

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

PRINTED: 03/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2012
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NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9800 LAMBORNE BOULEVARD LOUISVILLE, KY 40272
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(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
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F 000 INITIAL COMMENTS

F 000

A Standard Health survey was initiated on 03/08/12 and concluded on 03/08/12. The facility was found to be in compliance with no deficiencies cited.

A Life Safety Code survey was conducted on 03/07/12. Deficiencies were cited with highest scope and severity of a "D" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition.



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Robert Hart

TITLE

Administrator

(X6) DATE

3/26/12

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 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1976</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type V Protected.</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors. Upgraded in 2005.</p> <p>SPRINKLER SYSTEM: Complete automatic, dry sprinkler system. Facility is in progress of replacing sprinkler heads.</p> <p>GENERATOR: Type II, 350 KW generator, fuel source is diesel. Upgraded in 2010.</p> <p>A standard Life Safety Code survey was conducted on 03/07/12. Essex Nursing & Rehabilitation Center was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for one-hundred and twenty-eight (128) beds and the census was one-hundred and twenty-seven (127) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal</p>	K 000		



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Robert Hart* TITLE *x administrator* (X5) DATE *2/26/12*

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 000	Continued From page 1 Regulations, 483.70(a) et seq. (Life Safety from Fire)	K 000	Essex Nursing & Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality care of the residents. The plan of correction is submitted as a written allegation of compliance. Essex Nursing & Rehabilitation's response to the Statement of Deficiencies and the plan of correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Essex Nursing & Rehabilitation reserves the right to submit documentation to refute any of the stated deficiencies on the Statement of Deficiencies through informal dispute resolution, formal appeal procedures and/or any other administrative or legal proceeding.	
K 029 SS=D	Deficiencies were cited with the highest deficiency identified at "D" level. 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 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure hazardous areas were protected in accordance with National Fire Protection Association (NFPA) standards. The deficiencies had the potential to affect one (1) of seven (7) smoke compartments, residents, staff, and visitors. The facility is licensed for one-hundred and twenty-eight (128) beds and the census was one-hundred and twenty-seven (127) on the day of the survey. The findings include:	K 029		



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K 029	<p>Continued From page 2</p> <p>Observation, on 03/07/12 at 10:00 AM, with the Maintenance Director, revealed the door, to the dry storage room located within the Kitchen, did not have a self-closing device installed on the door.</p> <p>Interview, on 03/07/12 at 10:00 AM, with the Maintenance Director revealed he was unaware of the dry storage room being a hazardous area requiring the door to be self-closing. The Maintenance Director advised the Kitchen staff to keep the door in the closed position, until a self-closing device ^{WFO} is installed on the door..</p> <p>Reference: NFPA 101 (2000 edition)</p> <p>19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 f2 (9.3 m2)</p>	K 029	<p>The dry storage room located in the dietary department did not have a self-closing door. A self-closure device was installed on the door on March 8, 2012. A facility-wide audit was conducted to ensure that all hazardous areas had the proper self-closure devices on the doors. No other doors in hazardous areas were found to be without self-closure devices. This will continue to be monitored during routine (documented) environmental inspections by the maintenance department for proper door closure devices and operational order.</p>	<p>03/08/12 03/09/12 per phone call Mike Zimstein 3/28/12</p>



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K 029	Continued From page 3 (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft ² (4.6 m ²), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.	K 029		

