

COMPLETE IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Facility: Somerset Biltmore Department: Nsg/MDS

Date: 10-²⁶27-10 Time: _____ To: _____

Meeting area: DON office

Employee group(s) present: MDS nurse for 3rd floor

Total number of employees in group(s):

Number present: _____ Number not present: _____

Subject(s) covered: the MDS nurse is primary person responsible to update resident care plans and care guides (in resident's closet) for all changes that affect resident's care by non-skilled staff. MDS nurse is to review MD orders daily for any changes.

Problems, comments, suggestions: charge nurse may also do so when MDS nurse not available - but must notify MDS nurse timely of change noted on careguide

Conducted by: PAT KEITH RN

Title: Director of Nursing

Signature: Pat Keith RN Title: DON

11/18/10

NURSING/DIETARY/ANCILLARY STAFF:

When passing trays, be sure the food on the tray matches the diet card and the diet card matches the correct resident. All requests related to individual trays will be made using the resident's full name, for example:

John Doe and John Que reside on the same unit, **do** **not** call dietary and ask for another tray for "John", you must be specific to say "John Doe" to be sure the correct diet is delivered. SEE ATTACHED POLICY ON DIETS

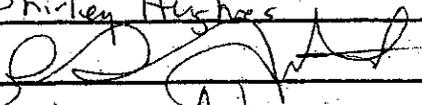
Pre-shift Communication Meeting

Topic: CARE GUIDES Date: 10/26/10

ALL NURSING STAFF:

- **BEFORE ANY CARE IS PROVIDED, YOU MUST CHECK CARE GUIDES**
- **MUST CHECK CARE GUIDES FOR THICKENED LIQUIDS**
- **RESIDENTS WITH THICKENED LIQUIDS SHOULD NOT HAVE WATER PITCHERS AT BEDSIDE**
- **IF IN DOUBT, ASK THE NURSE FOR CLARIFICATION**

NAME OF PERSONNEL ATTENDING	JOB TITLE	SHIFT
Ceystal Sallee	CNA	6:30-2:30
Angie Tucker	RA	2nd
Aminda Miller	LPN	7A-7P
Angel Warral	SRNA	3p-11p
Victoria Beck	LPN	1st
Shirley	LPN	7A-7P
M. Hunt	LPN	7A-7P
Wendy McEwen	LPN	7P-7A
Wendy McEwen	CNA	3-11
Angie Tucker	CNA	3-11
Barbara Stone	CNA	3-11
Julie Mitchell	CNA	10:30-6:45
Rhonda McEwen	CNA	7A-7P
Shirley	CNA	1st
Shonda	CNA	6:30-2:30
Roxie Perry	CNA	10:30-2:30
Ceystal Sallee	CNA	10:30-2:30
Angie Tucker	CNA	6:30-2:30
Lydia	CNA	7-3
Abubakar Bouman	CNA	7A-7P
Calvin Chang	LPN	7P
Cheryl Smith	LPN	7P
Ann Marie Seibert	CNA	11-7
David Simpson	CNA	7P-7A
Melinda Bowling	CNA	6-2
April Marie Fields	LPN	7P
Helen Meece	CNA	11-7
Shonda Elliott	CNA	3-11
Wendy McEwen	CNA	3-11
Cora Burdette	CNA	3-11
Angie Tucker	CNA	3-11
Lydia	CNA	3-11

NAME OF PERSONNEL ATTENDING	JOB TITLE	SHIFT
Wesley Burton	CNA	10:30 - 6:45
Cynthia Corral	CNA/MA	2:30 - 11P
Candice Miller	RN	7A-7A
Tasha Fegan	CNA	3-11
Shirley Hughes	CNA	10:30-6:45
	CNA	7A-7P
Robyn Adams	CNA	7-3
Mary Pickarell	LPN	7A-7pm
Jessica Boman	CNA	7-3
Kathy Tucker	CNA	7-3
Gleatha Gamble	LPN	8:30A-5P
Michelle Whitaker	SRNA/PA	6:30A-6:30P
J. Paul Mason	SRA/RA	6:30A-6:30P
Andrea L. Boagwell	SRNA	3-11
Roma Ramsey	LPN	7P-7A
Amanda Tucker	LPN	7A-7P
Tanya Woodall	LPN	7A-7P
Becky Darnin	CNA	3-11
Jenise Bolino	CNA	5:45/6:45

11/18/10

ALL STAFF/THERAPIES:

When interacting/caring for any resident on Oxygen, be sure concentrators (or appropriate oxygen source) is on, not only during treatment, but as you leave the resident.

NURSES:

Be sure to document resident self removal of Oxygen or non compliance and replace oxygen on resident as needed.

