

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

PRINTED: 01/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/22/2011
NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445		
(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	<p>INITIAL COMMENTS</p> <p>An annual survey and abbreviated survey (KY #17334) was conducted on 12/19/11 through 12/22/11, and a Life Safety Code survey was conducted on 12/20/11 to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of an "F." KY #17334 was unsubstantiated with no deficiencies cited.</p>	F 000			

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

TITLE

(X6) DATE

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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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445	
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K 000	INITIAL COMMENTS CFR: 42 CFR 483.70(a) BUILDING: 01 PLAN APPROVAL: unknown SURVEY UNDER: 2000 Existing FACILITY TYPE: SNF/NF TYPE OF STRUCTURE: One (1) story, Type V (111) SMOKE COMPARTMENTS: Five (5) smoke compartments FIRE ALARM: Complete fire alarm system with heat and smoke detectors SPRINKLER SYSTEM: Complete automatic dry sprinkler system GENERATOR: Type II generator, fuel source is diesel. A standard Life Safety Code survey was conducted on 12/20/11. Princeton Health and Rehab Center was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for one hundred four (104) beds and the census was ninety (90) on the day of the survey. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)	K 000	K 000 Plan of correction does not constitute admission or agreement by the provider of the truths or the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is submitted solely because it is required by the provision of the federal and state law.	



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

TITLE

(X6) DATE

Kelly Alder

Administrator

1/20/12

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	K 000		
K 025 SS=E	<p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in 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 observations and interview, it was determined the facility failed to maintain smoke barriers that would resist the passage of smoke between smoke compartments in accordance with NFPA standards. The deficiency had the potential to affect two (2) of five (5) smoke compartments, residents, staff and visitors. The facility is licensed for one hundred four (104) beds with a census of ninety (90) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 12/20/11 at 4:50 PM, with the Plant Services Director revealed the smoke partition extending above the ceiling located</p>	K 025	<p>K 025 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the normal practice of Princeton Health and Rehab Center, Inc. to maintain all smoke barriers.</p> <p><u>Corrective Measures for Residents Identified in the Deficiency:</u></p> <p>No residents were identified in this deficiency.</p> <p><u>How Other Residents were Identified who may have been affected by this practice were identified:</u></p> <p>Residents in 2 of the 5 smoke compartments had the potential to be affected.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>The approximately two inch by two inch opening where the wires passed through the smoke barrier was replaced with mortar on 12/21/11 by the Plant Services Director. There were no other openings in the rest of the smoke barriers. The Plant Services Director was re-educated on NFPA 101 life safety code relating to smoke barrier on December 21, 2011 by administrator. When smoke barriers are accessed by any contracted individuals, the Plant Services Director will check all smoke barriers to ensure that any openings created are sealed with fire rated materials.</p> <p><u>Monitoring Measures to Maintain Ongoing Compliance:</u></p> <p>The Plant Services Director will audit the smoke barriers monthly for the next six months and report findings to the Quality Assurance and Assessment Committee to validate ongoing compliance.</p>	02/05/12

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K 025	<p>Continued From page 2</p> <p>above the cross corridor doors in the 200 Hall, were noted to have penetrations by wires, or piping. The spaces around the penetrations were not filled with a material rated equal to the partition and could not resist the passage of smoke.</p> <p>Interview, on 12/20/11 at 4:50 PM, with the Plant Services Director revealed he was not aware of the penetrations.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>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:</p> <p>(a) The space between the penetrating item and the smoke barrier shall</p> <ol style="list-style-type: none"> 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. <p>(b) 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</p> <ol style="list-style-type: none"> 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. <p>(c) Where designs take transmission of vibration into consideration, any vibration isolation shall</p> <ol style="list-style-type: none"> 1. Be made on either side of the smoke barrier, or 2. Be made by an approved device designed for 	K 025	

