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

PRINTED: 07/06/2010
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
	185201		06/24/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TANBARK HEALTH CARE CENTER	1121 TANBARK ROAD LEXINGTON, KY 40515

(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
F 000	INITIAL COMMENTS A Recertification Survey was conducted on 06/22-24/10, the facility was determined to be in substantial compliance, with no deficiencies cited. A Life Safety Code Survey was conducted on 06/22/10, with deficiencies cited with the highest scope and severity of a "D".	F 000		

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JUL 14 2010
BY

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Conyna Collier
TITLE: Administrator
(X6) DATE: 7/12/10

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185201		06/22/2010

NAME OF PROVIDER OR SUPPLIER
TANBARK HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1121 TANBARK ROAD
LEXINGTON, KY 40515

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K 000	INITIAL COMMENTS A Life Safety Code Survey was initiated and concluded on 06/22/2010. The facility was found to not meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest scope and severity deficiency identified was a " D ".	K 000		June 28, 2010
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure fire extinguishers had proper signage according to NFPA standards. The findings include: Observations on 06/22/10 at 3:20 PM revealed the portable "K" type extinguisher in the kitchen did not have the required sign. The Maintenance Director was present during the observation. Interview on 06/22/10 at 3:20 PM with the Maintenance Director revealed the facility has never had a sign/placard for the K type extinguisher that states the extinguisher is only to be used after the fire protection system . Reference: NFPA 10 (1998 edition) 2-3.2.1 A placard shall be conspicuously placed near the	K 064	No resident was found to be affected by the deficient practice. All residents have the potential To be affected by the deficient practice. On June 22, 2010, prior to survey exit a temporary sign was placed by fire extinguisher meeting the NFPA standards. On June 28, 2010 a permanent sign meeting NFPA standards was put in place. Through observation rounds will insure sign remains in place.	

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TITLE: Administrator
(X6) DATE: 7/12/10

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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	185201	A. BUILDING 01 - BUILDING B. WING _____	06/22/2010

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K 064	Continued From page 1 extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher.	K 064	No resident was found to be affected by the deficient practice. All residents have the potential To be affected by the deficient practice. On June 22, 2010, prior to survey exit, all combustible materials were removed from closet that oxygen cylinders where stored. Through observation rounds facility will insure no combustible materials will be stored with oxygen cylinders.	June 28, 2010
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure oxygen was stored according to NFPA standards. The findings include: Observation on 06/22/10 at 3:45 PM revealed the facility had combustible materials (paper) stored within five (5) feet of oxygen cylinders. Interview on 06/22/10 at 3:45 PM with the Maintenance Director revealed the facility has always stored the paper in the room where the oxygen cylinders were stored. Reference: NFPA 99 (1999 Edition).	K 076		

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K 076	Continued From page 2 8-3.1.11.2 Storage for nonflammable gases greater than 8.5 m3 (300 ft3) but less than 85 m3 (3000 ft3) (A) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. (B) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. (C) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) A minimum distance of 6.1 m (20 ft) (2) A minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) An enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. An approved flammable liquid storage cabinet shall be permitted to be used for cylinder storage. 8-3.1.11.3 Signs.	K 076		