Pre-shift Communication Meeting

Topic: OXYGEN USE Date: 11/24/10**ALL NURSES/CMA/SRNA:**

- **IF OXYGEN SUPPLY/SOURCE IS NOTED TO BE TURNED OFF OR NOT IN PLACE THE NURSE RESPONSIBLE MUST BE NOTIFIED IMMEDIATELY SO THAT RESIDENT CAN BE ASSESSED FOR O2 SATS AND RESPIRATORY STATUS**
- **STAFF SHOULD NOT RESTART WITHOUT CHECKING WITH NURSE RESPONSIBLE TO BE SURE DEVICE IS NOT OFF FOR A PLANNED PURPOSE (IE: WEANING OF OXYGEN, TO OBTAIN ROOM AIR O2 SAT%, ETC.)**

NAME OF PERSONNEL ATTENDING	JOB TITLE	SHIFT
Billie J. Metton	CNA	11-7
[Signature]	CMA/CNA	Whdys
[Signature]	HMA/SENA	7p-7A
Melissa Shunk	LPN	7A-7P
[Signature]	APN	7A-7P
[Signature]	LPN	7p-7a
Ashley Winkler	CNA	11-7
Shonda Elliott	CNA	11-7
[Signature]	LPN	7P
[Signature]	LPN	7A-7P
[Signature]	RN, Unit Coordinator	8:30-5pm
[Signature]	APN	6:30-7P
[Signature]	LPN	Days
[Signature]	CNA	Days
[Signature]	CNA	3-11
[Signature]	LPN	6:30-7p
[Signature]	CNA	3-11
[Signature]	LPN	8-4:30
[Signature]	CNA	3-11
[Signature]	CNA	3-11
[Signature]	CNA	3-11
[Signature]	SRNA	7-3
[Signature]	RN	7A-7P

NAME OF PERSONNEL ATTENDING	JOB TITLE	SHIFT
MARK NEIST	LPN	7A-7P
Dorothy Coffey	LPN	7A-7P
RUBY NEECE	LPN	7P-7A
Melinda Bowling	CNA	7D-7A
Megan Duncan	CNA	3-11
McDon Clements	CNA	11-7
McKenzie Cook	CNA	11-7
Peggy Ellison	LPN	7A-7P
Cindy Robinson	KMA/SENA	7P-7A
Angela Hill	RN	8-4 ³⁰ P
Kerry Weller	LPN	8 ¹⁵ 4 ¹⁵ 2nd
Jennifer Stone	CNA	3-11
Dorinda Smith	CNA	3-11
Kathy Wiles	CMA	3-11
Haley Mayfield	CNA	part time 7P
Wendy Ross	MOS	7-3
B. Smith RN		

Attachment 3

COMPLETE IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Facility: Brithaven of Somerset Department: Nursing

Date: 10/28/10 Time: 6:00pm To: _____

Meeting area: 2nd Floor Nurses Station

Employee group(s) present: RN Unit Coord. & RN Charge Nurse

Total number of employees in group(s):
Number present: _____ Number not present: _____

Subject(s) covered: All Liquids & Ointments must be dated when opened, and monitored for expiration per protocol. Carts should be monitored & shifted by charge nurse and audited per QA schedule by Unit Coordinator.

Problems, comments, suggestions: NONE

Conducted by: Pat Keith, RN, DON / Diana Pierce RNC

Title: Director of Nursing / Nurse Consultant

Signature: Pat Keith Title: DON

100% In-Service for Plan of Correction Attachment 4

Date: 11/18/2010 01:31:39 PM

Employee Signature List

Page: 1

Britthaven of Somerset

241945 ABBOTT, MISTY,
242231 ADAMS, MARGARET N
242100 ADAMS, ROBYN L
240064 ADAMS, VIRGINIA S
242209 AKIN, JACKYLIN N
241734 ALEXANDER, JOYCE A
241912 ALEXANDER, REGINA B
240716 ALLEY, SUSAN W
242223 ARNOLD, CHRISTINA A
241982 BAGWELL, ANDREA R
241050 BAKER, BILLIE J
242135 BARLOW, DAPHNE D
242144 BARNES, JESSICA A
242154 BARRON, AUDREY K
241495 BATES, STACEY J
240822 BEATTY, SHERRY L
240029 BEGLEY, CLARA R
241776 BELL, VICTORIA L
240825 BOLIN, TERESA L
241548 BOTTOMS, GLENDA F
242214 BOWLING, MELISSA L
242070 BOWLING, PEGGY S

Misty Abbott
New Employee - Started yet
Robyn Adams
Virginia S. Adams
Jackylin Akin
Joyce Alexander
Regina B Alexander
Susan Alley
Christina Arnold
Andrea R Bagwell
Billie Baker
Daphne D. Barlow
Jessica Barnes
mailed - Audrey Barron
Stacey Bates
mailed - Sherry Beatty
Clara Begley
Victoria Bell
mailed - Teresa Bolin
Glenda Bottoms
Melissa Bowling
Peggy Sue Bowling

