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

PRINTED: 06/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185269	A. BUILDING 01 - BUILDING B. WING _____	06/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRITTENDEN COUNTY HEALTH & REHABILITATION CENTER	201 WATSON STREET MARION, KY 42064

(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 CFR: 42 CFR 483.70(a) BUILDING: 01. PLAN APPROVAL: 1961 & 1979. SURVEY UNDER: 2000 Existing. FACILITY TYPE: SNF/NF. TYPE OF STRUCTURE: One (1) story, Type III (211). SMOKE COMPARTMENTS: Eight (8) smoke compartments. FIRE ALARM: Complete fire alarm system installed in 1961, and upgraded in 2012 with twenty-six (26) smoke detectors and twelve (12) heat detectors. SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 1961 and upgraded in 2012. GENERATOR: Type II generator installed in 2010. Fuel source is Diesel. A Recertification Life Safety Code Survey was conducted on 06/03/15. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for one-hundred one (101) beds with a census of one-hundred one (101) on the day of the survey. The findings that follow demonstrate	K 000	K 000 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 ten (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.	

RECEIVED
JUN 2015
OFFICE OF INSPECTOR GENERAL

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	ADMINISTRATOR	6/23/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire). Deficiencies were cited with the highest deficiency identified at "F" level.	K 000		
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure cross-corridor doors located in a smoke barrier would resist the passage of smoke in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect two (2) of eight (8) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred one (101) beds and at the time of the survey, the census was one-hundred one (101). The findings include:	K 027	K 027 1. Cross corridor doors located by Room # 319, the coordinating device has been adjusted to ensure the doors close completely when released. 2. All residents could potentially be affected. 3. The Maintenance Director will monitor all cross-corridor doors to make sure the coordinating devices are adjusted properly to ensure proper closure. 4. The Maintenance Director will test all cross-corridor doors coordinating devices to ensure proper closure each week. All results will be reviewed by the Quality Committee to ensure compliance.	6/29/2015

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K 027	Continued From page 2 Observation, on 06/03/15 at 2:55 PM, with the Plant Operations Manager revealed the cross-corridor doors located by Room #319 would not close completely when tested. This was due to the coordinating device not being adjusted properly. Interview, on 06/03/15 at 2:56 PM, with the Plant Operations Manager revealed he was not aware the coordinating device was out of adjustment. The census of one-hundred one (101) was verified by the Administrator on 06/03/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 06/03/15. Actual NFPA Standard: Reference: NFPA 101 (2000 edition) 18.3.7.3 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 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 systems. Reference NFPA 101 (2000 Edition) 18.3.7.6* Doors in smoke barriers shall comply with 8.3.4 and shall be self-closing or automatic-closing in accordance with 18.2.2.2.6.	K 027		

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K 027	Continued From page 3 Reference NFPA 101 (2000 Edition) 8.3.4.1* Doors in smoke barriers shall close the opening leaving only the minimum clearance necessary for proper operation and shall be without undercuts, louvers, or grilles. Reference: NFPA 80 (1999 Edition) Standard for Fire Doors 2-3.1.7 The clearance between the edge of the door on the pull side shall be 1/8 in. (+/-) 1/16 in. (3.18 mm (+/-) 1.59 mm) for steel doors and shall not exceed 1/8 in. (3.18mm) for wood doors. Reference: NFPA 101 (2000 edition), 19.3.7.6*. Requires doors in smoke barriers to be self-closing and resist the passage of smoke. Reference: NFPA 80 (1999 Edition) 2-4.1 Closing Devices. 2-4.1.1 Where there is an astragal or projecting latch bolt that prevents the inactive door from closing and latching before the active door closes and latches, a coordinating device shall be used. A coordinating device shall not be required where each door closes and latches independently of the other.	K 027		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from	K 029		

