

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

PRINTED: 11/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2013
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NAME OF PROVIDER OR SUPPLIER BAPTIST HOSPITAL NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEW MOODY LANE LA GRANGE, KY 40031
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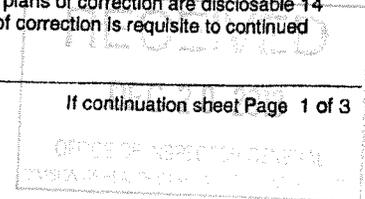
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F 000	INITIAL COMMENTS	F 000		
F 371 SS=F	<p>A standard health survey was conducted on November 19-21, 2013 and Life Safety Code survey on 11/19/13 with deficiencies cited at the highest scope and severity at an "F".</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the cleaning schedule and equipment cleaning policy, it was determined the facility failed to prepare food under sanitary conditions in regards to equipment having heavy build up of grease, dirt and dust.</p> <p>The findings include: Review of the Equipment Cleaning policy, revised July 2012, revealed a cleaning frequency was determined for all areas and equipment in the Food and Nutrition Services Department/Dining Services. An area and equipment cleaning frequency list served as the basis for assignment of cleaning duties and for sanitation inspections. The policy stated all staff would be trained and</p>	F 371	<p>This Plan of Correction is not an Admission of any deficiency Contained in the Statement of Deficiencies; however, the facility remains committed to the delivery of quality healthcare services and will continue to make whatever changes and improvements necessary to satisfy this objective and ensure CMS and the State services are being provided in compliance with the applicable conditions of participation.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Maisha Buren TITLE: Administrator (X6) DATE: 12/20/13

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.

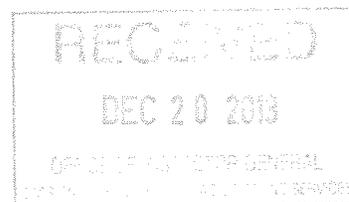
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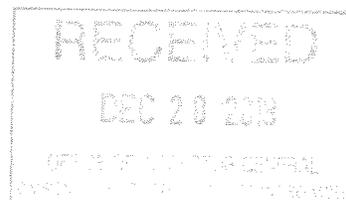
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F 371	<p>Continued From page 1 assigned area and equipment cleaning tasks. Review of the required cleaning and sanitization policy, revised January 2013, revealed food-contact surfaces of all cooking equipment shall be kept free of encrusted grease deposits and other accumulation soil.</p> <p>Observation during the initial tour of the kitchen, on 11/19/13 at 8:47 AM, revealed splattered grease deposits on the side of the convention oven, heavy build-up of grease deposits, dirt, and dust on the surface of the cooking gas range burners, knobs, front and back of the range. The exhaust vent directly above the cooking range had encrusted grease deposits that look like they were dripping, heavy coating of grease and dust on the lamps, and a heavy build up of grease deposits on the top and sides of the vent.</p> <p>Interview with the Food Director, on 11/19/13 during the tour of the kitchen, revealed the kitchen staff did not clean the vents. He stated an outside contract company serviced and cleaned the exhaust vents every six months. He stated the cooking range was cleaned as needed and he thought it was on the routine cleaning schedule.</p> <p>Review of the hood and dust cleaning service's invoice, dated 07/09/13, revealed the exhaust vents were inspected and cleaned on that date.</p> <p>Review of the daily cleaning schedule for the kitchen for November 11-17, 2013, revealed neither the stove nor the vents were on the schedule to be cleaned.</p> <p>Observation of the kitchen, on 11/21/13 at 9:30 AM, with the Food Director and Director Engineering/Environmental Services revealed the</p>	F 371	<ol style="list-style-type: none"> No residents were harmed. All residents had the potential to be affected but no food borne illnesses have been identified in the past year. The stove was cleaned by dietary staff on 12/04/13. Richard's Duct and Hood Cleaning cleaned the hood and filters on 11/22/13. ATTACHMENT A <p>The cleaning schedule was reviewed and revised by the Chef and Director of Nutritional Services to include cleaning times and better explain the matrix on 12/4/2013. The cleaning matrix will be initialed daily by the assigned employee. ATTACHMENT B</p> <p>The cooks were inserviced by the Chef on the proper cleaning and maintenance of equipment and were assigned daily cleaning of the stove and equipment. ATTACHMENT C</p> <p>The chef will inspect the area daily to ensure the schedule is being followed and the cleaning is completed and will initial the matrix after inspection. The director will fulfill this duty when the chef is unavailable. ATTACHMENT B</p>	12/13/2013	



