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

PRINTED: 11/12/2013
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____ | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185427 | | 11/06/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| NURSING FACILITY OF HARDIN MEMORIAL HOSPITAL | 913 N. DIXIE AVE. ELIZABETHTOWN, KY 42701 |

| (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 | INITIAL COMMENTS<br><br>A standard health survey for recertification was initiated on 11/05/13 and concluded on 11/06/13. A Life Safety Code survey was conducted on 11/5/13. Regulatory violations were identified with the highest scope and severity of an "F". The facility had the opportunity to correct the deficiencies before remedies would be recommended for imposition. | F 000 | | |
| F 248<br>SS=D | 483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES<br><br>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, it was determined the facility failed to provide an ongoing activity program to meet the interest of two (2) out of nine (9) sampled residents. The facility assessed Resident #2 and #9's preferences for customary routine and activities to include music that were identified to be somewhat important to very important to the residents. The staff failed to offer either resident music through a radio or CD player and were not informed the television had music channels.<br><br>The findings include:<br><br>The facility did not provide a policy for activities. However, review of the admission packet contained a social history/interest form and the | F 248 | F 248<br>On 11/6/13, both residents affected by deficient practice were offered a means to listen to music, which was listed as a preference by both residents but had not previously been offered.<br>On 11/6/13, the remaining 11 residents were evaluated by the Unit Manager and Recreation Therapist for satisfaction with activities offered and that preferences were being considered.<br>In order to ensure a consistent process whereby the thorough assessment of preferences for each resident are considered in the plan of care, the following actions have been taken:<br>1) With input from nursing, PCA's, and the Recreation Therapist, an activity list was drafted on 11/29/13 to be used to make residents aware of all the activities available to them. Once the remaining staff has reviewed, updated and approved the final list by 12/6/13, the list will be distributed to all residents upon admission by the admitting nurse beginning 12/9/13. (continue) | 12/9/13 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Karolyn Griswell — Manager, Clinical Outcomes — 12/4/13

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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| F 248 | Continued From page 1<br>preferences for customary routine and activities interview form.<br><br>1. Observation of Resident #2, on 11/05/13 at 8:20 AM, revealed the resident was sitting in a recliner chair be side the bed. At 10:03 AM, the resident was observed again in the recliner. Continued observation on 11/05/13 at 10:30 AM, 11:09 AM, 12:00 Noon, 1:02 PM, 1:52 PM, and 3:55 PM, revealed the resident was sitting in the recliner chair. The television was on; however, observation revealed the resident was not watching.<br><br>During the Quality of Life assessment interview, on 11/06/13 at 11:00 AM, revealed the resident loved Southern Gospel music. The resident had a specific group called the Signature Sound that the resident loved to listen to and when at home the resident played the many CD's that had been purchased. The resident revealed he/she had went to many concerts to see the group and even traveled on a cruise with the group. The lead singer had even sent the resident flowers when the resident was in the hospital. The resident talked extensively about the love of the group's music and he/she had missed listening to their music. The resident stated they had not been offered a radio or CD player for music. The resident told the surveyor he/she would love to be able to listen to the many CDs the resident had purchased. The resident indicated he/she would love to have the music.<br><br>Review of the clinical record revealed the facility admitted Resident #2 on 10/31/13 status post a Left Hip Replacement. Review of the customary/patient activity preference form completed by the facility on 11/01/13, revealed | F 248 | F 248 (continued)<br>The list includes all available activity and equipment options, including the music TV channels and music CD's /radio. The Unit Manager will be responsible to review the activity sheet with each staff member to ensure completeness of the list and to educate staff on the purpose and method of utilizing the activity list to engage the residents. This will be completed to cover multiple shifts during 12/2/13 through 12/6/13. The activity list is to be used in conjunction with further measures to ensure resident and staff interaction and participation in daily planning.<br>2) The Recreational Therapist, who is responsible for the NF activity program, performs a comprehensive assessment of each resident on admission. This assessment includes residential history, activity preferences, usual daily routines, coping mechanisms, and spiritual or cultural practices. Beginning on 12/9/13, the Recreational Therapist will list the resident activity preferences on a designated space of the Resident Information work board posted in the private lounge. This white board is a working list used throughout the day and night by therapists, PCA's, nursing and physicians to observe quickly the status of important resident information which will guide the care they provide and the activities offered each shift.<br>(continue) | |



