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

RECEIVED FEB - 3 2012 Division of Health Care Surveys & Licensing Branch

PRINTED: 01/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185437		01/19/2012
NAME OF PROVIDER OR SUPPLIER THE VILLAGE OF LEBANON II		STREET ADDRESS, CITY, STATE, ZIP CODE 105 VILLAGE WAY LEBANON, KY 40033	

(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 survey was conducted on 01/17-19/12. Deficient practice was identified with the highest scope and severity at "D" level.	F 000	**STATEMENT:** **The preparation & execution of this POC does not constitute admission or Agreement by the provider of the truth of the facts alleged or conclusions set forth in the SOD. The POC is prepared & executed solely because it is required by federal and state law.**	
F 499 SS=D	483.75(g) EMPLOY QUALIFIED FT/PT/CONSULT PROFESSIONALS The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on interviews, personnel record reviews, and review of facility policy/procedure it was determined the facility failed to ensure all professional staff was licensed in accordance with applicable state law. One of five personnel records reviewed (Licensed Practical Nurse #1) revealed no evidence the employee had a provisional license from the State Board of Nursing to allow the employee to perform the duties of a Licensed Practical Nurse Applicant (LPNA). The findings include: The facility had no policy/procedure related to confirmation of licensure of applicants. The Director of Nursing confirmed on 01/19/12, at 10:25 AM, that there was no policy/procedure. Review of the Employee Orientation Checklist utilized by the facility revealed a copy of the	F 499	F499 The DON had phoned the KY Board of Nursing prior to hiring LPNA #1 to inquire the applicants provisional status and testing date. It was at that time that the board informed the DON of the delays to testing for LPN applicants at the time related to new fingerprint procedures. The DON thought at the conclusion to the conversation that LPN #1 did have provisional status and so he was hired. LPN #1 was placed 1:1 with a supervising LPN at that time. LPN #1 was permitted to shadow the supervising LPN but was never permitted to work alone.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ann Blandford MHA LNHA — TITLE: Administrator — (X6) DATE: 2/3/12

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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NAME OF PROVIDER OR SUPPLIER THE VILLAGE OF LEBANON II		STREET ADDRESS, CITY, STATE, ZIP CODE 105 VILLAGE WAY LEBANON, KY 40033	

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F 499	Continued From page 1 applicant's license or certification was to be obtained. Review of the personnel file of LPN #1 revealed the facility had employed the LPN on 12/27/11. Further review of the LPN's personnel file revealed the facility had conducted a check of the employee's status through the State Board of Nursing website on 12/07/11. The State Board of Nursing had documented the employee did not have a provisional license as required to practice as a LPNA. The personnel file contained no evidence the employee was a qualified licensed professional. An interview on 01/19/12, at 9:25 AM, with the Exam Coordinator for the Kentucky Board of Nursing confirmed a graduate LPN could not perform the duties of licensed personnel until a provisional license had been issued. According to the Exam Coordinator, LPN #1 had not submitted the required information to receive a provisional license. Interview with the Director of Nursing (DON) on 01/18/12, at 4:15 PM, revealed the DON had telephoned the Board of Nursing and had been informed there had been a delay in receiving fingerprint information that had delayed the testing for LPN licensure. The DON stated she was aware a provisional license was required by the State Board of Nursing for a graduate LPN to work under supervision but had failed to check for this employee. The DON confirmed LPN #1 had been performing duties of licensed personnel while under supervision.	F 499	Corrective Action: Upon discovery through the survey process that LPN #1 had applied for testing but had not yet been granted provisional status this employee was immediately contacted and placed on leave. LPN #1 was told he could not return until provisional status had been granted by the KBN and he could provide written proof of this status. Identify: An audit was immediately conducted on 1/20/12 of all personnel records. All licensed staff credentials were reviewed and verified as active and able to work. Systematic Change: Prior to an interview being scheduled for any employee, potential employee applications, abuse registry, proof of professional license/certification, and background check will be obtained and submitted to administrator for review and approval. Monitor: All employee credentials will be reviewed a second time once an offer of employment has been made by the office manager to ensure that verification of license/certification has been received. Attachment A will be utilized for this audit.	1/20/12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	185437		01/18/2012

NAME OF PROVIDER OR SUPPLIER: THE VILLAGE OF LEBANON II

STREET ADDRESS, CITY, STATE, ZIP CODE: 105 VILLAGE WAY, LEBANON, KY 40033

(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 000	INITIAL COMMENTS CFR: 42 CFR §483.70 (a) BUILDING: 01 PLAN APPROVAL: 2007 SURVEY UNDER: 2000 New FACILITY TYPE: SNF/NF TYPE OF STRUCTURE: One story, Type 11 (111) SMOKE COMPARTMENTS: Three COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM FULLY SPRINKLED, SUPERVISED (DRY SYSTEM) EMERGENCY POWER: Type II Diesel generator A life safety code survey was initiated and concluded on 01/18/12. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found not in substantial compliance with the Requirements for Participation for Medicare and Medicaid. Deficiencies were cited with the highest deficiency identified at "E" level.	K 000		
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	K 038	K038 This facility contacted our vendor Neuman and Associates to inquire as to how the doors leading to Assisted Living are wired in regards to the fire alarm system and delayed egress. Neuman stated that the doors are tied to the fire system and if an alarm goes off or if the building looses power the magnet for the doors immediately disarms the doors allowing the doors to open and close as needed. The doors however do not have delayed egress whereby the doors open after 15 seconds of applied force (delayed egress). Neuman and Associates came to this facility on January 28, 2012, and worked on the two doors leading to Assisted Living. Those doors in addition to the prior level of functioning now have delayed egress where the doors will open after 15 seconds of applied force. Signs have been ordered by the Director of Maintenance for the doors to the Assisted Living and the front doors advising of delayed egress. Upon receipt these signs will be installed in a readily visible area on the doors.	1/28/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dean Blandford MHA LNHA — TITLE: Administrator — (X6) DATE: 2/3/12

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K 038	Continued From page 1 7.1. 18.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure exit access doors were maintained according to NFPA standards. This deficient practice affected 2 of 3 smoke compartments, staff, and approximately 24 residents. The facility has the capacity for 64 beds with a census of 45 on the day of the survey. The findings include: During the Life Safety Code tour on 01/18/12, at 9:30 AM, with the Director of Maintenance (DOM), a pair of cross corridor exit doors leading to the assisted living area was observed to have magnetic door locking devices with no obvious method of operation to release the doors in an emergency. During the survey the double doors to the front entrance of the facility were observed to have magnetic door locks with no obvious method of operation due to the proper signage being placed on the upper part of the door where it was not readily visible. These signs must be permanently mounted. An interview with the DOM on 01/18/12, at 9:30 AM, revealed that in order to release the locks near the assisted living exit you would have to know the code to the key pad adjacent to the doors. The DOM was not aware exit doors should be readily accessible and have the proper signage. Reference: NFPA 101 (2000 Edition).	K 038		

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K 038	Continued From page 2 7.2.1.5.1 Doors shall be arranged to be opened readily from the egress side whenever the building is occupied. Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side. 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 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	K 038		

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K 038	Continued From page 3 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	K 038		