

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

PRINTED: 10/06/2011

FORM APPROVED
OMB/NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 13 2011 09/23/2011 </div>		(X3) DATE SURVEY COMPLETED 09/23/2011
NAME OF PROVIDER, OR SUPPLIER LORETTO MOTHERHOUSE INFIRMARY			STREET ADDRESS, CITY, STATE, ZIP CODE 515 NERINX ROAD NERINX, KY 40049			
(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
F 000	INITIAL COMMENTS	F 000				
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p>	F 441	<p>F 441 Administrator interviewed LPN#1 to determine cause of deficient practice and appropriate corrective action for affected residents. LPN#1 stated she had been nervous with a surveyor observing and was concentrating on the steps of the skin assessment. LPN#1 said she knew gloves were required as a Standard Precaution for a skin assessment. LPN#1 stated she had worn gloves for skin assessments conducted prior to the 9/22/11 survey observation. LPN#1 practiced appropriate hand washing during the skin assessment observation. On 10/12/11, LPN#1 received retraining on infection control procedures and was observed by the ADON during resident procedures to ensure Standard Precautions were followed and was 100% compliant (see attachment A: Compliance Round).</p>			10/12/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle Essex, Administrator TITLE: _____ DATE: 10/12/11

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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F 441	<p>Continued From page 1</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy, it was determined the facility failed to establish and maintain an effective Infection Control Program to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease. Observation on 09/22/11, revealed Licensed Practical Nurse (LPN) #1 failed to wear gloves while performing skin assessments for three (3) of fifteen (15) sampled residents (Resident #1, #5, and #9).</p> <p>The findings include:</p> <p>Review of the facility policy titled Standard Precautions (not dated) revealed standard precautions would be used in the care of all residents regardless of the diagnosis or presumed infection status. The policy directed staff to wear gloves if the employee's hands had the potential to come in contact with blood, body fluids, secretions, excretions, mucous membranes, and/or non-intact skin.</p> <p>Observation on 09/22/11, at 9:05 AM, revealed LPN #1 conducted a skin assessment on Resident #5. LPN #1 was observed to remove Resident #5's clothing, touch the resident's arms, and lift the resident's breast with her</p>	F 441	<p>The DON and ADON completed Nursing Infection Control Compliance Rounds (see attachment A: Compliance Round) to identify other residents having the potential to be affected by the same deficient practice. Compliance Rounds were completed on over 50% of Licensed Nursing staff by 10/12/11. Licensed Nurse staff were observed performing a resident procedure to ensure Standard Precautions were followed. The Nursing Infection Control Compliance Rounds revealed 99% compliance among licensed Nurse staff observed and no other residents were identified as having the potential to be affected by the deficient practice.</p> <p>The following measures have been put in place to ensure deficient practice will not recur. The Infection Control Procedure has been reviewed and updated by the</p>	

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F 441	<p>Continued From page 2</p> <p>ungloved/bare hands. LPN #1 assisted Resident #5 to a standing position and then touched Resident #5's buttocks with ungloved/bare hands. LPN #1 removed Resident #5's shoes and socks to examine the resident's feet and failed to wear gloves.</p> <p>Further observation on 09/22/11, at 9:40 AM, revealed LPN #1 conducted a skin assessment on Resident #9. Resident #9 was dressed in a robe and was seated in a recliner in the resident's room. LPN #1 was observed to remove the resident's robe and began the skin assessment. LPN #1 touched Resident #9's hair, ears, arms, and breast with ungloved/bare hands. LPN #1 assisted Resident #9 to a standing position and then touched the resident's buttocks with her ungloved/bare hands. LPN #1 removed Resident #9's shoes, touched the resident's toes to examine between the toes, and rubbed the resident's heels with ungloved/bare hands.</p> <p>Observation on 09/22/11, at 10:15 AM, revealed LPN #1 conducted a skin assessment on Resident #1. Upon entering Resident #1's room, Resident #1 was neatly dressed and seated in a chair. LPN #1 removed Resident #1's clothing, touched the resident's ears, hair, arms, and breast with ungloved/bare hands. LPN #1 assisted Resident #1 to a standing position, examined the resident's perineal area and buttocks with ungloved/bare hands. LPN #1 examined and touched Resident #1's legs and feet with ungloved/bare hands.</p> <p>Interview on 09/22/11, at 3:20 PM, with LPN #1 revealed gloves should be worn when conducting any procedure for a resident. LPN #1 stated</p>	F 441	<p>DON. The Gloves policy was updated on 09/28/11 to include "During routine patient care or assessment with the potential of exposure..." (see attachment B: Gloves policy). The DON conducted training with all licensed Nurses on staff to review the Infection Control Procedure and specifically Standard Precautions (see attachment C: Training sign in sheet). A mandatory Standard Precautions training is scheduled for all other staff on 11/01/11, will be held during orientation and at least twice a year.</p> <p>The Administrator will monitor compliance with Infection Control Procedures and Standard Precautions by reviewing completed Nursing Infection Control Compliance Rounds (see attachment A: Compliance Round) and following up on any employee with less than 100% compliance.</p>	