Employee Signature List

Britthaven of Somerset

242150	BOWMAN, LUCKY G	<i>Lucky Bowman</i>
242136	BOWMAN, TABITHA F	<i>Tabitha Bowman</i>
242102	BRADLEY, BRANDON A	<i>Brandon Brady</i>
241762	BRITT, AMANDA R	<i>Amanda Britt</i>
241856	BRUMLEY, ALVIN K	<i>Alvin K Brumley</i>
241866	BURDINE, CORA E	<i>Cora Burdine</i>
242015	BURTON, CAROLYN L	<i>Carolyn L Burton</i>
242224	BURTON, MARK A	<i>Mark A Burton</i>
241222	BURTON, TERESA G	<i>Teresa Burton</i>
241457	BUSTER, DANA A	<i>Dana Buster</i>
242147	CALHOUN, KATHY M	<i>Kathy M Calhoun</i>
240089	CARRENDER, BEVERLY J	<i>Beverly J Carrender</i>
240885	CARRENDER, DEBBIE	<i>Debbie Carrender</i>
241522	CHANEY, BONNIE R	<i>Bonnie Chaney</i>
242035	CHANEY, JR, GERALD L	<i>Gerald L Chaney</i>
242098	CHANEY, SR, GERALD L	<i>Gerald L Chaney</i>
242131	CLAXTON, MADEA G	<i>Madea G Claxton</i>
240850	COFFEY, DOROTHY	<i>Dorothy Coffey</i>
241732	COLLINS, JACKIE R	<i>Jackie Collins</i>
241513	COMBS, WANETTA T	<i>Wanetta T Combs</i>
240662	COOK, KATHY	<i>Kathy Cook</i>
242183	COOK, MCKENZIE L	<i>McKenzie Cook</i>

Employee Signature List

Britthaven of Somerset

241694	COVEY, STEPHEN S	<i>Steph Covey</i>
241354	CRABTREE, BETTY J	<i>Betty Crabtree / SS</i>
241936	CREMEENS, RACHAEL A	<i>Rachael Cremeens</i>
240695	CREW, BARBARA K	<i>Barbara Crew mailed <i>[Signature]</i></i>
242057	CROSS, ROSEMARY C	<i>see above</i>
242210	CURRY, MONA L	<i>Mona Curry</i>
240739	DAULTON, TERESA	<i>Teresa Daulton</i>
242222	DAVIDSON, SHARON S	<i>mailed <i>[Signature]</i></i>
240003	DECKER, DORIS	<i>Doris Decker</i>
241781	DECKER, JANICE P	<i>mailed <i>[Signature]</i></i>
242203	DENNEY, AMBER D	<i>Amber Denney</i>
242087	DICKEN, MARILYN F	<i>mailed <i>[Signature]</i></i>
242229	DOWELL, BRITTANY D	<i>mailed <i>[Signature]</i></i>
241724	DOWNEY, JUDY A	<i>Judy Downey</i>
242119	DUNCAN, MAGEN G	<i>Magen Duncan</i>
241529	ELLIOTT, PATRICIA E	<i>mailed <i>[Signature]</i></i>
242200	ELLIOTT, SHONDA J	<i>mailed <i>[Signature]</i></i>
240048	ELLISON, PEGGY S	<i>Peggy Ellison</i>
242204	EVANS, DIANE L	<i>mailed <i>[Signature]</i></i>
242221	EVANS, FRANCES A	<i>Frances A. Evans</i>
242065	FEGER, TAUSHA R	<i>Tausha Feger</i>
242155	FIELDS, APRILMARIE	<i>[Signature]</i>

Employee Signature List

Britthaven of Somerset

- 242189 FLYNN, MELINDA F
- 241978 FORD, BELINDA K
- 241979 FORD, RICHARD L
- 242066 FORMAN, JENNIFER J
- 241880 FOSTER, BONNIE J
- 240027 FOSTER, DIANNA
- 242146 GARRETT, BRENT E
- 242186 GARRETT, SANDRA L
- 242215 GASKIN, SCOTT E
- 241758 GIAGUNTO, KIMBERLY A
- 242086 GLOVER, SUSAN E
- 241885 GODBY, ELAINE
- 242213 GODWIN, JESSICA L
- 240122 GOFF, LINDA F
- 242029 GOODIN, ASHLEY N
- 242110 GRAF, JENNIFER L
- 240040 GREGORY, JENNIFER L
- 241452 HAHN, REBECCA B
- 241828 HALL, HEATHER L
- 240024 HALL, MARGARET A
- 242134 HALL, SHERRY L
- 240153 HAMNER, HEATHER

Melinda Flynn
 mailed
 Mailed
 Jennifer J. Forman
 Bonnie J. Foster
 Mailed
 Brent E. Garrett
 given for of to sign
 Mailed
 Kim Giagunto
 Mailed
 Elaine Godby
 Jessica Godwin
 Linda Goff
 Mailed
 Jennifer L. Graf
 Jennifer Gregory
 sent with son
 Termed
 Mailed
 Sherry L. Hall
 Heather Hamner

