

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

PRINTED: 09/10/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2015
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42268
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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
F 000	INITIAL COMMENTS	F 000		
F 323 SS=D	<p>A Recertification Survey was conducted on 08/25/15 through 08/26/15 with deficiencies cited at the highest Scope and Severity of an "E".</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, facility policy review and Material Data Safety Sheet review, it was determined the facility failed to ensure that the resident environment remains as free of accident hazards as is possible. Observations revealed one (1) housekeeping cart stored on the resident hallway with the keys to the storage compartment containing chemicals left laying on top of the cart within residents reach.</p> <p>The findings include: Review of the facility policy titled, "Proper Storage of Chemical Supplies", not dated, revealed chemicals must be stored behind locked doors. On 8/26/15 at 10:34 AM, an observation revealed a housekeeping staff left keys to the housekeeping cart on top of the cart with chemicals stored in it and accessible to residents.</p>	F 323	<p>F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <ol style="list-style-type: none"> Hall #1 housekeepers keys were secured and housekeeping cart locked as observed by the Housekeeping supervisor on 8/26/15. The Housekeeping supervisor observed Hall #2 keys secure and housekeeping cart locked on 8/26/15. Education was conducted by housekeeping supervisor on 8/26/15 with housekeeper #1 on securing housekeeping cart and always keeping cart keys secured in their pockets. Education was conducted with all housekeeping staff on 9/3/15 of proper locking of carts and keeping keys secured in their pockets The Housekeeping Supervisor or Administrator will make rounds 5x week for 4 weeks, then 3x week for 4 weeks, then weekly for 4 weeks to ensure compliance with securing of housekeeping carts. Findings of audits will be reviewed monthly with Quality Assurance committee and recommendations made as needed. 	9/10/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jimmy Workman TITLE: Administrator (X5) DATE: 9-18-15

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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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42266		
(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 323	<p>Continued From page 1</p> <p>Further observation revealed the cleaners stored in the cart were a Dollar Store Cleaner with Bleach, Emerald #412, NuAge Dimethyl Bentzyl, Glance NA Glass Cleaner, Fabuloso All Purpose Cleaner, and Virex II 256.</p> <p>Review of the Material Safety Data Sheets for the following items revealed the Dollar Store Cleaner with Bleach was hazardous to health; Emerald #412 was hazardous if there was contact with skin or eyes; NuAge Dimethyl Bentzyl was hazardous if there was contact with skin, eyes or mouth; Glance NA Glass Cleaner may be hazardous with contact with eyes; Fabuloso All Purpose Cleaner may be hazardous if contact with eyes, skin, or if swallowed; and Virex II 256 was hazardous with contact to eyes, skin, and if inhaled and is a corrosive and can cause permanent damage and may be irritating to the mouth, throat and stomach.</p> <p>Interview with Housekeeper #1, on 08/26/15 at 12:43 PM, revealed she should have placed the keys in her pocket and leaving the keys on the cart was danger for the residents.</p> <p>Interview with the Environmental Manager, on 08/26/15 at 12:45 PM, revealed the housekeeping carts should always be locked and the keys should be secured so the residents would not be able to get into the chemicals.</p>	F 323	<p>F371 483.35(i) FOOD PROCURE< STORE/PREPARE/SERVE-SANITARY</p> <p>1. Meat was discarded by Dietary Manager on 8/25/15 and alternate menu was prepared by the cook for that meal. Thermometer was placed in milk cooler on 8/25/15 by Dietary Manager and temperature was noted to be 35 degrees F. There were no further instances where ADON entered the kitchen without a hairnet.</p> <p>2. Meat was discarded by Dietary Manager on 8/25/15 and alternate menu was prepared by the cook for that meal. Thermometer was placed in milk cooler on 8/25/15 and temperature was noted to be 35 degrees F. Dietary Manager did inspection of the kitchen on 8/25/15 to ensure there were no other foods needing to be discarded. There were no further instances where ADON entered the kitchen without a hairnet.</p>		
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p>	F 371			