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K 029	Continued From page 4 other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to meet the requirements for Protection of Hazards, in accordance with the National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of eight (8) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred one (101) beds and at the time of the survey, the census was one-hundred one (101). The findings include: Observation, on 06/03/15 at 3:47 PM, with the Plant Operations Manager revealed hazardous amounts of combustible paper stored under the counter of the 500 Hall Nurses' Station. Interview, on 06/03/15 at 3:48 PM, with the Plant Operations Manager revealed the box of paper was under the counter was to be taken to the recycle container. The census of one-hundred one (101) was verified by the Administrator on 06/03/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at	K 029	K 029 1. Paper for shredding stored under the nurses' station desk on 500 hall has been removed and placed in the shred bin. 2. All residents could potentially be affected. 3. The Maintenance Director will monitor both nurses' stations to ensure the paper for shredding is moved to the shred bin as the one small box is filled. 4. The Maintenance Director will audit the paper for shredding under the nurses' stations each week to ensure that it is being transferred to the shred bin. Results will be reported monthly to the Quality Committee.	6/29/2015

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K 029	Continued From page 5 the exit interview on 06/03/15. Actual NFPA Standard: Reference: NFPA 101 (2000 Edition) 19.3.2 Protection from Hazards. Reference: NFPA 101 (2000 Edition) 9.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft2 (9.3 m2) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory or field-applied	K 029		

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K 029	Continued From page 6 protective plates extending not more than 48 in. (122 cm) above the bottom of the door. Reference: NFPA 101 (2000 Edition) 7.2.1.8 Self-Closing Devices. Reference: NFPA 101 (2000 Edition) 7.2.1.8.1* A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2. Reference: NFPA 101 (2000 Edition) 7.2.1.8.2 In any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, doors shall be permitted to be automatic-closing, provided that the following criteria are met: (1) Upon release of the hold-open mechanism, the door becomes self-closing. (2) The release device is designed so that the door instantly releases manually and upon release becomes self-closing, or the door can be readily closed. (3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door release service in NFPA 72, National Fire Alarm Code®. (4) Upon loss of power to the hold-open device, the hold-open mechanism is released and the door becomes self-closing. (5) The release by means of smoke detection of one door in a stair enclosure results in closing all	K 029		

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K 029	Continued From page 7 doors serving that stair.	K 029		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure doors equipped with delayed egress had a readily visible sign in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect three (3) of eight (8) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred one (101) beds and at the time of the survey, the census was one-hundred one (101). The findings include: 1.) Observation, on 05/03/15 at 2:15 PM, with the Plant Operations Manager revealed the exit door located in the Dining Room was equipped with delayed egress; however the door did not have signage to indicate the door would open in fifteen (15) seconds. Interview, on 05/03/15 at 2:16 PM with the Plant	K 038	K 038 1. Delayed egress signs indicating they will open in 15 seconds have been applied to the exit door by Room # 618, the exit door in the Dining Room, and the Ambulance Entrance. 2. All residents could be potentially affected. 3. The Maintenance Director will monitor all exit doors to ensure that delayed egress signage indicating the door will open in 15 seconds remain on all exit doors. 4. The Maintenance Director will audit all exit doors for egress signage indicating they will open in 15 seconds is in place each week. Results will be reported to the Quality Assurance Committee.	6/29/2015

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K 038	Continued From page 8 Operations Manager revealed he was not aware of the requirements for delayed egress signage. 2.) Observation, on 05/03/15 at 3:31 PM, with the Plant Operations Manager revealed the exit door located by Room #618 was equipped with delayed egress; however the door did not have signage to indicate the door would open in fifteen (15) seconds. Interview, on 05/03/15 at 3:32 PM with the Plant Operations Manager revealed he was not aware of the requirements for delayed egress signage. 3.) Observation, on 05/03/15 at 3:56 PM, with the Plant Operations Manager revealed the exit door located at the Ambulance Entrance was equipped with delayed egress; however the door did not have signage to indicate the door would open in fifteen (15) seconds. Interview, on 05/03/15 at 3:57 PM with the Plant Operations Manager revealed he was not aware of the requirements for delayed egress signage. The census of one-hundred one (101) was verified by the Plant Operations Manager on 06/03/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 06/03/15. Actual NFPA Standard: Reference: NFPA 101 (2000 edition)	K 038		

