

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

PRINTED: 05/16/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  05/10/2012
NAME OF PROVIDER OR SUPPLIER  HOME OF THE INNOCENTS			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 EAST MARKET STREET LOUISVILLE, KY 40206		
(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 health survey was initiated on 05/08/12 and concluded on 05/10/12, and a Life Safety Code survey was conducted on 05/08/12 with the highest scope and severity of an E. The facility had the opportunity to correct the deficiencies before remedies would be recommended for imposition.	F 000	"This Plan of Correction is prepared and submitted pursuant to Federal and State law. This Plan of Correction does not constitute an admission of, or agreement to, any alleged deficiencies or to any statement, findings, facts, or conclusions that form the basis of the alleged deficiencies. This facility reserves the right to challenge the alleged deficiencies and any statements, findings, facts, or conclusions that form the basis of the alleged deficiencies in any legal proceeding". This plan of correction addresses the five items that must be included in all Plans of Correction.	5-21-12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *President* DATE: *5/21/12*

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.

MAY 30 2012  
OFFICE OF INSPECTION GENERAL  
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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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: 2003, 2010</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: The original 2003 building is a one (1) story structure with a partial basement. The 2010 building addition is a two (2) story structure with a full basement, Construction Type II Protected.</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments.</p> <p>FIRE BARRIER: The non-certified facility and the Skilled Nursing Facility were separated by a two-hour fire barrier.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic, wet sprinkler system, hydraulically designed</p> <p>GENERATOR: Type II, 750 KW generator. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 05/08/12. The Home of the Innocents was found not in compliance with the Requirements for Participation in Medicare and Medicaid.</p>	K 000	<p><b>K012</b></p> <p>1. The 3 inch by 4 inch diameter open sleeve which penetrated the first floor and continued to the second floor inside the closet which houses our Information Technology equipment on our Rainforest Trail cottage was sealed with smoke insulated sealant. The sealant used contained no asbestos. It was non-combustible per NFPA Standard 220-79 and, when tested, it met standards in accordance with ASTM E136.</p>	5-21-12



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

*[Handwritten Signature]*

TITLE

*President CEO 5/21/12*

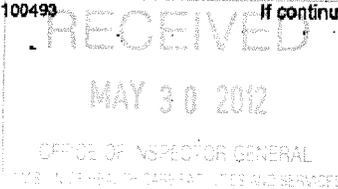
(X6) DATE

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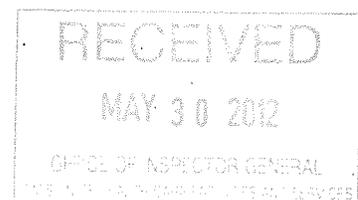
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K 000	Continued From page 1	K 000		
K 012 SS=E	<p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)</p> <p>Deficiencies were cited with the highest deficiency identified at E level.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to meet the requirements for Features of Fire Protection, by maintaining the required floor to floor fire rated separation, in accordance with NFPA standards. The deficiency had the potential to affect three (3) of seven (7) smoke compartments, approximately thirty (30) residents, staff and visitors. The facility is licensed for seventy-six (76) beds and the census was sixty-eight (68) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 05/08/12 at 9:30 AM, with the Maintenance Supervisor revealed three (3), four (4) inch diameter open sleeves penetrated the first and second floors within the Communication Closets located in the Rainforest (first floor) and Zephyr (second floor) wing of the facility. The</p>	K 012	<p>The fire resistant material used is called "Thermafiber" which meets the protected guidelines based on NFPA 101, (2000 Edition) Chapter 8 FEATURES OF FIRE PROTECTION Section 8.2 CONSTRUCTION AND COMPARTMENTATION 8.2.3.4.2* Flame spread for the "Thermafiber" is 0 and the smoke developed is 0. This is the fire resistant material used to fill the 3 inch by 4 inch open diameter sleeve.</p> <p>Please find two attachments:</p> <ol style="list-style-type: none"> <li>1. Showing proof of the type of material used as sealant to fill the penetration around the sleeve.</li> <li>2. Work order # 29706 proving that the work was completed.</li> </ol>	5-21-12