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F 441	<p>Continued From page 3</p> <p>Universal Precautions should be observed by staff at all times to protect the residents and staff. LPN #1 stated she should have worn gloves during the skin assessments.</p> <p>Interview on 09/22/11, at 3:30 PM, with the Director of Nursing (DON)/ Infection Control Nurse revealed staff was expected to follow Standard Precautions by wearing gloves during any physical contact with residents. The DON stated staff should wear gloves during a skin assessment. The DON referred to information provided to staff during orientation which stated Standard Precautions means staff should assume that everyone has a disease, germ, or microorganism and should protect themselves by wearing gloves and washing hands when providing care to residents.</p>	F 441	<p>Failure to maintain 100% compliance will result in retraining of the employee, continued Compliance Round observations, and disciplinary action up to termination if compliance is not achieved. The Nursing Infection Control Compliance Round will be completed on all licensed nurse staff annually.</p>	

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NAME OF PROVIDER OR SUPPLIER LORETTO MOTHERHOUSE INFIRMARY			STREET ADDRESS, CITY, STATE ZIP CODE 515 NERINX ROAD NERINX, KY 40049		
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K 000	INITIAL COMMENTS CFR: 42 CFR 483.70(a) Building: 01 Survey under: NFPA 101 (2000 Edition) Facility type: SNF/NF Type of structure: Type II (222) Smoke Compartment: Seven Fire Alarm: Full fire alarm (upgrade completed in 2000) Sprinkler System: Full sprinkler system (upgrade completed in 2009) Generator: Type II. Diesel installed 2011, Liquid Propane unknown installed date. A standard Life Safety Code survey was conducted on 09/22/11. Loretto Motherhouse Infirmary was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was 62. The facility is licensed for 63 beds. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (life Safety from Fire). Deficiencies were cited with the highest deficiency identified at "F" level.	K 000			
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-half hour fire resistance rating in	K 025	K 025 The deficient practice was corrected immediately on the 2 nd floor when a maintenance worker sealed the penetration around wires	10/11/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle Essey, Administrator TITLE: _____ (X6) DATE: 10/12/11

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 025	<p>Continued From page 1</p> <p>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 according to National Fire Protection Association (NFPA) standards. Smoke barriers must be maintained to ensure smoke and flame does not spread during a fire. The deficiency had the potential to affect seven (7) smoke compartments, sixty-two (62) residents, staff, and visitors.</p> <p>The findings include:</p> <p>Observation on 09/22/11, at 9:56 AM, with the Maintenance Director revealed the smoke barriers located on the second floor had three penetrations by various wires. Further observation revealed the smoke barrier located on the first floor had a penetration by a group of wires. The smoke barrier also had a one-inch gap located at the top of the smoke barrier.</p> <p>Interview on 09/22/11, at 9:56 AM, with the Maintenance Director revealed he was not aware the penetrations located in smoke barriers were</p>	K 025	<p>in the smoke barrier with Fire Barrier Sealant on 9/22/2011 (see attachment D: work order #1). The 1st floor smoke barrier gap was repaired appropriately with 5/8" Type X Gypsum Firecode Panel and Fire Barrier Sealant on 9/28/2011 (see attachment D: work order #2). Both smoke barriers have been inspected by the Maintenance Director to ensure compliance.</p> <p>The facility identified the potential of other areas affected by the deficient practice with an inspection of all smoke barriers and fire walls. These inspections were completed on 10/11/2011 and reviewed by the Administrator (see attachment E: Inspection Record). Needed repairs were completed immediately.</p> <p>The following measures have been put in place to ensure deficient practice will not recur. The FireWall/Smoke Barrier Inspection Record will be utilized twice a year or more often if needed to ensure smoke barrier is maintained (see attachment E: Inspection Record). Contractors will be required to notify</p>	

