

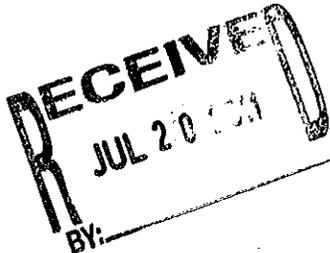
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2011
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NAME OF PROVIDER OR SUPPLIER ST LUKE HOSPITAL WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 7380 TURFWAY ROAD FLORENCE, KY 41042
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(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)	(X6) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>A Standard Recertification Survey was initiated on 06/28/11 and concluded on 06/29/11 with no deficiencies cited.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wendy Bauer</i>	TITLE <i>Administrator</i>	(X8) DATE <i>7/19/11</i>
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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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R JUL 20 2011 D
BY: _____

K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70 (a) Building: 01 Plan Approval: 1977 Survey Under 2000 existing Facility Type: Skilled Nursing Facility (SNF) Type of Structure: Type II protected Smoke Compartment: Two smoke compartments Fire Alarm: Complete fire alarm. Updates to the system in 2006 and 2008 Sprinkler System: Complete system. Installed 1977</p> <p>A standard Life Safety Code survey was conducted on 06/29/11. St Luke West SNF was found not in compliance with the requirements for participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire). Deficiencies were cited with the highest deficiency identified at F level.</p>	K 000	<p>Please accept this Plan of Correction as the St. Luke Hospital West Skilled Nursing Facility's credible allegation of substantial compliance effective <u>July 13, 2011</u> for the deficiencies noted from the survey completed June 29, 2011. It is our intent that we have substantially corrected our deficiencies per requirements in 42 CFR Part 483 subpart B.</p>	
K 025 SS=F	<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>	K 025	<p>K025 The facility ensures the safety of its through its policies and practices related to maintaining a safe environment.</p> <p>Life safety items deemed deficient under section 8.3, a gap in the smoke barrier located in the galley was sealed with poly-urethane expanding foam. The foam was removed and sealed with the proper fire stop assembly. SEE ATTACHMENT A: WO 88016. Work was completed on 7/5/11 by Engineer, Milt Carley.</p> <p>Life Safety items deemed deficient under section 8.3, a section of wall was missing drywall in the smoke barrier located above room 380. We have redesignated the smoke barrier to the outer walls of this room [deficient area was in the restroom inside the room. SEE ATTACHMENTS B AND C: WO 88242 and 88247. Work was completed On 7/13/11 by Engineer, Milt Carley.</p>	7/13/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wendy Bauer</i>	TITLE <i>Adm. Director</i>	(X6) DATE <i>7/19/11</i>
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K 025	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure smoke barriers were maintained according to National Fire Protection Standards (NFPA). The deficiency had the potential to affect Two (2) of Two (2) smoke compartments, sixteen (16) residents, staff and visitors.</p> <p>The findings include:</p> <p>Observation on 06/29/11 at 11:00 AM, revealed the smoke barrier located above the Galley area had a gap in the wall that had been sealed with polyurethane expanding foam. This type of expanding foam is not approved for use in smoke barriers. The observation was confirmed with the Director of Plant Operations at the time of discovery.</p> <p>Interview on 06/29/2011 at 11:00 AM, with the Director of Plant Operations, revealed the polyurethane expanding foam should not be used to fill the gap, and the polyurethane expanding foam will be removed and approved material used to fill the gap.</p> <p>Observation on 06/29/2011 at 11:20 AM, revealed the smoke barrier located above room 380 was missing large pieces of drywall. This was confirmed by the Director of Plant Operations.</p> <p>Interview on 06/29/2011 at 11:20 AM, with the Director of Plant Operations, revealed he was unaware of the missing drywall.</p>	K 025		

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K 025	<p>Continued From page 2</p> <p>Reference: NFPA 101 (2000 edition) 4.5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.</p> <p>8.2.4.4.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through smoke partitions shall be protected as follows:</p> <p>(1) The space between the penetrating item and the smoke partition shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of limiting the transfer of smoke.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(2) Where the penetrating item uses a sleeve to penetrate the smoke partition, the sleeve shall be solidly set in the smoke partition, and the space between the item and the sleeve shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable</p>	K 025		
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K 025	Continued From page 3 of limiting the transfer of smoke. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibrations into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke partitions. b. It shall be made by an approved device that is designed for the specific purpose.	K 025			
K 072 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain exits according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of two (2) smoke compartments, sixteen (16) residents, staff and visitors. The findings include: Observations on 06/29/11 at 10:16 AM, revealed a set of wooden steps were stored in the exit	K 072	K072 The facility ensures the safety of its Residents and staff through its policies and practices related to maintaining a clear and unobstructed egress in case of fire or emergency. On 6/29/11 it was observed by the surveyors that a wooden staircase used by therapy was in the hallway. And that the staircase remained there without use for the remainder of the survey. When the Administrator was notified of the issue during the exit conference the staircase was removed and therapy notified that it could no longer remain in the hallway unused. The staircase was placed in SPD storage room across the hall from the entrance to the unit. The staircase will be stored there when not in use by therapy. When needed for a resident requiring step mobility it will be moved to the PT gym for that therapy session and when concluded will be moved back to the SPD for storage.	6/30/11	

