

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

PRINTED: 03/19/2014
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2014
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NAME OF PROVIDER OR SUPPLIER EDMONSON CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210
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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)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS A Recertification Survey was conducted 03/05/14 through 03/07/14 to determine the facility's compliance with Federal requirements. The facility failed to meet the minimum requirements for recertification with the highest scope and severity of an "D".	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Edmonson Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
F 490 SS=D	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on Life Safety Code (LSC) inspection it was determined the facility failed to ensure Life Safety Code deficient practice was not repeated. Deficient practice was identified at K18, K29 and K69, which were also identified on the standard survey conducted on 05/01/13.	F 490	K490 Administration/Resident Well Being The area maintenance director will correct K18, K29 and K69 deficient practice by 03/31/2014. Area Maintenance Director will complete audits by 03/31/2014 to ensure resident doors have less than one half inch gap; self-closing doors in place protecting hazardous areas and the kitchen hood is cleaned bi-annually in accordance with NFPA standards. Property manager re-educated Maintenance Director on	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carolyn Youence TITLE: Administrator (X6) DATE: 03/28/14

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.

03/06/2014 to maintain resident doors with less than one half inch gap; to ensure all hazardous area have self-closing doors and the kitchen hood is cleaned bi-annually in accordance with NFPA standards.

Maintenance Director,
Administrator or Area
Maintenance Director Assistant
will report findings of life safety
plan of correction audit tools
monthly as indicated for one year
per plan of correction for further
recommendations.

Completion date:

03/31/2014

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NAME OF PROVIDER OR SUPPLIER EDMONSON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210	
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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: 1994</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (200).</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1994, with 56 smoke detectors and 4 heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 1994.</p> <p>GENERATOR: Type II generator installed in 1994. Fuel source is Diesel.</p> <p>A standard Life Safety Code survey was conducted on 03/06/14. Edmonson Center was found in non-compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for Seventy-Four (74) beds with a census of Sixty-Eight (68) 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>	K 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Edmonson Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> 	

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

TITLE

(X6) DATE

Carolyn Joice

Administrator

03/29/14

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 000	Continued From page 1 Fire).	K 000		
K 018 SS=E	<p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure doors protecting corridor openings were constructed to resist the passage of smoke in accordance with NFPA standards. The deficiency had the potential to affect three (3) of four (4) smoke compartments, fifty-four (54) residents, staff and</p>	K 018	<p>K 018 Corridor Doors to Resident Rooms</p> <p>By 03/31/2014 the Maintenance Director or Area Maintenance Director Assistant will adjust the doors to resident room #102, 106, 310, 403, 404, and 609 so the gap around the jamb is less than 1/2 inch.</p> <p>Maintenance Director or Area Maintenance Director Assistant will complete a 100% audit by 03/31/2014 on all resident corridor doors to verify gap around the door jamb is less than 1/2 inch.</p> <p>Regional Property Manager re-educated the Maintenance Director on the correct size of gap around resident room doors and the monthly audit tool for monitoring and repairing the doors on 03/06/2014.</p> <p>Maintenance Director or Administrator will conduct one audit a week for four weeks and one audit per month for an additional twelve months to monitor gap size around resident room corridor doors and will</p>	

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K 018	Continued From page 2 visitors. The facility is certified for seventy-four (74) beds with a census of sixty-eight (68) on the day of the survey. The findings include: Observation, on 03/06/14 between 9:00 AM and 2:00 PM with the Maintenance Supervisor and the Property Manager, revealed the corridor doors to room's #102, 106, 310, 403, 404, 406, and 609 had a gap greater than one half inch from the door stop and would not resist the passage of smoke. Interview, on 03/06/14 between 9:00 AM and 2:00 PM with the Maintenance Supervisor and the Property Manager, revealed they were not aware the doors identified had too large of a gap to resist the passage of smoke. Interview, on 03/06/14 at 2:06 PM with the Administrator, revealed she was aware of the requirements for corridor doors; however, she was not aware the doors that had too large of a gap to resist the passage of smoke had not been identified by the Maintenance Staff. Reference: NFPA 101 (2000 edition) 19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1 3/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall	K 018	report results to the Safety Committee and Performance Improvement Committee monthly for twelve months for further recommendations. Completion date:	03/31/2014

