

Health Facilities Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL55728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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NAME OF PROVIDER OR SUPPLIER SPRING HILL IMAGING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5421 MAIN STREET, SUITE C SPRING HILL, TN 37174
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G 001	1200-8-35 Initial This Rule is not met as evidenced by: A Life Safety Code Survey was conducted by the Tennessee Health Facilities Commission on 3/12/2025. During this Life Safety Code Survey, Spring Hill Imaging Center was found not in substantial compliance with the requirements of the rules of the Tennessee Health Facilities Commission 0720-36 Standards For Outpatient Diagnostic Centers and the National Fire Protection Association (NFPA) 101 Life Safety Code (2021 Edition).	G 001		
G 801	1200-8-35-.08 (1) Building Standards (1) An ODC shall construct, arrange, and maintain the condition of the physical plant and the overall ODC environment in such a manner that the safety and well-being of the patients are assured. This Rule is not met as evidenced by: Based on document review and observations, the facility failed to maintain the physical plant and overall ODC environment. The findings include: 1. Document review on 3/12/2025 at 9:30 AM, revealed the annual fire alarm inspection for 2024 listed a deficiency (FL1 by procedure room - chime did not function) with no record of correction or maintenance. NFPA 101, 4.6.12.7 (2021 Edition) 2. Document review on 3/12/2025 at 9:45 AM, revealed the facility failed to provide monthly or	G 801	All fire alarms and fire alarm chimes are managed and serviced through RTG since 2024. Before was Anchor Management. RTG has set up contracts with Remedy 8 to ensure all of these items are done in a timely schedule and RTG manager is also overseeing to ensure they are met. The inspection starts 5/8/2025 per RTG. Chime to be repaired by 6/1/2025. Spring Hill Management will also oversee monthly inspections with RTG management.	

Health Facilities Commission
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jordan Seymour

Director of Radiology

05/22/2025

Health Facilities Commission

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G 801	<p>Continued From page 1</p> <p>annual documentation of emergency light testing for all 12 months of 2024. NFPA 101, 4.6.12.1 (2021 Edition) NFPA 101, 7.9.3.1.1 (2021 Edition)</p> <p>3. Document review on 3/12/2025 at 9:47 AM, revealed the facility failed to provide documentation of the annual fire door inspection for 2024. NFPA 101, 4.6.12.1 (2021 Edition) NFPA 80, 5.2.4.1 (2019 Edition)</p> <p>4. Document review on 3/12/2025 at 9:50 AM, revealed the facility failed to provide documentation of the required 4 year fire damper inspection. NFPA 101, 4.6.12.1 (2021 Edition) NFPA 80, 19.5.1.2 (2019 Edition)</p> <p>5. Observation on 3/12/2025 at 10:00 AM, revealed the 45 minute fire rated door in the 1 hour fire barrier at the staff lounge corridor did not close and latch in frame. NFPA 101, 4.6.12.1 (2021 Edition) NFPA 80, 5.1.2.1 (2019 Edition)</p> <p>6. Observation on 3/12/2025 at 10:15 AM, revealed the 1 hour fire barrier at the lab corp office was missing the fire door in the corridor. NFPA 101, 4.6.12.1 (2021 Edition) NFPA 101, 8.3.3.1 (2021 Edition)</p> <p>7. Observation on 3/12/2025 at 10:25 AM, revealed 2 5ft tall helium cylinders unsecured in the MRI equipment room. NFPA 1, 63.3.1.9.5 (2021 Edition)</p> <p>8. Observation on 3/12/2025 at 10:25 AM, revealed an extension cord in use and run underneath the elevated floor in the MRI equipment room. NFPA 1, 11.1.5.1 (2021 Edition) NFPA 1, 11.1.5.5 (2021 Edition)</p> <p>9. Observation and testing on 3/12/2025 at 10:25</p>	G 801	<p>All safety lighting is managed and serviced through RTG since 2024 Before was Anchor Management. RTG has set up contracts with Remedy 8 to ensure all of these items are done in a timely schedule and RTG manager is also overseeing to ensure they are met. The inspection starts 5/8/2025 per RTG. Spring Hill Management will also oversee monthly inspections with RTG management.</p> <p>All fire doors are managed and serviced through RTG since 2024 Before was Anchor Management. RTG has set up contracts with Remedy 8 to ensure all of these items are done in a timely schedule and RTG manager is also overseeing to ensure they are met. The inspection starts 5/8/2025 per RTG. Spring Hill Management will also oversee monthly inspections with RTG management.</p> <p>All fire dampers are managed and serviced through RTG since 2024 Before was Anchor Management. RTG has set up contracts with Remedy 8 to ensure all of these items are done in a timely schedule and RTG manager is also overseeing to ensure they are met. The inspection starts 5/8/2025 per RTG. Spring Hill Management will also oversee monthly inspections with RTG management.</p> <p>All fire doors are managed and serviced through RTG since 2024 Before was Anchor Management. RTG has set up contracts with Remedy 8 to ensure all of these items are done in a timely schedule and RTG manager is also overseeing to ensure they are met. The inspection starts 5/8/2025 per RTG. Spring Hill Management will also oversee monthly inspections with RTG management.</p> <p>All fire doors are managed and serviced through RTG since 2024 Before was Anchor Management. RTG has set up contracts with Remedy 8 to ensure all of these items are done in a timely schedule and RTG manager is also overseeing to ensure they are met. The inspection starts 5/8/2025 per RTG. Spring Hill Management will also oversee monthly inspections with RTG management.</p> <p>All helium tanks have been secured to the wall as of 4/16/2025. Vendor has been made aware this can not happen again and management will add to monthly checks.</p> <p>Outlet installed and cords removed as of 4/23/2025.</p>	2024