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42256		
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F 371	<p>Continued From page 2</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review, it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions. Observation revealed staff were thawing meats in still water with a temperature of eighty (80) degree Fahrenheit (F) temperature. Additionally, the staff failed to wear a hair net when in the kitchen.</p> <p>Review of the facility's Census and Condition, dated 08/26/15, revealed there were thirty-eight (38) residents in the building and all of the residents received food that was prepared in the kitchen.</p> <p>The findings include:</p> <p>Review of the facility policy titled, " Food Handling Guidelines (HACCP)", not dated, revealed staff should wear proper hair restraint when on duty. Thawing of foods should be completed in the refrigerator at forty-one (41) degrees F or below or under running water at seventy (70) degrees F water for no longer than two (2) hours. Additionally, temperatures are to be maintained in the refrigerators of forty-one (41) degrees F.</p> <p>Observation of the kitchen, on 8/25/15 at 9:22</p>	F 371	<p>3. Dietary staff were educated by dietary manager on 9/9/15 of proper thawing of food and checking milk cooler temperatures/documentation. ADON was educated on 8/25/15 by Regional Director of Marketing of wearing hairnet upon entering the kitchen.</p> <p>4. Dietary manager or dietary staff member assigned by the Dietary Manager will monitor for proper thawing of foods, documentation of milk temps, and compliance with wearing of hair net for 5x week for 4 weeks, then 3x week for 4 weeks, then weekly for 4 weeks. Findings will be reviewed with monthly Quality Assurance committee and recommendation/revisions made as needed.</p>	9/10/15	

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42266		
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F 371	<p>Continued From page 3 AM, revealed:</p> <ol style="list-style-type: none"> 1. There was a five (5) pound package of ground beef and pork chops being thawed in still water in the sink. The temperature of the water was checked using the facility thermometer and the temperature was eighty (80) 80 degrees F. 2. The Milk refrigerator did not contain a thermometer. 3. The Assistant Director of Nursing (ADON) entered the kitchen and walked into the food prep area without a hair net on. <p>Interview with the Dietary Manager, on 8/25/15 at 9:35 AM, revealed all meats should be thawed in the refrigerator or under running cold water. The Dietary Manager stated no one should enter the kitchen without a hair net and a thermometer should be in the milk refrigerator.</p> <p>Interview with the ADON, on 08/28/15 at 9:48 AM, revealed staff should not enter the kitchen without hair nets. She stated she did enter the kitchen on 8/25/15 without a hair net.</p> <p>Interview with the Director of Nursing (DON), on 08/25/15 at 10:05 AM, revealed no one should enter the kitchen without a hair net.</p> <p>Interview with the Administrator, on 08/25/15 at 10:10 AM, revealed no one is to be in the kitchen except dietary staff and they should always have a hair net. The Administrator stated all food should be prepared per federal and state guidelines. The Administrator further stated she expected the refrigerators to be monitored with a thermometer per the facility policy.</p>	F 371	<p>Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.</p>		

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42266		
(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	
{K 000}	INITIAL COMMENTS Based upon implementation of the acceptable POC, the facility was deemed to be in compliance on 09/10/15, as alleged.	{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 185338	(Y2) Multiple Construction A. Building B. Wing 01 - MAIN BUILDING 01	(Y3) Date of Revisit 9/22/2015
Name of Facility CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE		Street Address, City, State, Zip Code 124 WEST NASHVILLE ST PEMBROKE, KY 42266

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix _____ Reg. # NFPA 101 LSC K0025	Correction Completed 09/10/2015	ID Prefix _____ Reg. # NFPA 101 LSC K0062	Correction Completed 09/10/2015	ID Prefix _____ Reg. # NFPA 101 LSC K0075	Correction Completed 09/10/2015
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By <i>IOH</i>	Date: <i>08/23/15</i>	Signature of Surveyor: <i>Deborah C. Heedler RN, NHA, Q</i>	Date: <i>09/10/15</i>
Reviewed By _____ CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 8/25/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42268
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1968.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (211).</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1968, and upgraded in 1998 with 20 smoke detectors and no heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 1968.</p> <p>GENERATOR: Type II generator installed in 2010. Fuel source is Propane.</p> <p>A Recertification Life Safety Code Survey was conducted on 08/25/15. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for sixty (60) beds with a census of thirty-nine (39) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sammy Workman</i>	TITLE <i>Administrator</i>	(X6) DATE <i>9/18/15</i>
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42286	
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K 000	Continued From page 1 Fire).	K 000		
K 025 SS=E	<p>Deficiencies were cited with the highest Scope and Severity deficiency identified at the "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</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 observation and interview, it was determined the facility failed to maintain smoke barriers that would resist the passage of smoke between smoke compartments in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect three (3) of four (4) smoke compartments, sixty (60) residents, staff and visitors. The facility has the capacity for sixty (60) beds and at the time of the survey, the census was thirty-nine (39).</p> <p>The findings include:</p> <p>1. Observation, on 08/25/15 at 1:55 PM, with the Maintenance Director revealed an open electrical</p>	K 025	<p>K 025 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>1. The smoke barriers at the copper water line in laundry and wire chase on Hall 1 were sealed with 3M Fire Barrier Sealant on 8/26/15 by the Maintenance Director.</p> <p>2. Fire walls for the entire facility were inspected on 8/26/15 by Maintenance Director to ensure there were no other smoke barrier penetrations.</p> <p>3. Education was completed on 8/26/15 by Administrator with Maintenance Director on sealing of smoke barriers.</p> <p>4. Maintenance Director will visually inspect fire walls to ensure smoke barriers are intact weekly x 8 wks, then monthly x 1 month. Findings will be reviewed monthly with Quality Assurance Committee and recommendations made as needed.</p>	9/10/15

