

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

PRINTED: 03/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/15/2013
NAME OF PROVIDER OR SUPPLIER MAYSVILLE NURSING AND REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 620 PARKER ROAD MAYSVILLE, KY 41056		
(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 02/12/13 through 02/15/13. No deficiencies were cited	F 000			

RECEIVED
MAR 28 2013
BY _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cathy Bruchart TITLE: Administrative (X6) DATE: 3/28/13

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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K 000	<p>INITIAL COMMENTS</p> <p>AMENDED</p> <p>CFR: 42 CFR 483.70(a)</p> <p>Building: 01</p> <p>Plan Approval: 12/01/70</p> <p>Survey under: NFPA 101 (2000 Edition)</p> <p>Facility type: SNF/NF</p> <p>Type of structure: Type V (000) Unprotected</p> <p>Smoke Compartment: Ten (10)</p> <p>Fire Alarm: Complete Fire alarm System</p> <p>Sprinkler System: Complete Sprinkler System (Dry)</p> <p>Generator: Type II Natural Gas</p> <p>A life safety code survey was initiated and concluded on 02/13/13. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found not in substantial compliance with the Requirements for Participation for Medicare and Medicaid. The facility is licensed for one hundred thirty (130) beds and the census was one hundred twenty-two (122) the day of the survey.</p> <p>Deficiencies were cited with the highest deficiency identified at "D" level.</p>	K 000	<p>Maysville Nursing and Rehabilitation Facility does not believe nor does the facility admit that any deficiencies exist.</p> <p>Maysville Nursing and Rehabilitation Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Maysville Nursing and Rehabilitation Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self-critical examination privileges which Maysville Nursing and Rehabilitation Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action or proceeding. Maysville Nursing and Rehabilitation Facility offers it's responses, credible allegations of</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cornelia Burkhardt, RN TITLE: Administrator (X6) DATE: 3/28/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing if 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 AMENDED CFR: 42 CFR 483.70(a) Building: 02 Plan Approval: 12/01/70 Survey under: NFPA 101 (2000 Edition) Facility type: SNF/NF Type of structure: Type V (000) Unprotected Smoke Compartment: Ten (10) Fire Alarm: Complete Fire alarm System Sprinkler System: Complete Sprinkler System (Dry) Generator: Type II Natural Gas A standard Life Safety Code survey was conducted on 02/13/13. Building 02 was found to be in compliance with the requirements for participation in Medicare and Medicaid.	K 000	compliance and plan of correction as part of its on-going effort to provide quality care to residents. Maysville Nursing and Rehabilitation Facility strives to provide the highest quality care while ensuring the rights and safety of all residents. It is and was on the day of survey the policy of Maysville Nursing and Rehabilitation Facility to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for all residents.	
K 062 SS=D	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	K 062	K062 CFR: 42 CFR 483.70(a) It is and was on the day of survey the policy of Maysville Nursing and Rehabilitation Facility to maintain sprinkler heads in a reliable operating condition.	

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K 062	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure sprinkler heads were maintained as required. The facility is licensed for one hundred thirty (130) beds and the census on the day of the survey was one hundred twenty-two (122).</p> <p>The findings include:</p> <p>Observation during the Life Safety Code survey tour, on 02/13/13, between 9:30 AM and 2:30 PM, revealed corrosion on four (4) sprinkler heads under front porch canopy which decreased their ability to react as intended.</p> <p>Interview with the Maintenance Director, on 02/13/13, at 10:55 AM, revealed he was not aware the sprinkler heads were corroded and stated he thought the sprinkler company would have replaced the heads.</p> <p>Reference: NFPA 25 (1998 Edition).</p> <p>2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, 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.</p> <p>NFPA 101 2000 Edition</p> <p>19.3.5.3* Where this Code permits exceptions for fully sprinklered</p>	K 062	<ol style="list-style-type: none"> 1. The four sprinkler heads have been replaced. 2. All sprinkler heads have been inspected. No other concerns were identified. 3. An inservice was conducted on February 15th, 2013 by the Administrator with all maintenance staff to educate them on proper maintenance of the sprinkler heads. 4. As part of the facilities ongoing quality assurance program Maintenance will monitor all sprinkler heads monthly and any sprinkler heads not in proper operating condition will be immediately reported to the Administrator. The inspection report will be made part of the quality assurance minutes. 5. 03-25-13 	
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K 062	Continued From page 3 buildings or smoke compartments and specifically references this paragraph, the sprinkler system shall meet the following criteria: (1) It shall be installed throughout the building in accordance with Section 9.7. (2) It shall be electrically connected to the fire alarm system. (3) It shall be fully supervised. (4) It shall be equipped with listed quick-response or listed residential sprinklers throughout all smoke compartments containing patient sleeping rooms. Exception No. 1: Standard response sprinklers shall be permitted to be continued to be used in existing approved sprinkler systems where quick-response and residential sprinklers were not listed for use in such Exception No. 2: Standard response sprinklers shall be permitted for use in hazardous areas protected in accordance with 19.3.2.1. locations at the time of installation.	K 062		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical	K 147	K147 NFPA 101 LIFE SAFETY CODE STANDARD It is and was on the day of survey the policy of Maysville Nursing and Rehabilitation Facility to ensure that power strips are not being used as permanent wiring.	

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K 147	<p>Continued From page 4</p> <p>wiring was maintained in accordance with NFPA standards and failed to ensure the staff was knowledgeable of the requirement. The deficiency had the potential to affect one (1) of ten (10) smoke compartments, residents, staff, and visitors. The facility is certified for one hundred thirty (130) beds with a census of one hundred twenty-two (122) on the day of the survey.</p> <p>The findings Include:</p> <p>Observations, on 02/13/13 between 9:30 AM and 2:30 PM, with the Maintenance Director revealed a power strip being used as permanent wiring. The electrical outlet was behind the bed and the power strip was plugged in this outlet then ran around the wall to the opposite wall to plug a television into this power strip. There shall be sufficient number of receptacles to avoid the need for this practice.</p> <p>Interview, on 02/13/12, with the Maintenance Director revealed they were aware of the proper use of power strips and extension cords but not aware any had been installed and misused.</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p>	K 147	<ol style="list-style-type: none"> 1. The power strip was removed immediately and the resident and family was educated that power strips cannot be used in place of permanent wiring. 2. All resident rooms were inspected on February 14th and 15th, 2013 to ensure no other rooms had power strips in place of electrical outlets. 3. Upon admission all residents and families will be educated that power strips are not to be used in resident rooms. 4. As part of the facility's ongoing quality assurance program the maintenance supervisor or his designee will audit all resident rooms monthly to ensure power strips are not being used in place of permanent wiring. 5. 03-23-13 		

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K 147	<p>Continued From page 5</p> <p>Reference: NFPA 70 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <ul style="list-style-type: none"> (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces <p>Reference: NFPA 99 (1999 editlon)</p> <p>3-3.2.1.2 D</p> <p>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.</p>	K 147		