

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

PRINTED: 06/09/2015
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|---|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185419 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/04/2015 |
| NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE BOWLING GREEN, KY 42104 | | |
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| F 000 | INITIAL COMMENTS A Recertification Survey was conducted on 06/02/15 through 06/04/15 with no deficient practice identified. | F 000 | | | |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Heather Oberon* TITLE: Executive Director (X6) DATE: 6/19/15

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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| | <p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1995</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (211).</p> <p>SMOKE COMPARTMENTS: Two (2) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1995 with 28 smoke detectors and no heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 1995.</p> <p>GENERATOR: Type II generator installed in 1995. Fuel source is Diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 06/02/15. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for twenty-eight (28) beds with a census of twenty-eight (28) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from</p> | |  | |

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

Heather Chanion

TITLE

Executive Director

(X6) DATE

6/19/15

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| K 000 | Continued From page 1 Fire). | K 000 | K025 | 7/8/15 |
| K 025 SS=F | <p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain smoke barriers that would resist the passage of smoke between smoke compartments in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect two (2) of two (2) smoke compartments, twenty-eight (28) residents, staff and visitors. The facility has the capacity for twenty-eight (28) beds and at the time of the survey, the census was twenty-eight (28).</p> <p>The findings include:</p> <p>1. Observation, on 06/02/15 at 12:56 PM, with the Housing Manager revealed unrated fiberglass</p> | <p>1. No residents were affected by this alleged deficiency. The penetration to the fire wall, above the ceiling in the attic by loading dock doors, was properly sealed and repaired on 6/3/15 by maintenance staff. An access panel will be added to the ceiling area so that both sides of the smoke barrier located by the Director of Nursing office will be accessible. This work is scheduled to be completed by 7/6/15 by our preferred vendor, Stewart Richey.</p> <p>2. All residents have the potential to be affected by this alleged deficiency. The Housing Manager inspected the attic to ensure the fire wall was properly sealed on 6/4/15. The Housing Manager will also inspect the new access</p> | | |

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| K 025 | <p>Continued From page 2</p> <p>insulation being used to seal a penetration in the Fire Wall below two (2) main water lines located above the ceiling in the attic by the Loading Dock Doors.</p> <p>Interview, on 06/02/15 at 12:57 PM, with the Housing Manager revealed he was not aware of the unrated material being used to seal a penetration in the Fire Wall.</p> <p>2. Observation, on 06/02/15 at 1:10 PM, with the Housing Manager revealed only one (1) side of the smoke barrier located by the Director of Nursing Office was accessible. The other side was not safely accessible to verify the compliance.</p> <p>Interview, on 06/02/15 at 1:11 PM, with the Housing Manager revealed it was very difficult to access one (1) side of the smoke wall by the Director of Nursing Office.</p> <p>The census of twenty-eight (28) was verified by the Administrator on 06/02/15. The findings were acknowledged by the Administrator and verified by the Housing Manager at the exit interview on 06/02/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition).19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour. Exception No. 1: Where an atrium is used, smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with Exception No. 2 to 8.2.5.6(1). Not less than two separate smoke compartments shall be provided</p> | K 025 | <p>point on 7/7/15 to ensure adequate/safe access once installed.</p> <p>3. Maintenance staff were in- serviced by Housing Manager 6/18/15 on maintaining proper seal of smoke barriers in attic and safe access points.</p> <p>4. A preventative maintenance inspection which includes attic and smoke barriers will be completed monthly by maintenance personnel. These inspections will be submitted to the Housing Manager, and then forwarded to the Administrator for review. These inspections will also be reviewed at the QAPI committee on a monthly basis for the next six (6) months.</p> | | |

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| K 025 | Continued From page 3 on each floor. Exception No. 2*: Dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems where an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 has been provided for smoke compartments adjacent to the smoke barrier. Reference: NFPA 101 (2000 Edition) 8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (a) The space between the penetrating item and the smoke barrier shall 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. (b) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. (c) Where designs take transmission of vibration into consideration, any vibration isolation shall 1. Be made on either side of the smoke barrier, or 2. Be made by an approved device designed for the specific purpose. 8.3.6.2 Openings occurring at points where floors or smoke barriers meet the outside walls, other smoke | K 025 | | |