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K 025	<p>Continued From page 2</p> <p>wire chase penetrating the smoke barrier located in Hall 1. The wire chase was open on both sides of the barrier preventing the barrier from resisting the passage of smoke.</p> <p>Interview, on 08/25/15 at 1:56 PM, with the Maintenance Director revealed he was not aware of the open electrical wire chase.</p> <p>2. Observation, on 08/25/15 at 2:00 PM, with the Maintenance Director revealed an unsealed penetration in the attic around a copper water line located in the Laundry smoke barrier.</p> <p>Interview, on 08/25/15 at 2:01 PM, with the Maintenance Director revealed he was not aware of the unsealed penetration.</p> <p>The census of thirty-nine (39) was verified by the Administrator on 08/25/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 08/25/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition).19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour. Exception No. 1: Where an atrium is used, smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with Exception No. 2 to 8.2.5.6(1). Not less than two separate smoke compartments shall be provided on each floor. Exception No. 2*: Dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning</p>	K 025		

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K 025	Continued From page 3 systems where an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 has been provided for smoke compartments adjacent to the smoke barrier. Reference: NFPA 101 (2000 Edition) 8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (a) The space between the penetrating item and the smoke barrier shall 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. (b) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. (c) Where designs take transmission of vibration into consideration, any vibration isolation shall 1. Be made on either side of the smoke barrier, or 2. Be made by an approved device designed for the specific purpose. 8.3.6.2 Openings occurring at points where floors or smoke barriers meet the outside walls, other smoke barriers, or fire barriers of a building shall meet one of the following conditions: (1) It shall be filled with a material that is capable	K 025		

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42266	
(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
K 025	Continued From page 4 of maintaining the smoke resistance of the floor or smoke barrier. (2) It shall be protected by an approved device that is designed for the specific purpose.	K 025	K062 NFPA 101 LIFE SAFETY CODE STANDARD 1. Annual trip test was performed by Armor Fire Protection on 6/19/15. (see attached documentation). Documentation has been received from the vendor and will be maintained on site. 2. Annual trip test was performed by Armor Fire Protection on 6/19/15. (see attached documentation). Documentation has been received from the vendor and will be maintained on site. 3. Education completed by Administrator with Maintenance Director on 8/26/15 on timeliness and documentation of Annual Trip Test. 4. Maintenance Director will monitor scheduled inspections to ensure inspections conducted as required and documentation has been received. This will be done monthly x3 months with findings reviewed with Quality Assurance Committee and recommendations made as needed.	9/10/15
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 interview and sprinkler testing record review, it was determined the facility failed to maintain the sprinkler system in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect four (4) of four (4) smoke compartments, all residents, staff and visitors. The facility has the capacity for sixty (60) beds and at the time of the survey, the census was thirty-nine (39). The findings include: Sprinkler testing record review, on 08/25/15 at 2:42 PM, with the Maintenance Director revealed the facility failed to provide documentation that a trip test had been performed within the last year. Interview, on 08/25/15 at 2:43 PM, with the Maintenance Director revealed he relied on the sprinkler contractor for testing the sprinkler system.	K 062		

Form for Inspection, Testing and Maintenance of Fire Sprinkler Systems



Armor Fire Protection, LLC. 1196 5th Street • Henderson, KY 42420 270-830-7515

This form covers the minimum requirements of NFPA 25 fire sprinkler systems connected to water supplies without tanks or fire pumps. Separate forms are available for inspection, testing and maintenance of fire pumps, tanks, and other fire protection systems. More frequent inspections, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply. The work covered on the form is (check one): [] Monthly [x] Quarterly [x] Annual [] Semiannual

Owner: Christian Heights Nursing and Rehabilitation Ph. 270 475-4227

Owner's Address:

Property Being Evaluated: 124 W. Nashville Road Pembroke, KY 42266

Property Address:

Date of Work: 6/19/2015

All responses refer to the current work (inspection, testing and maintenance) performed on the date.