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| F 248 | Continued From page 2 music was identified as an activity preference and the activity was important to the resident. Review of the Prospective Payment System (PPS) assessment completed on 11/05/13 revealed the resident had no cognition loss and was assessed to be calm and cooperative. Review of the interim care plan revealed the care plan only addressed the resident's clinical status.<br><br>2. Observation of Resident #9, on 11/06/13 at 1:34 PM, revealed the resident was sitting up in the recliner chair, angry and talking loudly. The resident verbalized he/she was tired of the hospital, tired of the bed, chair, therapy and everything about the nursing facility. RN #1 came into the room to calm the resident. She informed the resident that whenever the resident's physician came in to visit, a discharge to home order would be obtained. She stated that the Therapy Department had met and determined the resident was ready for discharge.<br><br>Interview with Resident #9, during the above observation, revealed the resident liked music, country music and would like to listen to music. The resident told the surveyor he/she was used to being active and he/she was bored. The resident stated he/she was tired of watching television.<br><br>Interview with RN #1, on 11/06/13 at 1:40 PM, revealed there was a radio/CD player in the activity room. She went and obtained the radio/CD player and placed in the resident's room. She stated the resident was upset and wanted to go home.<br><br>Continued observation at 2:45 PM, revealed Resident #9 was sitting in the recliner, quiet and | F 248 | F 248 (continued)<br>Ongoing assessment of each resident by nursing and by the Recreational Therapist will include ensuring receipt and understanding of the activity list and updating the white board as the residents' status or preferences change. The Recreational Therapist will use the Resident Information board to plan any formal activities for the day. For example, if several patients have crafts listed as an activity preference, he will plan a group craft that day or if several like exercise, they may have a group session. These scheduled group activities will be discussed with the residents and written on the white board in each room that day as a reminder of the time and to allow each resident to choose to participate.<br>3) The activity list includes information that residents are allowed to bring in personal items, such as CD's, with appropriate documentation by staff.<br>All staff is responsible to document in the intervention screen called Patient Valuables/Personal Belongings. Personal items are tracked with this intervention documentation on admit and at discharge, or when any changes occur with personal belongings.<br>4) The nursing staff will include the problem NF.DAD Diversional Activity Deficit on initial care plans of all residents. Through collaboration with Information Technology staff, this problem NF.DAD<br>(continue) | |



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| F 248 | Continued From page 3<br>calm, listening to country music on the radio/CD player. The resident stated he/she enjoyed the music.<br><br>Review of the resident's clinical electronic record revealed the facility admitted the resident on 10/26/13. Review of the preference for customary routine and activities form (completed on 13/30/13) revealed music was identified as a patient activity preference and it was very important to the resident.<br><br>Interview with Recreational Therapist, on 11/06/13 at 12:45 PM and 2:05 PM, revealed he was responsible for completion of the preferences for customary routine and activities for each resident admitted to the Skilled Unit. When he reviewed the forms he stated Residents #2 and #9 were assessed to like music and the form indicated it was important to the residents. The Recreational Therapist stated there was no specific staff assigned to do activities, all staff was responsible. He indicated he worked with the Unit Manager to develop an activity program for the residents. He stated it was a challenge because most residents were there for a short term stay for therapy and then return to home. He revealed there was no activity calender. He said they had tried a calender before and found no residents wanted to attend any of the scheduled activities. Residents were busy with therapy during the week and on weekends with family visits. There was no outside groups that came to the nursing facility and no volunteers. They used to provide church services; however, they stopped coming because of low attendance. They had holiday and special events in the activity room and residents would attend them. Each resident was invited to eat in the unit's dining | F 248 | F 248 (continued)<br>will be added to the standard care plan for NF admissions to prevent omission. The admitting nurse will modify this care plan problem to match the individual goals of each resident. The standard outcome goal of this problem is that the resident will exhibit interest in activities. The interventions include: Implement diversional activities; Include resident in planning daily schedule; and Provide positive emotional support. Using the activity preferences listed on the Resident Information board as a guide, the nurse will include in his/her assessment each shift a discussion with the resident about activity goals for that shift. The activity list will also serve as a tool to offer a variety of activities. The nurse will determine and provide any resources that may be needed for the resident that day. For example, if the resident states she may like to play a card game today when her family visits, the nurse will then make the cards available for the resident to use any time. At the end of each shift, the nurse is required to address each problem of the care plan, whether the goal was met or not met, or the resident is progressing toward goal. Care plans are updated every shift to match the goals of each individual resident. The Unit Manager will be responsible to review this care plan item with all nursing staff to enforce the importance of individualization and daily compliance. (continue) | |