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G 801	<p>Continued From page 2</p> <p>AM, revealed the emergency light in the MRI equipment room did not function. NFPA 101, 4.6.12.1 (2021 Edition) NFPA 101, 7.9.2.1 (2021 Edition)</p> <p>10. Observation on 3/12/2025 at 10:45 AM, revealed the 45 minute fire door in the 1 hour smoke barrier at the manager's office was held open with a door stop. NFPA 101, 4.6.12.1 (2021 Edition) NFPA 80, 5.1.2.3.3 (2019 Edition)</p> <p>The Facility Manager was present when these findings were identified and acknowledged them during the exit conference on 3/12/2025.</p>	G 801	<p>corrected with new bulbs and batteries as of 4/8/2025 RTG has set up contracts with Remedy 8 to ensure all of these items are done in a timely schedule and RTG manager is also overseeing to ensure they are met. The inspection starts 5/8/2025 per RTG. Spring Hill Management will also oversee monthly inspections with RTG management.</p> <p>Door stop has been removed and disposed of. 3/12/2025 All staff have been made aware that the door cannot be held open. Onsite Manager will be overseeing that this rule is met.</p>	
G 805	<p>1200-8-35-.08 (5) Building Standards</p> <p>(5) No new ODC shall be constructed, nor shall major alterations be made to an existing ODC without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new ODC is licensed or before any alteration or expansion of a licensed ODC can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by:</p>	G 805	<p>We are actively working to get all blue prints and documents from any and all redos performed for our locations within the ODC for imaging. Due to Anchor Management no longer being the property manager we are actively pursuing how to get these with all needed documents. If we continue not to get a response we will get legal involved to ensure we can provide these</p>	

