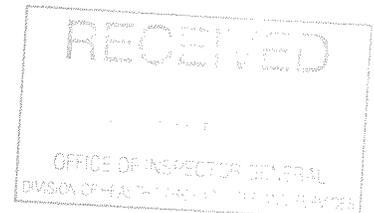


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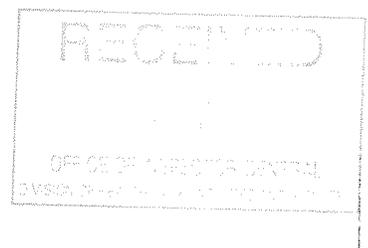
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185438	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2012
NAME OF PROVIDER OR SUPPLIER THE RICHWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1012 RICHWOOD WAY LA GRANGE, KY 40031	
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K 062	Continued From page 16 Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance Item Activity Frequency Reference Gauges (dry, preaction deluge systems) Inspection Weekly/monthly 2-2.4.2 Control valves Inspection Weekly/monthly Table 9-1 Alarm devices Inspection Quarterly 2-2.6 Gauges (wet pipe systems) Inspection Monthly 2-2.4.1 Hydraulic nameplate Inspection Quarterly 2-2.7 Buildings Inspection Annually (prior to freezing weather) 2-2.5 Hanger/seismic bracing Inspection Annually 2-2.3 Pipe and fittings Inspection Annually 2-2.2 Sprinklers Inspection Annually 2-2.1.1 Spare sprinklers Inspection Annually 2-2.1.3 Fire department connections Inspection Table 9-1 Valves (all types) Inspection Table 9-1 Alarm devices Test Quarterly 2-3.3 Main drain Test Annually Table 9-1 Antifreeze solution Test Annually 2-3.4 Gauges Test 5 years 2-3.2 Sprinklers - extra-high temp. Test 5 years 2-3.1.1 Exception No. 3 Sprinklers - fast response Test At 20 years and every 10 years thereafter 2-3.1.1 Exception No. 2 Sprinklers Test At 50 years and every 10 years thereafter 2-3.1.1 Valves (all types) Maintenance Annually or as needed Table 9-1 Obstruction investigation Maintenance 5 years or as needed Chapter 10	K 062		



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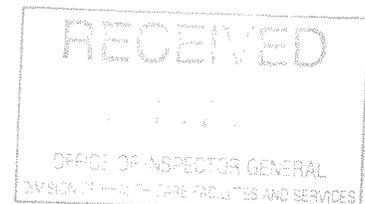
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K 064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure that fire extinguishers were maintained in accordance with NFPA standards. The deficiency had the potential to affect smokers, staff, and visitors. The facility has one hundred twenty (120) certified beds with a census of ninety three (93) on the day of the survey. The facility failed to ensure the staff was knowledgeable of the requirement for locations of fire extinguishers.</p> <p>The findings include:</p> <p>Observation, on 11/20/12 at 11:08 AM, with the Director of Maintenance revealed there was no fire extinguisher located in the designated smoking area.</p> <p>Interview, on 11/20/12 at 11:08 AM, with the Director of Maintenance revealed he was not aware that a fire extinguisher was required to be located in the smoking area.</p> <p>Reference: NFPA 10 1999</p>	K 064	<p>Completion Date: 12/28/2012</p> <p>K 064</p> <p>1. On 11/29/2012 a fire extinguisher was purchased for the designated staff smoking area. On 11/30/2012 the fire extinguisher was placed in the designated staff smoking area.</p> <p>2. There are no other smoking areas located on the facility grounds.</p> <p>3. On 11/26/2012 the Maintenance Director was inserviced by the Administrator on the importance of having a fire extinguisher in the staff smoking area. The staff smoking area fire extinguisher will be added to the monthly fire extinguisher visual inspection log to ensure that the fire extinguisher is operational and available to staff in the case of an emergency. By 12/27/2012 staff will be inserviced by one of the following people the Staff Development Coordinator, Director of Nursing, Dietary Director, or Housekeeping Supervisor as to the location and</p>		



