

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

PRINTED: 07/08/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  188318	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/01/2010
NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1283 LAKE BARKLEY DRIVE KUTTAWA, KY 42056	
(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	K 000	<u>Disclaimer for Plan of Correction</u>	
K 147 SS=F	<p>An abbreviated survey (KY #14995) was initiated on 06/30/10 and concluded on 07/01/10. Regulatory violations were identified with the highest scope and severity of an "F".</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview conducted on 06/30/10, it was determined the facility failed to ensure that a three foot clearance was maintained from the electrical panel at all times as required by NFPA 70, National Electrical.</p> <p>Observation of the mechanical room next to the kitchen on 06/30/10, at 9:00 AM revealed a black burn pattern on the wall below the electrical panel in the mechanical room next to the kitchen.</p> <p>Interviews conducted with the Administrator and Maintenance Director on 06/30/10 at 9:05 AM revealed a table had been stored in the mechanical room in front of the electrical panel. Several containers of de-greaser and a mop head were stored on the table. An interview with the Administrator and the Maintenance Director revealed they were aware of the three foot clearance requirement from the electrical panel at all time.</p> <p>Additionally, they revealed the Maintenance</p>	K 147	<p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Christian Care Center of Kuttawa of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Kuttawa files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/ Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.</p> <p><u>K 147</u></p> <p>Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Residents</u></p> <p>On 6/30/10, the facility Administrator and Director of Maintenance immediately</p>	

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  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
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K 147	Continued From page 1 Director was responsible for ensuring the mechanical room was maintained in a safe manner.	K 147	removed the stored items that were cited for being stored too close to the electrical panels or stored in the mechanical rooms.  <u>Identification of Other Residents with Potential to be Affected</u>  On 6/30/10, the facility identified all other residents having the potential to be affected. The facility evacuated all residents immediately to an alternate location for a brief period of time until the cited area was reviewed for compliance by the facility administrator, medical director, state and local authorities, and approved to return to the facility on 6/30/10.  <u>Systematic Changes</u>  Prior to 6/30/10, all facility mechanical rooms and electrical panels were reviewed on a weekly basis by the Maintenance Director for compliance with storage requirements. Beginning 7/1/10, all facility mechanical rooms and electrical panels are checked daily by the Maintenance Director, Weekend Supervisor, or Administrator for compliance. On 7/5/10, the Maintenance Director began conducting in-services to all current staff regarding proper storage of items (including not storing items within 3 feet of an electrical panel or in mechanical rooms). These in-services were completed on 7/16/10. Effective 7/17/10, the Maintenance Director is scheduled to conduct annual reminder in-services with existing staff regarding this requirement. Effective 7/5/10 and ongoing, new hires will be in-serviced by the facility Maintenance Director regarding proper		

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K 147	Continued From page 1 Director was responsible for ensuring the mechanical room was maintained in a safe manner.	K 147	<p><b>K 147 (Continued)</b></p> <p>storage of items (including not storing items within 3 feet of an electrical panel or in mechanical rooms).</p> <p><u>Monitoring</u></p> <p>Beginning 7/1/10, the Maintenance Director, Administrator, or Weekend Supervisor will audit daily to insure compliance with the mechanical room being free of any debris and electrical panels do not have items stored within 3 feet of their location. Findings of the monthly audits will be presented to the facility's monthly Performance Improvement Committee for review and recommendations. Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Housekeeping/Laundry Director, Maintenance Director, Business Office Manager, Social Services Director, Dietary Manager, Activities Director, Medical Director, Pharmacy Consultant and MDS Coordinator. The facility Administrator and Maintenance Director will follow up on the Committee's recommendations to assure compliance.</p>	7/18/10