

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

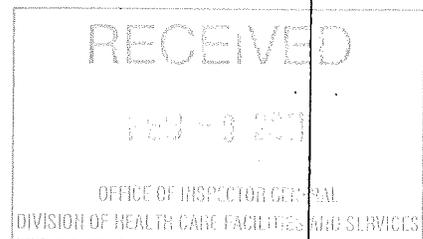
PRINTED: 02/02/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2011
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NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF SOUTH LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9600 LAMBORNE BOULEVARD LOUISVILLE, KY 40272
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F 000	<p>INITIAL COMMENTS</p> <p>A standard health survey was conducted 01/25/11 through 01/27/11 and a Life Safety Code survey was conducted 01/25/11 through 01/26/11. Deficiencies were cited with the highest scope and severity of an "F".</p> <p>An abbreviated survey was conducted 01/26/11 through 01/27/11 investigating KY00014681. KY00014681 was substantiated with no deficiencies cited.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Robert D. Hart, MD, LHA* TITLE *administrator* (X6) DATE *2/8/11*

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 K 025 SS=F	<p>INITIAL COMMENTS</p> <p>A Life Safety Code survey was initiated on 01/25/11 and concluded on 01/26/2011. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest scope and severity deficiency identified was an "F".</p> <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> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews conducted on 01/25/11 at 11:30am, the facility failed to maintain smoke barriers that would resist the passage of smoke between smoke compartments. The facility is licensed for one hundred and twenty eight (128) beds and the census was one hundred and twenty four (124) on the day of the survey. The deficiency has the potential to affect seven (7) smoke compartments, to include one hundred twenty four (124) residents, staff and visitors.</p> <p>The findings include:</p>	K 000 K 025	<p>Britthaven of South Louisville acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable rules and provision of quality care of the residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Britthaven's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Britthaven reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through formal appeal procedures and/or any other administrative or legal proceeding.</p> <p>K-025</p> <p><u>NFPA 101 Life Safety Code Standard</u></p> <p>All penetrations in the smoke partitions have been sealed with a fire barrier sealant approved by Firestop Systems and manufactured by 3M Corporation. The repairs were completed on 01/25/11. Penetrations in smoke partitions have the potential to affect all residents within the facility, and the following measures have been put into place to help insure the safety of all residents.</p>	2/07/11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE

Robert Hart, MD, LHA *X Administrator* *X 2/8/11*

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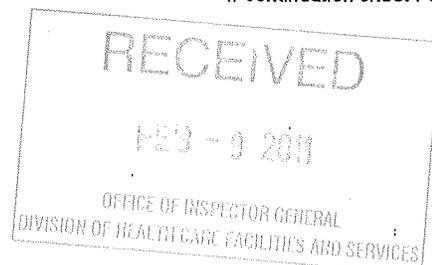
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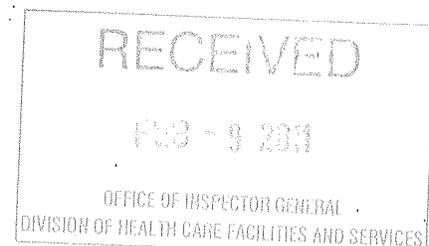
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K 025	Continued From page 1 A tour of the facility conducted on 01/25/11 at 11:30am, revealed that all smoke partitions extending above the ceiling, were noted to be penetrated by new electrical lines. The space around the lines was not filled with a material which would resist the passage of smoke. An interview with the Maintenance Director on 01/25/11 at 11:30am revealed he was not aware of the penetrations. Reference to: NFPA 101 Life Safety Code 2000 Edition 8-2.4.4 Penetrations and Miscellaneous Openings in Smoke Partitions. 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: (1) The space between the penetrating item and the smoke partition shall meet one of the following conditions: a. It shall be filled with a material that is capable of limiting the transfer of smoke.	K 025	<ul style="list-style-type: none"> The Maintenance Department will inform all vendors working in the attic area of the need to seal all penetrations in smoke partitions and an agreement will be signed by the vendor before any work is performed. The Maintenance Department will then inspect all smoke partitions after all contracted work has been completed to insure that any penetrations are properly sealed. The Maintenance Department will perform routine monthly inspections of all smoke partitions, make any needed repairs and document their inspections. <p>A monthly QA audit will be performed to insure that all contracted vendors are aware of the new agreement and that monthly inspections are being performed and documented by the Maintenance Department.</p> <p>All QA audits will be reviewed by the facility Administrator to ensure compliance.</p>	
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of	K 051		



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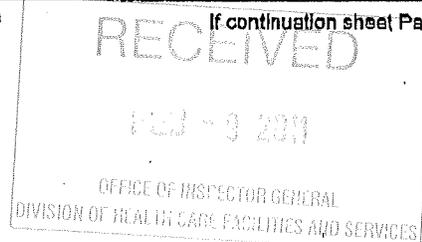
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K 051	Continued From page 2 nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to maintain the building's fire alarm system as required by the National Fire Protection Association (NFPA) Standard 72: This deficient practice affected all residents and staff. The findings include: Observation during the Life Safety Code inspection on 01/25/11 at 2:22pm revealed; during a test of the Fire Alarm Control Panel (FACP) no trouble signals were distinctively and descriptively annunciated from the sub panel in either of the nurse's stations. Interview with the maintenance director on 01/25/11 at 2:22pm revealed he was unaware the Fire Alarm Sub Panels on the nurse's stations	K 051	K 051 <u>NFPA 101 Life Safety Code Standard</u> Simplex Grinnell was contacted and all necessary repairs were implemented to the fire alarm system on 02/08/11. The annunciator located at the nurse's station has been equipped with signaling devices to alert staff of trouble with phone lines regarding the fire alarm panel. This correction will help signal staff working after-hours of any problems with phone lines as they relate to the fire alarm panel and help keep all residents safe.	02/08/11	