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K 038	Continued From page 9 Means of Egress Reliability 7.1.10.1 Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Reference: NFPA 101 (2000 edition) 7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15	K 038		

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K 038	Continued From page 10 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) *On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS 7.2.1.5 Locks, Latches, and Alarm Devices. 7.2.1.5.1 Doors shall be arranged to be opened readily from the egress side whenever the building is occupied. Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side. Exception No. 1: This requirement shall not apply where otherwise provided in Chapters 18 through 23. Exception No. 2: Exterior doors shall be permitted to have key-operated locks from the	K 038		

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K 038	Continued From page 11 egress side, provided that the following criteria are met: (a) Permission to use this exception is provided in Chapters 12 through 42 for the specific occupancy. (b) On or adjacent to the door, there is a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high on a contrasting background that reads as follows: THIS DOOR TO REMAIN UNLOCKED WHEN THE BUILDING IS OCCUPIED (c) The locking device is of a type that is readily distinguishable as locked. (d) A key is immediately available to any occupant inside the building when it is locked. Exception No. 2 shall be permitted to be revoked by the authority having jurisdiction for cause. Exception No. 3: Where permitted in Chapters 12 through 42, key operation shall be permitted, provided that the key cannot be removed when the door is locked from the side from which egress is to be made.	K 038		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure egress lighting was maintained in accordance with National Fire Protection Association (NFPA)	K 045		

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K 045	Continued From page 12 standards. The deficient practice has the potential to affect one (1) of eight (8) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred one (101) beds and at the time of the survey, the census was one-hundred one (101). The findings include: Observation, on 06/03/15 at 3:31 PM, with the Plant Operations Manager revealed the sidewalk outside the Exit by Room #618 did not have illumination for the walking surface of the sidewalk as it went around the corner of the building leading to the public way. Interview, on 06/03/15 at 3:32 PM, with the Plant Operations Manager revealed he was not aware the sidewalk did not have illumination as required. The census of one-hundred one (101) was verified by the Administrator on 06/03/15. The survey findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 06/03/15. Actual NFPA Standard: Reference: NFPA 101 (2000 Edition) 7.8 ILLUMINATION OF MEANS OF EGRESS 7.8.1 General. 7.8.1.1* Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 42. For the purposes of this requirement, exit access shall include only designated stairs,	K 045	K 045 1. An electrician has been contracted to install an exterior light outside the Exit by Room # 618 which will illuminate the walkway back toward the exit and around the corner on the walkway. 2. All residents on hallway 600 could potentially be affected. 3. The Maintenance Director will monitor the exterior lights illuminating the egress walkways for proper functioning. 4. The Maintenance Director will audit the exterior lights illuminating egress walkways once weekly to ensure proper functioning. All results will be reported to the Quality Committee to ensure compliance.	6/29/2015

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	185269		06/03/2015

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K 045	Continued From page 13 aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way. 7.8.1.2 Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be employed at such locations and for such periods of time as required to maintain the illumination to the minimum criteria values herein specified. Exception: Automatic, motion sensor-type lighting switches shall be permitted within the means of egress, provided that the switch controllers are equipped for fail-safe operation, the illumination timers are set for a minimum 15-minute duration, and the motion sensor is activated by any occupant movement in the area served by the lighting units. 7.8.1.3* The floors and other walking surfaces within an exit and within the portions of the exit access and exit discharge designated in 7.8.1.1 shall be illuminated to values of at least 1 ft-candle (10 lux) measured at the floor. Exception No. 1: In assembly occupancies, the illumination of the floors of exit access shall be at least 0.2 ft-candle (2 lux) during periods of performances or projections involving directed light. Exception No. 2*: This requirement shall not apply where operations or processes require low lighting levels. 7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not	K 045		