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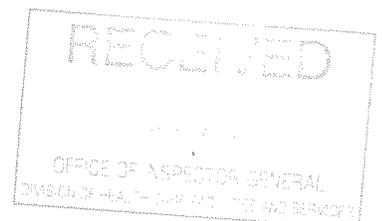
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K 064	Continued From page 18 4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of at least the following items: (a) Location in designated place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d)* Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or "hefting" (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place 4-3.3 Corrective Action. When an inspection of any fire extinguisher reveals a deficiency in any of the conditions listed in 4-3.2 (a), (b), (h), and (i), immediate corrective action shall be taken.	K 064	operational use of the fire extinguisher in the staff smoking area. 4. Monthly starting in December 2012 the Maintenance Director will do a visual inspection of the fire extinguisher in the staff smoking area. The visual inspection is to ensure the extinguisher is in its proper place and will operate if needed. Monthly the Maintenance Director will submit the Fire Extinguisher log to the Quality Assurance Committee for review. Any issues noted by the Quality Assurance Committee will be submitted to the Administrator for action.		
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.	K 066	Completion Date: 12/28/2012 K 066 1. No resident were affected by this deficient practice. 2. No other residents were affected by this deficient practice, because residents are not allowed in the staff smoking area. Residents of the Richwood are not allowed to smoke.		



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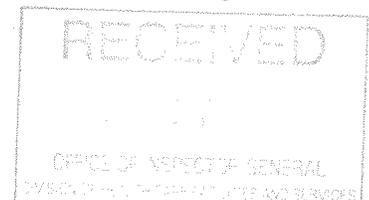
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K 066	<p>Continued From page 19</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the use of approved ashtrays in the designated smoking area, in accordance with NFPA standards. The deficiency had the potential to affect smokers, staff and visitors. The facility has one hundred twenty (120) certified beds with a census of ninety three (93) on the day of the survey. The facility failed to ensure the staff was knowledgeable of the requirement for self closing metal containers in designated smoking areas.</p> <p>The findings include:</p> <p>Observation, on 11/20/12 at 11:08 AM, with the Director of Maintenance revealed the facility failed to provide a metal container with a self-closing lid to dump the ashtrays, located in the designated smoking area.</p> <p>Interview, on 11/20/12 at 11:08 AM, with the Director of Maintenance revealed they were not aware of the requirement for metal containers with a self-closing lid for dumping ashtrays.</p>	K 066	<p>3. On 12/20/2012 there was a metal container (smoke pole) equipped with a self-closing cover for the disposal of cigarette butts and ashes. This container is to stay in the staff smoking area to be utilized for disposal of cigarette butts and ashes from the ashtray. The ashtray is also equipped with a disposable fire resistant bag that will add in the removal cigarette butts and ashes. On 11/26/2012 the Administrator inserviced the Maintenance Director and the Housekeeping Supervisor on the importance of keeping a metal container with a self-closing lid for the facility staff smoking area to dispose of cigarette butts and ashes.</p> <p>4. Weekly the Maintenance Director will ensure that cigarette butts and ashes are removed from the metal container with a self-closing lid. Monthly the Housekeeping Supervisor will audit the staff smoking area for the placement of the</p>	



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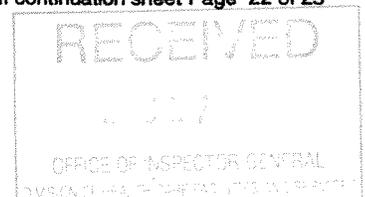
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K 066	Continued From page 20	K 066	metal container with a self-closing lid to be used for disposal of cigarette butts and ashes. At any time the Housekeeping Supervisor finds that the metal container with a self-closing lid is not in the staff smoking area this will be reported to the Maintenance Director. At that time the Maintenance Director will replace the missing container with another metal container with a self-closing lid. Monthly the Housekeeping Supervisor will submit a report to the Quality Assurance Committee with the results of his/her audit of the placement of the metal container with a self-closing lid.		
K 070 SS=D	Reference: NFPA Standard 101 (2000 Edition). 19.7.4 Smoking (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure, portable space heaters used in the facility were in accordance with NFPA standards. The deficiency had the potential to affect one (1) of five (5) smoke compartments, residents, staff and visitors. The facility is certified for one hundred twenty (120) beds with a census of ninety three (93) on the day of the survey. The facility failed to ensure the staff was knowledgeable of the requirement for space heaters. The findings include: Observation, on 11/20/12 between 8:00 AM and 2:30 PM, with the Director of Maintenance revealed portable space heaters located in the	K 070	Completion Date: 12/28/2012 K 070 1. The Maintenance Director removed portable space heater located in the Administrators Office, Office Managers Office, Restorative Office, Director of Nursing Office and the Social Services Office on 11/20/2012.		