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F 371	Continued From page 2 grease splatters on the conventional oven from the deep fryer had not been cleaned with additional splatters noted all over the side of the oven onto the floor. The gas range had not been cleaned with a heavy build up of grease deposits and other accumulated soil noted on the top, front, and bottom of the range. Grease deposits were observed in front of the cooking range with a cleaning cloth on the floor. The vent above the cooking range still had a heavy accumulation of grease and dust. Interview with the Food Director and Director of Environmental Services, on 11/21/13 at 9:35 AM, revealed the equipment had not been included in the daily cleaning schedule, but cleaned as needed. They indicated there was a need to increase the cleaning visits for the vents, by the contract company, as evidence of the heavy accumulation of grease and dust on the vents. The Food Director stated the vent above the cooking range was used more often than the other vents in the kitchen.	F 371	4. Compliance with the cleaning schedule will be reported by the Director of Nutritional Services to the Evidence Based Committee (EBC), the facility's quality assurance/performance improvement committee, monthly until 100% compliance is achieved for 3 consecutive months. ADDENDUM to #3: The cook's were in serviced on December 3, 2013. The chef's initials will verify that the cleaning was done according to specifications and according to the schedule.		



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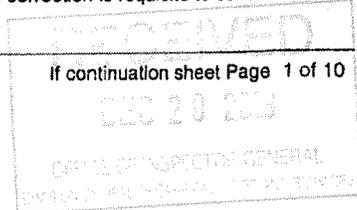
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1986</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One wing of a three (3) story, Type II unprotected</p> <p>SMOKE COMPARTMENTS: Three (3) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 11/19/13. Baptist Hospital Northeast was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for thirty (30) beds with a census of seventeen (17) 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 Fire)</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Mausha Beven* TITLE: *Administrators* (X6) DATE: *12-20-13*

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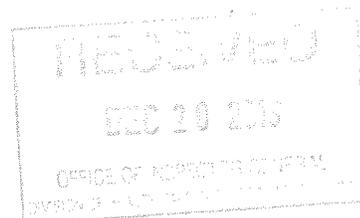
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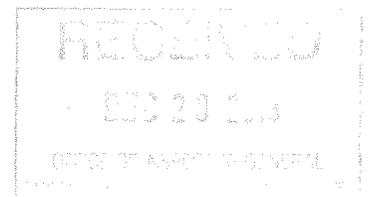
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K 000	Continued From page 1	K 000			
K 045 SS=E	<p>Deficiencies were cited with the highest deficiency identified at E level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility did not meet the requirements for illumination of means of egress in accordance with NFPA standards. The deficiency had the potential to affect two (2) of three (3) smoke compartments, residents, staff and visitors. The facility is certified for thirty (30) beds with a census of seventeen (17) on the day of the survey. The facility failed to provide required illumination outside an exit for discharge.</p> <p>The findings include: Observation, on 11/19/13 between 9:00 AM and 10:30 AM, with the Facilities Director revealed the exit located at the Main Entrance and by room 1245 did not have a light fixture installed outside to provide the required illumination for exit discharge. The two exits were equipped with a light fixture with only one light bulb. The parking lot was equipped with pole lighting; however the Facilities Director could not confirm if they were connected to the emergency generator.</p>	K 045	<ol style="list-style-type: none"> No residents were harmed. All residents had the potential to be harmed, however, the area cited was an emergency exit and no emergency evacuations have been necessary in the past year. Additionally, parking lot and exit lighting is checked each night by the security guard and there have been no outages. The parking lot pole outside the main entrance is on Emergency Power Panel Breaker 29-31. The other two exits by 1245 and 1228 do not have additional emergency lighting outside each exit. Double bulb fixtures were ordered from Tocor Lighting on 11/20/2013 and received on 12/02/2013. All three lighting fixtures have been replaced. ATTACHMENT D 	12/13/2013	