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| F 248 | Continued From page 4<br>room, but most refused. Each resident was offered books, magazines, puzzles, and movies each day. When asked about music, the Recreational Therapist stated there were music channels on the televisions. However, he could not find the channels. The Unit Manager searched and found the music channels. The music channels were located in the higher numbers (eighty-80) and it was not listed on the television channel guide given to the residents.<br><br>Continued interview with the Recreational Therapist revealed when he had interviewed Residents #2 and #9 regarding music preference he had not asked the residents what specific type of music they liked. He did not know Resident #2 loved Southern Gospel music and wanted to listen to the music. He stated a radio/CD player was available for use and he was sure the staff had offered the residents that option.<br><br>Interview with the Unit Manager, on 11/06/13 at 12:45 PM (she was present during the interview with the Recreational Therapist) and 2:50 PM, revealed the Personal Care Attendant (PCA) would ask each resident at the beginning of each shift what they wanted to do and asked them if they wanted to eat in the dining/activity room. She stated it was everyone's job to assist the resident with activities. Residents were offered books, puzzles, magazines, and movies. Weekends were the same. She stated the PCA would document what the resident was doing. The Unit Manager stated she made daily rounds and asked residents what they liked to do. She did not know if the radio/CD player had been offered to Residents #2 and #9.<br><br>Review of the electronic documentation for | F 248 | F 248 (continued)<br>This will be completed to cover multiple shifts during 12/2/13 through 12/6/13.<br>5) The Activity Group Participation NF intervention screen for documenting resident activities does include a separate selection of just music. Surveyors found only the TV/Movies/Radio activity was selected for the residents who preferred music. On 11/19/13, Information Technology staff removed Radio from TV/Movies line and added it to Music line. Additionally, documentation was added on 12/3/13 to make activity assessment and actions more distinct. The Activity Group Participation NF intervention screen will have a section added with the heading "Patient Activities Offered". The selection will include the activities listed on the Social History/Interest NF assessment screen completed by the Recreation Therapist on admission. This will reflect the activities discussed with the patient each shift. The Activity Participation and Activity Group sections of the screen will continue to be used to document the activities the resident actually participated in.<br>The Unit Manager will be responsible to review the changes to the Activity Participation screen with each staff member to ensure correct use of documentation tools. This will be completed to cover multiple shifts during 12/2/13 through 12/6/13.<br>(continue) | |