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K 018	Continued From page 3 not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke. 19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with NFPA standards.	K 018		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are	K 029	K 029 Protections from Hazards Maintenance Director or Area Maintenance Director Assistant will add self-closure to door in storage room by Director of Nursing's office and self-closure to door on therapy room by 03/31/2014.	

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K 029	Continued From page 4 permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to meet the requirements of Protection of Hazards in accordance with NFPA Standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, six (6) residents, staff and visitors. The facility is certified for seventy-four (74) beds with a census of sixty-eight (68) on the day of the survey. The facility failed to maintain self-closing doors protecting hazardous areas. The findings include: Observation, on 03/06/14 between 9:00 AM and 2:00 AM with the Maintenance Supervisor and the Property Manager, revealed the door to the storage room by the Director of Nursing Office had hazardous combustible storage and did not have a self-closing device installed on the door. Further observation revealed the door to the Therapy Room did not have a self-closing device and opened into the egress path, extending out from the wall greater than seven (7) inches. Interview, on 03/06/14 between 9:00 AM and 2:00 PM with the Maintenance Supervisor and the Property Manager, revealed they were aware of the requirements for hazardous rooms but did not yet identify the storage room by the Director of Nursing Office. Further interview revealed they were not aware the Therapy door required a	K 029	Maintenance Director or Area Maintenance Director Assistant will complete a 100% audit of all rooms to ensure no hazardous areas without proper door closure by 03/31/2014. Regional Property Manager re-educated the Maintenance Director on the requirements of self-closing doors to hazardous rooms and the monthly audit tool for monitoring and repairing the doors on 03/06/2014. Maintenance Director or Administrator will conduct one audit a week times four weeks and three audits a month times twelve additional months to monitor for any hazardous areas and will report findings to the Performance Improvement Committee for the next twelve months for further recommendations. Completion Date:	03/31/2014

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K 029	Continued From page 5 self-closing device. Interview, on 03/06/14 at 2:06 PM with the Administrator, revealed she was aware of the requirements for hazardous rooms but not aware the room was not identified by Maintenance Staff. Further Interview revealed she was not aware the Therapy door required a self-closing device. Reference: NFPA 101 (2000 Edition). 19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft ² (9.3 m ²) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft ² (4.6 m ²), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction	K 029		

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K 029	Continued From page 6 (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door. Reference: NFPA 101 (2000 Edition). 18.3.2 Protection from Hazards. 18.3.2.1* Hazardous Areas. Any hazardous area shall be protected in accordance with Section 8.4. The areas described in Table 18.3.2.1 shall be protected as indicated. Table 18.3.2.1 Hazardous Area Protection Hazardous Area Description Separation/Protection Boiler and fuel-fired heater rooms 1 hour Central/bulk laundries larger than 100 ft2 (9.3 m2) 1 hour Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard See 18.3.6.3.4 Laboratories that use hazardous materials that	K 029		

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K 029	Continued From page 7 would be classified as a severe hazard in accordance with NFPA 99, Standard for Health Care Facilities 1 hour Paint shops employing hazardous substances and materials in quantities less than those that would be classified as a severe hazard 1 hour Physical plant maintenance shops 1 hour Soiled linen rooms 1 hour Storage rooms larger than 50 ft2 (4.6 m2) but not exceeding 100 ft2 (9.3 m2) storing combustible material See 18.3.6.3.4 Storage rooms larger than 100 ft2 (9.3 m2) storing combustible material 1 hour Trash collection rooms 1 hour 8.4.1.3 Doors in barriers required to have a fire resistance rating shall have a 3/4-hour fire protection rating and shall be self-closing or automatic-closing in accordance with 7.2.1.8.	K 029		
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation and interview the facility did not meet the requirements for illumination of	K 045	K045 Illuminations of Means of Egress By 03/31/2014 the Maintenance Director or Area Maintenance Director Assistant will replace the missing light bulbs in the light fixtures at the two exits. Maintenance Director or Area Maintenance Director Assistant will	

