PRINTED: 06/10/2011
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 06/09/2011
NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF HARDINSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 101 FAIRGROUNDS ROAD HARDINSBURG, KY 40143	

(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 An abbreviated Life Safety Code survey was initiated and concluded on 6/09/2011 investigating KY 16538, and was found to be substantiated with deficiencies. The facility was found not to meet the minimum requirements with 42 Code of the Federal Regulations, Part 483.70. The highest Scope and Severity deficiency identified was an "F".	K 000	**Disclaimer:** This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Medco Center of Hardinsburg does not admit that the deficiencies listed on the HCFA 2567 exist, nor does Medco Center of Hardinsburg, admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts, and conclusions that form the basis for the deficiency.	
K 048 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on interview, record review, and policy review, it was determined the facility failed to follow the Fire Safety Plan and Procedure Policy in the event of an emergency. The deficient practice affected all residents, staff and visitors. The findings include: Interview, on 06/09/11 at 10:30 AM, with the Administrator and the Maintenance Director revealed a fire had occurred on 06/08/11 at 5:40 AM in the facility boiler room. The fire was discovered by the Maintenance Director. An electrical short in the facility's breaker panel feeder trough caused the insulation on some wiring to ignite. The Maintenance Director stated that upon discovery he used a portable fire extinguisher to extinguish the fire and the smoke generated from the extinguishment caused the facility's Fire Alarm to sound. The Alarm	K 048	**K048 It is the policy of Medco Center of Hardinsburg to ensure that staff members follow facility fire policy and procedures.** 1. The Maintenance Supervisor conducted a fire drill on June 16, 2011, and observed staff activating the fire alarm pull station and following facility fire policy and procedure. 2. The Maintenance Supervisor conducted a fire drill on June 16, 2011, and observed staff activating the fire alarm pull station and following facility fire policy and procedure. 3. All staff will be re-educated on the facility fire policy and procedure by June 18, 2011. This education will be provided by the Nursing Home Administrator, the Maintenance Director, the	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
X Mary Nell Bouvier	X NHA	X 6/16/11

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 048	Continued From page 1 Monitoring Company called to verify the alarm and the alarm was recieved by the local Fire Department. He then silenced the alarm, and called the local Fire Chief to inform him that the fire had been extinguished. The Fire Chief cancelled the Fire Department from responding and came to the facility himself to investigate and gave the all clear. The facility Electrical Contractor was called, and promptly arrived and made all necessary repairs. The repairs were completed and back to normal at 10:00 AM the same morning. The facility's generator supplied electricity to the facility while the repairs to the electrical system were being made. The facility implemented the their Fire Watch proceedures while the electrical system was under repair. Record review on 06/09/11 at 10:45 AM with the Administrator and the Maintenance Director confirmed the information obtained in the interview. Policy review on 06/09/11 at 3:00 PM revealed the facility's Fire Safety Plan and Procedure Policy stated upon discovery of a fire the following actions were to take place: (R.A.C.E.) Rescue (Remove residents and visitors from fire area), Alarm (Activate the nearest alarm, notify fire dept by telephone, regardless of severity, notify Administrator and key personnel), Confine (close doors to rooms in fire area, remove all obstructions in the corridor or exit, turn off gases, and electrical equipment not essential to the care of residents), Extinguish (use the nearest appropriate extinguisher to control fire if possible until arrival of the fire department). Actual NFPA Standard: 19.7.1 Evacuation and	K 048	Assistant Director of Nursing, the Nutrition Services Manager, the Business Office Manager, the Housekeeping Supervisor, or the Education and Training Director. No staff will work past June 18, 2011, without having received this re-education on facility fire policy and procedure. 4. The Maintenance Director or Nursing Home Administrator will conduct fire drills monthly on every shift for 3 months to ensure compliance with facility fire policy and procedure. The results of the fire drills will be presented by the Maintenance Director monthly for 3 months to the Quality Assurance Committee for review and recommendations. If at any time concerns are identified the Quality Assurance committee will convene to make further recommendations. The Quality Assurance committee will consist of, at minimum, the Nursing Home Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Nutrition Services Manager, and Medical Director (quarterly attendant). The Quality Assurance process will be ongoing to ensure that staff adhere to facility policy and procedure. 5. Completion Date: June 18, 2011	

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K 048	Continued From page 2 Relocation Plan and Fire Drills. 19.7.1.1 The administration of every healthcare occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator ' s position or at the security center. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.1.2* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. 19.7.1.3 Employees of health care occupancies shall be instructed in life safety procedures and devices. 19.7.2 Procedure in Case of Fire. 19.7.2.1* For health care occupancies, the proper protection of patients shall require the prompt and	K 048		

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K 048	Continued From page 3 effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy ' s fire safety plan. 19.7.2.2 A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire 19.7.2.3 All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person (2) During a malfunction of the building fire alarm system Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and	K 048		

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