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K 025	Continued From page 3 the specific purpose.	K 025			
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure delayed egress doors and exits were maintained in accordance with NFPA standards. The deficiencies had the potential to affect two (2) of five (5) smoke compartments, residents, staff and visitors. The facility is licensed for one-hundred four (104) beds with a census of ninety (90) on the day of the survey. The findings include: Observation, on 12/20/11 between 3:37 and 3:57 PM, with the Plant Services Director revealed the delayed egress doors located at the end of 200 Hall, and the Wing 3 Sunroom, did not have the required signage stating the door was equipped with a fifteen (15) second delay before opening. Further observation, at 3:57 PM with the Plant Services Director revealed the 200 Hall exit door to have broken glass on the right double door. The broken glass was covered with wood and a sign was attached to the wood stating " Do Not	K 038	K 038 NFPA 101 LIFE SAFETY CODE STANDARD It is the normal practice of Princeton Health and Rehab Center, Inc. to have exits readily accessible at all times. <u>Corrective Measures for Residents Identified in the Deficiency:</u> No residents were identified in the deficiency. <u>How Other Residents were Identified who may have been affected by this practice were identified:</u> Residents in 2 of the 5 smoke compartments had the potential to be affected. <u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u> Correct signage was placed at the exits of the Wing 3 Sunroom and the 200 Hall exit door on December 21, 2011 by the Plant Services Director. An order had been placed for the glass replacement on December 13, 2011 and the full glass door was replaced by the Glass Company on December 21, 2011. Sign on the door with the broken glass pane reading "Do Not Use" was removed from the door by the Plant Services Director on December 21, 2011. The Plant Services Director was re-educated on December 21, 2011 by the administrator on NFPA 101 life code standard related to exit access. <u>Monitoring Measures to Maintain Ongoing Compliance:</u> The Plant Services Director will audit the exit signs monthly for the next six months to validate ongoing compliance and report findings to the Quality Assurance and Assessment Committee.	02/05/12	

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K 038	Continued From page 4 Use ". Interview, on 12/20/11 between 3:37 and 3:57 PM, with the Plant Services Director revealed they were not aware the delayed egress signage was to be on the exit doors. Further interview, at 3:57 PM with the Plant Services Director revealed the wood had been on the door for about a week and they had ordered the glass and were waiting for the glass company to come and install the replacement glass. Reference: NFPA 101 (2000 edition) 7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors	K 038		

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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445	
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K 038	Continued From page 5 of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) *On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS 7.10.8.1* No Exit. Any door, passage, or stairway	K 038	

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K 038	Continued From page 6 that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT Such sign shall have the word NO in letters 2 in. (5 cm) high with a stroke width of 3/8 in. (1 cm) and the word EXIT in letters 1 in. (2.5 cm) high, with the word EXIT below the word NO. 7.5.2.2* Exit access and exit doors shall be designed and arranged to be clearly recognizable. Hangings or draperies shall not be placed over exit doors or located to conceal or obscure any exit. Mirrors shall not be placed on exit doors. Mirrors shall not be placed in or adjacent to any exit in such a manner as to confuse the direction of exit. Exception: Curtains shall be permitted across means of egress openings in tent walls if the following criteria are met: (a) They are distinctly marked in contrast to the tent wall so as to be recognizable as means of egress. (b) They are installed across an opening that is at least 6 ft (1.8 m) in width. (c) They are hung from slide rings or equivalent hardware so as to be readily moved to the side to create an unobstructed opening in the tent wall of the minimum width required for door openings.	K 038			

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K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on interview and fire drill review it was determined the facility failed to ensure fire drills were conducted at unexpected times under varied conditions. The deficiency had the potential to affect five (5) of five (5) smoke compartments, residents, staff and visitors. The facility is licensed for one hundred four (104) beds with a census of ninety (90) on the day of the survey.</p> <p>The findings include:</p> <p>Fire Drill review, on 12/20/11 at 2:44 PM, with the Plant Services Director revealed the fire drills were not being conducted at unexpected times under varied conditions. Third shift fire drills were being conducted predictably between 4:00 AM and 5:00 AM.</p> <p>Interview, on 12/20/11 at 2:44 PM, with the Plant Services Director revealed they were unaware the fire drills were not being conducted as required.</p>	K 050	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the normal practice of Princeton Health and Rehab Center, Inc. to conduct fire drills at unexpected times under varying conditions.</p> <p><u>Corrective Measures for Residents Identified in the Deficiency:</u></p> <p>No residents were identified in the deficiency.</p> <p><u>How Other Residents were Identified who may have been affected by this practice were identified:</u></p> <p>Residents in 5 of 5 smoke compartments have the potential to be affected by the practice.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>The schedule for quarterly fire drills was reviewed by the administrator on December 21, 2011 to validate that fire drills are scheduled on a quarterly basis for all shifts and at unexpected times under varied conditions during the shifts. The Plant Services Director was re-educated by the Administrator on December 21, 2011 on conducting fire drills on all shifts at unexpected times under varied conditions. The Plant Services Director conducted a fire drill on December 30, 2011 at 11 p.m.</p> <p><u>Monitoring Measures to Maintain Ongoing Compliance:</u></p> <p>The Plant Services Director will attach a quarterly schedule for review by the administrator to validate ongoing compliance with conducting fire drills at unexpected times under varied conditions.</p>	02/05/12

