

cc: Knoxville Office (e-mailed)
MHDD/Deborah Potts (e-mailed)
Facility/Director and Safety
Manager (e-mailed)
FILEnet



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
Division of Fire Prevention
Codes Enforcement Section
500 James Robertson Parkway
Third Floor
Nashville, Tennessee 37243-1162
615-741-7190
FAX: 615-253-3267

GENERAL INSPECTION REPORT

- | | | | | |
|-------------------------------------------------------|-----------------------------------|------------------------------------|---------------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> Annual Inspection | <input type="checkbox"/> Blasting | <input type="checkbox"/> Complaint | <input type="checkbox"/> Field Verification | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Follow-Up | <input type="checkbox"/> L P Gas | <input type="checkbox"/> Other | <input type="checkbox"/> Proposed | <input type="checkbox"/> Pyrotechnics |

DATE: 4/1/13

COUNTY: Sevier

TFM: 10523

DEPUTY STATE FIRE MARSHAL: Larry J. Vaughn

NAME OF BUSINESS: Brookhaven Retreat LLC MANAGER: Jacqueline Dawes
EMAIL: pkinser@brookhavenretreat

STREET ADDRESS: 1016 I.C. King Road CITY: Seymour ZIP: 37865

OCCUPANCY TYPE: Existing Large Residential Board & Care (mobile, non-ambulatory residents) 60-capacity

Conducted the annual fire and life safety inspection at the facility above on this date and noted NO deficiencies.

RECOMMEND APPROVAL FOR RE-LICENSING. (SEE NOTE BELOW)

NOTE TO MHDD OFFICE, BROOKHAVEN RETREAT FACILITY DIRECTOR AND STAFF:

Brookhaven Retreat continues to set the "Standard of Excellence" in fire and life safety, records and documentation and environmental concern for their residents and staff. Thank you Brookhaven Retreat for all your hard work, dedication and diligence to these efforts.

Deputy State Fire Marshal

4/1/13
Date



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

East Tennessee Regional Office of Licensure

STATE OFFICE BUILDING, SUITE 706

531 HENLEY STREET

KNOXVILLE, TENNESSEE 37902-2849

BILL HASLAM
GOVERNOR

E DOUGLAS VARNEY
COMMISSIONER

COMPLIANCE EVENT STATUS REPORT

LICENSEE: Brookhaven Retreat, LLC 1016 I.C. King Road Seymour, TN 37865	FACILITY: Brookhaven Retreat 1016 I.C. King Road Seymour, TN 37865
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NOTICE TO LICENSEE: A review has been completed of your recently submitted plan of compliance. The approval status given your plan is indicated below. A copy of your plan is being returned to you and is enclosed. Read the approval status given below carefully. This approval status form and your plan of compliance should become part of your records.

DATE OF NOTICE / REPORT: 4/15/13

COMPLIANCE EVENT & DATE: Annual Inspection 4/10/13

Site ID:911 Event ID:371

Debbi Potts

DebbiPotts, East Tennessee Licensure Surveyor

No Deficiencies Found

EVENT SUMMARY

09450-5-02	Licensure Administration and Procedures [checklist # 13]	0 deficiencies
09450-5-04	.06 Life Safety: Residential Occupancies - Board & Care [checklist # 42]	0 deficiencies
09450-5-04	.09 Life Safety: Mobile Non-ambulatory [checklist # 44]	0 deficiencies
09450-5-05	.02 Adequacy of Facility Environment and Ancillary Services (ALL FACILITIES) [checklist # 12]	0 deficiencies
09450-5-05	.03 Adequacy of Facility Environment & Ancillary Services (RESIDENTIAL) [checklist # 82]	0 deficiencies
09450-5-05	.05 Adequacy of Facility Environment & Ancillary Services (FOOD SERVICE) [checklist # 89]	0 deficiencies
09450-5-05	.06 Adequacy of Facility Environment & Ancillary Services (TRANSPORTATION) [checklist # 87]	0 deficiencies
09450-5-05	.09 Adequacy of Facility Environment & Ancillary Services (VISION LOSS) [checklist # 85]	0 deficiencies
09450-5-05	.10 Residential Facilities Serving Hearing Impaired (HEARING LOSS) [checklist # 84]	0 deficiencies
09450-5-06	Program Requirements for All Services and Facilities (DEEMED) [checklist # 90]	0 deficiencies
09450-5-17	Mental Health Adult Residential Treatment Services (DEEMED) [checklist # 57]	0 deficiencies
09450-5-18	Mental Health Crisis Stabilization Unit Facilities (DEEMED) [checklist # 58]	0 deficiencies
09450-5-44	Alcohol and Drug Residential Detoxification Treatment Facilities (DEEMED) [checklist # 76]	0 deficiencies
09450-5-45	Alcohol and Drug Residential Rehabilitation Treatment Facilities (DEEMED) [checklist # 77]	0 deficiencies

*With the exception of any deficiencies listed herein;
Detailed Program Requirements for DEEMED Chapter(s) considered compliant per accreditation by:
Joint Commission on Accreditation of Health Care Organizations (JCAHO)*