

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

PRINTED: 03/20/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/08/2013
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NAME OF PROVIDER OR SUPPLIER  RICHMOND PLACE REHABILITATION AND HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509
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F 000 INITIAL COMMENTS

A Recertification Survey was conducted 03/05/13 through 03/08/13 with no deficiencies cited.

F 000

I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors.

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MAR 29 2013  
BY: \_\_\_\_\_

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  	TITLE LNHA, MHA	(X6) DATE 3/29/13
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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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K 000	INITIAL COMMENTS  Building: 01  Plan Approval: 1991 Addition added in 2011  Survey under: NFPA 101 (2000 Edition)  Facility type: SNF/NF  Type of structure: Type V (000) Unprotected  Smoke Compartment: Two (2)  Fire Alarm: Complete Fire alarm System  Sprinkler System: Complete Sprinkler System (Wet and Dry)  Generator: Type II Diesel and Type II Natural Gas  A Life Safety Code survey was conducted on 03/06/13. 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".	K 000		
K 062 SS=F	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:	K 062	K 062 NFPA 101 life Safety Code Standard  1. Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The Automatic sprinkler system at the facility was inspected/ tested 3/16/12, 6/7/12, 10/10/12 and 12/13/12. The 2012 third quarter inspection/ testing date occurred 10 days outside the end of the third quarter requirement, therefore making the inspection to be considered late. Since all residents had the potential to be affected by the late sprinkler system inspection/ test the facility had the Automatic sprinkler systems inspected/ tested both in quarter four (4) of the year 2012 on 12/13/12 and	

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NAME OF PROVIDER OR SUPPLIER  RICHMOND PLACE REHABILITATION AND HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509	
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K 062	<p>Continued From page 1</p> <p>Based on observation, sprinkler testing record review, and interview, it was determined the facility failed to maintain the sprinkler system in accordance with NFPA standards. The deficiency had the potential to affect two (2) of two (2) smoke compartments, all residents, staff and visitors. The facility is certified for one hundred twenty (120) beds with a census of one hundred seven (107) on the day of the survey. The facility failed to complete the required testing for the third quarter of 2012.</p> <p>The findings include:</p> <p>Sprinkler Testing Record Review, on 3/6/13 at 12:45 PM, with the Maintenance Director revealed the facility did not have documentation that the sprinkler system was inspected for the third quarter of 2012.</p> <p>Interview, on 3/6/13 at 12:45 PM, with the Maintenance Director revealed he was not aware of the facility missing the third quarter inspection.</p> <p>Interview, on 3/6/13 at 1:30 PM, with the Administrator revealed he was not aware of the inspection being missed but would take care of the situation.</p> <p>Reference: NFPA 25 (1998 Edition).</p> <p>2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of</p>	K 062	<p>again in quarter one (1) of the present year 2013 on 3/13/13 and the community is currently in compliance with the standard.</p> <p>2. Since all residents had the potential to be affected by the late sprinkler system inspection/ test the facility had the Automatic sprinkler systems inspected /tested both in quarter four (4) of the year 2012 on 12/13/12 and again in quarter one (1) of the present year 2013 on 3/13/13 and the facility is currently in compliance with the standard.</p> <p>3. The facility maintenance team leader will immediately upon completion provide quarterly fire inspection reports to the Property Maintenance Director for overview of the requirement. This automatic sprinkler system inspection process overview by the</p>	