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K 051	Continued From page 3 were required to annunciate all trouble signals. Reference: NFPA 72 1999 edition 1-5.4.4 Distinctive Signals. Fire alarms, supervisory signals, and trouble signals shall be distinctively and descriptively annunciated. 1-5.4.6 Trouble Signals. Trouble signals and their restoration to normal shall be indicated within 200 seconds at the locations identified in 1-5.4.6.1 or 1-5.4.6.2. Trouble signals required to indicate at the protected premises shall be indicated by distinctive audible signals. These audible trouble signals shall be distinctive from alarm signals. If an intermittent signal is used, it shall sound at least once every 10 seconds, with a minimum duration of 1/2 second. An audible trouble signal shall be permitted to be common to several supervised circuits. The trouble signal(s) shall be located in an area where it is likely to be heard. 3-8.1* Fire Alarm Control Units. Fire alarm systems shall be permitted to be either integrated systems combining all detection, notification, and auxiliary functions in a single system or a combination of component subsystems. Fire alarm system components shall be permitted to share control equipment or shall be able to operate as stand alone subsystems, but, in any case, they shall be arranged to function as a single system. All	K 051	The Maintenance Department will check the annunciator during all routine fire drills to insure proper functioning of the signaling device added to the annunciator. This routine check will be documented on all routine fire drill reports. A monthly QA audit will be performed to insure that all Maintenance Department checks of the fire alarm system (specifically related to the annunciator sub panel) are completed. All monthly QA audits will be reviewed by the facility Administrator.	



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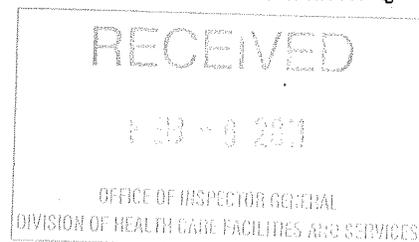
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K 051 K 072 SS=F	Continued From page 4 component subsystems shall be capable of simultaneous, full load operation without degradation of the required, overall system performance. NFFA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained 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 visiblity 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 ensure that corridors were maintained free from obstructions in the case of fire or other emergencies.	K 051 K 072	K-072 <u>NFFA 101 Life Safety Code Standard</u> All wooden benches located in the corridor have been removed as of 01/25/11. All medication carts have been relocated from the corridor to help prevent obstructions in the case of fire or other emergencies. All residents have the potential to be affected in the event of a facility emergency and the concern has been corrected and will be monitored as stated below. An educational inservice has been conducted with all facility staff regarding insuring all corridors remain free from obstruction.	02/07/11
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K 147	The findings include: Observation on 01/25/11 at 11:32am with the Maintenance Director revealed a wooden bench was blocking the handrail and corridor creating an impediment to the egress. Further observation with the Maintenance Director at 3:01pm, revealed (3) medical carts stored in the corridor, located in the Rehab Wing. Reference: NFFA 101 (2000 editlon) 7.1.10 Means of Egress Reliability. 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 NFFA 101 LIFE SAFETY CODE STANDARD	K 147	The inservice was completed on 02/07/11. Random QA audits will be performed throughout the facility to monitor for compliance to insure all corridors remain free from obstruction and reinforcing education will be provided as needed. Random QA audits will be reviewed on a monthly basis by the facility Administrator to insure compliance.	
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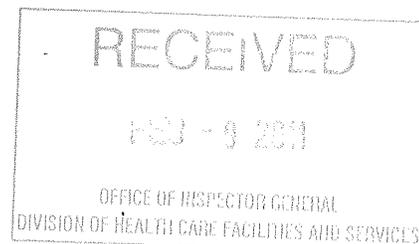
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K 147 SS=F	Continued From page 5 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained according to NFPA standards. This deficient practice affected all seven (7) smoke compartments, staff and approximately one hundred twenty four (124) residents. The facility has the capacity for 128 beds with a census of 124 the day of the survey. The findings include: Through observation and interview on January 25, 2011, with the Director of Maintenance, it was revealed that in the last few months electrical wiring had been installed throughout the attic of the facility. The electrical junction boxes were left open. Reference: NFPA 70 (1999 edition) 370.28(c) Covers. All pull boxes, junction boxes, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Where metal covers are used, they shall comply with the grounding requirements of Section 250-110. An extension	K 147	K-147 <u>NFPA 101 Life Safety Code Standard</u> All electrical junction boxes in the Attic were covered with approved coverings on 02/04/11. All residents have the potential to be affected and the Maintenance Department will perform inspections of the attic after any contracted electrical work is completed to insure all electrical junction boxes are properly covered. The Maintenance Department will also perform monthly inspections of the attic to insure that all electrical wiring (specifically junction boxes) are properly covered and the inspection will be documented. Monthly QA audits will be performed to insure that monthly inspections are performed and documented. All QA audits will be reviewed by the facility Administrator.	02/07/11
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K 147	Continued From page 6 from the cover of an exposed box shall comply with Section 370-22, Exception.	K 147			