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G 805	<p>Continued From page 3</p> <p>Based on observations and office records review, the facility failed to obtain approval from the Commission prior to conducting alterations and expansion of the ODC.</p> <p>The findings include:</p> <p>Observations and interview on 3/13/2025 between 9:00 AM and 11:30 AM, revealed the following:</p> <ul style="list-style-type: none"> a) The facility has added an additional ultrasound exam room. b) Interview with facility manager revealed the floors have been replaced throughout the ODC within the last 2 years. c) Fire rated barrier exists, encompassing the waiting room and reception area, part of the corridor, the facility managers office, lab corps office, and a storage room, as well as the original approved ODC space. This barrier includes fire rated doors, fire dampers, and rated walls to deck. d) The waiting room is being used by the ODC and a laboratory company that occupies the building. <p>Office records review revealed the approved plans for this occupancy do not include any fire barrier walls, fire dampers, or fire doors. Multiple renovations appear to have been conducted since the original approval, including walls, interior windows and doors, some of which are outside of the original approved occupancy area but are now used as part of the ODC. The original floor coverings were approved as carpet. The additional ultrasound room is located in an area that was not part of the approved occupancy and is shown to be part of a specialty clinic. The Facility Managers office in a room approved for soiled holding, which is outside of the original</p>	G 805	Working with new property management group to gather scope of work. Plans submission has been started. Submission should be complete by 06/01/2025	

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G 805	Continued From page 4 occupancy area and the soiled holding has been moved to a room originally approved as a dark room for xray. The Facility Manager was present when these findings were identified and acknowledged them during the exit conference on 3/12/2025.	G 805		
G1401	1200-8-35-.14(1)(a) Disaster Preparedness. (1) The administration of every facility shall have in effect and available for all supervisory personnel and staff, written copies of the following required disaster plans for the protection of all persons in the event of fire and other emergencies for evacuation to areas of refuge and/or evacuation from the building. A detailed log with staff signatures of training received shall be maintained. All employees shall be trained annually as required in the following plans and shall be kept informed with respect to their duties under the plans. A copy of the plans and the specific emergency numbers related to that type of disaster shall be readily available at all times. Each of the following plans shall be exercised annually: (a) Fire Safety Procedures Plan shall include: 1. Minor fires; 2. Major fires; 3. Fighting the fire; 4. Evacuation procedures; 5. Staff functions.	G1401	Inservice and mock run through was performed with all staff at mandatory meeting on date of drills. Drills have been updated to include a detailed explanation of what is done at each mock drill along with the staff signatures. All drills are based off the disaster plan book along with policies for each of these. These books are kept and maintained at the manager office.	04/02/2025

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G1401	Continued From page 5 This Rule is not met as evidenced by: Based on document review, the facility failed to train all staff in the disaster plans annually. The finding includes: Document review on 3/12/2025 at 9:20 AM, revealed no detailed log of staff training received for Fire, Tornado, Flood, or Earthquake disaster plans for 2024. The Facility Manager was present when this finding was identified and acknowledged it during the exit conference on 3/12/2025.	G1401		

INVOICE



NATIONAL
FIRE & LIFE SAFETY

Invoice
5541

National Fire & Life Safety LLC
125 Glancy Street
Goodlettsville, TN 37072
(629) 255-7312

SOLD TO RTG
PO BOX 10868
Knoxville, TN 37939

SHIP TO Maury Other Prop FA Defs Repai
1224 Trotwood Lane
Columbia, TN 38401

ACCOUNT NO	CUST PO NUMBER	TERMS	INVOICE DATE	NFLS JOB NUMBER
C0577		Net 30	11/6/2024	4024F-0345

DESCRIPTION	UNIT PRICE	EXTENDED
Arrived on site 10/24/2024	\$ 875.00	\$ 875.00
MAURY REG. PLAZA BLDG- Tested strobe that failed & it worked. Mike stated he will replace bad smoke.		
MAURY REG. GROUP PRIMARY CARE- Replaced chime strobe that failed with customer part. Tested & working.		

TOTAL AMOUNT \$ 875.00

Past due invoices may be subject to a 1.5% late charge

Remit To:
National Fire & Life Safety
125 Glancy Street
Goodlettsville, TN 37072