

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

PRINTED: 07/11/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 06/24/2011
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NAME OF PROVIDER OR SUPPLIER  RICHMOND PLACE REHABILITATION AND HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509
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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)	(X6) COMPLETION DATE
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{K 000}	<p>INITIAL COMMENTS</p> <p>42 CFR 483.70(a)</p> <p>K3 Building: 0101 K6 Plan Approval: 03/08/1991 K7 Survey Under: 2000 Existing K8 SNF Type of Structure: A 1991 one story Type V (000) unprotected construction. The facility is fully sprinklered. The facility has two (2) smoke compartments.</p> <p>An onsite revisit to the abbreviated Life Safety Code Survey (06/06/11) ARO#00016496 was conducted on 06/24/11. It was determined Immediate Jeopardy (IJ) related to ARO#00016496 had been removed at K-38 on 06/18/11 as alleged in the acceptable Allegation of Compliance (AOC) received on 06/20/11. While IJ was removed at K-38 continued non-compliance remained at K-38 at a Scope and Severity (S/S) of an "E". The facility had not developed and implemented an acceptable Plan of Correction (POC), ensured all staff were re-educated on accessible exits, or completed ongoing monitoring of the new evacuation system through the monthly Quality Assurance meeting which includes the Medical Director.</p> <p>The facility continued to be in non-compliance at the non-IJ deficiency, K-48 cited during the Abbreviated Survey (06/06/11) due to the facility had not completed re-education for all staff in regards to the written plan for the protection of all residents and for their evacuation in the event of an emergency. The following findings demonstrate noncompliance:</p>	{K 000}	<p>Please accept this response as Richmond Place Rehabilitation and Health Center's (hereinafter referred to as "RPRHC") plan of correction for the statement of deficiencies issued on June 17, 2011, which was identified by the Kentucky Cabinet for Health Services during an abbreviated/partial extended survey conducted May 31, 2011 through June 6, 2011, involving CFR 483.25, CFR 483.70, and CFR 483.75. RPRHC is committed to compliance with applicable legal and regulatory standards. Likewise, RPRHC recognizes and respects the important role federal and state agencies play in ensuring compliance with such standards. RPRHC respectfully submits this Plan of Correction as required by applicable law. However, the completion and submission of this Plan of Correction does not constitute an admission of any of the alleged non-compliance (and/or any underlying act or failure to act which is or maybe alleged to have caused the alleged non-compliance) identified by the Kentucky Cabinet for Health and Family Services Office of Inspector General or waive or release any</p>	7/29/11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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 038} SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on interview, record review and review of the acceptable Allegation of Compliance (AOC), it was determined Immediate Jeopardy (IJ) identified during the Abbreviated Survey (06/06/11) had been removed related to K38 (Exit access); however, non-compliance continued to exist as the facility had not completed staff education for K38 (emergency procedures during a fire), nor developed and implemented an acceptable Plan of Correction (POC) related to K48 (exit access) and K38 (emergency procedures during a fire). In addition, the facility continued to monitor the newly developed evacuation plan through the Quality Assurance (QA) program to ensure the effectiveness of the Allegation of Compliance (AOC). The findings include:</p> <p>Review of the acceptable Allegation of Compliance (AOC) received on 06/20/11 revealed the facility sealed the emergency exits leading to the construction site from the outside. After completion of a walkway, one exit was reopened as an evacuation route. In addition, a fence was built to enclose the construction site, preventing</p>	{K 038}	<p><b>K 038 NFPA 101 Life Safety Code Standards</b></p> <p>Exit access is arranged so that exits are readily accessible at all time in accordance with section 7.1 19.2.1</p> <p>The facility alleges that all exits are readily accessible at all times in accordance with 7.1 19.2.1. The facility has notified associates of exits that are readily accessible and evacuation routes were created to provide safe egress to a public way. In the event of an emergency the facility has provided an exit that residents can safely evacuate. The facility has posted evacuation routes in the corridors that reveal accurate locations for pull stations and fire extinguishers. All associates have been trained on emergency evacuation procedures</p>		

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NAME OF PROVIDER OR SUPPLIER  RICHMOND PLACE REHABILITATION AND HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509		
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{K 038}	<p>Continued From page 2</p> <p>public access to the area. The evacuation plan was revised and new signs were posted to direct staff and residents to a safe area in the event of fire or other emergency. Physical monitoring of the exit around the clock was initiated.</p> <p>Further review of the AOC revealed daily rounds for identification of potential hazards were conducted, utilizing the newly-developed Environment Quality Assurance (QA) Form. The Maintenance Director was conducting four (4) safety rounds daily. Staff re-education of new policies and procedures related to the evacuation plan had been conducted. Facility administration was conducting random competency checks on the new procedures six (6) times daily. Fire, Evacuation, Elopement and Hazard Drills had been conducted on all three (3) shifts. All data collection from daily rounds, random competencies, and analyses of drill responses were reported to daily QA meetings and will be taken to the next monthly QA meeting.</p> <p>The above information was verified through staff interviews and record reviews.</p> <p>Interview with the Administrator, on 06/24/11 at 8:00 PM, revealed facility staff currently on leave or who work on a PRN (as needed) basis had been mailed training materials which included acknowledgement forms. All forms had not been received back by the facility and training would not be completed until those staff members reported for their next assigned shift. Continued interview revealed the Environment Quality Assurance forms, data collected from daily rounds, and competencies would be reviewed at the next monthly QA meeting which was</p>	{K 038}	<p>which included readily accessible exits.</p> <p>1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On June 1, 2011 during the abbreviated standard partial extended survey (facility reported), the Life Safety Code Officer from the Cabinet for Health Services requested that first, the facility seal the two emergency exits that lead to the construction site and secondly, initiate an immediate fire watch. Immediately following this request on June 1, 2011, the exits were sealed and the fire watch was initiated.</p> <p>American Constructors, Inc. sealed two exits, one located near the therapy department and the second exit at rooms 231 and 232.</p>		

