
K 324	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is not met as evidenced by: K-324 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain kitchen hood	K 324		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 324	Continued From page 4 cleaning. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed that kitchen hood system had no current documentation of cleaning. These findings were confirmed by Staff M at the time of discovery. " Reference: 2012 NFPA 101, 19.3.2.5.1 and 9.2.3, 2011 NFPA 96, 11.2	K 324		
K 345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is not met as evidenced by: K-345 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain fire alarm system(s). This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed that no annual fire alarm testing certification papers were available at time of inspection. These findings were confirmed by Staff M at the	K 345		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 345	Continued From page 5 time of discovery. " Reference: NFPA 101, 2012 Edition, Chapter 19, Section, 19.3.4.1, Chapter 9, Section, 9.6.1, 9.6.1.1, 9.6.1.5, 2010 NFPA 72 Chapter 14, Section 14.1.1,14.2, 14.4	K 345		
K 351	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: K-351 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to mark PIV valve. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed that no signage was place	K 351		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 351	Continued From page 6 on PIV (post indicator valve) located at street to indicate its location and what building it serves. These findings were confirmed by Staff M at the time of discovery. " Reference: 2012 NFPA 101, Chapter 19, section 19.3.5.1, Chapter 9, section 9.7.5, Chapter 2, section 2.2, 2011 NFPA 25, section 4.1.8, 4.1.8.1, 4.1.8.2	K 351		
K 353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: K-353 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain fire sprinkler system(s) and or its components. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency.	K 353		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 353	Continued From page 7 The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed the following: 1. No documentation at time of inspection of annual fire sprinkler system testing certification. 2. Painted fire sprinkler head in x-ray room. 3. Shelving storage exceeds height limit in Physical Therapy storage room. 4. Loaded fire sprinkler heads in public restroom on 100 hall and room 117. 5. Fire Sprinkler room has no signage to indicate location of fire sprinkler system. 6. No 5 year internal sprinkler riser inspection documentation was available at inspection. 7. FDC (fire department connections) at street requires a sign to indicate FDC location and what building(s) it serves. 8. No documentation of backflow testing of fire sprinkler riser system. These findings were confirmed by Staff M at the time of discovery. " Annual Inspection Reference: 2012 NFPA 101, Chapter 19, Section 19.3.5.1, Chapter 9, Section 9.7.5, 9.7.7, 9.7.8; 2011 NFPA 25, 4.1.4.1, 4.5.1, 5.1.1.2 " Painted Heads Reference: 2012 NFPA 101, 4.6.12.1, NFPA 25 2011 edition: Chapter 5, Section 5.2.1.1.2 (5), & (6), & Chapter 5, Section 5.2.1.1.4 " Storage Height Reference: NFPA 101, 2012 ED. Chapter 19, Section 19.3.5.1, Chapter 9, sections: 9.7.1.1.(1), NFPA 13, 2010 Edition, Chapter 8, Section 8.5.6 & 8.5.6.1 " Loaded Sprinkler Head Reference: NFPA 101 2012: Chapter 19 Section 19.3.5.1, Chapter 9, Section 9.7.5, NFPA 25, 2011 edition: Chapter 5, Section 5.2.1.1.2 (5), & (6), & Chapter 5, Section 5.2.1.1.4	K 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 353	Continued From page 8 " No Annual Inspection Documentation Reference: 2012 NFPA 101 Chapter 19, Section 19.3.5.1, Chapter 9, Section 9.7.5, 9.7.7, 9.7.8; 2011 NFPA 25, 4.1.4.1, 4.5.1, 5.1.1.2 " 5 Year Internal Reference: NFPA 101 2012 ED. CHAPTER 19, SECTION 19.3.5.1 and CHAPTER 9, SECTION 9.7.5, 9.7.7, & 9.7.8, 2011 NFPA 25, 14.2.1 " FDC Signage Reference: NFPA 101, 2012 Edition, 19.3.5.1, 9.7, 9.7.1, 9.7.1.1, NFPA 13, 2010 Edition, Chapter 8, Section 8.17.2.4.5. " Back Flow Reference: 2012 NFPA 101, Chapter 19, Section 19.3.5.1, Chapter 9, Section 9.7.5, 2011 NFPA 25, Chapter 13, Section 13.6.2.1	K 353		