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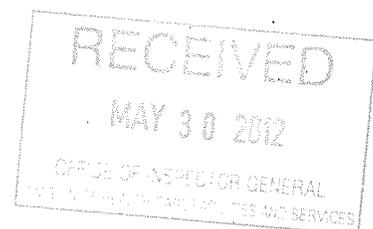
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K 012	Continued From page 2 sleeves for data lines were not filled with a sealant equivalent to the rated floor assembly used as a fire barrier.  Interview, on 05/08/12 at 9:30 AM, with the Maintenance Supervisor, revealed the open sleeves within the Communication Closets, were previously covered with duct tape since the completion of the newly constructed Wing in 2010. The open sleeves had not been evident until new data lines were recently installed. The Maintenance Supervisor acknowledged the penetrations should have been filled with a rated sealant to prevent the passage of smoke and/or fire in the event of an emergency.  NFPA 101, (2000 Edition) Chapter 8 FEATURES OF FIRE PROTECTION Section 8.2 CONSTRUCTION AND COMPARTMENTATION 8.2.3.2.4.2* Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows: (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet one of the following conditions:	K 012	2 The facility identified other potential areas affected by this deficiency when the Maintenance Supervisor and his staff inspected the other 3 Information Technology closets within the facility. He found no penetration around any of the existing sleeves; all sleeves were filled with a rated sealant to prevent the passage of smoke and or fire in the event of emergencies.  3 The facility developed a standard of practice that states all contractors entering the facility to perform work around or near smoke sleeves and smoke barriers will have the Maintenance Supervisor sign off, stating that the penetration has been sealed or fixed before the work is considered complete.	5-21-12



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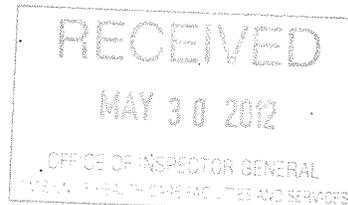
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K 012	Continued From page 3 a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) * Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met: a. The material shall be capable of maintaining the fire resistance of the fire barrier. b. The material shall be protected by an approved device that is designed for the specific purpose. (4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the fire barrier. b. It shall be made by an approved device that is designed for the specific purpose.	K 012	4. The facility will monitor to sustain the above solution quarterly and after any work that has the potential of breaking the smoke barriers in the facility. The maintenance supervisor and his staff will inspect/repair the smoke barriers if needed and submit a quarterly report to the Administrator ensuring that no barriers have been breached. 5 Work completed May 21, 2012	5-21-12
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	K029 1. The doors identified in this deficiency have a one hour fire resistance rating. To add further safeguards to the existing fire barrier, the facility added an automatic self closure to the existing doors. We purchased an Ingersoll Rand LCN Model 1461-AL hydraulic gas precision door closure. Please see attachment #1	



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K 029	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to meet the requirements for Protection of Hazards, in accordance with NFPA standards. The deficiency had the potential to affect one (1) of seven (7) smoke compartments, residents, staff and visitors. The facility is licensed for seventy-six (76) beds and the census was sixty-eight (68) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 05/08/12 at 1:42 PM, with the Maintenance Supervisor revealed the doors to the Dry Storage Room and the Paper Supply Room located within the Kitchen did not have self closing devices installed on the doors.</p> <p>Interview, on 05/08/12 at 1:42 PM, with the Maintenance Supervisor revealed he was not aware of the Rooms being categorized as hazardous storage areas, and the requirement that the doors be equipped with self closing devices.</p> <p>Reference:</p> <p>NFPA 101 (2000 Edition).</p> <p>19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in</p>	K 029	<p>Klein Bros. Safe &amp; Lock purchase order selling two door closures to the Home of the Innocents. Please see attachment #2, work order #29713 showing proof of the installation and completion of the work done on the kitchen interior doors.</p> <p>2 Using NFPA 101 (2000 Edition) 19.3.2 Protection from Hazards. The facility used the above standard to inspect potential hazardous areas in the facility where self closing or automatic closing doors may be needed to protect against equipment or other items that are deemed hazardous. The inspection showed that all doors were properly secured based on the above regulations.</p>	5-21-12	



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K 029	Continued From page 5 accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft2 (9.3 m2) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.	K 029	3. Currently, all doors have automatic door closures. To ensure that this deficient practice will not recur; when door closures malfunction, we will replace them with the Ingersoll Rand LCN Model #1461-AL door closures, to ensure that the facility is protected against smoke and fire hazards.  4. To ensure that the solutions are sustained and monitored. The facility will use inspection and the work order reporting system to complete and analyze any future corrective work that is needed. The Maintenance Supervisor will report all jobs done to repair automatic closures to the Q.I. committee to ensure compliance.  Work completed May 21, 2012	5-21-12