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{K 038}	Continued From page 3 scheduled for 07/13/11 and would be attended by the Medical Director.	{K 038}		
{K 048} SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and review of the facility's policies, it was determined that the facility staff failed to follow proper procedures and/or protocols per the facility's fire safety and evacuation plan. The deficiency affects two (2) of two (2) smoke compartments, ninety (90) residents, nine(9) staff and visitors. On 05/29/11 at 4:00 AM staff was alerted to a fire in resident room #117 by a single room smoke detector sounding. The resident in room #117 was not removed immediately from the room. The buildings fire alarm system was not activated at any time by facility staff. Evacuation routes that were posted in hallways were not correct and did not properly identify pull stations and fire extinguishers were located. The R.A.C.E. (Rescue, Alarm, Confine, Extinguish) protocols were not utilized per facility's emergency policy and procedure manual.</p> <p>The findings include:</p> <p>Interview on 05/31/11 at 12:54 PM with the facility Administrator and Maintenance Director revealed during review of the Emergency Preparedness and Response Policy and Procedure Manual (used for employee orientation) that employees</p>	{K 048}	<p><b>K 048 NFPA 101 Life Safety Code Standards</b></p> <p>Written plan for protection of all patients or for their evacuation in the event of an emergency 19.7.1.1</p> <p>The facility alleges that a written plan for protection of all patients or for their evacuation in the event of an emergency 19.7.1.1. The facility has notified associates of the written plan for protection of all patients or for their evacuation in the event of an emergency.</p> <p>Additional education included, but was not limited to, emergency exits that are readily accessible and evacuation routes</p>	

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{K 048}	<p>Continued From page 4 are trained to utilize the R.A.C.E. procedure in the event of fire.</p> <p>Copies of the facilities emergency plan were obtained to affirm the findings. The administrator gave a brief summary of the fire event on 05/29/11 and a review of the facility evacuation procedures were discussed. Documents collected from the Administrator include: staff statements; sprinkler inspections, fire alarm inspections, fire drills, and evacuation plan.</p> <p>Interview on 05/31/11 at 1:00 PM with Licensed Practical Nurse in charge of staff development (LPNSD) #1 revealed that she trains all new employees in emergency response which includes: fire, disaster and facility evacuation. Record review revealed that 0.5 hours are spent on each subject.</p> <p>Interview on 05/31/11 at 3:21 PM with State Registered Nursing Aide (SRNA) #1 by phone confirmed her hand written statement given the morning of 05/29/11. The interview revealed SRNA #1 was told (by RN #1) to call the fire department and notify the front nurse's station of the fire. SRNA #1 stated she did not know the telephone number to the North Nurse Station, so she ran approximately (176) feet from room #117 to the North Nurse's Station to notify staff of the fire location. She then ran back from the North Nurse's Station to the South Nurse's Station approximately (262) feet to call the fire department. She notified the fire department via telephone and told the dispatcher there was a fire in the facility. She returned to room #117 where she found the resident in the corridor sitting in a broda chair. She then proceeded to take the</p>	{K 048}	<p>created to provide safe egress to a public way. In the event of an emergency the facility has provided an exit that residents can safely evacuate. The facility has posted evacuation routes in the corridors that reveal accurate locations for pull stations and fire extinguishers. All associates have been trained on emergency evacuation procedures which included readily accessible exits.</p> <p>1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On June 1, 2011 during the abbreviated standard partial extended survey (facility reported), the Life Safety Code Officer from the Cabinet for Health Services requested that first, the facility seal the</p>		