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K 045	Continued From page 14 result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area. 7.8.1.5 The equipment or units installed to meet the requirements of Section 7.10 also shall be permitted to serve the function of illumination of means of egress, provided that all requirements of Section 7.8 for such illumination are met. 7.8.2 Sources of Illumination. 7.8.2.1* Illumination of means of egress shall be from a source considered reliable by the authority having jurisdiction. 7.8.2.2 Battery-operated electric lights and other types of portable lamps or lanterns shall not be used for primary illumination of means of egress. Battery-operated electric lights shall be permitted to be used as an emergency source to the extent permitted under Section 7.9.	K 045		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure the sprinklers were maintained, in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice has the potential to affect two (2) of eight (8) smoke compartments, residents, staff and visitors. The	K 062		

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K 062	Continued From page 15 facility has the capacity for one-hundred one (101) beds and at the time of the survey, the census was one-hundred one (101). According to CMS S&C 13-55-LSC the enforcement implication would be a fully sprinklered facility with minor problems. The findings include: Observation, on 06/03/15 at 10:50 AM, with the Plant Operations Manager revealed the sprinklers installed in attic above Room #605 were obstructed from developing a full spray pattern by dust and blow-in type insulation accumulating on the sprinkler heads. Interview, on 06/03/15 at 10:51 AM, with the Plant Operations Manager revealed he was not aware the dust and insulation were accumulating on the sprinkler heads in the attic. Observation, on 06/03/15 at 10:50 AM, with the Plant Operations Manager revealed data lines were supported by the sprinkler piping located in the Basement Hall. Interview, on 06/03/15 at 10:51 AM, with the Plant Operations Manager revealed he was not aware of the data lines being supported by the sprinkler piping. The census of one-hundred one (101) was verified by the Administrator on 06/03/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 06/03/15. Actual NFPA Standard:	K 062	K 062 1. The sprinklers in the attic above Room # 605 were cleaned off as soon as they were discovered during survey. The data lines attached to the sprinkler piping in the basement have been removed. 2. All residents could potentially be affected. 3. The Maintenance Director will ensure the sprinkler heads in the attic stay free of dust or insulation. The Maintenance Director will ensure that the sprinkler piping in the basement stay free of any data lines. 4. The Maintenance Director will check all sprinkler heads in the attic once a month and after any high winds above 15 miles per hour to ensure that the sprinkler heads in the attic stay free of dust and insulation. The Maintenance Director will check the sprinkler piping in the basement monthly to ensure that they stay free of any data lines. All results will be reported to the Quality Committee to ensure compliance.	6/29/2015

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K 062	Continued From page 16 Reference: NFPA 13 (1999 Edition)2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Reference: NFPA 13 (1999 Edition)6-1.1.5* Sprinkler piping or hangers shall not be used to support non-system components.	K 062		
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4	K 066		

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K 066	Continued From page 17 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the designated outdoor smoking area was properly equipped for safe smoking, in accordance with the National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect smokers using the smoking area. The facility has the capacity for one-hundred one (101) beds and at the time of the survey, the census was one-hundred one (101). The findings include: 1.) Observation, on 06/03/15 at 2:44 PM, with the Plant Operations Manager revealed the facility did not provide a metal container with a self-closing lid in which to dump ashtrays as required in the designated smoking area located in the Gazebo. Interview, on 06/03/15 at 2:45 PM, with the Plant Operations Manager revealed he was not aware of the requirements for smoking areas. 2.) Observation, on 06/03/15 at 3:40 PM, with the Plant Operations Manager revealed the facility did not provide a metal container with a self-closing lid in which to dump ashtrays as required in the designated smoking area located in the Courtyard. Interview, on 06/03/15 at 3:41 PM, with the Plant Operations Manager revealed he was not aware of the requirements for smoking areas. The census of one-hundred one (101) was	K 066	K 066 1. Metal containers with self-closing lids have been ordered for all three smoking areas. The Gazebo area, the Resident Smoking area, and the Courtyard. 2. All smoking residents could potentially be affected. 3. The Maintenance Director will ensure that the metal containers with self-closing lids stay in the smoking areas. 4. The Maintenance Director will audit the metal containers with self-closing lids remain in the smoking areas once weekly and that they are being emptied appropriately by Housekeeping Department. All results will be reported to the Quality Committee to ensure compliance.	6/29/2015