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K 050	Continued From page 8	K 050		
K 056 SS=D	<p>Reference: NFPA Standard NFPA 101 19.7.1.2. Fire drills shall be conducted at least quarterly on each shift and at unexpected times under varied conditions on all shifts.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the building had a complete sprinkler system in accordance with NFPA standards. The deficiency had the potential to affect two (2) of two (2) smoke compartments residents, staff and visitors. The facility is licensed for one hundred four (104) beds with a census of ninety (90) on the day of the survey.</p>	K 056	<p>K 056 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the normal practice of Princeton Health and Rehab Center, Inc. to meet the Standard for the installation of Sprinkler Systems.</p> <p><u>Corrective Action for Residents Identified in the Deficiency:</u></p> <p>No residents were identified in the deficiency.</p> <p><u>How Other Residents were Identified who may have been affected by the Practice:</u></p> <p>Residents in 2 of the 2 smoke compartments had the potential to be affected.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>The Plant Services Director received a quote on December 20, 2011 to complete the sprinkler system in the 100 Hall shower room. Tri State Fire Protection completed the work on December 27, 2011 on the 100 Hall shower room sprinkler system so all areas of the room are adequately covered.</p> <p>Tri State Fire Protection has been contracted to correct the sprinkler head system on 300 Hall Shower Room so the closet has sprinkler protection. This will be completed by February 5, 2012.</p>	02/05/12

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K 056 Continued From page 9
The findings include:

Observation, on 12/20/11 between 3:47 PM and 3:50 PM, with the Plant Services Director revealed the sprinkler head coverage in the 100 Hall shower room was not adequate to cover all areas of the room. Further observation revealed the closet located in the 300 Hall shower room did not have sprinkler protection.

Interview, on 12/20/11 between 3:47 PM and 3:50 PM, with the Plant Services Director revealed he was not aware the closet in the 300 Hall shower room did not have sprinkler protection. He was also not aware the coverage in the 100 Hall shower room was not adequate.

Actual NFPA Standard: NFPA 101, Table 19.1.6.2 and 19.3.5.1. Existing healthcare facilities with construction Type V (111) require complete sprinkler coverage for all parts of a facility.
Actual NFPA Standard: NFPA 101, 19.3.5.1. Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.
Actual NFPA Standard: NFPA 101, 9.7.1.1. Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.
Actual NFPA Standard: NFPA 13, 5-1.1. The requirements for spacing, location, and position of sprinklers shall be based on the following principles:
(1) Sprinklers installed throughout the premises
(2) Sprinklers located so as not to exceed maximum protection area per sprinkler

K 056 (continued from pg. 9)

The Plant Services Director was re-educated on December 21, 2011 by the administrator on NFPA life safety relating to the standard for installation of sprinkler systems.

Monitoring Measures to Maintain Ongoing Compliance:

The Plant Services Director will audit the sprinkler system quarterly to validate ongoing compliance. Findings will be reported to the Quarterly Quality Assurance and Assessment Committee.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185318	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2011
NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445		
(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 056	Continued From page 10 (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution.	K 056			
K 070 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure, portable space heaters used in the facility were in accordance with NFPA standards. The deficiency had the potential to affect five (5) of five (5) smoke compartments, residents, staff and visitors. The facility is licensed for one hundred four (104) beds with a census of ninety (90) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 12/20/11 between 3:29 PM and 5:21 PM, with the Plant Services Director revealed a portable space heater located in the Administrators Office, and the sprinkler riser room located on the exterior of the building.</p> <p>Interview, on 12/20/11 between 3:29 PM and 5:21 PM, with the Plant Services Director revealed they were not aware the heater in the Administrators office could not exceed 212°F. Further interview revealed the heater in the</p>	K 070	<p>K 070 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the normal practice of Princeton Health and Rehab Center, Inc. not to use portable space heating devices where the heating elements of such devices do not exceed 212 degrees F.</p> <p><u>Corrective Measures for Residents Identified in the Deficiency:</u></p> <p>No residents were identified in the deficiency.</p> <p><u>How Other Residents were Identified who may have been affected by this Practice:</u></p> <p>Residents in 5 of the 5 smoke compartments had the potential to be affected.</p> <p><u>Measure Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>The space heater in the Admissions Coordinator's office was removed by the Plant Services Director on December 20, 2011.</p> <p><u>Monitoring Measures to Maintain ongoing</u></p> <p>The space heater in the sprinkler riser room located on the exterior of the building was removed by the Plant Services Director on December 20, 2011. The Plant Services Director was re educated on December 21, 2011 by the administrator on NFPA 101 related to use of portable heaters.</p>	02/05/12	