Part I - Owner's Section
A. Is the building occupied? [x] Yes [] No
B. Has the occupancy classification and hazard of contents remained the same since the last inspection? [x] Yes [] No
C. Are all fire protection systems in service? [x] Yes [] No
D. Has the system remained in service without modification since the last inspection? [x] Yes [] No
E. Was the system free of activation of devices or alarms since the last inspection? [x] Yes [] No
Josh Fulford, Owner or Representative (print name) [Signature] and Date

3. Interior of pipe that passes through freezers free of ice hindrance? [x] Yes [] No [] N/A
g. Hose, hose couplings and nozzles on sprinkler system passed inspection? [] Yes [] No [x] N/A
3. Fifth Year Inspection Items (in addition to above items)
a. Check valves internally inspected, all parts operate properly, and are in good condition? [x] Yes [] No [] N/A
b. Strainers, filters, restricted orifices and diaphragm chambers on dry-pipe valves, alarm valves and trim passes internal inspection? [] Yes [] No [x] N/A
c. Has an internal inspection of the pipe been performed by removing the flushing connection and on sprinkler near the end of a branch line within the last 5 years? [x] Yes [] No [] N/A
4. Quarterly Tests
a. Mechanical water flow alarm devices passed tests by opening the bypass connection with alarms actuating and flow observed? [x] Yes [] No [] N/A
b. Post indicating valves opened until spring or torsion felt in the rod, then closed back 1/2 turn? [] Yes [] No [x] N/A
c. Priming level correct? [x] Yes [] No [] N/A
d. Low air pressure signal passed test? [] Yes [] No [x] N/A
e. Quick opening device passed test? [x] Yes [] No [] N/A
5. Semiannual Tests (in addition to previous items)
a. Valve supervisory switches indicate movement? [x] Yes [] No [] N/A
b. Electrical water flow alarm devices passed tests by opening bypass connection with alarms actuating and flow observed? [x] Yes [] No [] N/A
6. Annual Tests (in addition to previous items)
a. Are all sprinklers dated 1920 or later? [x] Yes [] No [] N/A
b. Fast response sprinklers 20 years old or more replaced or successfully sample tested in last 10 years? [x] Yes [] No [] N/A
c. Standard response sprinklers 50 years old or more replaced or successfully sample tested in last 5 years? [x] Yes [] No [] N/A
d. Standard response sprinklers 75 years old or more replaced or successfully sample tested in last 5 years? [x] Yes [] No [] N/A
e. Dry-type sprinklers replaced or successfully sample tested in the last 10 years? [] Yes [x] No [] N/A
f. All control valves operated through full range? [x] Yes [] No [] N/A
g. Low temperature alarms passed test? [] Yes [] No [x] N/A

Part II - Inspector's Section
A. Inspections
1. Quarterly Inspection Items (in addition to above items)
a. Hydraulic nameplate (calculated systems) securely attached to riser and legible? [] Yes [] No [] N/A
b. Fire Department Connections visible, accessible, couplings and swivels not damaged, gaskets in place and in good condition, identification sign(s) in place, check valve is not leaking, clapper in place and operating properly and automatic drain valve in place and operating properly [x] Yes [] No [] N/A
c. Alarm devices free from physical damage? [x] Yes [] No [] N/A
d. Pressure Reducing valves in open position, not leaking, with downstream pressure per design criteria, and in good condition with handwheels not broke? [] Yes [] No [x] N/A
2. Main Drain Test for System Downstream of Backflow Device or Pressure Reducing Valve
a. Record the static 50 psi and residual pressure 45 psi. [] Yes [x] No [] N/A
b. Was flow observed? [] Yes [x] No [] N/A
c. Are results comparable to previous test? [x] Yes [] No [] N/A
2. Annual Inspection Items (in addition to above items)
a. Proper number and type of spare sprinklers? [x] Yes [] No [] N/A
b. Visible sprinklers:
1. Free of corrosion and physical damage? [x] Yes [] No [] N/A
2. Free of obstructions to spray patterns? [x] Yes [] No [] N/A
3. Free of foreign materials including paint? [x] Yes [] No [] N/A
4. Liquid in all glass bulb sprinklers? [x] Yes [] No [] N/A
c. Visible pipe:
1. In good condition/no external corrosion? [x] Yes [] No [] N/A
2. No mechanical damage or leaks? [x] Yes [] No [] N/A
3. Properly aligned and no external loads? [x] Yes [] No [] N/A
d. Visible pipe hangers and seismic braces not damaged or loose? [x] Yes [] No [] N/A

h. Dry-type valve partial flow trip test (unless full trip test done):