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K 045	<p>Continued From page 8</p> <p>means of egress in accordance with NFPA standards. The deficiency had the potential to affect two (2) of four (4) smoke compartments, fifty-four (54) residents, staff and visitors. The facility is certified for seventy-four (74) beds with a census of sixty-eight (68) on the day of the survey. The facility failed to provide required illumination outside an exit for discharge.</p> <p>The findings include:</p> <p>Observation, on 03/06/14 between 9:00 AM and 2:00 PM with the Maintenance Supervisor and the Property Manager, revealed five (5) of five (5) exits had a light fixture installed outside to provide the required illumination for exit discharge. However; two (2) of the five (5) exits, had light fixtures that were missing light bulbs, leaving the exits without the required illumination for exit discharge.</p> <p>Interview, on 03/06/14 between 9:00 AM and 2:00 PM with the Maintenance Supervisor and the Property Manager, revealed they were not aware the exit lighting was missing light bulbs.</p> <p>Interview, on 03/06/14 at 2:06 PM with the Administrator, revealed she was aware of the requirements for egress lighting; however, she was not aware the light fixtures were missing light bulbs.</p> <p>Reference NFPA 101 (2000 edition)</p> <p>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</p>	K 045	<p>complete a 100% audit by 03/31/2014 on all facility exits to ensure the failure of any single bulb will not leave the exit area in darkness.</p> <p>Regional Property Manager re-educated the Maintenance Director on the correct lightening for all means of egress and the audit tool for monitoring and replacing bulbs on 03/06/2014.</p> <p>Maintenance Director or Administrator will conduct three audits a week for four weeks and four audits per month for an additional twelve months to monitor correct lightening for all means of egress and will report results to the Safety Committee and Performance Improvement Committee monthly for twelve months for further recommendations.</p> <p>Completion date:</p>	03/31/2014

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K 045	Continued From page 9 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 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).	K 045			

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NAME OF PROVIDER OR SUPPLIER EDMONSON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210	
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K 045	Continued From page 10 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 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	K 045		

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K 045	Continued From page 11 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 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	K 045		

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K 045	Continued From page 12 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* 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		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation, Kitchen hood cleaning	K 069	K 069 Protection of Cooking Facilities On 03/06/2014 Maintenance Director ensured hood cleaning was completed on 11/03/2013 and has scheduled bi-annual cleaning on 05/01/2014.	

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K 069	<p>Continued From page 13</p> <p>records and interview, the facility failed to ensure the kitchen hood system was maintained in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility is certified for seventy four (74) beds with a census of sixty eight (68) on the day of the survey. The facility failed to ensure the kitchen hood was cleaned bi-annually and the deep fryer was not installed next to an open flame.</p> <p>The findings include:</p> <p>Kitchen hood inspection record review, on 03/06/14 at 10:00 AM with the Maintenance Supervisor and the Property Manager, revealed the facility failed to produce documentation that the hood had been cleaned within the last six (6) months. The cleaning dates for the hood were 11/03/13, and 02/28/13.</p> <p>Interview, on 03/06/14 at 10:00 AM with the Maintenance Supervisor and the Property Manager, revealed the facility had terminated the contract with the hood cleaning company unintentionally, and when they realized the mistake the hood cleaning was past due.</p> <p>Observation, on 03/06/14 at 11:30 AM with the Maintenance Supervisor and the Property Manager, revealed the deep fryer was located within six (6) inches of the surface flame of adjacent equipment. The deep fat fryer did not have a shield installed to permit the fryer to be installed that close to a surface flame.</p> <p>Interview, on 03/06/14 at 11:30 AM with the Maintenance Supervisor and the Property</p>	K 069	<p>Maintenance Director or Area Maintenance Director Assistant will install splash shield to deep fryer on 03/31/2014.</p> <p>Maintenance Director completed an audit of center's cooking facilities to identify any additional hazards on 03/06/2014.</p> <p>Regional Property Manager re-educated the Maintenance Director on 03/06/2014 on bi-annual cleaning of hood and audits to verify hood cleanings are completed within required time frame, with correct documentation. Regional Property Manager re-educated the Maintenance Director by on 03/06/2014 on the requirement for a shield for the deep fryer.</p> <p>Maintenance Director or Administrator to audit kitchen hood and shield to deep fryer monthly times twelve months and report results to Safety Committee and Performance Improvement Committee for further recommendations.</p> <p>Completion Date:</p>	03/31/2014