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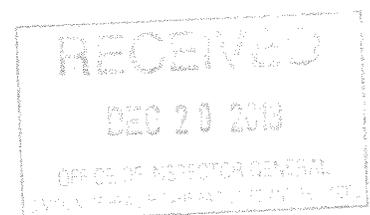
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K 045	Continued From page 2 Interview, on 11/19/13 between 9:00 AM and 10:30 PM, with the Facilities Director revealed he was not aware the exits did not have the required illumination for egress lighting. Reference NFPA 101 (2000 edition) 19.2.8 Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8. Based on observation and interview, it was determined the facility failed to ensure exits were equipped with lighting in 7.7 DISCHARGE FROM EXITS 7.7.1* Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. Exception No. 1: This requirement shall not apply to interior exit discharge as otherwise provided in 7.7.2. Exception No. 2: This requirement shall not apply to rooftop exit discharge as otherwise provided in 7.7.6. Exception No. 3: Means of egress shall be permitted to terminate in an exterior area of refuge as provided in Chapters 22 and 23. 7.7.2 Not more than 50 percent of the required number of exits, and not more than 50 percent of the required egress capacity, shall be permitted to discharge through areas on the level of exit discharge, provided that the criteria of 7.7.2(1) through (3) are met: (1) Such discharge shall lead to a free and	K 045	4. A Preventive Maintenance Work Order was generated for the lights to be inspected monthly by the electrician to ensure both bulbs are illuminated. ATTACHMENT E The security guard will continue his nightly inspection, as well. Results of the inspection will be reported by the Director of Engineering to the Evidence Based Committee (the facility's Quality assurance/performance improvement Committee) monthly, until 100% compliance is achieved for 3 consecutive months. The results will also be reported to the Safety Committee quarterly.	



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K 045	Continued From page 3 unobstructed way to the exterior of the building, and such way is readily visible and identifiable from the point of discharge from the exit. (2) The level of discharge shall be protected throughout by an approved, automatic sprinkler system in accordance with Section 9.7, or the portion of the level of discharge used for this purpose shall be protected by an approved, automatic sprinkler system in accordance with Section 9.7 and shall be separated from the nonsprinklered portion of the floor by a fire resistance rating meeting the requirements for the enclosure of exits (see 7.1.3.2.1). Exception: The requirement of 7.7.2(2) shall not apply where the discharge area is a vestibule or foyer meeting all of the following: (a) The depth from the exterior of the building shall not be more than 10 ft (3 m) and the length shall not be more than 30 ft (9.1 m). (b) The foyer shall be separated from the remainder of the level of discharge by construction providing protection not less than the equivalent of wired glass in steel frames. (c) The foyer shall serve only as means of egress and shall include an exit directly to the outside. (3) The entire area on the level of discharge shall be separated from areas below by construction having a fire resistance rating not less than that required for the exit enclosure. Exception No. 1: Levels below the level of discharge shall be permitted to be open to the level of discharge in an atrium in accordance with 8.2.5.6. Exception No. 2: One hundred percent of the exits shall be permitted to discharge through areas on the level of exit discharge as provided in Chapters 22 and 23. Exception No. 3: In existing buildings, the 50	K 045		



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K 045	Continued From page 4 percent limit on egress capacity shall not apply if the 50 percent limit on the required number of exits is met. 7.7.3 The exit discharge shall be arranged and marked to make clear the direction of egress to a public way. Stairs shall be arranged so as to make clear the direction of egress to a public way. Stairs that continue more than one-half story beyond the level of exit discharge shall be interrupted at the level of exit discharge by partitions, doors, or other effective means. 7.7.4 Doors, stairs, ramps, corridors, exit passageways, bridges, balconies, escalators, moving walks, and other components of an exit discharge shall comply with the detailed requirements of this chapter for such components. 7.7.5 Signs. (See 7.2.2.5.4 and 7.2.2.5.5.) 7.7.6 Where approved by the authority having jurisdiction, exits shall be permitted to discharge to roofs or other sections of the building or an adjoining building where the following criteria are met: (1) The roof construction has a fire resistance rating not less than that required for the exit enclosure. (2) There is a continuous and safe means of egress from the roof. 7.8 ILLUMINATION OF MEANS OF EGRESS 7.8.1 General. 7.8.1.1* Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11	K 045			

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K 045	Continued From page 5 through 42. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way. 7.8.1.2 Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be employed at such locations and for such periods of time as required to maintain the illumination to the minimum criteria values herein specified. Exception: Automatic, motion sensor-type lighting switches shall be permitted within the means of egress, provided that the switch controllers are equipped for fail-safe operation, the illumination timers are set for a minimum 15-minute duration, and the motion sensor is activated by any occupant movement in the area served by the lighting units. 7.8.1.3* The floors and other walking surfaces within an exit and within the portions of the exit access and exit discharge designated in 7.8.1.1 shall be illuminated to values of at least 1 ft-candle (10 lux) measured at the floor. Exception No. 1: In assembly occupancies, the illumination of the floors of exit access shall be at least 0.2 ft-candle (2 lux) during periods of performances or projections involving directed light. Exception No. 2*: This requirement shall not apply where operations or processes require low lighting levels. 7.8.1.4*	K 045		