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K 025	Continued From page 2 not sealed. 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: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) 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 meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose.	K 025	Maintenance Director once any work involving a smoke barrier is complete so that the facility can inspect the smoke barrier prior to the contractor leaving the facility. Contractors will also sign an agreement informing them of NFPA standards involving smoke barriers (see attachment F: Compliance Agreement). The Administrator will monitor compliance by reviewing the completed Fire Wall/Smoke Barrier Inspection Record (see attachment E: Inspection Record). The Administrator will also review the completed Compliance Agreement (see attachment F: Compliance Agreement) once a contractor has completed a job and the Maintenance Director has inspected the Smoke Barrier affected.	
K 061	NFPA 101 LIFE SAFETY CODE STANDARD	K 061		

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K 061 SS=F	Continued From page 3 Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure valves located in the facility sprinkler system were supervised by a tamper switch. A tamper switch ensures valves controlling the water supply for the sprinkler system cannot be shut off without the facility knowing. The deficiency had the potential to affect seven (7) of seven (7) smoke compartments, sixty-three (63) residents, staff and visitors. The findings include: Observation on 09/22/11, at 10:41 AM, with the Maintenance Director revealed the sprinkler system had two control valves for the sprinkler system located in the pump house. These valves were not equipped with a tamper switch, but were secured with chains. The observation was confirmed with the Maintenance Director. Interview on 09/22/11, at 10:41 AM, with the Maintenance Director revealed there had been discussion in the past about the valves needing the tamper switch devices but it was his understanding that the valves could be secured with a chain and did not need the tamper switch	K 061	K 061 The deficient practice will be corrected with the installation of a tamper switch and supervisory signal. The work required to install the tamper switch will be completed by B&B Fire Protection, Inc by 10/28/11 (see attachment G: B&B bid). The supervisory signal will be installed by Interstate Security Systems by 10/28/11 (see attachment H: Interstate bid). The cable will be buried by maintenance staff. The quarterly sprinkler inspection was completed on 09/29/11 by Joey Edelen. The Administrator asked the Fire Sprinkler Inspector to identify other areas of the sprinkler system that have potential to be affected by the same deficient practice. There were no recommendations from the Fire Sprinkler Inspector and the deficient practice was not identified in any other area (see attachment I: Inspection report).	10/31/2011
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K 061	Continued From page 4 devices. Reference: NFPA 101 (2000 Edition). 9.7.2.1* Supervisory Signals. Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure, and air pressure on dry-pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.	K 061	The following measures have been put in place until the deficient practice is corrected. The Maintenance staff will monitor the control valves in the pump house twice a day, every day until the tamper switch and supervisory signal are installed. This will be documented on a check-off sheet located in the Maintenance Office (see attachment J: Valve Check-off). The facility fire and sprinkler alarm system will sound an alarm if the sprinkler system control valves are shut off once the tamper switch and supervisory signal are installed and operational. The fire alarm system is tested quarterly by Interstate Security Systems and the sprinkler system is inspected quarterly by Joey Edelen	

MAINTENANCE WORK ORDER

Date Requested 9-22-2011

Requested by Jim Hooper

Approved by _____

Location 1st Floor NW to OW

Problem or Description of Work _____

patch + seal penetrations
with Fire caulk in Fire wall

Date Completed 9-27-11 / 9-27-11

Completed by J.E. / Woody

Electrical Plumbing Grounds Heat/Air

Paint Carpentry General Other: _____

Cars Garden TV

WORK ORDER #2

MAINTENANCE WORK ORDER

Date Requested 9-22-2011

Requested by Jim Hooper

Approved by _____

Location 2nd floor NW to OW

Problem or Description of Work _____

patch + seal penetrations
with Fire caulk in the
Fire wall

Date Completed 9-22-11 / 9-22-11

Completed by J.E. / Woody

Electrical Plumbing Grounds Heat/Air

Paint Carpentry General Other: _____

Cars Garden TV

WORK ORDER #1

Infirmary Fire Wall/Smoke Barrier Inspection Record

Each Fire Wall/Smoke Barrier shall be inspected regularly to ensure the area is appropriately sealed and with out penetration.

