

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

PRINTED: 02/26/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MAPLE			STREET ADDRESS, CITY, STATE, ZIP CODE 515 GREENE DRIVE GREENVILLE, KY 42345	
(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>A recertification survey was conducted 01/14/13 through 01/17/13 to determine the facility's compliance with Federal requirements. The survey determined the facility had no health related deficiencies; however, failed to meet minimum requirements for recertification for LSC with the highest scope and severity of a "F". "</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 KINDRED NURSING AND REHABILITATION-MAPLE	STREET ADDRESS, CITY, STATE, ZIP CODE 515 GREENE DRIVE GREENVILLE, KY 42345
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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: 1964.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (200).</p> <p>SMOKE COMPARTMENTS: Five (5) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1965 and upgraded in 2009 with new panel, with 20 smoke detectors and 4 heat detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 1965.</p> <p>GENERATOR: Type II generator installed in 1965. Fuel source is Propane.</p> <p>A standard Life Safety Code survey was conducted on 01/15/13. Kindred Nursing and Rehab-Maple was found in non-compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for Ninety-Seven (97) beds with a census of Ninety-Two (92) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chana Hly, MDHA TITLE: Executive Director (X6) DATE: 2/7/13

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 Regulations, 483.70(a) et seq. (Life Safety from Fire).	K 000	<i>This Plan of Correction is the center's credible allegation of compliance</i>		
K 062 SS=F	Deficiencies were cited with the highest deficiency identified at "F" level. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, interview, and sprinkler testing record review it was determined the facility failed to maintain the sprinkler system in accordance with NFPA standards. The deficiency had the potential to affect five (5) of five (5) smoke compartments, all residents, staff and visitors. The facility is certified for Ninety-Seven (97) beds with a census of Ninety-Two (92) on the day of the survey. The facility failed to ensure the dividers in the resident closets were eighteen (18) inches from the sprinkler head. The findings include: Observation, on 01/15/13 between 11:00 AM and 3:00 PM with the Maintenance Supervisor, revealed the closet dividers in A hall and B hall resident room closets were not eighteen (18) inches below the sprinkler heads. Interview, on 01/15/13 between 11:00 AM and 3:00 PM with the Maintenance Supervisor,	K 062	<i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion, set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law</i> K062 NFPA 101 LIFE SAFETY CODE STANDARD Kindred Nursing & Rehabilitation Maple maintains the automatic sprinkler system in reliable operating condition and ensures it is inspected and tested periodically. The closet dividers in the A & B Hall closets were adjusted so that they are at least eighteen (18) inches away from the closet sprinkler heads. The resident room closets on C Hall & Reflections were also inspected to ensure there were no other closets with the same problem, other sprinkler heads were inspected throughout the facility to look for any objects which may fall within (18) inches of the sprinkler heads that may need to be adjusted or moved. The Maintenance Director will make observations weekly through the facility for any objects which may fall within eighteen (18) inches of any sprinkler heads, and make any necessary adjustments to continue compliance. The Executive Director will make sample observations during weekly quality rounds throughout the facility, looking for any objects which may fall within (18) inches of sprinkler heads, and report compliance to the quality assurance committee	02/09/13	

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K 062	Continued From page 2 revealed he was unaware the dividers in the closets would affect the sprinkler spray pattern in the closets. Reference. NFPA 13 (1999 Edition) 5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development. 5-5.5.2.1 Continuous or noncontiguous obstructions less than or equal to 18 in. (457 mm) below the sprinkler deflector that prevent the pattern from fully developing shall comply with 5-5.5.2.	K 062	<i>This Plan of Correction is the center's credible allegation of compliance</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law</i>	
K 073 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure no combustibles decorations were used in the facility, according to NFPA standards. The deficiency had the potential to affect five (5) of five (5) smoke compartments, all residents, staff and visitors. The facility is certified for Ninety-Seven (97) beds with a census of Ninety-Two (92) on the day of the survey. The facility failed to ensure decorations brought into the facility were being properly fire treated. This deficiency was cited on the survey last year on 10/13/11. The findings include:	K 073	K073 NFPA 101 LIFE SAFETY CODE STANDARD Kindred Nursing & Rehabilitation Maple maintains a facility free from furnishings or decorations of highly flammable character. The decorations identified were removed. Observations were completed of all other resident and facility areas for highly flammable decorations. Education will be provided to all staff, residents and families by 2/16/13 about highly flammable decorations, and ongoing to new admissions and new hires. The Maintenance Director will make observations daily for one month for highly flammable decoration compliance, then weekly thereafter. The Executive Director will observe for flammable decorations on weekly quality rounds and report compliance monthly to the quality assurance committee.	02/16/13