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{K 048}	Continued From page 5 resident to the North Unit. After that she began closing doors to other adjacent rooms. SRNA #1 also stated she had not been trained on what to do in case of fire or emergency.  Interview on 05/31/11 at 3:36 PM by phone with SRNA #2 confirmed her hand written statement given the morning of 05/29/2011. The interview revealed SRNA #2 and SRNA #1 were doing paperwork in the lounge area across from South Nurse's Station and heard an alarm sound. She stated they went to investigate along with (RN) #1 and LPN #1 (who were at the South Nurse's Station) they all entered room #117 and saw flames coming from the far side of the bed where a facility bed pillow was on fire. SNRA #2 stated that RN #1 and LPN #1 went to get a fire extinguisher and SRNA #1 went to call the fire department. She then got wet towels from the resident's bathroom and put them on the fire, extinguishing it. RN #1 and LPN #1 returned to the room and all three (3) tried to remove the resident and the bed from the room but could not get the bed to move. The resident was then transferred to a broda chair and removed from the room and placed in hallway where SRNA #1 took resident to North Unit smoke compartment. SRNA #2 also stated that she and SRNA #1 were just in room #123 ten (10) minutes before the alarm activated in room #117, which was three (3) doors down from room #117 and did not see anyone in the hallway. SRNA #2 confirmed that she was aware to use the R.A.C.E. protocols. Interview on 06/01/11 at 12:13 PM by phone with Licensed Practical Nurse (LPN) #1, confirmed hand written statement given on the morning of 05/29/11. She also confirmed she tried to locate a	{K 048}	two emergency exits that lead to the construction site and secondly, initiate an immediate fire watch. Immediately following this request on June 1, 2011, the exits were sealed and the fire watch was initiated.  American Constructors, Inc. sealed two exits, one located near the therapy department and the second exit at rooms 231 and 232. These exits were sealed from the outside to eliminate the possibility of exit into an unsafe area. The facility administrator placed additional prominent signage on the interior of these doors indicating that they were not an exit. Additionally on June 1, Fayette Electric Company removed the illuminated exit signs from above the sealed exits.  On June 1, 2011 immediately following	

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{K 048}	<p>Continued From page 6</p> <p>fire extinguisher without success. When she returned to room #117 the fire was out and she helped remove the resident from the room. LPN #1 also stated that she closed the room doors as she was going to the South Nursing Station to get wet towels to put in front of the door to room #117. LPN #1 confirmed she was trained to use the R.A.C.E. protocols in the event of fire.</p> <p>Interview on 06/01/2011 at 1:12 PM by phone with Registered Nurse (RN) #1 confirmed information in a hand written statement given on the morning of 05/29/11. Interview confirmed that she knew that the resident should have been removed first but she had been burned at an early age and wanted to put the fire out first. The RN confirmed that she was trained to use R.A.C.E. protocols in the event of fire.</p> <p>Interview on 06/01/11 at 10:30 AM with the Maintenance Director revealed that he conducts the facility fire drills each month and all fire drills are up to date, as required. Further interview with the Maintenance Director confirmed comments that he made on fire drill reports about some staff not knowing what to do during the fire drills. The Maintenance Director also stated that when someone is identified as not knowing what to do, he personally orients that individual, as needed.</p> <p>19.7.1 Evacuation and Relocation Plan and Fire Drills. 19.7.1.1 The administration of every health care occupancy shall have, in effect and available to all</p>	{K 048}	<p>sealing the exits and removal of illuminated exit signage, the facility's emergency evacuation route plan was revised by the social services director, with direction and approval provided by the administrator, to exclude the sealed emergency exits. A QA meeting was held on June 1, 2011 with director of nursing, staff development coordinator, north unit coordinator, social services director, administrator and maintenance director to formulate plans to reeducate associates on accessible exits and emergency procedures. The training included, but was not limited to: specifics on the exits that were sealed and plans to build a safe walkway from the exit at rooms 231 and 232 to a public way, evacuation route education and attention to the importance</p>		

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{K 048}	<p>Continued From page 7</p> <p>supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator's position or at the security center.</p> <p>The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.1.2* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.</p> <p>When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.</p> <p>19.7.1.3 Employees of health care occupancies shall be instructed in life safety procedures and devices.</p> <p>19.7.2 Procedure in Case of Fire.</p> <p>19.7.2.1* For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel. The</p>	{K 048}	<p>of monitoring exits during any disablement of the doors, safe evacuation procedures, and emergency response including the acronym (R.A.C.E.) Rescue, Alarm, Confine, Extinguish/ Evacuate and fire extinguisher procedures acronym (P.A.S.S.) Pull the pin, Aim at the base of the fire, Squeeze the handle, Sweep from side to side.</p> <p>On June 1, 2011, training for associates on duty was conducted by the director of nursing, staff development coordinator, north unit coordinator and social service director. Associates who were not on duty were trained on the above-mentioned topics by prior to returning to work by the staff development coordinator, social services director, RN weekend supervisor, administrator, or director of nursing. All associates including part</p>		

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{K 048}	Continued From page 8 basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy fire safety plan. 19.7.2.2 A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire 19.7.2.3 All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person (2) During a malfunction of the building fire alarm system Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan.	{K 048}	time and PRN completed this education by 6/30/11.  2. How will the facility identify other residents having the potential to be affected by the same deficient practice?  Based on the finding of two emergency exits which were allegedly not safe secondary to existing construction, and interviews with associates who were not aware of which emergency exits to use, and an associates inability to accurately describe emergency procedures related to fire, it was determined that all residents and associates could be affected.  3. What systemic changes will be made to ensure that the deficient practice will not recur? On June 1, 2011, American Constructors, Inc. built a		