Area	Comments/Date
1. BASEMENT: Central Wall separating Old Wing and New Wing ✓	patch One, phone line showing 10/10/11
2. BASEMENT: New Wing West Stairwell ✓	none 10/10/11
3. BASEMENT: Old Wing North Stairwell ✓	none 10/10/11
4. BASEMENT: Old Wing South Stairwell ✓	none 10/10/11
5. KITCHEN: Perimeter Fire Walls	patch one hole 10/11/11
6. LOBBY: Main Dining Room Fire Wall	none 10/11/11
7. 1 ST FLOOR: Central Wall separating Old Wing and New Wing ✓	re done part of wall where it was falling 9-27-11 10/10/11
8. 1 ST FLOOR: Old Wing South Church Ramp Fire Wall ✓	none 10/10/11
9. 1 ST FLOOR: New Wing West Stairwell ✓	none 10/10/11
10. 1 ST FLOOR: Old Wing North Stairwell ✓	none 10/10/11
11. 1 ST FLOOR: Old Wing South Stairwell ✓	none 10/10/11
12. 2 ND FLOOR: Wall separating Old Wing and New Wing ✓	patch one, wires showing 10/10/11
13. 2 ND FLOOR: New Wing West Chapel Ramp Fire Wall ✓	none 10/10/11
14. 2 ND FLOOR: Old Wing South Convent Ramp Fire Wall ✓	none 10/7/11
15. 2 ND FLOOR: New Wing West Stairwell ✓	none 10/10/11
16. 2 ND FLOOR: Old Wing North Stairwell ✓	none 10/7/11
17. 2 ND FLOOR: Old Wing South Stairwell ✓	none 10/7/11
18. 3 RD FLOOR: Hall Smoke Compartment Wall ✓	patch one hole, sprinkler pipe 10/7/11
19. 3 RD FLOOR: Old Wing North Stairwell ✓	none 10/7/11
20. 3 RD FLOOR: Old Wing South Stairwell ✓	none 10/7/11

Inspector Name: J. E. Mattingly Date 10-12-11
Jim Woford 10-12-11

Note: Completed form shall be submitted to the Administrator for review and filed with Safety Compliance records.

Attachment E

**LORETTO MOTHERHOUSE INFIRMARY
CONTRACTOR COMPLIANCE AGREEMENT**

This compliance agreement is a tracking document to ensure the facility maintains smoke barriers according to NFPA standards. As a contractor with access to the facility smoke barriers, it is expected that work involving a smoke barrier will meet the following standard:

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:

(1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions:

a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.

b. It shall be protected by an approved device that is designed for the specific purpose.

(2) 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 meet one of the following conditions:

a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.

b. It shall be protected by an approved device that is designed for the specific purpose.

(3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions:

a. It shall be made on either side of the smoke barrier.

b. It shall be protected by an approved device that is designed for the specific purpose.

The contractor agrees to meet the above standards. The facility will provide sealant or other materials needed. The contractor is expected to notify the Maintenance Director once work is complete so that the facility can complete an inspection of the smoke barrier prior to the contractor leaving the facility.

Project: _____ Project begin date: _____

Area involved: _____

Contractor Name & Signature: _____

Project completion date: _____ Inspection date: _____

Smoke Barrier area inspected: _____

Maintenance Director Signature: _____

Note: Completed form shall be submitted to the Administrator for review and filed with Safety Compliance records.

Attachment F

B & B Fire Protection, Inc.

September 26, 2011

Loretto Motherhouse
Hwy 152
Nerinx, KY 40049
Attn: Woody

Re: Stairwell Sprinklers and Pump house Tamper Switches

Gentlemen:

We propose to install sprinklers under the stair landings and install tamper switches in the pumphouse as described below:

Stair Landings – Install 1 sprinkler under each of 10 landings for the sum of (\$2,500.00).

Included are labor and materials.

Pump house Tamper Switches – Install 2 O, S&Y Tamper switches for the sum of (\$700.00).

Included are labor and materials.

Work is figured to be performed during normal hours of 7:30 -- 4:00.

We have not included the following:

1. Painting of piping.
2. Seismic bracing.
3. Removal or abatement of asbestos floor tiles, insulation, etc.
4. Patching or painting of walls.
5. Electrical wiring of supervisory switches.

We appreciate this opportunity and look forward to working with you on this project.

Thank you,

Ed Mayer

Ed Mayer
B & B Fire Protection, Inc.

Please note – This proposal is valid for thirty days from this date and may be subject to escalation of materials pricing.