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| F 248 | Continued From page 5<br>Resident #2 revealed, on 11/04/13 at 8:06 AM, the PCA documented TV/movies/music. The same thing was documented on 11/05/13 and 11/06/13. The staff stated the combination appeared in the computer and did not state what specific choice was being offered.<br><br>Interview with PCA#1, on 11/06/13 at 3:05 PM, revealed she worked day shift and each morning during rounds she would ask the residents what they wanted to do that day. She stated there usually was not enough time to conduct planned activities because of therapy schedules and bathing (daily). Most residents liked to watch television; however, she offered books, magazines, and puzzles also. She stated Resident #2 usually watched television and worked with therapy. She stated the daughter visited frequently. There was a CD player in the activity room for use; however, she had not offered music. None of the residents had requested a radio/CD player.<br><br>Residents #2 and #9 was interviewed again, on 11/06/13 at 3:20 PM, that revealed they had not been offered a radio/CD player before today. | F 248 | F 248 (continued)<br>The Unit Manager will monitor 100% of the residents twice every week by interview, chart review and review of the Resident Information board. The following indicators will be monitored: Admission activity assessment completed, Documentation of activity preferences noted on Resident Information board, Documentation shows the resident was offered activities based on preferences, and the care plan was updated according to individual activity preferences. The performance expectation for each indicator is 95% or greater, with any outliers being addressed with responsible staff by the Unit Manager. This data will be reported to the QAPI committee, which will be responsible for process improvement opportunities identified through data collection. Data collection will occur for a period of 3 months, beginning on 12/10/13 and ending on 2/28/13. The QAPI committee will determine during review of data any further requirement for monitoring. | |
| F 371<br>SS=F | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions | F 371 | F 371<br>On the day of observation, 11/5/13, the unlabeled food was discarded. Food and Nutrition staff stated that no residents had received food from the opened containers without date labels. The following processes have been implemented to ensure compliance with sanitary food conditions:<br>(continue) | 11/15/13 |



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| F 371 | Continued From page 6<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and policy review, it was determined the facility failed to store food under sanitary conditions. Observation during tour of the kitchen revealed two (2) bags of french fries, one (1) bag of shredded cheese and one (1) bag of shredded carrots were opened and not labeled or dated.<br><br>The findings include:<br><br>Review of the Food and Nutrition Infection Control Policy, revised 02/12, revealed expiration dates were checked daily on foods served by Food and Nutrition. All leftovers must be discarded within seven (7) days.<br><br>Observation during tour of the kitchen, on 11/05/13 at 8:30 AM, revealed two (2) bags of frozen french fries were stored in the freezer not labeled or dated. In addition one (1) bag of shredded cheese and one (1) bag of shredded carrots, were in the walk-in cooler, not labeled or dated.<br><br>Interview with Food Specialist #1, on 11/06/13 at 1:40 PM, revealed when retrieving items from the refrigerator, Food Specialist #1 would look at the date on the package before using. If the package date was older than six (6) days from the day when the item was opened, Food Specialist #1 would then dispose of the food. Food Specialist #1 stated when a food item was opened, the item needed to be dated and labeled to prevent residents from getting sick. | F 371 | F 371 (continued)<br>1) The Director of Food and Nutrition reviewed the Patient Care Policy 0204-0004 Food Storage and Temperatures of Nourishment Refrigerators/Freezers and the Food and Nutrition Policy 8030-0046 Infection Control on 11/7/13, 11/8/13 and 11/11/13 to include all Ingredient Room and Food Production staff.<br>2) Proper storage of leftovers is a component of job-specific orientation, bi-annual evaluations, and annual competency assessments for all Ingredient Room staff and Production staff. Orientation for each new employee occurs at hire with a peer preceptor, with oversight by the Chef/Production Supervisor for Production staff and the Director of Food and Nutrition for Ingredient Room staff. Competency assessments are performed annually on all Production and Ingredient Room staff by Food and Nutrition leaders assigned as noted above. Performance evaluations are performed bi-annually on all Production and Ingredient Room staff by Food and Nutrition leaders assigned as noted above. The Director of Food and Nutrition has ultimate responsibility to ensure orientation and ongoing competency of all Food and Nutrition staff.<br>3) On 11/14/13, signage was designed that states, "STOP-Are all opened foods covered and dated?" by the Director of<br>(continue) | |