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K 066	Continued From page 18 verified by the Administrator on 06/03/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 06/03/15. Actual NFPA Standard: Reference: NFPA 101 Life Safety Code (2000 edition) 19.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. Exception: In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (2) Smoking by patients classified as not responsible shall be prohibited. Exception: The requirement of 19.7.4(2) shall not apply where the patient is under direct supervision. (3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover	K 066		

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K 066	Continued From page 19 devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. Reference: S & C Letter: 12-04-NH; Date: November 10, 2011 Smoking Safety in Long Term Care Facilities	K 066		
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 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain exit access in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect two (2) of eight (8) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred one (101) beds and at the time of the survey, the census was one-hundred one (101). The findings include: 1.) Observation, on 06/03/15 at 10:25 AM, with the Plant Operations Manager revealed a linen cart was being stored in the egress path by Room #405. Further observation revealed the cart was	K 072		

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K 072	Continued From page 20 still located by Room #405 at 3:10 PM. Interview, on 06/03/15 at 10:26 PM, with the Plant Operations Manager revealed the item was routinely stored in this location. 2.) Observation, on 06/03/15 at 3:27 PM, with the Plant Operations Manager revealed a wheelchair was being stored in the egress path by Room #612 and #616. Interview, on 06/03/15 at 3:28 PM, with the Plant Operations Manager revealed the item was routinely stored in this location. The census of one-hundred one (101) was verified by the Administrator on 06/03/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 06/03/15. Actual NFPA Standard: Reference: NFPA 101 (2000 Edition) Means of Egress Reliability 7.1.10.1 Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Reference: NFPA 101 (200 Edition) 7.3.2* Measurement of Means of Egress. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 31/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below.	K 072	K 072 1. The linen cart and wheelchairs in the egress path have been removed. 2. All residents could potentially be affected. 3. The Maintenance Director will ensure that the egress paths remain clear in the building. 4. The Maintenance Director will make daily rounds to ensure on-going compliance. Further, he will educated the weekend Unit Manager on what to monitor. All results will be reported to the Quality Committee to ensure compliance.	6/29/2015

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K 072	Continued From page 21	K 072		
	Reference: S&C-12-21-LSC			
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 076		
	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure oxygen storage was in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of eight (8) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred one (101) beds and at the time of the survey, the census was one-hundred one (101). The findings include: Observation, on 06/03/15 at 3:45 PM, with the Plant Operations Manager revealed two (2) oxygen tanks were not being stored in a rack			

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K 076	Continued From page 22 located in the 500 Hall Nutrition Room. Further observation revealed an ignition source was installed below five (5) feet from the floor and combustible storage was located within five (5) feet of the oxygen tanks. Interview, on 06/03/15 at 3:46 PM, with the Plant Operations Manager revealed he was not aware of the requirements for oxygen storage. The census of one-hundred one (101) was verified by the Administrator, on 06/03/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 06/03/15. Actual NFPA Standard: Reference: NFPA 99 (1999 Edition). 8-3.1.11.2 8-3.1.11.2 Storage for nonflammable gases less than 85 m3 (3000 ft3) (a) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. (b) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. (c) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) A minimum distance of 6.1 m (20 ft) (2) A minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems	K 076	K 076 1. The two oxygen tanks in the 500 hall Nutrition Room were immediately removed. 2. All residents could potentially be affected. 3. The Maintenance Director will ensure that no oxygen tanks are allowed in the Nutrition Room. 4. The Maintenance Director will check the Nutrition Room daily to ensure there are no oxygen tanks allowed in the room. All results will be reported to the Quality Committee to ensure compliance.	6/29/2015