Employee Signature List

Britthaven of Somerset

- 242120 HARGIS, LINDA K
- 240737 HARGIS, VICKIE L
- 241805 HARRIS, ASHLEY A
- 242104 HARTMAN, SARAH M
- 241135 HASTE, JANET S
- 242225 HATTER, HOLLY E
- 242075 HAWKINS, SAVINA R
- 241351 HEIST, MARK T
- 242174 HERRERA, HEATHER L
- 240058 HINES, FRANCIS
- 242180 HINES, MARCIA K
- 241530 HISLE, EVENING S
- 242143 HODGES, KRISTI D
- 241445 HUGHES, SHIRLEY A
- 242034 JAGGERS, BRIAN K
- 242187 JONES, JEREMY W
- 241825 KEITH, CHERYL L
- 241189 KEITH, DELORSE A
- 240113 KEITH, NANCY
- 241680 KEITH, PATRICIA A
- 240019 KEMPER, JOAN
- 242116 LAMB, SANDRA L

Linda K Hargis

Vickie L Hargis

Ashley A Harris

Sarah M Hartman

Janet S Haste

Holly E Hatter

Savina R Hawkins

Mark T Heist

Heather L Herrera

Francis Hines

Marcia K Hines

Evening S Hisle

Kristi D Hodges

Shirley A Hughes

Brian K Jagers

Jeremy W Jones

Cheryl L Keith

Delorse A Keith

Nancy Keith

Patricia A Keith

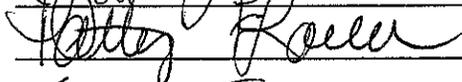
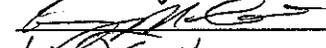
Joan Kemper

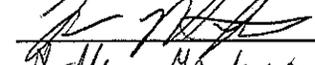
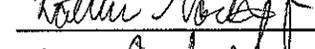
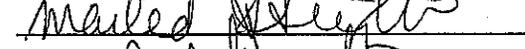
Sandra L Lamb

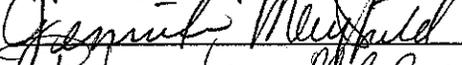
Employee Signature List

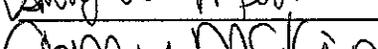
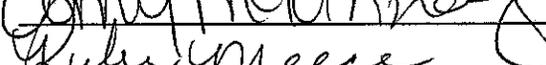
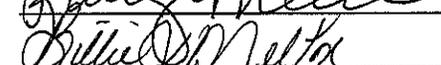
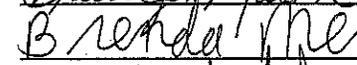
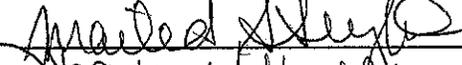
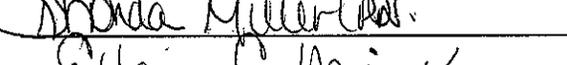
Britt Haven of Somerset

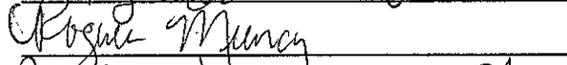
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- 242106 LOVELL, PATTY L
- 241977 MALICOAT, GARY C
- 242019 MARSEE, WILLIAM T
- 242191 MARTIN, JAMES M
- 242176 MARTIN, KATHLEEN R
- 242205 MASON, RHONDA R
- 242199 MAYFIELD, HALEY A
- 241401 MAYFIELD, JENNIFER A
- 241327 MCCOY, RHONDA S
- 241565 MCGOWAN, SHERRY A
- 240108 MCKINNEY, AMY J
- 240137 MEECE, RUBY J
- 241904 MELTON, BILLIE J
- 241847 MERRITT, BRENDA
- 241376 MILLER, CAROLYN R
- 241927 MILLER, SHONDA R
- 240673 MINK, ELLA C
- 242216 MITCHELL, FARRAH M
- 242042 MULLINS, TIFFANY L
- 240034 MUNCY, ROGENA M
- 242123 MURPHY, BETTY L






Employee Signature List
Britthaven of Somerset

- 240015 MURPHY, PATRICIA L
- 240066 NAYLOR, NYOKA M
- 242230 NOONAN, LINDA V
- 241766 OMEARA, STEPHEN R
- 242049 PALMER, JUDITH A
- 240963 PARVIN, REBECCA
- 242201 PEPPERS, BETTY
- 241006 PERRY, SHANDA M
- 242129 PHELPS, CRISTY J
- 241939 PHELPS, DONALD L
- 241894 PHELPS, ELISE I
- 242085 PHELPS, JUVIE A
- 242220 PHILLIPS, NOLAN B
- 241995 PICKERELL, MARY E
- 240813 PING, LISA A
- 240640 PINKSTON, KATHY L
- 242073 PITMON, KASIE J
- 241928 PITTMAN, JUDITH C
- 240911 POLLY, LINDA S
- 240036 PRICE, JULIE B
- 241722 RAMSEY, DONNA G
- 242164 RANDALL, MICHAEL G