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K 069	<p>Continued From page 14</p> <p>Manager, revealed they were not aware of the requirements for the installation of deep fat fryers next to surface flames of adjacent equipment.</p> <p>Interview, on 03/06/14 at 2:06 PM with the Administrator, revealed she was aware of the hood cleaning requirements, but not aware of the requirements for the installation of deep fat fryers next to surface flames of adjacent equipment.</p> <p>Reference: NFPA 96 (1998 Edition)</p> <p>8-3 Cleaning. 8-3.1* Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a Extinguishers. properly trained, qualified, and certified company or person acceptable to the authority having jurisdiction in accordance with Table 8-3.1.</p> <p>Table 8-3.1 Exhaust System Inspection Schedule</p> <p>Type or Volume of Cooking Frequency Systems serving solid fuel cooking operations Monthly</p> <p>Systems serving high-volume cooking operations</p>	K 069		

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K 069	Continued From page 15 Quarterly such as 24-hour cooking, charbroiling or wok cooking Systems serving moderate-volume cooking Semiannually operations Systems serving low-volume cooking operations, such Annually as churches, day camps, seasonal businesses, or senior centers Reference: NFPA 96 (1998 Edition) 12.1.2.4 All deep fat fryers shall be installed with at least a 406-mm (16-in.) space between the fryer and surface flames from adjacent cooking equipment. 12.1.2.5 Where a steel or tempered glass baffle plate is installed at a minimum 203 mm (8 in.) in height between the fryer and surface flames of the adjacent appliance the requirement for a 406 mm (16 in.) space shall not apply. 12.1.2.5.1 If the fryer and the surface flames are at different horizontal planes, the minimum height of 203 mm (8 in.) shall be measured from the higher of the two.	K 069			
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10	K 072	K 072 Means of Egress not Obstructed Maintenance Director removed items blocking the means of egress in the service corridor on 03/06/2014.		

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K 072	Continued From page 16 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain exit access in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, nineteen (19) residents, staff and visitors. The facility is certified for seventy-four (74) beds with a census of sixty-eight (68) on the day of the survey. The facility failed to ensure the means of egress was free of all obstructions or impediments. The findings include: Observations, on 03/06/14 between 9:00 AM and 2:00 PM with the Maintenance Supervisor and the Property Manager, revealed the storage of four (4) hydration carts and a floor buffing machine located in the Laundry Exit Corridor. Interview, on 03/06/14 between 9:00 AM and 2:00 PM with the Maintenance Supervisor and the Property Manager, revealed they were not aware the items were being stored in the corridors. Interview, on 03/06/14 at 2:06 PM with the Administrator, revealed she was aware of the requirements for storage in the the corridors; however, she was not aware of the storage in the Laundry Corridor. Reference: NFPA 101 (2000 Edition) Means of Egress Reliability 7.1.10.1 Means of egress shall be continuously	K 072	Maintenance Director completed an audit of center's exits to ensure no exits were blocked on 03/06/2014. Regional Property Manager re-educated Maintenance Director on maintaining means of egress free of obstructions at all times on 03/06/2014. Maintenance Director or Administrator will conduct daily audits times four weeks and weekly audits times two additional months to monitor for any items blocking means of egress and will report findings to the Safety Committee and Performance Improvement Committee for the next three months for further recommendations. Completion Date:	03/31/2014	