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MAPI.F		STREET ADDRESS, CITY, STATE, ZIP CODE 615 GREENE DRIVE GREENVILLE, KY 42345		
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K 073	Continued From page 3 Observation, on 01/15/13 between 11:00 AM and 4:00 PM with the Maintenance Supervisor, revealed several stuffed animals, curtains, and artificial floral arrangements throughout the facility had no flame retardant applied. Interview, on 01/15/13 between 11:00 AM and 4:00 PM with the Maintenance Supervisor, revealed the facility had a policy that did not allow for flame treating decorations and curtains at the facility. Interview, on 01/15/13 at 4:00 PM with the Executive Director, revealed the previous surveyor was only focused on the untreated wreaths in the facility and did not mention the other decorations. The Executive Director stated the facility followed the plan of correction that was submitted during the previous survey This is a repeat deficiency. Reference: NFPA 101 (2000 Edition) 19.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless they are flame-retardant.	K 073		
K 143 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated,	K 143		

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K 143	Continued From page 5 the impression the mechanical vent ventilated directly to the outside of the facility Reference: NFPA 99 (1999 Edition). 8-6.2.5.2 Transferring Liquid Oxygen. Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the transferring that is as follows: a. Separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; and b. The area is mechanically ventilated, is sprinklered, and has ceramic or concrete flooring; and c. The area is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted Transferring shall be accomplished utilizing equipment designed to comply with the performance requirements and producers of CGA Pamphlet P-2.6, Transfilling of Low-Pressure Liquid Oxygen to be Used for Respiration, and adhering to those procedures. The use and operation of small portable liquid oxygen systems shall comply with the requirements of CGA Pamphlet P-2.7, Guide for the Safe Storage, Handling and Use of Portable Liquid Oxygen Systems in Health Care Facilities.	K 143		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9 1 2	K 147		

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K 147	Continued From page 6 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 three (3) of five (5) smoke compartments, fifty-eight (58) residents, staff and visitors. The facility is certified for Ninety-Seven (97) beds with a census of Ninety-Two (92) on the day of the survey. The facility failed to ensure two (2) electrical panels were clear by three (3) feet. The findings include: Observations, on 01/15/13 between 11:00 AM and 3:00 PM with the Maintenance Supervisor, revealed the electrical panel in the C hall utility room and the A hall utility room had storage within three (3) feet of the electrical panels. Interview, on 01/15/13 between 11:00 AM and 3:00 PM with the Maintenance Supervisor, revealed he was unaware the three (3) foot space between the electrical panels pertained to both sides of the panel. Reference: NFPA 99 (1999 edition) 110-26. Spaces . 10.26 Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained about all electric equipment to permit ready and safe operation	K 147	<i>This Plan of Correction is the center's credible allegation of compliance</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law</i> K147 NFPA 101 LIFE SAFETY CODE STANDARD Kindred Nursing & Rehabilitation Maple continuously maintains electrical wiring and equipment in accordance with NFPA 70, National Electrical Code. Items were relocated from the A & C Hall utility rooms to ensure the electrical panels maintain a three (3) foot clearance to allow sufficient access and working space, to permit ready and safe operations and maintenance of such equipment. A visual color reminder was installed to serve as a reminder to staff of the three (3) foot perimeter of space. Observations were made to determine if any other electrical panels were present to determine if three (3) foot clearance was in place. Staff education will be completed at the next scheduled staff meeting before 2/16/13 by the staff development nurse. The Maintenance Director will observe for compliance during weekly rounds. The Executive Director will observe for compliance during weekly rounds and report compliance to the quality assurance committee monthly	02/16/13
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K 147	Continued From page 7 and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons. (A) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A)(1), (2), and (3) or as required or permitted elsewhere in this Code. (1) Depth of Working Space. The depth of the working space in the direction of live parts shall not be less than that specified in Table 110.26(A)(1) unless the requirements of 110.26(A)(1)(a), (b), or (c) are met. Distances shall be measured from the exposed live parts or from the enclosure or opening if the live parts are enclosed. Table 110.26(A)(1) Working Spaces Nominal Voltage to Ground Minimum Clear Distance Condition 1 Condition 2 Condition 3 0-150 900 mm (3 ft) 900 mm (3 ft) 900 mm (3 ft) 151-600 900 mm (3 ft) 1 m (3½ ft) 1.2 m (4 ft) Note: Where the conditions are as follows: Condition 1 - Exposed live parts on one side and no live or grounded parts on the other side of the working space, or exposed live parts on both sides effectively guarded by suitable wood or other insulating materials. Insulated wire or insulated busbars operating at not over 300 volts to ground shall not be considered live parts. Condition 2 - Exposed live parts on one side and grounded parts on the other side. Concrete, brick, or tile walls shall be considered as grounded.	K 147			