K 363	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open	K 363		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 363	Continued From page 9 devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: K-363 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain doors. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed the following: 1. Kitchen door not latching secure 2. Storage room door from Physical Therapy room. 3. Egress door from nursing floor to main lobby chocked open against closer and will not close. 4. Door 137 does not close secure. These findings were confirmed by Staff M at the time of discovery. " Reference: 2012 NFPA 101 Chapter 19 sections 19.3.7.6, 19.3.7.8; Chapter 8 sections 8.5.4.3	K 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 372	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: K-372 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain fire walls. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed that fire walls are not sealed with proper fire sealants. This is to include all fire walls in building. These findings were confirmed by Staff M at the time of discovery. " Reference: 2012 NFPA 101 Chapter 19, Section 19.3.7.3; Chapter 8, Sections 8.5.2.1, 8.5.2.2, 8.5.7.4, 8.5.6.1, 8.5.6.2, 8.5.6.3 and Chapter 4, Section 4.6.12.1	K 372		
K 511	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric	K 511		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 511	Continued From page 11 Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: K-511 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain electrical systems and appliances. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed the following: 1. Electric space heaters found in emergency room office, x-ray office & doctors lounge/bedroom. 2. Electrical panel EB missing breaker in panel and has open void. These findings were confirmed by Staff M at the time of discovery. " Space Heater Reference: NFPA 101, 2012 Edition, Chapter 19, Section 19.7.8 " Open Void Reference: NFPA LSC, 2012 Edition: Chapter 19, 19.5.1.1, Chapter 9, 9.1.2, 2011 NFPA 70, Article 408.7	K 511		
K 712	Fire Drills CFR(s): NFPA 101	K 712		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 712	Continued From page 12 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is not met as evidenced by: K-712 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain fire drill records. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed that fire drill documentation could not be produced after 2016. These findings were confirmed by Staff M at the time of discovery. " Reference: 2012 NFPA 101, 19.7.1.4 through 19.7.1.7	K 712		
K 916	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the	K 916		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 916	Continued From page 13 emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This STANDARD is not met as evidenced by: K-916 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to provide remote annunciator. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed that no remote annunciator for the generator was installed in building in a constantly monitored location. These findings were confirmed by Staff M at the time of discovery. " Reference: 2012 NFPA 99 Chapter 6 section 6.4.1.1.17	K 916		
K 920	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient	K 920		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 920	Continued From page 14 care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: K-920 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain electrical cord and appliances. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed the following: 1. Extension cord in use as permanent wiring in kitchen. 2. Power strip on floor of kitchen office. These findings were confirmed by Staff M at the time of discovery. " Extension Cord Reference: 2012 NFPA 99, Chapter 10, section 10.2.4, 10.2.3.6, 2011 NFPA 70, Chapter 400, section 400.8, 590.3(D) " Power Strip Reference: NFPA 99, 2012 edition Chapter 10, section 10.4.2.1 through 10.4.2.3 and S&C letter 14-46-LSC	K 920		
K 923	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet	K 923		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 923	Continued From page 15 Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is not met as evidenced by: K-923 Based on observation, and or review of facility records, and staff interviews it was determined the facility failed to maintain 02 cylinders and	K 923		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111311	A. BUILDING 02 - MAIN BUILDING B. WING _____	05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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 923	Continued From page 16 signage on 02 storage room door. This could place 2 residents/patients and staff at risk in the event of a fire or other emergency. The findings include: During a tour of the facility with Staff M on 05/21/2018 between 08:30 am and 3:00 pm observation revealed the following: 1. Oxygen storage not marked empty/full in operating room suites and cardiology storage closet. 2. Oxygen storage rooms listed above are not marked with proper signage on exterior of doors. These findings were confirmed by Staff M at the time of discovery. " 02 Storage Reference: 2012 NFPA 101, 19.3.2.4, 8.7; 2012 NFPA 99, 11.6.5.302 " Storage Room Doors: 2012 NFPA 101 - 19.3.2.4, 8.7; 2012 NFPA 99 Ch. 11 section 11.3.4.1 and 11.3.4.2	K 923		