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K 076	Continued From page 23 (3) An enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. An approved flammable liquid storage cabinet shall be permitted to be used for cylinder storage. (d) Liquefied gas container storage shall comply with 4-3.1.1.2(b)4. (e) Cylinder and container storage locations shall meet 4-3.1.1.2(a)11e with respect to temperature limitations. (f) Electrical fixtures in storage locations shall meet 4-3.1.1.2(a)11d. (g) Cylinder protection from mechanical shock shall meet 4-3.5.2.1(b)13. (h) Cylinder or container restraint shall meet 4-3.5.2.1(b)27. (i) Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 20 ft (6.1 m) of outside storage locations. (j) Cylinder valve protection caps shall meet 4-3.5.2.1(b)14. 8-3.1.11.3 Signs. A precautionary sign, readable from a distance of 5 ft (1.5 m), shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING	K 076		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	Continued From page 24	K 144		
	This STANDARD is not met as evidenced by: Based on an interview and record review, the facility failed to maintain the generator set by National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect eight (8) of eight (8) smoke compartments, all residents, staff and visitors. The facility has the capacity for one-hundred one (101) beds with a census of one-hundred one (101) on the day of the survey. The findings include: Generator documentation review, on 06/03/15 at 1:05 PM, with the Plant Operations Manager revealed the facility did not have documentation that the battery electrolyte levels were checked weekly. Interview, on 06/03/15 at 1:06 PM, with the Plant Operations Manager revealed he was not aware of the requirement. The census of one-hundred one (101) was verified by the Administrator on 06/03/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 06/03/15. Actual NFPA Standard:		K 144 1. The battery electrolyte levels were not being checked weekly on the generator batteries. 2. All residents could potentially be affected. 3. Maintenance free batteries have been ordered and are being installed, which will negate the issue of checking the electrolyte levels weekly. 4. The Maintenance Director will continue to monitor generator performance.	6/29/2015

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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 144	Continued From page 25 Reference: NFPA 110 (1999 Edition). 6-1.1* The routine maintenance and operational testing program shall be based on the manufacturer's recommendations, instruction manuals, and the minimum requirements of this chapter and the authority having jurisdiction	K 144		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of eight (8) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred one (101) beds and at the time of the survey, the census was one-hundred one (101). The findings include: 1.) Observation, on 06/03/15 at 2:10 PM, with the Plant Operations Manager revealed a refrigerator was plugged into a power strip located in the Director of Nursing Office. Interview, on 06/03/15 at 2:11 PM, with the Plant Operations Manager revealed he was not aware	K 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185269		06/03/2015

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K 147	Continued From page 26 the refrigerator was plugged into the power strip. 2.) Observation, on 06/03/15 at 2:40 PM, with the Plant Operations Manager revealed a refrigerator was plugged into a power strip located in the Business Office. Interview, on 06/03/15 at 2:41 PM, with the Plant Operations Manager revealed he was not aware the refrigerator was plugged into the power strip. 3.) Observation, on 06/03/15 at 2:42 PM, with the Plant Operations Manager revealed a power strip was plugged into an extension cord located in the Administrators Office. Interview, on 06/03/15 at 2:11 PM, with the Plant Operations Manager revealed he was not aware the power strip was plugged into an extension cord. The census of one-hundred one (101) was verified by the Administrator on 06/03/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 06/03/15. Actual NFPA Standard: Reference: NFPA 101 (2000 Edition) 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.	K 147	K 147 1. The power strip in the DON's office and the Business Office have been removed and the refrigerators plugged directly into the wall. The extension cord in the Administrator's office has been removed and the computer is now plugged into a longer power strip directly. 2. All residents could potentially be affected. 3. All corrections have been made. 4. The Maintenance Director will monitor all offices monthly to ensure on-going compliance. Results will be reported to the Quality Committee monthly to ensure compliance.	6/29/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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K 147	Continued From page 27 Reference: NFPA 70 (1999 Edition) 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Reference: NFPA 99 (1999 edition) 3-3.2.1.2 (D) Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.	K 147		