

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

PRINTED: 12/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185327	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  12/09/2015
NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF SPENCER COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 625 TAYLORSVILLE RD TAYLORSVILLE, KY 40071	

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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: 1985, 1992</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (000)</p> <p>SMOKE COMPARTMENTS: Nine (9) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete, automatic dry sprinkler system, updated in 2012.</p> <p>GENERATOR: Type II, 80 KW generator. Fuel source is propane.</p> <p>A Recertification Life Safety Code Survey, utilizing the 2786S Short Form, was conducted on 12/09/15. The facility was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000	<p>This plan of correction is submitted per requirement by the State but does not constitute admission by the provider of any fact or conclusion set forth in this statement of deficiency.</p> <p>K144</p> <p>No resident suffered any adverse reaction to the alleged deficient practice</p> <p>The emergency generator remained operational during this time and continues to be operational</p> <p>The generator maintenance contractor inspected the remote annunciator for the emergency generator on 12-14-15. Attachment A</p> <p>A quotation for repair of the remote annunciator for the emergency generator was received from the contractor and approved by Signature Healthcare on 12-15-15. Attachment B</p> <p>The repair work to the remote annunciator panel will be completed on or before <del>1-25-16</del> <sup>1-21-16</sup> MK</p> <p>In the interim the Maintenance Director or designee will inspect the remote annunciator panel daily for signs of trouble Attachment C</p>	<p><del>1-25-16</del> MK 1-22-16</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*X Jenni G. Mack* *X Interim CEO*

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.

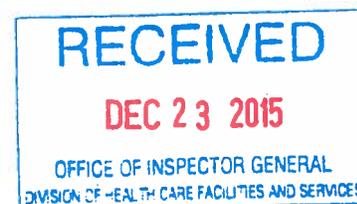
*X Mark Hertzen* *X Director of nursing* *X 12-23-15*



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K 000  K 144 SS=F	Continued From page 1 Deficiencies were cited with the highest deficiency identified at F level. 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, interview and record review, it was determined the facility failed to ensure the emergency generator annunciator panel was functioning in accordance with National Fire Protection (NFPA) standards. The deficiency had the potential to affect each of the nine (9) smoke compartments, residents, staff, and visitors. The facility has one-hundred and twenty (120) certified beds and the census was one-hundred and nine (109) on the day of the survey.  The findings include:  Observation, on 12/09/15 at 10:38 AM, with the Maintenance Director revealed the remote annunciator panel for the emergency generator, located within the Nurses' Station did not function properly when the test switch was activated.	K 000  K 144	After repair of the annunciator, a preventative maintenance audit for the remote annunciator panel will be completed weekly by the Maintenance Director or designee.  The weekly audits will be forwarded to the monthly QAPI (Quality Assurance Performance Improvement Committee) for further evaluation and additional testing schedules if needed	1-25-16 1-22-16 per MK by PB



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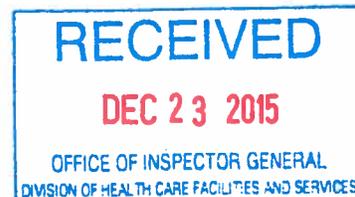
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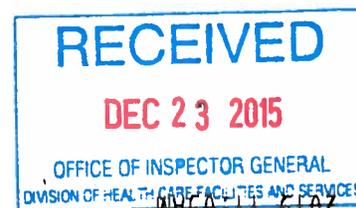
K 144	<p>Continued From page 2</p> <p>Interview and record review, on 12/09/15 at 10:40 AM, with the Maintenance Director revealed he was not aware the test switch on the remote annunciator panel for the emergency generator was functioning properly. He stated the emergency generator automatically runs weekly for testing and tested monthly, under load. Record review for the emergency generator verified the annual four (4) hour load bank test had been performed by their contractor on 10/08/15 and the remote annunciator panel was functioning properly at the time of their annual inspection.</p> <p>The census of one-hundred and nine (109) was verified by the Administrator on 12/09/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 12/09/15.</p> <p>Reference: NFPA 99 (1999 Edition).</p> <p>3-4.1.1.15 + Alarm Annunciator. A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12.) The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows: a. Individual visual signals shall indicate the following: 1. When the emergency or auxiliary power source is operating to supply power to load 2. When the battery charger is malfunctioning b. Individual visual signals plus a common audible signal to warn of an engine-generator</p>	K 144		
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K 144	Continued From page 3 alarm condition shall indicate the following: 1. Low lubricating oil pressure 2. Low water temperature (below those required in 3-4.1.1.9) 3. Excessive water temperature 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply 5. Overcrank (failed to start) 6. Overspeed  Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur, but need not display these conditions individually. [110: 3-5.5.2]	K 144		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF SPENCER COUNTY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 TAYLORSVILLE RD</b> <b>TAYLORSVILLE, KY 40071</b>		
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{K 000}	INITIAL COMMENTS  Based upon implementation of the acceptable POC, the facility was deemed to be in compliance 01/22/16 as alleged.	{K 000}			

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

TITLE

(X6) DATE

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**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF INSPECTOR GENERAL**

**Matthew G. Bevin**  
Governor

**Millie K. Zumstein, Regional Program Manager**  
908 West Broadway, 10 West  
Louisville, Kentucky 40203  
(502) 595-4958  
Fax: (502) 595-4540  
<http://chfs.ky.gov/os/oig>

**Vickie Yates Brown Glisson**  
Secretary

**Stephanie Hold**  
Acting Inspector General

January 26, 2016

Via email: Kaycee Loucka (admin.spencer@signaturehealthcarellc.com)

Ms. Kaycee Loucka, Administrator  
Signature Healthcare of Spencer County  
625 Taylorsville Rd  
Taylorsville, KY 40071

Dear Ms. Loucka:

Thank you for submitting your proposed plan of correction regarding the deficiencies noted during the survey completed on December 11, 2015.

We are accepting your allegation of compliance and presume that substantial compliance was achieved by January 22, 2016, as alleged in your plan of correction. Therefore, we are not recommending the remedies referred to in the initial notice dated December 15, 2015, to the Centers for Medicare and Medicaid Services Regional Office at this time. Based on implementation of your plan of correction, we will recommend that your nursing facility be relicensed and recertified for continued participation in the Title XVIII/XIX program(s) contingent upon approval from the appropriate agencies.

Your cooperation is appreciated. If you should have questions regarding this information, please contact our office.

Sincerely,

A handwritten signature in blue ink that reads "Millie K. Zumstein".

Millie K. Zumstein, R.D., L.D.  
Regional Program Manager  
Division of Health Care

MKZ/rd