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	082-724	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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) COMPLETE DATE
Y 000	Initial Comments. At the time of the survey, Jenkins County Medical Center was in substantial compliance with Chapter 111-8-40, Rules and Regulations for Hospitals, as the result of a State licensure survey. The following deficiencies were cited.	Y 000		
Y1400 SS=D	111-8-40-.14 Physical Environment. Physical Environment. The hospital shall be equipped and maintained to provide a clean and safe environment for patients, employees, and visitors. This RULE is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to provide a clean and safe environment for patients, employees, and visitors. During the tour of the Nursing Unit on 5/22/18 at 9:30 a.m., the ice machine inside the nutrition room had a grimy unidentified substance and encrusted build up of mineral deposits. A review of the facility's ice machine logs showed no 2018 calendar year documentation that the ice machine logs were serviced. A review of the facility's policy titled, "Safety Hazard Surveillance", effective date 5/2011 listed: 1. The Safety Office will ensure that an ongoing hospital wide program will collect and evaluate information about environmental deficiencies, hazards, and unsafe practices. 2. Hazard surveillance rounds will be conducted by individuals who have expertise in safety-related issues including, but not limited to,	Y1400		

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	082-724	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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) COMPLETE DATE
Y1400	Continued From page 1 the Safety Office, Infection Control practitioner and department managers. During an interview with the Charge Nurse (Employee #3) on 5/22/18 at 9:30 a.m., inside the nutrition room, Employee #3 acknowledged the ice machine was dirty. During an interview with the Director of Maintenance (Employee #19) on 5/22/18 at 11:30 a.m, inside the nutrition room, Employee #19 stated he/she cleaned the ice machine approximately two months ago. Employee #19 further stated, he/she did not know if there were ice machine logs maintained at the facility.	Y1400		
Y1504 SS=D	111-8-40-.15(d) Disaster Preparedness. The hospital shall document participation of all areas of the hospital in quarterly fire drills. This RULE is not met as evidenced by: Based on record review and staff interviews, the facility failed to maintain documentated participation in quarterly fire drills. A review of the facility's 2017 fire drills showed documentation the facility conducted fire drills on 1/6/17 at 1:45 p.m., 2/28/17 at 1:10 p.m., 3/3/17 at 10:30 p.m., 6/2/17 at 12:50 p.m., and 6/10/17 at 3:10 p.m. No further documentaton provided. A review of the facility's policy titled, "Drills Policy, Policy #175", issued 1/1/07, revised 9/15/15, listed drills will be held quarterly each shift. During an interview with the Emergency Preparedness coordinator (Employee #1) and the	Y1504		

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	082-724	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHROPE AVENUE MILLEN, GA 30442

(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) COMPLETE DATE
Y1504	Continued From page 2 Chief Executive Officer (CEO), (Employee #20) on 5/21/18 at 1:30 p.m., in the CEO's office, Employee #1 and Employee #20 both stated fire drills were conducted each quarter during the 2017 calendar year. Employee #20 further stated, an employee no longer employed at the hospital conducted the fire drills, maintained the documentation, and that he/she may have taken the documentation with him/her. Employee #20 stated, the hospital had three shifts, 7:00a.m.-3p.m. (day shift), 3:00p.m.-11:00p.m. (evening shift), 11:00 p.m.-7:00a.m (night shift).	Y1504		