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K 072 K 130 SS=D	Continued From page 17 maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the hazardous areas in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, seventeen (17) residents, staff and visitors. The facility is certified for seventy-four (74) beds with a census of sixty-eight (68) on the day of the survey. The findings include: Observation, on 03/06/14 at 11:02 AM with the Maintenance Supervisor and the Property Manager, revealed a heavy build-up of lint behind the dryers located in the Laundry Room. Interview, on 03/06/14 at 11:02 AM with the Maintenance Supervisor and the Property Manager, revealed they were not aware of the lint build-up behind the dryers. Interview, on 03/06/14 at 2:06 PM with the Administrator, revealed she was aware of the requirements for cleaning lint; however, she was not aware of the lint build-up behind the dryers.	K 072 K 130	K 130 Miscellaneous: Maintaining hazardous areas Maintenance Director removed lint build up from behind the dryers on 03/07/2014. Maintenance Director audited all areas in laundry room for any additional lint build up on 03/07/2014. Regional Property Director re-educated Maintenance Director on maintaining hazardous areas and the audit tool to monitor for lint build up on 03/07/2014. Maintenance Director or Administrator will conduct daily audits times four weeks and weekly audits times twelve months to monitor for lint build up behind the dryers and will report findings to the Safety Committee and Performance Improvement Committee for twelve months for further recommendations. Completion date:	03/31/2014

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K 130	Continued From page 18 NFPA 101 (2000 Edition) 4.6.12 Maintenance and Testing. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.	K 130		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure emergency generators were maintained in accordance with NFPA standards. The deficiency had the potential to affect four (4) of four (4) smoke compartments, seventy-four (74) residents, staff, and visitors. The facility is certified for seventy-four (74) beds with a census of sixty-eight (68) on the day of the survey. The findings include:	K 144	K144 Maintenance of Emergency Generator By 03/31/2014 the Maintenance Director or Area Maintenance Director Assistant will install emergency battery lighting inside the generator transfer switch room. Maintenance Director or Area Maintenance Director Assistant will complete a 100% audit by 03/26/2014 for any additional emergency battery lighting required. Regional Property Manager re-educated the Maintenance Director on requirements for emergency battery lighting and monthly testing on 03/06/2014. Maintenance Director or Administrator will conduct two audits a week for four weeks and four audits	

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K 144	Continued From page 19 Observation, on 03/06/14 at 11:22 AM with the Maintenance Supervisor and the Property Manager, revealed there was no emergency battery lighting inside the transfer switch room. Interview, on 03/06/14 at 11:22 AM with the Maintenance Supervisor and the Property Manager, revealed they thought having a working flashlight in the room would meet the requirements. Interview, on 03/06/14 at 2:06 PM with the Administrator, revealed she was not aware of the requirements for emergency lighting in the transfer switch room. Reference: NFPA 110 (1999 edition) 5-3.1. Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch. Exception: This requirement shall not apply to units housed outdoors. Reference: NFPA 101 (2000 edition) 7.9.2.1* Emergency illumination shall be provided for not less than 1 1/2 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination that is not less than an average of 1 ft-candle (10 lux) and, at any point, not less than 0.1 ft-candle	K 144	per month for an additional twelve months to test generator's emergency battery lighting function and will report findings to the Safety Committee and Performance Improvement Committee for twelve months for further recommendations. Completion date:	03/31/2014

