PRINTED: 10/04/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185400	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD ELKTON, KY 42220	

(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 062	Continued From page 18 Sprinklers - fast response Test At 20 years and every 10 years thereafter 2-3.1.1 Exception No. 2 Sprinklers Test At 50 years and every 10 years thereafter 2-3.1.1 Valves (all types) Maintenance Annually or as needed Table 9-1 Obstruction investigation Maintenance 5 years or as needed Chapter 10 Reference: NFPA 13 (1999 Edition) 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. hydraulic design basis, the system area of operation shall be permitted to be reduced without revising the density as indicated In Figure 7-2.3.2.4 when all of the following conditions are satisfied: (1) Wet pipe system (2) Light hazard or ordinary hazard occupancy (3) 20-ft (6.1-m) maximum ceiling height The number of sprinklers in the design area shall never be less than five. Where quick-response sprinklers are used on a sloped ceiling, the maximum ceiling height shall	K 062		

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K 062	Continued From page 19 be used for determining the percent reduction in design area. Where quick-response sprinklers are installed, all sprinklers within a compartment shall be of the quick response type. Exception: Where circumstances require the use of other than ordinary temperature-rated sprinklers, standard response sprinklers shall be permitted to be used. Reference: NFPA 13 (1999 Edition) 5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development. 5-5.5.2.1 Continuous or noncontiguous obstructions less Than or equal to 18 in. (457 mm) below the sprinkler deflector That prevent the pattern from fully developing shall comply With 5-5.5.2.	K 062	*K 066* NFPA 101 LIFE SAFETY CODE STANDARD **What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** On 9/18/2012, Maintenance removed all cigarette butts, removed combustible debris from smokers' pole, and repaired the disassembled smokers' pole located at the rear entry door. **How facility will identify other residents/patients having the potential to be affected by the same alleged deficient practice?** On 10/11/2012, DES inspected the rear entry and other entrances to the facility to determine that smokers' pole was properly installed and cigarette butts had been properly extinguished. **What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?** On 10/10/2012, Administrator re-educated Director of Environmental Services and Maintenance on completing rounds to empty smokers' poles, ensure their proper installation and police the grounds.	
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe	K 066		

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K 066	Continued From page 20 design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the use of approved ashtrays in the designated smoking area, in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, no residents, staff and visitors. The facility is certified for sixty (60) beds with a census of fifty-seven (57) on the day of the survey. The facility failed to ensure the smoking pole was installed properly. The findings include: Observation, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed the smokers ' pole located at the rear entry door was not properly installed and allowed trash in with the cigarette butts. Further observations revealed several cigarette butts on the ground at the rear entry to the building. Interview, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed it is a constant battle of trying to keep the cigarette butts picked up off the ground.	K 066	By 10/17/2012, under the supervision of the Administrator, Housekeeping, Laundry, Dietary and Nursing Staff were re-educated regarding the use of smokers' poles, extinguishing cigarettes in a proper manner, and policies included in the employee handbook regarding smoking and break policy. On 10/11/2012, Administrator revised CQI Tool ES-3 "Life Safety" incorporate visual inspection of smokers' poles and entryways for compliance with the smoking policy. On 10/11/2012, the Director of Environmental Services completed CQI Tool ES-3 "Life Safety". **How the facility plans to monitor its performance to ensure that solutions are sustained.** Continuing Quality Improvement (CQI) Tool ES-3 "Life Safety" will be completed monthly. The Quality Assurance Team will review any deficient practice identified and implement new interventions as needed. **Completion Date:**	10/26/2012

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K 066	Continued From page 21 Interview, on 09/18/12 at 3:45 AM with the Administrator, revealed she was aware of the requirements on cigarette smoking but was unaware the smokers ' pole was disassembled. She stated she relies on the Environmental Supervisor and CQI tools for Life Safety and they use the OIG newsletter to ensure life safety code Reference: NFPA Standard 101 (2000 Edition). 19.7.4 Smoking (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.	K 066	*K 068* NFPA 101 LIFE SAFETY CODE STANDARD **What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** On 9/21/2012, Maintenance removed the vent that was not in use and repaired the hole left in the ceiling to prevent the room to vent directly into the attic.	
K 068 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure combustion air and ventilation for boilers, incinerators, and heater rooms were installed in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, no residents, staff and visitors. The facility is certified for sixty (60) beds with a census of fifty-seven (57) on the day of the survey. The facility failed to ensure the boiler room did not vent into the attic.	K 068	**How facility will identify other residents/patients having the potential to be affected by the same alleged deficient practice?** On 10/1/2012, Administrator inspected the boiler room to identify any further deficient practices. No deficient practices were identified. **What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?** On 10/10/2012, Administrator re-educated Director of Environmental Services and Maintenance ensuring the boiler room did not vent into the attic of the ceiling. On 10/11/2012, CQI Tool ES-3 "Life Safety" was revised by Administrator to	

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K 068	Continued From page 22 The findings include: Observation, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed the fresh air vent for the previous boiler that was installed that been disassembled and a large hole was left in the ceiling which was allowing room to vent directly into the attic.. Interview, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed she was unaware the pipe had been taken down from the ceiling. Interview, on 09/18/12 at 3:45 AM with the Administrator, revealed she was unaware the boiler room was venting into the attic of the facility. She stated she relies on the Environmental Supervisor and CQI tools for Life Safety and they use the OIG newsletter to ensure life safety code. Reference: NFPA 101 Life Safety Code (2000 edition) Section 19.5 Building Services 19.5.2.2 Any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from the outside, and shall be designed and installed to provide for complete separation of the combustible system from the atmosphere	K 068	incorporate the inspection of the boiler room. On 10/11/2012, the Director of Environmental Services (DES) completed CQI Tool ES-3 "Life Safety". **How the facility plans to monitor its performance to ensure that solutions are sustained.** Continuing Quality Improvement (CQI) Tool ES-3 "Life Safety" will be completed monthly. The Quality Assurance Team will review any deficient practice identified and implement new interventions as needed. **Completion Date:**	10/26/2012