Patricia Murphy

Nyoka Naylor

Linda Noonan

Stephen O'Meara

Judith A. Palmer

Rebecca Parvin

Betty Peppers

Shanda Perry

Cristy Phelps

Donald Phelps

Elise Phelps

Juvie Phelps

Nolan Phillips

Mary Pickerell

Lisa Ping

Kathy Pinkston

Kasie Pitmon

Judith Pittman

Linda Polly

Julie Price

Donna Ramsey

Michael Randall

Employee Signature List

Britthaven of Somerset

242082	REED, REBECCA M	Rebecca Reed
242117	RIDDLE, RACHEL N	Rachel Riddle
242124	ROARK, MATTHEW S	Matt Roark
241987	ROBINSON, CINDY L	Cindy Robinson
242014	RODGERS, JOANIE D	Joanie Rodgers
241372	ROGERS, ANGEL D	Angel Rogers
240016	ROSE, VIOLET	Violet Rose
240077	ROSE, WANDA M	Wanda Rose
242207	ROWE, AUSTIN D	Austin Rowe
242043	ROWE, JOHN T	John Rowe
241307	ROWE, MICHELLE L	Michelle Rowe
242219	SALLEE, CRYSTAL A	Crystal A Sallee
242177	SAMPSON, HASSAH A	Hassah A Sampson
241644	SECRET, ANNA M	Anna Secret
241532	SEXTON, DONNA F	Donna Sexton
241801	SHEETS, JUDY M	Judy Sheets
242128	SHREVE, TONYIA L	Tonyia Shreve
241956	SHUMAN, EMILY J	Emily Shuman
241946	SILER, JESSICA R	Jessica Siler
240812	SIMPSON, JANICE E	Janice E. Simpson
241808	SIMPSON, PEGGY H	Peggy Simpson
242185	SINGLETON, DEREK L	Derek Singleton

Employee Signature List

Britthaven of Somerset

241996 SINGLETON, SONDR A J

Sondra J Singleton

241844 SLATE, JAMES P

James P Slate

241921 SLONE, BARBARA S

Barbara Slone

241972 SLONE, JENNIFER

Jennifer Slone

241645 SMILEY, CHERYL A

Cheryl Smiley

241226 SMITH, ANNA M

Anna Mae Smith

242188 SMITH, DUSTIN P

Dustin Smith

241065 SMITH, GIDGIT E

Mailed Smith

242112 SMITH, JAYLA L

Jayla Smith

242172 SMITH, LORENE

Mailed Smith

240679 SMITH, MATILDA

Matilda Smith

242091 SMITH, STEPHANIE

Mailed Smith

241940 SNEED, FRANCIES V

Francis Sneed

242013 SPRADLIN, STEVEN S

Steve Spradlin

242217 STEPHENS, CARLY D

Carly Stephens

242228 STEVENS, JACQUELENE N

Mailed Smith

242212 STEVENS, VALERIE A

Valerie A Stevens

242115 STODGEL, CINDIE

Mailed Smith

242206 STOUT, LYDIA M

Lydia Stout

242166 STRUNK, MELISSA K

Melissa Strunk, LPN

241521 SURBER, BETTY A

Betty Surber

241520 TAYLOR, BEULAH M

Beulah Taylor

Employee Signature List
Britthaven of Somerset

242162	TERRY, MISHA M	Misha M. Terry
242198	THOMPSON, NATASHA R	Natasha Thompson
240810	THOMPSON, SHERRI L	Sherril Thompson
242004	TODD, CASSIE J	Cassie J Todd
242011	TRICH, CHRISTINE R	Christine R Trich
242130	TROXTELL, MICHAEL D	Michael D Troxte
240897	TUCKER, AMANDA	Amanda Tucker
240012	TUCKER, KATHY	Kathy Tucker
241384	TUCKER, TRACI L	Traci Tucker
241949	VANOVER, JOHN D	John D Vanover
242202	VAUGHT, PAMELA S	Pamela S Vaught
241483	WALKER, JAN L	Jan L Walker
242114	WARD, ANGEL G	Angel Ward
242109	WATSON, CHELSEA L	Chelsea Watson
242227	WATSON, MELISSA A	Melissa A Watson
241916	WEBB, ANTONINA R	Antonina R Webb
242194	WHITAKER, KAYLA R	Terminated
240900	WHITAKER, MICHELLE A	Michelle Whitaker
240013	WILES, KATHY	Kathy Wiles
241948	WILKINSON, ADDISON L	Addison L Wilkinson
242181	WILSON, CATHY D	Cathy Wilson
241989	WOODALL, TANYA E	Tanya E Woodall

