

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

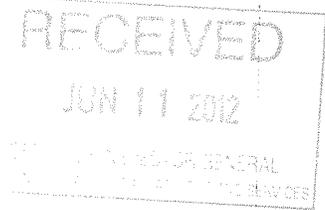
PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2012
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NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF HARDINSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 101 FAIRGROUNDS ROAD HARDINSBURG, KY 40143
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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)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>A standard health survey was conducted on 05/30/12 through 06/01/12 the health survey did not identify any regulatory violations. The Life Safety Code Survey was conducted on 05/30/12 with the highest scope and severity at an "E". The facility had the opportunity to correct before remedies would be recommended for imposition.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shelly Denton TITLE: NHA (X6) DATE: 6/11/12

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.

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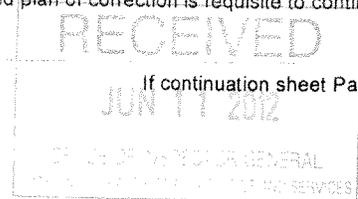
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1967, 1991</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type V unprotected.</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic, dry sprinkler system; hydraulically designed.</p> <p>GENERATOR: Type II, 55 KW generator; fuel source is propane gas; installed new in 2009.</p> <p>A standard Life Safety Code survey was conducted on 05/30/12. Medco Center of Hardinsburg was found not in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *x Shelly Dery* TITLE *x NHA* (X6) DATE *x 6/11/12*

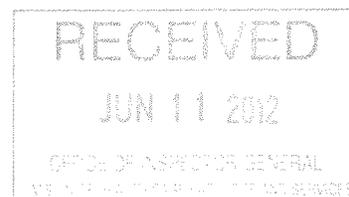
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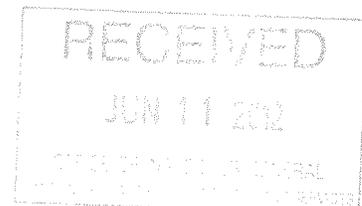
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2012
NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF HARDINSBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 101 FAIRGROUNDS ROAD HARDINSBURG, KY 40143	
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K 000	Continued From page 1	K 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</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 three (3) of four (4) smoke compartments, residents, staff and visitors. The facility is licensed for sixty-three (63) beds and the census was fifty-eight (58) on the day of the survey.</p> <p>The findings include:</p> <p>Observations, on 05/30/12 between 9:25 AM and 10:20 AM, with the Director of Maintenance revealed the doors to the Dietary Storage Room,</p>	K 029	<p>K029 NFPA 101 LIFE SAFETY CODE STD</p> <ol style="list-style-type: none"> 1. Self closing devices were installed on the Dietary Storage Room, Medical Records Room, and the Medical Supply Room on 06/03/12 by the Director of Maintenance. 2. The Director of Maintenance and Nursing Home Administrator conducted rounds on 06/01/12 to identify any other hazardous storage areas not equipped with self closure devices. No other areas were identified. 	



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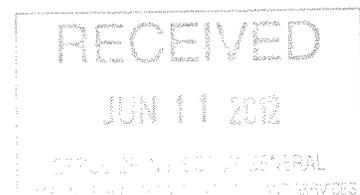
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K 029	<p>Continued From page 2</p> <p>Medical Records Room and the Medical Supply Room did not have self closing devices installed on the doors.</p> <p>Interviews, on 05/30/12 between 9:25 AM and 10:20 AM, with the Director of Maintenance revealed he was not aware of the three (3) storage rooms being categorized as hazardous storage areas, and the requirement that the doors be equipped with self closing devices.</p> <p>Reference: 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 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</p>	K 029	<p>3. The Nursing Home Administrator re-educated the Maintenance Director on 06/06/12 regarding the requirement that hazardous areas doors shall be self-closing or automatic-closing and what is considered hazardous areas.</p> <p>4. The Nursing Home Administrator (NHA) and Maintenance Director will conduct rounds monthly to ensure that doors of hazardous storage areas remain equipped with self closing devices. Results of the monthly rounds will be reviewed by QA committee, consisting of at a minimum the Administrator, Director of Nursing, Maintenance Director, and Medical Director, monthly to ensure continued compliance and for any further recommendations.</p>	<p>6/6/12 6-7-12 <i>penhullybrintley</i> by PB 6-11-12</p>	



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K 029 K 147 SS=D	<p>Continued From page 3 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.</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 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 one (1) of four (4) smoke compartments, approximately ten (10) residents, staff, and visitors. The facility is licensed for sixty-three (63) beds and the census was fifty-eight (58) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 05/30/12 at 10:35 AM, with the Director of Maintenance revealed medical equipment (a Hydrocollator) located in the Physical Therapy Office, was plugged into a</p>	K 029 K 147	<p>K147 NFPA 101 LIFE SAFETY CODE STD</p> <ol style="list-style-type: none"> 1. On 05/30/12 the Hydrocollator was plugged into a Ground Fault Circuit Interrupter (GFCI) outlet by the Maintenance Director. 2. On 06/01/12, the Maintenance Director and NHA conducted rounds to ensure all equipment in wet areas or containing water are plugged into GFCI outlets. 3. On 06/06/12 the NHA re-educated the Maintenance Director on the requirement to maintain electrical wiring in accordance with NFPA standards, to include the requirement of GFCI outlets in wet areas. 4. The Maintenance Director will conduct weekly rounds for four weeks, then monthly rounds to ensure equipment in wet areas are plugged into GFCI outlets. Results of the monthly rounds will be reviewed by QA committee, consisting of at a minimum the Administrator, Director of Nursing, Maintenance Director, and Medical Director, monthly to ensure continued compliance and for any further recommendations. <p><i>6/6/12 6-7-12 Per Shelley Gentry by PB 6-11-12</i></p>



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K 147	Continued From page 4 standard electrical outlet, instead of a Ground Fault Circuit Interrupter (GFCI) outlet required in wet areas. Interview, on 05/30/12 at 10:35 AM, with the Director of Maintenance revealed he was not aware of the requirement for the Hydrocollator (containing water) to be protected by plugging it into a (GFCI) outlet. Reference: NFPA 99 (1999 edition) 3-3.2.1.2 D Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.	K 147		