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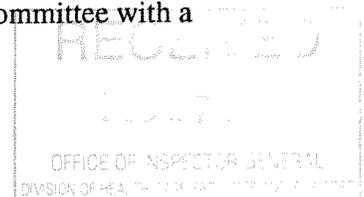
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K 070	Continued From page 21 Administrators Office, Office Managers Office, Restorative Office, Director of Nursing Office, and the Social Services Office. The facility did not have a policy for portable heaters. Further observation revealed the facility did not have documentation that the heaters would not exceed 212 degrees. Interview, on 11/20/12 between 8:00 AM and 2:30 PM, with the Director of Maintenance revealed they were not aware the heaters could not exceed 212°F in non-sleeping, staff, and employee areas, they thought this requirement was only for patient care areas. Reference: NFPA 101 (2000 edition) 19.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies. Exception: Portable space-heating devices shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212°F (100°C). NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical	K 070	2. On 11/21/2012 the Maintenance Director went into all other offices within the facility to remove portable space heaters. No other space heaters were found in any other office within the facility. 3. On 11/21/2012 the Administrator inserviced the Maintenance Director, Office Manager, Restorative Nurse, Director of Nursing, Social Service Director, Dietary Manager, Housekeeping Supervisor, Admission Director, Activities Director, Medical Records Director, Assistant Directors of Nursing, Staffing Coordinator, and Wound Care Nurse by utilizing the <u>Life Safety Code Guidance for Certified Long Care Facilities</u> manual that potable space heaters for staff and employee areas cannot have heating elements that exceed 212 F. The Housekeeping Supervisor was inserviced by	
K 147 SS=E		K 147		

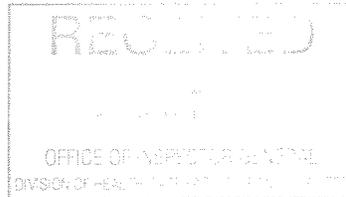


the Administrator on 11/21/2012 that monthly she is to go into each office within the facility to ensure there are no space heaters; any space heaters that are found will be removed immediately and given to the administrator. There will be a list of offices maintained by the Housekeeping Supervisor to ensure that all offices are reviewed once a month.

4. Monthly the Housekeeping Supervisor will check each office within the facility to ensure there are no portable space heaters present. The Housekeeping Supervisor will maintain an audit of the facilities offices to ensure all offices are checked on monthly bases. Any office found with a portable space heater will have the space heater removed immediately by the Housekeeping Supervisor. The Housekeeping Supervisor will give the administrator the space heater. The administrator will address the individual of the office that the portable space heater was found. Monthly the Housekeeping Supervisor will supply the Administrator a copy of the office audit. If any portable space heaters are found by the Housekeeping Supervisor he/she will indicated it on the monthly audit. The Administrator will provide the Quality Assurance Committee with a



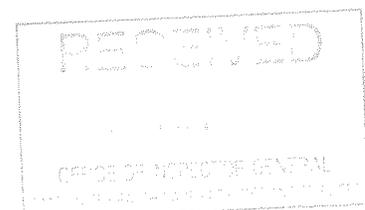
report by utilizing the office
audit of where the portable
space heater(s) were found in
the facility and when they
were removed.