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| F 371 | Continued From page 7<br>Interview with Food Specialist #2, on 11/06/13 at 1:47 PM, revealed he utilized carrots at times and when he was finished he would role up the carrot bag and put a date on it before storage. Food Specialist #2 stated they labeled and dated food items so that they would know how old a food item was and to prevent individuals from getting sick.<br><br>Interview with the Director of Food and Nutrition, on 11/06/13 at 3:00 PM, revealed foods should be labeled and dated when opened and stored in the refrigerator. The Director of Food and Nutrition stated when items were older that seven (7) days, the food items would be disposed of, because it was no longer fresh. The Director of Food and Nutrition stated they disposed the food item to prevent food bourne illness. | F 371 | F 371 (continued)<br>Food and Nutrition. On 11/14/13, the Director placed a work order for the printing and display of the signs. On 11/15/13, signage was posted to refrigerators and freezers in the Food and Nutrition work areas by the Supervisor of Facilities Management.<br>4) On 11/8/13, the Director of Food and Nutrition reviewed the monitoring process for daily compliance with the Chef/Production Supervisor, the Tray line Supervisor, and the Cafeteria Supervisor. In order to monitor sustained compliance with improvement, the food and nutrition supervisors listed above perform daily rounds to monitor work areas for food stored and dated appropriately. Any food found without proper labels as defined in policy is discarded immediately. The supervisor will implement a Corrective Action Plan with any staff responsible for non-compliant food storage under HR policy 0100-0054 Corrective Action Process. | |



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| {F 000} | INITIAL COMMENTS<br><br>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 12/09/13 as alleged. | {F 000} | | |

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

PRINTED: 11/12/2013
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **185427** | | **11/05/2013** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **NURSING FACILITY OF HARDIN MEMORIAL HOSPITAL** | **913 N. DIXIE AVE.**<br>**ELIZABETHTOWN, KY 42701** |

| (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 |
|---|---|---|---|---|
| K 000 | INITIAL COMMENTS<br><br>CFR: 42 CFR 483.70(a)<br><br>BUILDING: 01<br><br>PLAN APPROVAL: 1954, 1967, 1979, 1983, 1989, 1993, 2005<br><br>SURVEY UNDER: 2000 Existing<br><br>FACILITY TYPE: SNF/NF<br>TYPE OF STRUCTURE: Six stories, Type I (332)<br><br>SMOKE COMPARTMENTS: Two (2) smoke compartments.<br><br>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.<br><br>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.<br><br>GENERATOR: Type I, 510KW generator installed in 2005. Fuel source is diesel.<br><br>A standard Life Safety Code survey was conducted on 11/05/13. The Nursing Facility of Hardin Memorial Hospital was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for fifteen (15) beds with a census of thirteen (13) on the day of the survey.<br><br>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire). | K 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Karolyn Griswell — Manager, Clinical Outcomes — 11/21/2013

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<br>Deficiencies were cited with the highest deficiency identified at "D" level. | K 000 | | |
| K 147<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2<br><br>This STANDARD is not met as evidenced by:<br>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 two (2) smoke compartments, residents, staff, and visitors. The facility has fifteen (15) certified beds and the census was thirteen (13) on the day of the survey.<br><br>The findings include:<br><br>Observation, on 11/05/13 at 11:00 AM, with the Supervisor of Construction revealed medical equipment (med cart) was plugged into a power strip located in the Nursing Station.<br><br>Interview, on 11/05/13 at 11:00 AM, with the Supervisor of Construction revealed he was aware of the requirements for the usage of power strips; however, he was not aware of medical equipment being plugged into a power strip located in Nursing Station.<br><br>Reference: NFPA 99 (1999 edition)<br><br>3-3.2.1.2 D | K 147 | K147<br>On the day of observation, 11/5/13, the power strip was removed from the nurses station and the medication cart was relocated to an appropriate power receptacle.<br>The Supervisor of Construction has installed an additional permanent power receptacle at the nurses station to eliminate any need for multiple outlet power strips.<br>To ensure ongoing compliance with Life Safety standards, the Supervisor of Construction and the Supervisor of Plant Engineering, in collaboration with individual Unit Managers, perform routine semi-annual Environment of Care Safety rounds which are reported to the Environment of Care Steering Committee. Work orders are placed with Facilities Management when any needs are identified for additional power outlets. | 11/19/13 |



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| K 147 | Continued From page 2<br>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 | | |



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| {K 000} | INITIAL COMMENTS<br><br>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 11/19/13 as alleged. | {K 000} | | |

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