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K 144	Continued From page 20 (1 lux), measured along the path of egress at floor level. Illumination levels shall be permitted to decline to not less than an average of 0.6 ft-candle (6 lux) and, at any point, not less than 0.06 ft-candle (0.6 lux) at the end of the 1 1/2 hours. A maximum-to-minimum illumination uniformity ratio of 40 to 1 shall not be exceeded. 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. Exception: Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less than once every 30 days and indicates failures by a status indicator shall be exempt from the 30-day functional test, provided that a visual inspection is performed at 30-day intervals.	K 144		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	K147 Maintenance of Electrical Wiring and Equipment Maintenance Director removed items stored within three feet of electrical panel in kitchen janitor closet on 03/06/2014 and he moved	

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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)	(X5) COMPLETION DATE
K 147	<p>Continued From page 21</p> <p>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 three (3) of four (4) smoke compartments, fifty four (54) residents, staff, and visitors. The facility is certified for seventy-four (74) beds with a census of sixty-eight (68) on the day of the survey.</p> <p>The findings include:</p> <p>Observations, on 03/06/14 between 9:00 AM and 2:00 PM, with the Maintenance Supervisor and the Property Manager revealed:</p> <ol style="list-style-type: none"> 1) Laundry soap dispensing pumps were plugged into a multi-outlet adaptor located behind the washing machines. 2) Storage within three (3) feet of electrical panels located in the Kitchen Janitors Closet. 3) An oxygen concentrator, mini nebulizer, and the resident bed were plugged into a multi-plug adaptor located in room #606. 4) The Hydrocollator was not plugged into a ground fault protected outlet (GFCI) located in the Therapy Office Closet. <p>Interview, on 03/06/14 between 9:00 AM and 2:00 PM with the Maintenance Supervisor and the Property Manager, revealed they were aware of the requirements; however, not aware the multi-outlet adaptors were being misused. Further interview revealed they were not aware the electrical panel was blocked.</p> <p>Interview, on 03/06/14 at 2:06 PM with the Administrator, revealed she was aware of the</p>	K 147	<p>hydrocollator and plugged it into a GFCI outlet. Maintenance Director also removed multi-plug adaptor from room #606 on 03/06/2014. Maintenance Director or designee will remove multi-outlet adaptor located behind washing machines by 03/31/2014.</p> <p>Maintenance Director, Administrator and Department Manager team completed a 100% electrical audit to identify any additional multi-plug adaptors, multi-outlet adaptors, or items placed within three feet of electrical panels on 03/06/2014.</p> <p>Regional Property Manager re-educated the Maintenance Director on requirements for clearance of three feet from all electrical panels, GFCI plugs, multi-plug adaptors and multi-outlet adaptors on 03/06/2014.</p> <p>All administrative staff will conduct daily audits to identify proper use of GFCI plugs, any additional multi-plug adaptors, multi-outlet adaptors, or items placed within three feet of electrical panels.</p> <p>Completion date:</p>	03/31/2014

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K 147	<p>Continued From page 22</p> <p>requirements for multi-outlet adaptors and storage in front of electrical panels; however, she was not aware of the misuse of the multi-outlet adaptors or the storage in front of electrical panels.</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>Reference: NFPA 70 400-8</p> <p>(Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces 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 adaptors.</p>	K 147		

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K 147	Continued From page 23 110-26. Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained around all electric equipment to permit ready and safe operation and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons. Reference NFPA 70 (1999) edition National Electric Code, relating to ground fault protection for electric outlets near sinks in resident rooms. NFPA: 70 210.8 Receptacles installed under the exceptions to 210.8(A)(5) shall not be considered as meeting the requirements of 210.52(G). (6) Kitchens - where the receptacles are installed to serve the countertop surfaces (7) Wet bar sinks - where the receptacles are installed to serve the countertop surfaces and are located within 1.8 m (6 ft) of the outside edge of the wet bar sink. Reference NFPA 70 (1999 edition) 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel. FPN: See 215.9 for ground-fault circuit-interrupter protection for personnel on feeders. (A) Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the	K 147		