320 Production Court * Louisville, KY40299 * (502)491-1274 * fax (502)491-8307

Attachment G



INTERSTATE SECURITY SYSTEMS

1216 NORTH THIRD STREET

BARDSTOWN, KY 40004

PH 502-348-2106

FX 502-349-0962

Email: joe.hawkins@interstatesecuritysystems.com

PROPOSAL FOR	Proposed System	DATE
Loretto Mother House	Supervisory of Flow/Tamper Switches	10-11-11

Option one Dmp Commercial Supervised Wireless Fire	QTY
XTL CONTROL	1
1100 RECEIVER	1
1100-R REPEATER	1
1103 TRANSMITTER	1
MISC. BOXES, MOUNTING HARDWARE AND LABOR	1

Price listed to include installation of above equipment, system programming, monitor condition of lake pump house and annunciate condition to existing fire control equipment. Supervisory devices at pump house to be installed by sprinkler contractor.

Total Investment option one: \$2,290.00

*Approved
we*

Option two hardwired installation	QTY
Direct burial cable	1k
Supervisory connections pump house	1
Existing FACP connection to unused zones	1

Price listed to include ISS to supply cable, terminate connections at Pump House, existing FACP, test and certify. Cable to be buried by others.

Total investment option two: \$1,567.00

PROPOSAL PREPARED BY: JOSEPH HAWKINS

Attachment H

REPORT OF INSPECTION (Of Water Based Fire Protection Systems)

GENERAL & INSPECTOR'S INFORMATION SECTION:

Date of Inspection 09/29/2011

Inspection Firm: Edelen Sprinkler Inspection Service Co., Inc @ 1710 Holy Cross Road, Loretto, KY 40037 Phone # 270-699-5078 ~~E-mail: joeyed@kyol.net~~
Inspector: Joe Edelen, #SSR-199

Name of Property and/or Owner: **Loretto Motherhouse @ 515 Nerinx Road, Nerinx, KY 40049**
Phone# 270-865-5811 Fax# 270-865-5011
Occupied as: **Healthcare (Nursing Home)**
Contact Person: ~~Sr. Kay Carlow~~ **JIM WOLFORD**
Position: ~~Administrator~~ **INF. MAINTENANCE DIRECTOR**

Supervisory Alarm Company: Affiliated Monitoring Service Phone# 1-800-434-4000
Person notified at point of alarm receipt: OPERATOR# PETER (PC01) Time: 11:15 AM (EST)
Person notified that test concluded: OPERATOR# PETER (PC01) Time: 11:56 AM

Date of Last Inspection: 6/29/2011
Prior Inspector's Name: Joe Edelen, #SSR-199

Scheduled Inspection: Quarterly

- | | | |
|--|--|--|
| 1. Prior inspection reports, logs and test data are available for review? | Yes <input checked="" type="checkbox"/> N/A ___ No ___ | <u>FLOW TEST</u>
<u>SUPPLY</u>
<u>1ST FLOOR 103</u>
<u>LAUNDRY 103</u>
<u>2ND FLOOR 104</u>
<u>OLD WING</u>
<u>3RD FLOOR 104</u>
<u>OLD WING</u> |
| 2. Plans of systems on site for review? | Yes <input checked="" type="checkbox"/> N/A ___ No ___ | |
| 3. Modifications made to systems reviewed and documented? | Yes <input checked="" type="checkbox"/> N/A ___ No ___ | |
| 4. Reports of sprinkler activation reviewed and documented? | Yes <input checked="" type="checkbox"/> N/A ___ No ___ | |
| 5. Copy of NFPA #25 on file? | Yes <input checked="" type="checkbox"/> N/A ___ No ___ | |
| 6. Weekly logs of inspections required by NFPA #25 on file? | Yes <input checked="" type="checkbox"/> N/A ___ No ___ | |
| 7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection? | Yes <input checked="" type="checkbox"/> N/A ___ No ___ | |
| 8. All deficiencies reported at last inspection corrected? | Yes ___ N/A <input checked="" type="checkbox"/> No ___ | |
| 9. Material Safety Data Sheets reviewed and hazards to inspector removed? | Yes <input checked="" type="checkbox"/> N/A ___ No ___ | |
| 10. This report contains information resulting from a visual inspection of the following types of WATER BASED FIRE PROTECTION SYSTEMS: | | |
- Form # 105A (Weekly Report of Inspection) - (on file in Maint. Office)-- # of Systems 1
Form# 106A Wet Pipe Fire Sprinkler Systems- Inspection/Testing/Maintenance- # of Systems 1
Form# 110A Fire Pump Assemblies- Inspections/Testing/Maintenance- # of Pumps 1
Form# 114A Internal Condition of Fire Protection System Piping — # of Systems 1