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K 072	<p>Continued From page 4</p> <p>corridor. The wooden steps remained stored in the exit corridor during the Life Safety Code Survey.</p> <p>Interview on 08/29/11 at 12:24 PM, with the Administrator, revealed the steps are moved to the corridor each morning and stay in the corridor for therapy use during the day and in the evening moved back into the Therapy Department for storage.</p> <p>Reference: NFPA 101 (2000 edition) 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p>	K 072		
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ATTACHMENT A

Work Order #: 88016 (NONE) St. Elizabeth Healthcare - Florence
 Control # NONE Equipment Type NONE Model # NONE

Issue Date / Time: 7/5/2011 1:48 PM Priority: HIGH Est Hrs: 0.00 Assigned Engineer: Milton Carley (mc) Specialty: NONE Status Date / Time: 7/8/2011 1:15 AM Status: CLOSED

Department: NONE Cost Center #: NONE Dpt Phone #: 000-000-0000 Requester: Ralph Lohman (73296) Req Phone #: NONE Subcode: NONE
 Location: SNFGALL Campus: FLORENCE Building: FLORENCE Wing: NONE Floor: SNF Room: SNFGALL Space: NONE

Request
 gally interior above refrigerator. remove expanding foam and drywall
Action
 mc 07/08/2011 00:00:00
 done
Procedure Name
 NONE Procedure # 0

Control #	Serial #	EQ Type	Model #	Department	Location	EQ Labor	EQ Parts	EQ Hours
NONE	000000000000	NONE	NONE	NONE	NONE	\$0.00	\$0.00	1.25
	0000000000							

Labor	Start Date	End Date	Total Time	Over Time	Lump Sum	Work Code	Control #
mc	7/8/2011 12:00 AM	7/8/2011 1:15 AM	1.25	1.00	\$0.00	NONE	NONE

Part #	Quantity	Unit	On Date	Unit Cost	Lump Sum	Part Cost	Work Code	Control #
NONE	0.00	NONE	7/5/2011 1:48 PM	\$0.00	\$0.00	\$0.00	NONE	NONE

WO Labor Total Cost	+	Wo Part Total Cost	=	WO Total Cost	WO Total Hours	Estimate Hours	=	Difference
\$0.00		\$0.00		\$0.00	1.25	0.00		1.25

ATTACHMENT B

St. Elizabeth Healthcare - Florence
 Model # NONE

Work Order #: 88242 (ROUTINE)
 Control # NONE Equipment Type NONE

Issue Date / Time 7/12/2011 1:30 PM
 Priority STANDARD Est Hrs 0.00
 Assigned Engineer Milton Carley (mc)
 Status Date / Time 7/12/2011 1:30 PM
 Status CLOSED

Department NONE
 Location NONE
 Requester NONE
 Building NONE
 Wing NONE
 Floor NONE
 Room NONE
 Space NONE
 Subcode NONE
 Req Phone # 0000000000
 Cost Center # NONE
 Dpt Phone # 000-000-0000
 Campus NONE
 Requester NONE

Request check smoke barrier walls on the 3rd floor and repair wall outside of 380
 Action mc 07/12/2011 00:00:00 done
 Procedure Name NONE
 Procedure # 0

To change noted wall is necessary

Control #	Serial #	EQ Type	Model #	Department	Location	EQ Labor	EQ Parts	EQ Hours
NONE	000000000000	NONE	NONE	NONE	NONE	\$0.00	\$0.00	5.00

Labor	Start Date	End Date	Total Time	Over Time	Lump Sum	Work Code	PO	Control #
mc	7/12/2011 12:00 AM	7/12/2011 5:00 AM	5.00	1.00	\$0.00	NONE	NONE	NONE

Part #	Quantity	Unit	On Date	Unit Cost	Lump Sum	Part Cost	Work Code	PO	Control #
NONE	0.00	NONE	7/12/2011 1:30 PM	\$0.00	\$0.00	\$0.00	NONE	NONE	NONE

WO Labor Total Cost	+	Wo Part Total Cost	=	WO Total Cost	WO Total Hours	Estimate Hours	=	Difference
\$0.00		\$0.00		\$0.00	5.00	0.00		5.00