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K 147	Continued From page 24 locations specified in (1) through (8) shall have ground-fault circuit-interrupter protection for personnel. (1) Bathrooms (2) Garages, and also accessory buildings that have a floor located at or below grade level not intended as habitable rooms and limited to storage areas, work areas, and areas of similar use Exception No. 1: Receptacles that are not readily accessible. Exception No. 2: A single receptacle or a duplex receptacle for two appliances located within dedicated space for each appliance that, in normal use, is not easily moved from one place to another and that is cord-and-plug connected in accordance with 400.7(A)(6), (A)(7), or (A)(8). Receptacles installed under the exceptions to 210.8(A)(2) shall not be considered as meeting the requirements of 210.52(G). (3) Outdoors Exception: Receptacles that are not readily accessible and are supplied by a dedicated branch circuit for electric snow-melting or deicing equipment shall be permitted to be installed in accordance with the applicable provisions of Article 426. (4) Crawl spaces - at or below grade level (5) Unfinished basements - for purposes of this section, unfinished basements are defined as portions or areas of the basement not intended as habitable rooms and limited to storage areas, work areas, and the like Exception No. 1: Receptacles that are not readily accessible. Exception No. 2: A single receptacle or a duplex receptacle for two appliances located within dedicated space for each appliance that, in normal use, is not easily moved from one place to	K 147		

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K 147	<p>Continued From page 25</p> <p>another and that is cord-and-plug connected in accordance with 400.7(A)(6), (A)(7), or (A)(8). Exception No. 3: A receptacle supplying only a permanently installed fire alarm or burglar alarm system shall not be required to have ground-fault circuit-interrupter protection.</p> <p>Receptacles installed under the exceptions to 210.8(A)(5) shall not be considered as meeting the requirements of 210.52(G).</p> <p>(6) Kitchens - where the receptacles are installed to serve the countertop surfaces (7) Wet bar sinks - where the receptacles are installed to serve the countertop surfaces and are located within 1.8 m (6 ft) of the outside edge of the wet bar sink. (8) Boathouses (B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in (1), (2), and (3) shall have ground-fault circuit-interrupter protection for personnel: (1) Bathrooms (2) Rooftops Exception: Receptacles that are not readily accessible and are supplied from a dedicated branch circuit for electric snow-melting or deicing equipment shall be permitted to be installed in accordance with the applicable provisions of Article 426. (406.8 Receptacles in Damp or Wet Locations. (A) Damp Locations. A receptacle installed outdoors in a location protected from the weather or in other damp locations shall have an enclosure for the receptacle that is weatherproof when the receptacle is covered (attachment plug cap not inserted and receptacle covers closed). An installation suitable for wet locations shall also be considered suitable for damp locations. A receptacle shall be considered to be in a</p>	K 147		

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K 147	Continued From page 26 location protected from the weather where located under roofed open porches, canopies, marquees, and the like, and will not be subjected to a beating rain or water runoff. (B) Wet Locations. (1) 15- and 20-Ampere Outdoor Receptacles. 15- and 20-ampere, 125- and 250-volt receptacles installed outdoors in a wet location shall have an enclosure that is weatherproof whether or not the attachment plug cap is inserted. (2) Other Receptacles. All other receptacles installed in a wet location shall comply with (a) or (b): (a) A receptacle installed in a wet location where the product intended to be plugged into it is not attended while in use (e.g., sprinkler system controller, landscape lighting, holiday lights, and so forth) shall have an enclosure that is weatherproof with the attachment plug cap inserted or removed. (b) A receptacle installed in a wet location where the product intended to be plugged into it will be attended while in use (e.g., portable tools, and so forth) shall have an enclosure that is weatherproof when the attachment plug is removed. (C) Bathtub and Shower Space. A receptacle shall not be installed within a bathtub or shower space. 3) Kitchens	K 147		