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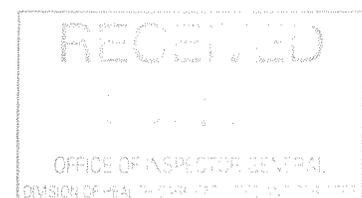
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K 147	<p>Continued From page 22</p> <p>wiring was maintained in accordance with NFPA standards. The deficiency had the potential to affect three (3) of five (5) smoke compartments, residents, staff, and visitors. The facility is certified for one hundred twenty (120) beds with a census of ninety three (93) on the day of the survey. The facility failed to ensure the staff was knowledgeable of the requirement for electrical wiring and equipment.</p> <p>The findings include:</p> <p>Observations, on 11/20/12 between 8:00 AM and 2:30 PM, with the Director of Maintenance revealed:</p> <ol style="list-style-type: none"> 1) A refrigerator was plugged into an extension cord that was plugged into a power strip located in the Restorative Office. 2) A power strip was plugged into a power strip located in the Medical Records Office. 3) An extension cord was used as a permanent feed for a plug in the Laundry Room. 4) Lift battery chargers were plugged into a power strip located in the B Med Room. 5) A hydrocollator was not plugged into a ground fault protected outlet located in the Therapy Room. <p>Interview, on 11/20/12 between 8:00 AM and 2:30 PM, with the Director of Maintenance revealed they were aware of the proper use of power strips and extension cords but not aware any had been</p>	K 147	<p>Completion Date: 12/28/2012</p> <p>K 147</p> <ol style="list-style-type: none"> 1. On 11/20/2012 the Maintenance Director in the Restorative Office plugged the refrigerator into a wall plug. On 11/20/2012 the Maintenance Director removed one of the power strips from the Medical Records Office. On 12/10/2012 the Maintenance removed the extension cord from the Laundry and was replaced with Rome X wire through conduit into junction electrical boxes with receptacle covers. On 11/21/2012 the Maintenance Director removed the Lift battery from the power strip and plugged into a wall outlet. On 11/21/2012 the Maintenance Director plugged the Therapy Room hydrocollator into a ground fault plug. 	



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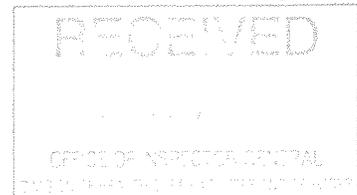
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K 147	<p>Continued From page 23 installed and misused. Further interview revealed they were not aware the hydrocollator was required to be plugged into a ground fault protected outlet.</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>Reference: NFPA 70 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces</p> <p>Reference: NFPA 99 (1999 edition)</p> <p>3-3.2.1.2 D</p> <p>Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid</p>	K 147	<p>2. On 11/21/2012 the Maintenance Director and Housekeeping Supervisor reviewed other offices and areas of the facility to ensure that electrical wiring and equipment was in accordance with NFPA standards. No other issues were found.</p> <p>3. On 11/21/2012 the Administrator inserviced the Maintenance Director and Housekeeping Supervisor over the NFPA regulation regarding the need for additional outlets and the proper use of power strips and what can or cannot be plugged into a power strip. On 12/13/2012 the Housekeeping Department and Maintenance Assistant were inserviced by the Administrator on what can and cannot be plugged into a power strip, what should be plugged into a ground plug, and the use of extension cords. The Housekeeping Department and Maintenance Assistant were instructed by the Administrator on</p>		



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K 147	Continued From page 24 the need for extension cords or multiple outlet adapters.	K 147	12/13/2012 that if they found an item plugged up inappropriately they were to remedy the situation immediately and to report the incident to their supervisor immediately. If the Housekeeping Employee or Maintenance Assistant could not repair the issues immediately the Administrator informed the employees on 12/13/2012 to report the issue to Maintenance immediately. When reporting an issue to the Maintenance Director or the Housekeeping Supervisor the Housekeeping staff will provide the Director the location of the issue and the specifics of the issue. On 12/13/2012 the Administrator informed the Maintenance Director he/she is to repair the electrical issue reported to him/her immediately.		



4. Starting 12/13/2012 the Housekeeping Supervisor will keep a log of electrical issues reported by the Housekeeping Staff. The Housekeeping Supervisor will submit a report monthly to the Quality Assurance Committee covering any electrical issues that were found and remedied by the Housekeeping staff. Starting 12/13/2012 the Maintenance Director will keep a log of electrical issues reported by Housekeeping Staff that needed Maintenances immediate attention. Monthly the Maintenance Director will submit these finding to the Quality Assurance Committee for review.