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K 147 Continued From page 8

Condition 3 - Exposed live parts on both sides of the work space (not guarded as provided in Condition 1) with the operator between.

(a) Dead-Front Assemblies. Working space shall not be required in the back or sides of assemblies, such as dead-front switchboards or motor control centers, where all connections and all renewable or adjustable parts, such as fuses or switches, are accessible from locations other than the back or sides. Where rear access is required to work on nonelectrical parts on the back of enclosed equipment, a minimum horizontal working space of 762 mm (30 in) shall be provided.

(b) Low Voltage. By special permission, smaller working spaces shall be permitted where all uninsulated parts operate at not greater than 30 volts rms, 42 volts peak, or 60 volts dc.

(c) Existing Buildings. In existing buildings where electrical equipment is being replaced, Condition 2 working clearance shall be permitted between dead-front switchboards, panelboards, or motor control centers located across the aisle from each other where conditions of maintenance and supervision ensure that written procedures have been adopted to prohibit equipment on both sides of the aisle from being open at the same time and qualified persons who are authorized will service the installation.

(2) Width of Working Space The width of the working space in front of the electric equipment shall be the width of the equipment or 750 mm (30 in.), whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels

(3) Height of Working Space. The work space shall be clear and extend from the grade, floor, or

K 147

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K 147	<p>Continued From page 9</p> <p>platform to the height required by 110.26(E). Within the height requirements of this section, other equipment that is associated with the electrical installation and is located above or below the electrical equipment shall be permitted to extend not more than 150 mm (6 in.) beyond the front of the electrical equipment.</p> <p>(B) Clear Spaces. Working space required by this section shall not be used for storage. When normally enclosed live parts are exposed for inspection or servicing, the working space, if in a passageway or general open space, shall be suitably guarded.</p> <p>(C) Entrance to Working Space</p> <p>(1) Minimum Required. At least one entrance of sufficient area shall be provided to give access to working space about electrical equipment.</p> <p>(2) Large Equipment. For equipment rated 1200 amperes or more and over 1.8 m (6 ft) wide that contains overcurrent devices, switching devices, or control devices, there shall be one entrance to the required working space not less than 610 mm (24 in.) wide and 2.0 m (6½ ft) high at each end of the working space. Where the entrance has a personnel door(s), the door(s) shall open in the direction of egress and be equipped with panic bars, pressure plates, or other devices that are normally latched but open under simple pressure. A single entrance to the required working space shall be permitted where either of the conditions in 110.26(C)(2)(a) or (b) is met.</p> <p>(a) Unobstructed Exit. Where the location permits a continuous and unobstructed way of exit travel, a single entrance to the working space shall be permitted.</p> <p>(b) Extra Working Space. Where the depth of the working space is twice that required by 110.26(A)(1), a single entrance shall be permitted. It shall</p>	K 147		
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K 147	Continued From page 10 be located so that the distance from the equipment to the nearest edge of the entrance is not less than the minimum clear distance specified in Table 110.26(A)(1) for equipment operating at that voltage and in that condition. (D) Illumination Illumination shall be provided for all working spaces about service equipment, switchboards, panelboards, or motor control centers installed indoors. Additional lighting outlets shall not be required where the work space is illuminated by an adjacent light source or as permitted by 210.70(A)(1), Exception No. 1, for switched receptacles. In electrical equipment rooms, the illumination shall not be controlled by automatic means only.	K 147		
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