Britthaven of Somerset

242078 WORLEY, ABEGAIL N
240014 WORLEY, BRENDA
241824 WORLEY, MARY J
242016 YOUNG, JULIE L

Abegail Worley
Brenda Worley
Mary Worley
Julie Young

Handwritten mark

NAME OF PERSONNEL ATTENDING	JOB TITLE	SHIFT
Donna May	CNA	3rd
AE Dal	CNA	7p-7a
Madia Carter	CNA	11-7
Yonjo Dine	CNA	11-7
Robinson	KMA/SR NA	7p-7a
Shirley High	CNA	10:30p-6:45A
Kyle Murray	CNA	6:30A-7P
Amber Dury	CNA	6:30A-2:30P
Casey Roman	CNA	7P
Melissa Miller	CNA	7P
Cheryl Mayfield	CNA	6:30-2:45
Linda Seward	CNA	7-3
Chanda Fry	CNA	6:30-3
Janet Haste	CNA	6:30-2:45
Glenn Bottoms	CNA	7A/7P
Steve Covey	Re	7A-7P
Kathy Tucker	CNA	6:30-2:45
Roxyn Ann	CNA	7-3
Vickie Hargis	CNA	7-3
Ann	CNA	7A-7P
Beverly Carver	CNA	6:30-2:30
Doree Cammiller	CNA	6:30-2:30
Jacqui Collins	CNA	7A-P
Misha Jerry	CNA	7A-7P
Angie Rogers	CNA	7-3
Christine R. Reich	CNA	7-3
Brittany Dowell	CNA	7-3
Michelle Whitaker	SRNA/RA	6:30A-6:30P
W. O. ...	SRNA/RA	6:30A-6:30P
Belle Opatka	CNA	6:30-2:30

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

PRINTED: 11/15/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185152	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2010
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NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF SOMERSET	STREET ADDRESS, CITY, STATE, ZIP CODE 555 BOURNE AVENUE SOMERSET, KY 42501
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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 CORRESPONDING DEFICIENCY)	(X5) COMPLETION DATE
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<p>K 000</p> <p>K 052 SS=F</p>	<p>INITIAL COMMENTS</p> <p>A life safety code survey was initiated and concluded on October 28, 2010, for compliance with Title 42, Code of Federal Regulations, §483.70. The facility was found not to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the building fire alarm system functioned as required by NFPA standards. This deficient practice affected nine (9) of nine (9) smoke compartments, staff, and one hundred twenty-five (125) residents. The facility has the capacity for 136 beds with a census of 125 on the day of the survey.</p>	<p>K 000</p> <p>K 052</p>	<p>DISCLAIMER:</p> <p>Britthaven acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Britthaven's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Britthaven reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>The facility's fire monitoring system contractor was contacted regarding the citation. The contractor presented the facility Administrator with a scope of work on 11/23/10 to modify electronics that control the fire doors so that they remain closed until the system is fully reset, not when the alarms are silenced. The scope was accepted on 11/24/10 and will be completed as soon as necessary parts are received. building two's fire doors remain closed until the alarm is fully reset.</p> <p>The facility administrator will oversee any modification to the fire monitoring system. The contractor was provided information on 11/19/10 regarding the citation.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11/24/10
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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.

Received Time Nov. 24, 2010 10:13PM No. 4521

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

PRINTED: 11/15/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185152	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2010
NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF SOMERSET			STREET ADDRESS, CITY, STATE, ZIP CODE 655 BOURNE AVENUE SOMERSET, KY 42501		
(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 052	Continued From page 1 The findings include: During the Life Safety Code tour on October 28, 2010, at 11:00 a.m., with the Director of Maintenance (DOM) a test of the facility fire alarm system revealed the fire doors would close when the alarm was activated but could be reset while in the silent mode to the open position while the system was still showing fire conditions. An interview with the DOM on October 28, 2010, at 11:00 a.m., revealed the DOM was not aware fire doors should not be able to be reset while the fire alarm system was still showing fire conditions. Reference: NFPA 72 (1999 Edition). 3-9.6.3 All door hold-open release and integral door release and closure devices used for release service shall be monitored for integrity in accordance with 3-9.2.	K 052	The Director of Maintenance or designee will oversee and maintain the fire detection/monitoring/extinguishing service company's inspections and system maintenance to include that fire doors function per regulation per the established maintenance and inspection schedule. Date of Completion	12/03/2010	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056	A work order for removal of the canopy constructed of combustible materials was completed and removal of the canopy is scheduled for the week of 11/28/10 - 12/03/10. The Administrator reviewed all other fire exits and determined that the additional canopies are constructed of non-combustible materials. The facility Administrator provided information demonstrating that any canopies in excess of four feet which cover a fire exit must be constructed of non-combustible materials to the Director of Maintenance and		