Comments/Recommendations

ZONES INSPECTED [NEW WING → 1ST FLOOR + LAUNDRY AREA
OLD WING → 2ND + 3RD FLOOR

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor(Edelen Sprinkler Inspection Service Co.,Inc.) is limited to performing a visual inspection and/or routine testing, and investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

Owner/Designated Representative: Jim Wolford Date: 9/29/2011

Inspector's Signature: Joe Edelen Date: 9/29/2011

Joey

Attachment I

All questions are to be answered and all blanks to be filled
(Weekly inspection tasks are NOT included in this report)

Inspecting Firm: Edelen Sprinkler Inspection Service Co., Inc.		Inspector: Joe Edelen #SSR-199	
Name of Inspected Property:	LORETTO - MOAHERHOUSE	Inspection Frequency:	Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/>
9/29/11	NERINK, KY 40049	Y	N/A
		N	
A. 1.0	System in service on inspection	X	
A. 2.0	Supply pressure gauge		
A. 2.1	System pressure gauge		
A. 2.2	Gauges appear to be in good condition	X	
A. 3.0	Control valves in normal open or closed position	X	
A. 3.1	Control valves properly locked or supervised	X	
A. 3.2	Control valves accessible	X	
A. 3.3	Control valves provided with appropriate wrenches	X	
A. 3.4	Control valves free from external leaks	X	
A. 3.5	Control valve identification signs in place	X	
A. 3.6	System control valve sign indicates area served	X	
A. 4.0	Backflow prevention assembly valves are locked or electrically supervised in open position		X
A. 4.1	Reduced pressure backflow prevention assembly not in continuous discharge		X
A. 5.0	Alarm valve gauges indicate normal supply water pressure	X	
A. 5.1	Alarm valve free of physical damage	X	
A. 5.2	Alarm valve trim valves are in appropriate open or closed position	X	
A. 5.3	Alarm valve retarding chamber or alarm drain not leaking	X	
A. 6.0	Alarm Panel Clear	X	
B. 2.0	Hydraulic nameplate attached and legible	X	
B. 3.0	FDC is visible	X	
B. 3.1	FDC is accessible	X	
B. 3.2	FDC swivels/couplings undamaged/rotate smoothly	X	
B. 3.3	FDC plugs/caps in place/undamaged	X	
B. 3.4	FDC gaskets in place and in good condition	X	
B. 3.5	FDC identification sign in place	X	
B. 3.6	FDC check valve not leaking		X
B. 3.7	FDC automatic drain valve in place and operating properly		X
B. 3.8	FDC clapper is in place and operating properly	X	
B. 3.9	FDC interior inspected where caps missing	X	
B. 3.10	FDC obstructions removed as necessary	X	
B. 4.0	Pressure reducing control valves (PRV) indicate open	X	
B. 4.1	PRV not leaking	X	
B. 4.2	PRV maintaining downstream pressure per design	X	
B. 4.3	PRV in good condition	X	
B. 4.4	PRV hand wheel installed and not broken	X	
C. 1.1	Pertinent parties notified before testing	X	
C. 1.2	Adequate drainage provided before flow testing	X	
C. 2.0	Water flow alarm (other than vane type) tested and is operational	X	
C. 2.1	Test conducted with Inspector's test connection	X	
C. 2.2	Test conducted with bypass connection (freezing weather)		X
C. 2.3	Test conducted per manufacturer's instructions	X	
C. 3.0	Adequate drainage provided before flow testing	X	
C. 3.1	A main drain test conducted downstream from backflow preventer		X
C. 3.2	A main drain test conducted downstream from pressure reducing valve		X
C. 6.0	System returned to service	X	
D. 2.0	Supervisory switch initials distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	X	
D. 2.1	Signal restored only when valve returned to normal position	X	
D. 3.1	Main drain test conducted	X	
D. 3.2	Supply water gauge reading before flow (static)	103	
D. 3.3	Gauge reading during stable flow (residual)	82	
D. 3.4	Time for supply pressure to return to normal (SEC)	48	
D. 4.0	Pertinent parties notified before testing	X	
G. 8.0	COMMENTS/DEFICIENCIES: (ON COVER SHEET)		
E. 2.0	Hangers and seismic bracing appears undamaged and lightly attached		X
