

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

PRINTED: 03/15/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2010
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE MANOR HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST HWY. 136 BOX 39 CALHOUN, KY 42327
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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>An annual survey was conducted 03/10/10 through 03/12/10 and a Life Safety Code survey was conducted on 03/11/10 to determine the facility's compliance with Federal Regulatory Requirements. Deficiencies were cited in regard to the Life Safety Code survey with the highest scope and severity being an "F" and the facility having an opportunity to correct before remedies could be recommended for imposition.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185209	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 01 - 100 EAST HWY. 136 BOX 39	(X3) DATE SURVEY COMPLETED 03/11/2010
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NAME OF PROVIDER OR SUPPLIER

RIVERSIDE MANOR HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

100 EAST HWY. 136 BOX 39
CALHOUN, KY 42327

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K 000	INITIAL COMMENTS A Life Safety Code survey was inflated and conducted on 03/11/10 to determine the facility's compliance with Title 42, Code of Federal Regulations, 462.41(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 identified at an F.	K 000	This Plan of correction is prepared and submitted as required by law. By submitting this Plan of Correction, Riverside Manor Health Care Center does not admit that the deficiencies listed on the HCFA Form 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies.	5/7/10 J.M.
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: Based on observation and staff interview conducted on 03/11/10, it was determined the facility failed to ensure sprinkler heads were free of corrosion as required by NFPA 25 1999 Edition. The findings to include: A tour of the facility conducted 03/11/10 at 10:30 AM, revealed sprinkler heads throughout the facility had a build-up of corrosion. Interview with the Maintenance Director on 03/11/10 at 10:35 AM, revealed he was aware of the build-up of corrosion on the sprinkler heads and was in the process of getting bids from contractors to replace or repair the sprinkler heads.	K 062	<u>K062</u> It is the practice of this center to assure that the sprinkler system is maintained and inspected to ensure compliance at all times to include: Corroded sprinkler heads will be replaced by a Licensed contractor. (see attached timeline). The Automatic Sprinkler System will be inspected by a Licensed Contractor upon completion of replacement of all sprinkler heads.	5/7/10 J.M.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jeffrey Baxter

Executive Director

3/26/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting provided 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.

Lisa Mills RN UM

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NAME OF PROVIDER OR SUPPLIER RIVERSIDE MANOR HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST HWY. 138 BOX 38 CALHOUN, KY 42327		
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K 062	Continued From page 1 Reference to: NFPA 25 1999 Edition 2-2 Inspeclon. 2-2.1 Sprinklers. 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrossion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.	K 062	<u>K062</u> Plant Operations Director and Licensed Contractor will inspect sprinkler system quarterly to ensure future compliance. The safety committee will inspect Automatic Sprinkler System inspection documentation quarterly for one year following the noted issue and report finding to Quality Assurance committee.	5/11/10 P.M.