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NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF SOMERSET			STREET ADDRESS, CITY, STATE, ZIP CODE 566 BOURNE AVENUE SOMERSET, KY 42501		
(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 056	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure a combustible canopy at the back of the facility was sprinkler protected as required. The findings include: During the Life Safety Code survey on October 28, 2010, at 9:30 a.m., with the Director of Maintenance (DOM), a combustible canopy approximately 9 feet by 12 feet, located at the back stairwell exit of the facility, was observed not to be of noncombustible construction or sprinkler protected. Combustible canopies exceeding four feet in width must be sprinkler protected. An interview with the DOM on October 28, 2010, at 9:30 a.m., revealed the DOM was not aware of this requirement. Reference: NFPA 13 (1999 Edition). 5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width. Exception: Sprinklers are permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction.	K 056	Director of Environmental Services on 11/16/10. The facility Administrator or designee will review any plans for construction of awnings in excess of four feet to ensure they are constructed of appropriate materials. Date of Completion	12/03/2010	
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10	K 072	The direct care staff removed the items from the corridor and placed them in the appropriate storage locations. All other corridors were checked by the Unit Coordinators to ensure that equipment was not being stored in them.		

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NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF SOMERSET		STREET ADDRESS, CITY, STATE, ZIP CODE 555 BOURNE AVENUE SOMERSET, KY 42501		
(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 072	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that corridors were maintained free from obstructions to full instant use in the case of fire or other emergency. This deficient practice affected three (3) of three (3) smoke compartments, staff, and twenty-nine (29) residents. The facility has the capacity for 136 beds with a census of 125 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on October 28, 2010, at 10:50 a.m., with the Director of Maintenance (DOM) a linen cart, wheelchair, two lifts, and a three-bag roller cart were noted to be not in use and unattended on the first floor corridors. On October 28, 2010, at 11:25 a.m., an interview with the (DOM) revealed staff had been made aware in the past these items were to be stored when not in use. Corridors are intended for means of egress, internal traffic, and emergency use, not storage spaces. The Life Safety Code has specific requirements for storage spaces. These items would also limit the use of the hand rails by occupants of the building when needed. These items could also interfere with emergency services in an emergency situation. The facility was cited in 2007 and 2008 for this same deficient practice.</p>	K 072	<p>On 10/28/10 the Staff Development Nurse initiated staff reeducation related to proper storage of equipment when not in use.</p> <p>The director of environmental services or designee will conduct random audits of the corridors to ensure that equipment is returned to the proper storage location after use.</p> <p>These audits will be conducted weekly for four weeks and then per the established qi calendar.</p> <p>Results of these audits will be presented to the quality improvement team based on the established schedule. Identified issues will be corrected and addressed as indicated.</p> <p style="text-align: center;">Date of Completion</p>	12/03/2010

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185152	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2010
NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF SOMERSET			STREET ADDRESS, CITY, STATE, ZIP CODE 555 BOURNE AVENUE SOMERSET, KY 42501		
(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 A life safety code survey was initiated and concluded on October 28, 2010, for compliance with Title 42, Code of Federal Regulations, §483.70. The facility was found not to be in compliance with NFPA 101 Life Safety Code, 2000 Edition. Deficiencies were cited with the highest deficiency identified at "F" level.	K 000	DISCLAIMER: Brithaven acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure a corridor could resist the passage of smoke as required. This deficient practice affected one (1) of two (2) smoke compartments, staff, and approximately twenty (20) residents. The facility has the capacity for 30 beds with a census of 28 on the day of the survey. The findings include: During the Life Safety Code tour on October 28, 2010, at 11:30 a.m., with the Director of Maintenance (DOM) a ventilation grill was observed in the bottom half of a corridor door to	K 018	Brithaven's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Brithaven reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.		

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

TITLE

(X6) DATE

[Signature]

Administrator

11/24/10

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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NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF SOMERSET	STREET ADDRESS, CITY, STATE, ZIP CODE 555 BOURNE AVENUE SOMERSET, KY 42501
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K 018	<p>Continued From page 1</p> <p>the Nourishment Room. This grill is not an approved device for this type of room. An interview on October 28, 2010, at 11:30 a.m., with the DOM revealed the grill was put there to help cool off equipment located in the room. The DOM was unaware this type of grill was not an approved device.</p> <p>Reference: NFPA 101 (2000 Edition),</p> <p>19.3.6.3 Corridor Doors. 19.3.6.4 Transfer Grilles. Transfer grilles, regardless of whether they are protected by fusible link-operated dampers, shall not be used in these walls or doors. Exception: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall be permitted to have ventilating louvers or to be undercut.</p> <p>19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted</p> <p>A.19.3.6.3.3 Doors should not be blocked open by furniture, door stops, chocks, tie-backs, drop-down or plunger-type devices, or other devices that necessitate manual unlatching or releasing action to close. Examples of hold-open devices that release when the door is pushed or pulled are friction catches or magnetic catches</p>	K 018	<p>A metal plate was placed over the ventilation grille in the door to the nourishment room.</p> <p>All doors opening to corridors used for emergency exit by from resident rooms were inspected and determined not to have ventilation grilles.</p> <p>The facility Administrator provided information to the Director of Maintenance on 11/16/10 related to transfer grilles. The facility Administrator will review and approve any future modification to doors that access patient care areas or paths of egress.</p> <p>Date of Completion</p>	12/03/2010
K 052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance</p>	K 052	<p>The facility's fire monitoring system contractor was contacted regarding the citation. The alarm systems are interconnected and are capable of simultaneous full load operation without degradation of the required overall system</p>	