E. 3.0	Piping appears free of mechanical damage		X
E. 3.1	Piping appears free of leakage		X
E. 3.2	Piping appears free of corrosion		X
E. 3.3	Piping appears properly aligned		X
E. 3.4	Piping appears free of external loading		X
E. 4.0	Sprinklers appear free of leakage		X
E. 4.1	Sprinklers appear free of corrosion		X
E. 4.2	Sprinklers appear free of foreign materials		X
E. 4.3	Sprinklers appear free of paint		X
E. 4.4	Sprinklers appear free of physical damage		X
E. 4.5	Sprinklers appear properly oriented		X
E. 4.6	Sprinkler spray patterns appear free of unacceptable obstructions		X
E. 4.7	Glass bulbs appear full of liquid		X
E. 4.8	Spare sprinklers are of proper number (at least 6), type and temperature rating		X
E. 4.9	Spare sprinklers stored where temperature maximum is 100 F		X
E. 4.10	Wrench available for each type of sprinkler Prior to freezing weather		X
E. 5.0	Building is secure such as not to expose piping to freezing conditions		X
E. 5.1	Adequate heat is provided maintaining temperatures at 40 F or higher		X
F. 3.0	Antifreeze solution tested and freezing point determined		X
F. 3.1	Antifreeze solution freezing point (°F)		X
F. 3.2	Antifreeze solution freezing point after adjustment (°F)		X
F. 4.0	Control valves (including backflow and PIVs) operated through full range and returned to normal position		X
F. 4.1	PI Vs opened until spring or torsion felt in rod		X
F. 4.2	PIVs & OS&Ys backed 1/4 turn from full open		X
F. 5.0	Backflow prevention assembly forward flow test conducted		X
F. 5.1	System demand flow was achieved through the device		X
F. 5.2	Forward flow test conducted at maximum rate possible (only where connection do not permit full flow test)		X
F. 5.3	Forward flow test conducted without measuring flow (device $\leq 2\text{'}$ and outlet sized to flow system demand)		X
F. 5.4	Backflow prevention assembly internal inspection conducted (where shortage last more than 1 year & rationing enforced by AHJ)		X
F. 5.5	Forward flow test satisfied by annual fire pump flow test	6/24/2011	X
F. 5.6	Backflow preventer performance test conducted as required by the AHJ		X
F. 6.0	PRV control valves partial flow test conducted & adequate to unseat valve		X
G. 3.0	Operating stems of OS&Y (including backflow) valves lubricated		X
G. 3.1	Valve completely closed and reopened		X
G. 4.0	Adequate drainage provided before flow testing		X
G. 4.2	Supply water gauge reading before flow (static) psi		X
G. 4.3	Gauge reading during stable flow (residual) psi		X
G. 4.4	Time for supply pressure to return to normal (sec)		X
G. 5.0	Pertinent parties notified after conclusion of maintenance		X
G. 6.0	ALARM PANEL CLEAR		X
G. 7.0	SYSTEM RETURNED TO SERVICE		X

FRONT PAGE

INSP VALVE FLOW TESTS

SPRINKLER SYSTEM CONTROL VALVE

PUMP HOUSE MONITORING CHECK-OFF

This check off sheet is a monitoring tool to ensure the control valves located in the pump house are secured with chains/lock and are turned on. Maintenance staff are responsible for checking the control valves twice in a day until the tamper switch and supervisory signal are installed and operational. Turn this form into the Administrator once complete.

10/10/11	time: _____	Signature: _____
	time: _____	Signature: _____
10/11/11	time: _____	Signature: _____
	time: _____	Signature: _____
10/12/11	time: _____	Signature: _____
	time: _____	Signature: _____
10/13/11	time: _____	Signature: _____
	time: _____	Signature: _____
10/14/11	time: _____	Signature: _____
	time: _____	Signature: _____
10/15/11	time: _____	Signature: _____
	time: _____	Signature: _____
10/16/11	time: _____	Signature: _____
	time: _____	Signature: _____
10/17/11	time: _____	Signature: _____
	time: _____	Signature: _____
10/18/11	time: _____	Signature: _____
	time: _____	Signature: _____
10/19/11	time: _____	Signature: _____
	time: _____	Signature: _____

Attachment J