

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

PRINTED: 02/15/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185354	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2011
NAME OF PROVIDER OR SUPPLIER FORDSVILLE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 313 MAIN STREET FORDSVILLE, KY 42343	
(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)



<p>K 000 INITIAL COMMENTS</p> <p>An abbreviated Life Safety Code Survey (KY #15877) was conducted on 02/01/11 to determine Federal compliance with Title 42, Code of Federal Regulations, 482.41 (b) (Life Safety from Fire) and found the facility not in compliance with NFPA 101 Life Safety Code 2000 Edition. Deficiencies were cited with the highest deficiency at an E.</p> <p>K 025 NFPA 101 LIFE SAFETY CODE STANDARD SS=E</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, the facility failed to maintain smoke barriers that would resist the passage of smoke between smoke compartments per NFPA standards. The facility has the capacity for sixty-seven (67) beds and the census was sixty-two (62) on the day of the survey. The deficiency has the potential to affect both (2) smoke compartments, sixty-two (62) residents, staff and visitors.</p> <p>The findings include:</p>	<p>K 000</p> <p>K 025</p>	<p>K 025</p> <ol style="list-style-type: none"> The smoke partition above the ceiling located at Foxes Drive was placed back on the hinges on 2/01/11 and order placed for smoke barrier door on 2/07/2011. On February 5, 2011 the Administrator and Maintenance Director completed an inspection of all smoke barrier structures to ensure they are uncompromised. No additional issues were noted. On 2/05/11 the Maintenance Director was retrained by the Administrator on Life Safety Codes related to smoke barriers. The new smoke barrier doors will be installed by 3/01/11. Administrator will review smoke barrier structures weekly to assure ongoing compliance x 12 weeks with findings reviewed monthly during Quality Assurance committee meeting for further recommendations. 	<p>(X5) COMPLETION DATE</p> <p>3-1-2011</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 2/21/11
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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 025	<p>Continued From page 1</p> <p>A tour of the facility conducted on 02/01/11 at 12:50 PM, revealed that the smoke partition extending above the ceiling, located at Foxes Drive, was noted to be compromised by removal of partition smoke barrier (wall/access) door in the attic. The door was sitting off of the hinges, to the side of the access opening. The intent of the smoke partition was nullified without the door in its rightful place to resist the passage of smoke.</p> <p>An interview with the Maintenance Director, 02/01/11 at 12:50 PM, revealed he was not aware of how long the smoke barrier door was off of its hinges.</p> <p>Reference to: NFPA 101 Life Safety Code 2000 Edition 8.2.4. Smoke Partitions. 8.2.4.2 Smoke partitions shall extend from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces.</p>	K 025		