Received Time Nov. 24. 2010 10:22PM No. 4528

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRINTED: 11/15/2010
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF SOMERSET			STREET ADDRESS, CITY, STATE, ZIP CODE 655 BOURNE AVENUE SOMERSET, KY 42501		
(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 052	<p>Continued From page 2 and testing program complying with applicable requirements of NFPA 70 and 72. . . 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on interview, the facility failed to ensure the building fire alarm system functioned as required by NFPA standards. This deficient practice affected two (2) of two (2) smoke compartments, staff, and twenty-eight (28) residents. The facility has the capacity for 30 beds with a census of 28 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on October 28, 2010, at 11:40 a.m., an interview with the Director of Maintenance revealed the West Wing (new building) fire alarm panel was not interconnected to the fire alarm panel of the existing facility. The Director of Maintenance stated the fire alarm contractor stated since the West Wing was separated from the existing facility by a two-hour fire barrier the West Wing fire alarm system could function independently from the existing facility. The fire alarm systems of these two buildings are required to function as a single system.</p> <p>Reference: NFPA 72 (1999 Edition).</p> <p>5-5.2.1.3 For multiple building premises, the requirements of 1-5.7.4 shall apply to the alarm, supervisory, and trouble signals transmitted to the supervising</p>	K 052	<p>performance. The fire monitoring system contractor will install a component card into the fire alarm system which will activate the audio/visual components of both alarms regardless of which is triggered.</p> <p>The building two components already trigger building one components. The facility Administrator will oversee any modification to The fire monitoring system. The contractor was provided information on 11/19/10 regarding the citation.</p> <p>The Director of Maintenance or designee will oversee and maintain the fire detection/monitoring/extinguishing service company's inspections and system maintenance to include that each system will activate the other per the established maintenance and inspection schedule. Date of Completion</p>	12/03/2010	

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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	
K 052	Continued From page 3 station. 1-5.7.4 If the system serves more than one building, each building shall be indicated separately. 3-8.1* Fire Alarm Control Units. Fire alarm systems shall be permitted to be either integrated systems combining all detection, notification, and auxiliary functions in a single system or a combination of component subsystems. Fire alarm system components shall be permitted to share control equipment or shall be able to operate as stand alone subsystems, but, in any case, they shall be arranged to function as a single system. All component subsystems shall be capable of simultaneous, full load operation without degradation of the required, overall system performance.	K 052	[THIS SECTION INTENTIONALLY BLANK]		
K 072 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that corridors were maintained free from obstructions to full instant use in the case of fire or other emergency. This deficient practice affected two (2) of two (2) smoke compartments, staff, and twenty-eight (28) residents. The facility has the capacity for 30	K 072			

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NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF SOMERSET			STREET ADDRESS, CITY, STATE, ZIP CODE 555 BOURNE AVENUE SOMERSET, KY 42501	
(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)	(X6) COMPLETION DATE
K 072	Continued From page 4 beds with a census of 28 on the day of the survey. The findings include: During the Life Safety Code tour on October 28, 2010, at 11:50 a.m., with the Director of Maintenance, a linen cart and two lifts were observed in the corridor. An interview with a staff member on October 28, 2010, at 11:50 a.m., revealed these types of items are routinely left to one side of the corridor throughout the facility. The staff member stated residents had the option to use the handrail at the opposite side of the corridor if the resident needed to use the handrail. The staff member stated that he/she had never been instructed to store these items when they are not in use. Corridors are intended for means of egress, internal traffic, and emergency use, not storage spaces. The Life Safety Code has specific requirements for storage spaces. These items would also limit the use of the handrails by occupants of the building when needed. These items could also interfere with emergency services in an emergency situation. The facility was cited in 2007 and 2008 for this same deficient practice.	K 072	The direct care staff removed the items from the corridor and placed them in the appropriate storage locations. All other corridors were checked by the Unit Coordinators to ensure that equipment was not being stored in them. On 10/28/10 the Staff Development Nurse initiated staff reeducation related to proper storage of equipment when not in use. The Director of Environmental services or designee will conduct random audits of the corridors to ensure that equipment is returned to the proper storage location after use. These audits will be conducted weekly for four weeks and then per the established qi calendar. Results of these audits will be presented to the quality improvement team based on the established schedule. Identified issues will be corrected and addressed as indicated. Date of Completion	12/03/2010