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| K 025 | Continued From page 4 barriers, or fire barriers of a building shall meet one of the following conditions: (1) It shall be filled with a material that is capable of maintaining the smoke resistance of the floor or smoke barrier. (2) It shall be protected by an approved device that is designed for the specific purpose. | K 025 | | |
| K 038 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure delayed egress locks had an audible signal in the vicinity of the door in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect two (2) of two (2) smoke compartments, twenty-eight (28) residents, staff and visitors. The facility has the capacity for twenty-eight (28) beds and at the time of the survey, the census was twenty-eight (28). The findings include: | K 038 | K038 1. No residents were affected by this alleged deficiency. Corrected signagc was ordered on 6/18/15 from our selected vendor, Direct Supply. New signage will read "Push until alarm sounds; door can be opened in 15 seconds", which is in accordance with NFPA guidelines. These revised signs will be placed on each door (100 Hall Door, Front Door, 300 Hall Door). The Housing Manager coordinated with preferred vendor, Alliant Integrators, | 7/25/15 |

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| K 038 | Continued From page 5 1. Observation, on 06/02/15 at 2:15 PM, with the Housing Manager revealed upon activation of the delayed egress exit door located in the 100 Hall, there was no audible alarm in the vicinity of the door to indicate the irreversible process had been initiated. Observation of the delayed egress signage revealed it did not indicate to Push Until Alarm Sounds. Interview, on 06/02/15 at 2:16 PM, with the Housing Manager revealed he was not aware of the requirements for locks located in the path of egress. 2. Observation, on 06/02/15 at 2:17 PM, with the Housing Manager revealed upon activation of the delayed egress exit door located at the Front Door, there was no audible alarm in the vicinity of the door to indicate the irreversible process had been initiated. Observation of the delayed egress signage revealed it did not indicate to Push Until Alarm Sounds. Interview, on 06/02/15 at 2:18 PM, with the Housing Manager revealed he was not aware of the requirements for locks located in the path of egress. 3. Observation, on 06/02/15 at 2:30 PM, with the Housing Manager revealed upon activation of the delayed egress exit door located in the 300 Hall there was no audible alarm in the vicinity of the door to indicate the irreversible process had been initiated. Observation revealed the delayed egress signage did not indicate to Push Until Alarm Sounds. Interview, on 06/02/15 at 2:31 PM, with the | K 038 | regarding the audible alarm on 100 Hall Door, Front Door, 300 Hall Door). This work is scheduled to be completed on or before 7/24/15, which will allow the initiation of the release process to activate an audible signal in the vicinity of the door upon activation. 2. All residents were identified to have the potential to be affected by this alleged deficiency. The Housing Manager will assure, upon completion of the scheduled work, that all exit access doors are in accordance to NFPA/Life Safety Code guidelines; including but not limited to audible alarm and signage. 3. Upon completion of work on 7/24/15, all staff will be inserviced on new audible alarms and equipment at exit access doors. A monthly door | |

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| K 038 | <p>Continued From page 6</p> <p>Housing Manager revealed he was not aware of the requirements for locks located in the path of egress.</p> <p>The census of twenty-eight (28) was verified by the Administrator on 06/02/15. The findings were acknowledged by the Administrator and verified by the Housing Manager at the exit interview on 06/02/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 edition) 7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met.</p> <p>(a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6.</p> | K 038 | <p>inspection audit was updated to include audible alarm sounds upon activation of delayed egress doors. This audit was updated by Housing Manager on 6/18/15.</p> <p>4. The updated door audit will be completed by maintenance on a monthly basis and submitted to the Housing Manager. The door audit will be reviewed by the Administrator and forwarded to the QAPI committee on a monthly basis, this will continue indefinitely.</p> | |

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| K 038 | Continued From page 7 (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) *On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS | K 038 | | | |