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K 062	<p>Continued From page 2</p> <p>sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. Exception: Valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 9.</p> <p>Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance</p> <table border="1"> <thead> <tr> <th>Item</th> <th>Activity</th> <th>Frequency</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Gauges (dry, reaction deluge systems)</td> <td>Inspection</td> <td>Weekly/monthly</td> <td>2-2.4.2</td> </tr> <tr> <td>Control valves</td> <td>Inspection</td> <td>Weekly/monthly</td> <td>Table 9-1</td> </tr> <tr> <td>Alarm devices</td> <td>Inspection</td> <td>Quarterly</td> <td>2-2.6</td> </tr> <tr> <td>Gauges (wet pipe systems)</td> <td>Inspection</td> <td>Monthly</td> <td>2-2.4.1</td> </tr> <tr> <td>Hydraulic nameplate</td> <td>Inspection</td> <td>Quarterly</td> <td>2-2.7</td> </tr> <tr> <td>Buildings</td> <td>Inspection</td> <td>Annually (prior to freezing weather)</td> <td>2-2.5</td> </tr> <tr> <td>Hanger/seismic bracing</td> <td>Inspection</td> <td>Annually</td> <td>2-2.3</td> </tr> <tr> <td>Pipe and fittings</td> <td>Inspection</td> <td>Annually</td> <td>2-2.2</td> </tr> <tr> <td>Sprinklers</td> <td>Inspection</td> <td>Annually</td> <td>2-2.1.1</td> </tr> <tr> <td>Spare sprinklers</td> <td>Inspection</td> <td>Annually</td> <td>2-2.1.3</td> </tr> <tr> <td>Fire department connections</td> <td>Inspection</td> <td>Table 9-1</td> <td></td> </tr> <tr> <td>Valves (all types)</td> <td>Inspection</td> <td>Table 9-1</td> <td></td> </tr> <tr> <td>Alarm devices</td> <td>Test</td> <td>Quarterly</td> <td>2-3.3</td> </tr> <tr> <td>Main drain</td> <td>Test</td> <td>Annually</td> <td>Table 9-1</td> </tr> <tr> <td>Antifreeze solution</td> <td>Test</td> <td>Annually</td> <td>2-3.4</td> </tr> <tr> <td>Gauges</td> <td>Test</td> <td>5 years</td> <td>2-3.2</td> </tr> <tr> <td>Sprinklers - extra-high temp.</td> <td>Test</td> <td>5 years</td> <td>2-3.1.1</td> </tr> <tr> <td colspan="4">Exception No. 3</td> </tr> <tr> <td>Sprinklers - fast response</td> <td>Test</td> <td>At 20 years and every 10 years</td> <td></td> </tr> </tbody> </table>	Item	Activity	Frequency	Reference	Gauges (dry, reaction deluge systems)	Inspection	Weekly/monthly	2-2.4.2	Control valves	Inspection	Weekly/monthly	Table 9-1	Alarm devices	Inspection	Quarterly	2-2.6	Gauges (wet pipe systems)	Inspection	Monthly	2-2.4.1	Hydraulic nameplate	Inspection	Quarterly	2-2.7	Buildings	Inspection	Annually (prior to freezing weather)	2-2.5	Hanger/seismic bracing	Inspection	Annually	2-2.3	Pipe and fittings	Inspection	Annually	2-2.2	Sprinklers	Inspection	Annually	2-2.1.1	Spare sprinklers	Inspection	Annually	2-2.1.3	Fire department connections	Inspection	Table 9-1		Valves (all types)	Inspection	Table 9-1		Alarm devices	Test	Quarterly	2-3.3	Main drain	Test	Annually	Table 9-1	Antifreeze solution	Test	Annually	2-3.4	Gauges	Test	5 years	2-3.2	Sprinklers - extra-high temp.	Test	5 years	2-3.1.1	Exception No. 3				Sprinklers - fast response	Test	At 20 years and every 10 years		K 062	<p>Property Maintenance Director will include review of the dates of completion. This review will also provide verification of meeting the standards outlined in NFPA 101 Life Safety Code Standard for automatic sprinkler systems.</p> <p>4. The Maintenance team leader will provide copies of the quarterly automatic sprinkler system inspection/ test each quarter as they occur to the QA Coordinator. The Administrator and the Quality Assurance Committee will review the inspection reports once during the quarter at the monthly QAPI meetings held during the months of March, June, September and December to assist with compliance of this standard. If inspection reports outlined in NFPA 101 Life Safety Code Standard for automatic sprinkler</p>	
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K 062	Continued From page 3 thereafter 2-3.1.1 Exception No. 2 Sprinklers Test At 50 years and every 10 years thereafter 2-3.1.1 Valves (all types) Maintenance Annually or as needed Table 9-1 Obstruction investigation Maintenance 5 years or as needed Chapter 10	K 062	systems have not been completed by the review QA meeting the inspections will be immediately requested to be conducted before the end of each quarter. If a request is made then verifications of quarterly inspections will be made by the administrator thereafter to ensure compliance prior to the end of the quarter.  5. Corrective action will be completed by 3/29/13 for 'ID Prefix Tag' K 062	
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