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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445	
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K 070 Continued From page 11
sprinkler room, had been used as a permanent heat source for the past five (5) years.

Reference: NFPA 101 (2000 edition)
19.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies.
Exception: Portable space-heating devices shall be permitted to be used in nonsleeping staff and employee areas where the heating elements of such devices do not exceed 212°F (100°C).

Reference: NFPA 13 (1999 edition)
4-2.5.2 Valve rooms shall be lighted and heated. The source of heat shall be of a permanently installed type. Heat tape shall not be used in lieu of heated valve enclosures to protect the dry pipe valve and supply pipe against freezing.

K 074 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E
Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.

Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1,

K 070 (continued from pg. 11)
Monitoring Measures to Maintain Ongoing Compliance:

The Plant Services Director will audit a minimum of 4 offices and/or work areas to verify no portable heaters are present. The audits will be conducted monthly x 6 months. Findings will be reported to the Quarterly Quality Assurance and Assessment Committee Meeting.

K 074 K 074 NFPA 101 LIFE SAFETY CODE STANDARD 02/05/12

It is the normal practice of Princeton Health and Rehab Center, Inc. to meet the shower curtain requirements in accordance with NFPA 701.

Corrective Measures for Residents Identified in the Deficiency:

No residents were identified in the deficiency.

How Other Residents were Identified who may have been affected by the Practice:

Residents in 3 of the 5 smoke compartments had the potential to be affected

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K 074	Continued From page 12 NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the privacy curtains, located within the shower rooms, were in accordance with NFPA standards. The deficiency had the potential to affect three (3) of five (5) smoke compartments, residents, staff and visitors. The facility is licensed for one hundred four (104) beds with a census of ninety (90) on the day of the survey. The findings include: Observation, on 12/20/11 between 3:44 PM and 4:50 PM, with the Plant Services Director revealed the privacy curtains within the shower rooms located in the 100, 200, and 300 Hall shower rooms, were of a solid fabric hung directly below the ceiling. The solid fabric would obstruct the spray pattern of the automatic sprinklers in the event of a fire. Interview, on 12/20/11 between 3:44 PM and 4:50 PM, with the Plant Services Director revealed they were aware of the requirements for proper operation of the sprinkler system. He also acknowledged that the solid fabric curtains were	K 074	continued from pg. 12) <u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u> The Plant Services Director replaced all of the shower curtains in each of the three Shower Rooms with shower curtains that are in accordance with NFPA 701 on January 3, 2012 . The Plant Services Director was re-educated by the administrator December 21, 2011 on shower curtain standards in accordance with NFPA standard. <u>Monitoring Measures to Maintain Ongoing Compliance:</u> The Plant Services Director will audit the shower curtains in the 3 shower rooms to verify that only shower curtains meeting the NFPA standards are present. The audit will be conducted twice a month for 6 months. The findings will be reported to the Quarterly Quality Assurance and Assessment Committee at each Quarterly meeting to validate compliance.	

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K 074	Continued From page 13 over looked and could obstruct the spray pattern in the event of a fire. This is a repeat deficiency. NFPA 13 Cubicle curtains; Reference to: NFPA 13 Standard for the Installation of Sprinkler Systems 1998 Edition 19.3.5.5 For the proper operation of sprinkler systems, cubicle curtains and sprinkler locations need to be coordinated. Improperly designed systems might obstruct the sprinkler spray from reaching the fire or might shield the heat from the sprinkler. Many options are available to the designer including, but not limited to, hanging the cubicle curtains 18 in. (46 cm) below the sprinkler deflector; using a ½-in. (1.3-cm) diagonal mesh or a 70 percent open weave top panel that extends 18 in. (46 cm) below the sprinkler deflector; or designing the system to have a horizontal and minimum vertical distance that meets the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The test data that forms the basis of the requirements of NFPA 13 is from fire tests with sprinkler discharge that penetrated a single privacy curtain.	K 074			
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and interview, it was	K 130	K 130 NFPA 101 MISCELLANEOUS It is the normal practice of Princeton Health and Rehab Center, Inc. to utilize unauthorized locking mechanisms. <u>Corrective Measure for Residents Identified in the Deficiency:</u> No residents were identified in the deficiency.	02/05/12	