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K 068	Continued From page 23 of the occupied area. Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperature or ignition failure.	K 068		
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 record review and interview, it was determined that the facility failed to maintain the kitchen hood suppression system in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, no residents, staff and visitors. The facility is certified for sixty (60) beds with a census of fifty-seven (57) on the day of the survey. The facility failed to ensure the kitchen hood nozzles would put out a fire. The findings include: Record Review, on 09/18/12 at 11:00 AM with the Environmental Supervisor, revealed the last inspection on the kitchen hood conducted on April 30th 2012 noted that 3 nozzles not in proper position to put out fire. Interview, on 09/18/12 at 11:00 AM with the Environmental Supervisor, revealed she was unaware that the company had noted the nozzles were not in the proper position. Interview, on 09/18/12 at 3:45 PM with the Administrator, revealed she was unaware of the documentation on the inspection report that noted	K 069	***K 069*** NFPA 101 LIFE SAFETY CODE STANDARD **What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** On10/9/2012 Vanguard Alarms Special Systems inspected and scheduled repairs to the Kitchen Hood Fire Suppression System. No later than 10/26/2012, Vanguard will complete all necessary repairs to the fire extinguishing equipment contained in the kitchen hood above the stove. **How facility will identify other residents/patients having the potential to be affected by the same alleged deficient practice?** On 10/9/2012, Vanguard Alarms Special Systems completed an inspection of the Kitchen Hood Fire Suppression System to determine if any further deficiencies were present. Any further deficiencies were scheduled for repair. **What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?**	

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K 069	Continued From page 24 the nozzles were not in the proper location. NFPA 96 (1998 ed.) 7-1.2 Cooking equipment that produces grease-laden vapors (such as, but not limited to, deep fat fryers, ranges, griddles, broilers, woks, tilting skillets, and braising pans) shall be pro- tected by fire-extinguishing equipment.	K 069	On 10/10/2012, Administrator re-educated Director of Environmental Services and Maintenance on ensuring sprinkler and fire alarm inspectors and workman exit with the administrator. On 10/11/2012, Administrator revised CQI Tool ES-3 "Life Safety" to incorporate visual inspection of sprinkler and fire alarm inspection documents to ensure recommended work was scheduled.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure oxygen storage areas were protected in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, twenty-two (22) residents, staff and visitors. The	K 076	On 10/11/2012, the Director of Environmental Services (DES) completed CQI Tool ES-3 "Life Safety". **How the facility plans to monitor its performance to ensure that solutions are sustained.** Continuing Quality Improvement (CQI) Tool ES-3 "Life Safety" will be completed monthly. Administrator will review sprinkler and fire alarm reports no less than quarterly. The Quality Assurance Team will review any deficient practice identified and implement new interventions as needed. **Completion Date:**	10/26/2012

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K 076	Continued From page 25 facility is certified for sixty (60) beds with a census of fifty-seven (57) on the day of the survey. The facility failed to ensure oxygen storage over 300 cu ft. was stored 5 feet away from any combustibles. The findings include: Observation, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed twenty (20) oxygen tanks in the 200 hall storage room. The oxygen tanks were being stored within five (5) feet of combustible items. Interview, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed she was unaware oxygen tanks could not be stored within five (5) feet of combustible materials once the storage equals over 300 cubic feet in a smoke compartment. Interview, on 09/18/12 at 3:45 AM with the Administrator, revealed she was unaware the oxygen was not being stored properly. She stated she relies on the Environmental Supervisor and CQI tools for Life Safety and they use the OIG newsletter to ensure life safety code. Reference: NFPA 101 (2000 edition) 8-3.1.11.2 Storage for nonflammable gases greater than 8.5 m3 (300 ft3) but less than 85 m3 (3000 ft3) (A) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.	K 076	*K 076* NFPA 101 LIFE SAFETY CODE STANDARD **What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** On 9/18/2012, Medical Records Clerk removed all combustible items form the oxygen storage closet. **How facility will identify other residents/patients having the potential to be affected by the same alleged deficient practice?** On 10/4/2012, Administrator inspected the oxygen storage closet to identify any further deficient practices and none were identified. **What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?** By 10/17/2012, under the supervision of the Administrator, Housekeeping, Laundry, Dietary and Nursing Staff, to include Department Heads and management, were re-educated on storage requirements for combustible items in oxygen storage and new location selected for the storage of the	

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K 076	Continued From page 26 (B) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. (C) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) A minimum distance of 6.1 m (20 ft) (2) A minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) An enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. An approved flammable liquid storage cabinet shall be permitted to be used for cylinder storage.	K 076	combustible items separate from the oxygen storage. On 10/11/2012, CQI Tool ES-3 "Life Safety" was revised by Administrator to incorporate visual inspection of oxygen storage to ensure combustibles are stored in accordance with NFPA standards. On 10/11/2012, the Director of Environmental Services (DES) completed CQI Tool ES-3 "Life Safety". **How the facility plans to monitor its performance to ensure that solutions are sustained.** Continuing Quality Improvement (CQI) Tool ES-3 "Life Safety" will be completed monthly. The Quality Assurance Team will review any deficient practice identified and implement new interventions as needed. **Completion Date:**	10/26/2012