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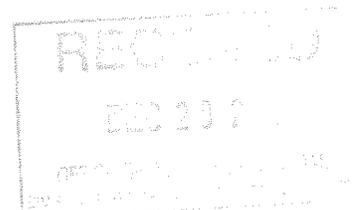
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K 045	Continued From page 6 Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.	K 045	<p>AMENDED</p> <ol style="list-style-type: none"> No residents were harmed All residents had the potential for harm but no fires or other emergencies were reported for the past year. In addition, no identified equipment was located in resident care areas. All items found during inspection were immediately corrected: Space heaters were removed from the facility on 11/19/2013. The Director of Engineering held inservices on 12/3/2013 for all personnel located in the area of the facility cited for infractions. Staff was educated on regulations related to electrical and fire safety, including use of space heaters, extension cords and power strips, appliances with compressors and small appliances. All staff attended. ATTACHMENT F A Preventive Maintenance Work Order was generated for the Electrician to check facility Monthly for approved equipment and electrical connections. ATTACHMENT G <p>Results of the monthly audits will Be reported by the Director of Engineering to the Evidence Based Committee (the facility's Quality assurance/performance improvement Committee) monthly, until 100% compliance is achieved for 3 consecutive months. The results will also be reported to the Safety Committee quarterly.</p>	12/13/2013
K 070 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>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 three (3) smoke compartments, patients, staff and visitors. The facility is certified for thirty (30) beds with a census of seventeen (17) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 11/19/13 between 9:00 AM and 10:00 AM, with the Facilities Director revealed a portable space heater located in room P1203, and P1210. The facility failed to provide documentation that the heating element in portable heaters did not exceed 212 degrees.</p> <p>Interview, on 11/19/13 between 9:00 AM and 10:00 AM, with the Facilities Director revealed he was not aware of the portable heaters in the</p>	K 070		



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185190	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2013
NAME OF PROVIDER OR SUPPLIER BAPTIST HOSPITAL NORTHEAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEW MOODY LANE LA GRANGE, KY 40031	
(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
K 070	Continued From page 7 building.	K 070		
K 147 SS=D	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 wiring was maintained in accordance with NFPA standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, patients, staff, and visitors. The facility is certified for thirty (30) beds with a census of seventeen (17) on the day of the survey. The findings include: Observations, on 11/19/13 between 9:00 AM and 10:00 AM, with the Facilities Director revealed: 1) A refrigerator, toaster, and a coffee maker	K 147	1. No residents were harmed 2. All residents had the potential for harm but no fires or other emergencies were reported for the past year. In addition, no identified equipment was located in resident care areas.	12/13/2013



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K 147	<p>Continued From page 8</p> <p>were plugged into a power strip located in room P1203.</p> <p>2) A power strip was plugged into another power strip located in room P1203.</p> <p>3) A microwave was plugged into a power strip located in room 1204.</p> <p>Interview, on 11/19/13 between 9:00 AM and 10:00 AM, with the Facilities Director revealed he was not aware of the misuse of power strips.</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 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 the need for extension cords or multiple outlet adapters.</p> <p>Reference: NFPA 70 400-8</p> <p>(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</p>	K 147	<p>3. The refrigerator, toaster and coffee maker were relocated to an electrical outlet on 11/19/2013. The power strip that was plugged into a power strip was corrected on 11/19/2013. The microwave was removed from the power strip and plugged into an approved outlet on 11/19/2013. The Director of Engineering held inservices on 12/3/2013 for all personnel located in the area of the facility cited for infractions. Staff was educated on regulations related to electrical and fire safety, including use of space heaters, extension cords and power strips, appliances with compressors and small appliances. All staff attended.</p> <p>4. A Preventive Maintenance Work Order was generated for the Electrician to check facility Monthly for approved equipment and electrical connections.</p> <p>ATTACHMENT G</p> <p>Results of the monthly audits will Be reported by the Director of Engineering to the Evidence Based Committee (the facility's Quality assurance/performance improvement Committee) monthly, until 100% compliance is achieved for 3 consecutive months. The results will also be reported to the Safety Committee quarterly.</p>



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K 147	Continued From page 9 (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	K 147		