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K 130	Continued From page 14 determined the facility failed to maintain doors within a required means of egress in accordance with NFPA standards. The deficiency had the potential to affect one (1) of the five (5) smoke compartments, residents, staff, and visitors. The facility is licensed for one hundred four (104) beds with a census of ninety (90) on the day of the survey. The findings include: Observation, on 12/20/11 at 4:57 PM, with the Plant Services Director revealed an unapproved lock (slide bolt type) was installed on the egress side of the bio-hazard closet located in the 100 Hall. Interview, on 12/20/11 at 4:57 PM, with the Plant Services Director revealed he was aware of the lock installed on the door; however, he was not aware that slide bolt locks were prohibited. Reference: NFPA 101 (2000 Edition) 19.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.	K 130	(continue from pg. 14) <u>How Other Residents were Identified who may have been affected by the practice:</u> Residents in 1 of the 5 smoke compartments had the potential to be affected. <u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u> The Plant Services Director removed the unapproved lock from the bio-hazard closet located on the 100 Hallway and replaced it with a key pad entry system on December 30, 2011. The Plant Services Director was re-educated by the administrator on required means of egress in accordance with NFPA standards on December 21, 2011. <u>Monitoring Measures to Maintain Ongoing Compliance:</u> The Plant Services Director will audit all doors to verify the locks on all doors are in accordance with the required means of egress. The audit will be conducted monthly for six months. The findings will be reported to the Quarterly Quality Assurance and Assessment Committee Meeting to validate ongoing compliance.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	NFPA 101 LIFE SAFETY CODE STANDARD It is the normal practice of Princeton Health and Rehab Center, Inc. to meet the electrical wiring and equipment in accordance with NFPA 70.	02/05/12	

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K 147	<p>Continued From page 15</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 one (1) of five (5) smoke compartments, residents, staff, and visitors. The facility is licensed for one hundred four (104) beds with a census of ninety (90) on the day of the survey.</p> <p>The findings include:</p> <p>Observations, on 12/20/11 between 5:15 PM and 5:25 PM, with the Plant Services Director revealed:</p> <ol style="list-style-type: none"> 1) A refrigerator plugged into a power strip located in the 100 Hall Nurses Station nutrition room. 2) A hair dryer and an extension cord plugged into a power strip located in the Beauty Shop. <p>Interviews, on 12/20/11 between 5:15 PM and 5:25 PM, with the Plant Services Director revealed they were not aware of the extension cords and power strips being misused.</p> <p>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</p>	K 147	<p>(continue from pg. 15)</p> <p><u>Corrective Measures for Residents Identified in the Deficiency:</u></p> <p>No residents were identified in the deficiency.</p> <p><u>How Other Residents were Identified who may have been affected by the Practice:</u></p> <p>Residents in 1 of 5 smoke compartments had the potential to be affected.</p> <p><u>Measures implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>The Plant Services Director removed the extension cord from the Beauty Shop and removed the power strip from the Refrigerator located in the 100 Hall Nurses Station Nutrition Room on December 20, 2011. The Plant Services Director was re-educated on the use of power strips and extension cords relating to NFPA standards on December 21, 2011 by the administrator. All remaining areas in the facility were audited by the Plant Services Director on December 21, 2011. No power strips or cords were identified.</p> <p><u>Monitoring Measures to Maintain Ongoing Compliance:</u></p> <p>The Plant Services Director will audit four offices /work areas monthly for six months to verify that no extension cords are in use and that power strips are being properly used. Findings will be reported to the Quarterly Quality Assurance and Assessment Committee Meeting to validate ongoing compliance.</p>	

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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WEST MAIN ST. PRINCETON, KY 42445
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K 147	Continued From page 16 the need for extension cords or multiple outlet adapters.	K 147		
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