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

PRINTED: 09/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185359	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 08/22/2013
NAME OF PROVIDER OR SUPPLIER: ROBERTSON COUNTY HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE: ROUTE 2, U S HIGHWAY 62, MOUNT OLIVET, KY 41064	

(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 A Standard Recertification Survey was initiated on 08/20/13 and concluded on 08/22/13. There were no deficiencies cited.	F 000	Robertson County Healthcare Facility does not believe nor does the facility admit that any deficiencies exist. Robertson County Healthcare Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Robertson County Healthcare Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Robertson County Healthcare Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Robertson County Healthcare Facility offers its responses, credible allegations of compliance and plan of correction as a part of its ongoing effort to provide quality care to residents. Robertson County Healthcare Facility strives to provide the highest quality care while assuring the rights and safety of all residents.	

RECEIVED
SEP 12 2013
BY: ____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stephanie L Hope AN US RN LNH A | TITLE: Administrator | (X6) DATE: 9/9/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 10/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	185359		R 09/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBERTSON COUNTY HEALTH CARE FACILITY	ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064

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{K 000}	INITIAL COMMENTS Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 09/30/13 as alleged.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	185359		08/21/2013

NAME OF PROVIDER OR SUPPLIER: ROBERTSON COUNTY HEALTH CARE FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE: ROUTE 2, U S HIGHWAY 62, MOUNT OLIVET, KY 41064

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K 000	INITIAL COMMENTS	K 000		

CFR: 42 CFR §483.70 (a)

BUILDING: 01

PLAN APPROVAL: 1991

SURVEY UNDER: 2000 Existing

FACILITY TYPE: SNF/NF

TYPE OF STRUCTURE: One story, Type V (000) Unprotected

SMOKE COMPARTMENTS: Four

COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM

FULLY SPRINKLED, SUPERVISED (DRY SYSTEM)

EMERGENCY POWER: Type II natural gas generator

A life safety code survey was initiated and concluded on 08/21/13, to determine the facility's compliance with Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) and found the facility to not be in compliance with NFPA 101 Life Safety Code 2000 Edition. The facility is licensed for sixty (60) beds. The census the day of the survey was fifty four(54).

The Highest Scope and Severity was at the "F" level.

The following demonstrate noncompliance:

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SEP 12 2013
BY:

Robertson County Health Care Facility does not believe nor does the facility admit that any deficiencies exist. Robertson County Health Care Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings, or any administrative or legal proceedings. This Life Safety Code plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds nor is it meant to establish any standard of care, contract, obligation or position and Robertson County Health Care Facility reserves all rights to raise all possible contests and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance, or self-critical examination privileges which Robertson County Health Care Facility does not waive, and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Robertson County Health Care Facility offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to residents. Robertson County Health Care Facility strives to provide the highest quality of care while assuring the rights and safety of all residents.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stephanie Y Logan
TITLE: (Admin) RN MSN LNHA
(X6) DATE: 9/9/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	185359		08/21/2013

NAME OF PROVIDER OR SUPPLIER: ROBERTSON COUNTY HEALTH CARE FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE: ROUTE 2, U S HIGHWAY 62, MOUNT OLIVET, KY 41064

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K 018 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor doors would resist the passage of smoke, according to National Fire Protection Association (NFPA). The deficiency had the potential to affect three (3) of four (4) smoke compartment, sixty (60) residents, staff and visitors. The findings include: Observation, on 08/21/2013 at 1:24 PM, with the Maintenance Director, revealed resident room 111 's door would not latch when tested. Further	K 018	It is and was on the day of survey the policy of Robertson County Healthcare Facility to ensure that all doors protecting corridor openings would resist the passage of smoke. 1. Resident rooms: 111, 127 and 134 were found to have doors that did not latch fully when closed. The latching mechanisms were repaired immediately after the findings. 2. All doors have been examined and are in compliance with the above. 3. The Maintenance Supervisor will observe and document ten percent of all doors that protect corridor openings to ensure that they have appropriate closure at least monthly. 4. As part of the facility's ongoing continuous quality assurance program the door closures will be observed annually by the Maintenance Supervisor or designee. The record will become part of the Quality Assurance minutes for record and review. 5. September 30, 2013	

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	185359	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBERTSON COUNTY HEALTH CARE FACILITY	ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064

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K 018	Continued From page 2 observations revealed the same for resident room doors 127 and 134. All observations were confirmed with the Maintenance Director. Interview, on 08/21/2013 at 1:24 PM, with the Maintenance Director, revealed he was not aware of any problems with resident room doors not latch. All findings were acknowledged by the Administrator during exit conference. Reference: NFPA 101 (2000 edition) 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		