Make 4 in viking Model E2 Serial# 8689

1. Initial air pressure 29 psi and water pressure 50 psi.

2. When valve tripped, air pressure 25 psi and time 25 sec

3. Results comparable to previous tests? [X] Yes [] No [] N/A

i. Automatic air maintenance devices passed? [X] Yes [] No [] N/A

j. Backflow devices passed backflow test? [] Yes [] No [X] N/A

k. Backflow devices passed forward flow test? [] Yes [] No [X] N/A

l. Pressure reducing valves passed partial flow? [] Yes [] No [X] N/A

m. Specific gravity of anti-freeze correct? [] Yes [] No [X] N/A

7. Test for every third year (in addition to previous items):

Dry-pipe full flow trip test:

Make due 2017 Model Serial#

Accelerator Make

a. Initial air pressure psi and water pressure psi.

b. When valve tripped, air pressure psi and time sec

c. Water delivery time min sec

Water delivery time not required to be 60 seconds per NFPA 25

d. Results comparable to previous tested? [] Yes [] No [X] N/A

8. Tests for every fifth year (in addition to appropriate items):

a. Sprinklers above high temperature tested? [] Yes [] No [X] N/A

b. Gages checked by calibrated gage or replaced? [X] Yes [] No [] N/A

c. Pressure reducing valves passed full flow test? [] Yes [] No [X] N/A

9. Regular Maintenance Items

a. If sprinklers have been replaced, were they proper replacements? [X] Yes [] No [] N/A

b. Have low point drains been emptied? [X] Yes [] No [] N/A

c. Was an obstruction investigation conducted if a defective intake screen on pump supplied from open sources was found? [] Yes [] No [X] N/A

d. If conditions were found that required flushing, was flushing of system conducted? [] Yes [] No [X] N/A

Part III - Comments

Systems: 1 Wet Dry

Make 4 in viking Model E2

Make Model

Deficiencies and Comments:

6d. heads tested couple years ago by others and failed. Quote being sent to replace.

Add additional page if needed.

Inspector: Gregory Lucken

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted above.

Signature of Inspector: Gregory Lucken

Date:

License of Certification Number (if applicable): SSR 274

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K 062	<p>Continued From page 5</p> <p>The census of thirty-nine (39) was verified by the Administrator on 08/25/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 08/25/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 25 (1998 Edition), 2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance.</p> <p>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="0"> <tr> <td>Item</td> <td>Activity</td> <td>Frequency</td> <td>Reference</td> </tr> <tr> <td>Gauges (dry, preaction 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> </table>	Item	Activity	Frequency	Reference	Gauges (dry, preaction 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	K 062		
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42266	
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K 062	Continued From page 6 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 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 Table 9-1 Summary of Valves, Valve Components, and Trim Inspection, Testing, and Maintenance Component Activity Frequency Reference Control Valves Sealed Inspection Weekly 9-3.3.1 Locked Inspection Monthly 9-3.3.1 Exception No. 1 Tamper switches Inspection Monthly 9-3.3.1 Exception No. 1 Alarm Valves Exterior Inspection Monthly 9-4.1.1 Interior Inspection 5 years 9-4.1.2 Strainers, filters, orifices Inspection 5 years 9-4.1.2 Check Valves Interior Inspection 5 years 9-4.2.1	K 062		

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42288	
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K 062	Continued From page 7 Preaction/Deluge Valves Enclosure (during cold weather) Inspection Daily/weekly 9-4.3.1 Exterior Inspection Monthly 9-4.3.1.2 Interior Inspection Annually/5 years 9-4.3.1.3 Strainers, filters, orifices Inspection 5 years 9-4.3.1.4 Dry Pipe Valves/Quick-Opening Devices Enclosure (during cold weather) Inspection Daily/weekly 9-4.4.1.1 Exterior Inspection Monthly 9-4.4.1.3 Interior Inspection Annually 9-4.4.1.4 Strainers, filters, orifices Inspection 5 years 9-4.4.1.5 Pressure Reducing and Relief Valves Sprinkler systems Inspection Quarterly 9-5.1.1 Hose connections Inspection Quarterly 9-5.2.1 Hose racks Inspection Quarterly 9-5.3.1 Fire pumps Casing relief valves Inspection Weekly 9-5.5.1, 9-5.5.1.1 Pressure relief valves Inspection Weekly 9-5.5.2, 9-5.5.2.1 Backflow Prevention Assemblies Reduced pressure Inspection Weekly/monthly 9-6.1 Reduced pressure detectors Inspection Weekly/monthly 9-6.1 Fire Department Connections Inspection Quarterly 9-7.1 Main Drains Test Annually 9-2.6, 9-3.4.2 Waterflow Alarms Test Quarterly 9-2.7 Control Valves Position Test Annually 9-3.4.1 Operation Test Annually 9-3.4.1 Supervisory Test Semiannually 9-3.4.3 Preaction/Deluge Valves Priming water Test Quarterly 9-4.3.2.1	K 062		

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K 062	Continued From page 8 Low air pressure alarms Test Quarterly 9-4.3.2.10 Full flow Test Annually 9-4.3.2.2 Dry Pipe Valves/Quick-Opening Devices Priming water Test Quarterly 9-4.4.2.1 Low air pressure alarm Test Quarterly 9-4.4.2.6 Quick-opening devices Test Quarterly 9-4.4.2.4 Trip test Test Annually 9-4.4.2.2 Full flow trip test Test 3 years 9-4.4.2.2.1 Pressure Reducing and Relief Valves Sprinkler systems Test 5 years 9-5.1.2 Circulation relief Test Annually 9-5.5.1.2 Pressure relief valves Test Annually 9-5.5.2.2 Hose connections Test 5 years 9-5.2.2 Hose racks Test 5 years 9-5.3.2 Backflow Prevention Assemblies Test Annually 9-5.2 Control Valves Maintenance Annually 9-3.5 Preaction/Deluge Valves Maintenance Annually 9-4.3.3.2 Dry Pipe Valves/Quick-Opening Devices Maintenance Annually 9-4.4.3.2	K 062			
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5	K 075			

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 124 WEST NASHVILLE ST PEMBROKE, KY 42286
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K 075	<p>Continued From page 9</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure linen or trash collection receptacles with capacities greater than thirty-two (32) gallon were stored in accordance with National Fire Protection Association (NFPA) standards. The deficient practice had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for sixty (60) beds and at the time of the survey, the census was thirty-nine (39).</p> <p>The findings include:</p> <p>Observation, on 08/25/15 at 4:22 PM, with the Maintenance Director revealed two (2) trash containers with a capacity of fifty-five (55) gallons were being stored in the Dining Room.</p> <p>Interview, on 08/25/15 at 4:23 PM, with the Maintenance Director revealed he was not aware of the requirement for trash recaptacles with capacities greater than thirty two (32) gallons.</p> <p>The census of thirty-nine (39) was verified by the Administrator on 08/25/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 08/25/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition) 19.7.5.5 Soiled linen or trash collection receptacles shall</p>	K 075	<p>K075 NFPA 101 LIFE SAFETY CODE STANDARD</p> <ol style="list-style-type: none"> 1. Linen and Trash barrels from the dining room were replaced on 8/30/15 by the Maintenance director with appropriately sized containers and the oversized containers were removed from the premises so that they would not re-enter. 2. Maintenance Director inspected the facility on 8/26 and there are no other barrels needing replaced. 3. Education was completed with Maintenance Director by the Administrator on 8/26/15 on the requirement of 32 gallon max. capacity in the non-hazardous areas. 4. Maintenance Director will make rounds wkly x 4 weeks, then mthly x 8 weeks to ensure there are no barrels exceeding required capacity. Findings will be reviewed by the Quality Assurance Committee and recommendations made as needed. 	9/10/15
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K 075	Continued From page 10 not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gal/ft ² (20.4 L/m ²). A capacity of 32 gal (121 L) shall not be exceeded within any 64-ft ² (5.9-m ²) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) shall be located in a room protected as a hazardous area when not attended. Exception: Container size and density shall not be limited in hazardous areas.	K 075	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.		