

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

PRINTED: 04/07/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2010
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NAME OF PROVIDER OR SUPPLIER BEAVER DAM NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1595 US HWY 231 S. BEAVER DAM, KY 42320
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F 000	INITIAL COMMENTS An annual survey was conducted 03/23/10 through 03/25/10 and a Life Safety Survey was conducted 03/23/10 to determine the facility's compliance with Federal regulatory requirements. Deficiencies were cited with the highest scope and severity being "F" and the facility having an opportunity to correct before remedies would be recommended for imposition.	F 000		
F 502 SS=D	483.75(j)(1) PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, it was determined the facility failed to obtain laboratory services to meet the needs of its residents' for one resident (#12), in the selected sample of 14, related to two scheduled Prothrombin Times (PT) and International Normalized Ratios (INR) that were not obtained. Findings include: Resident #12 was admitted to the facility on 02/24/10 with diagnoses to include Atrial Fibrillation. A review of Resident #12's admission orders, dated 02/24/10, revealed an order for Coumadin 9 milligrams every day and for a PT and INR to be obtained every morning times three mornings. A review of the clinical record revealed no PT or INR levels were obtained on either 02/26/10 or	F 502	The facility shall provide or obtain laboratory services to meet the needs of its Residents. The facility is responsible for the quality and timeliness of the services: 1. Resident # 12 medial record has been reviewed to ensure that all current lab orders (routine and non-routine) are written on the lab calendar at the nurses' station. 2. An Audit of all resident lab orders has been completed to ensure that all current lab orders (routine and non-routine) are written on the lab calendar at the appropriate nurses station.	04/25/10



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sony Henderson-Maddox</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4-16-10</i>
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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.

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F 502	Continued From page 1 02/27/10. An interview with Licensed Practical Nurse (LPN) #1, on 03/25/10 at 1:35 PM, revealed routine laboratory services, such as scheduled weekly levels or monthly levels, were determined by the administrative nursing staff on each Monday and the units were then provided a list of labs to be drawn on the following day (Tuesday). She further revealed non-routine labs, such as daily values or a lab value ordered in response to a previous lab value, were placed on the calendar at the nursing station. She stated it would be the responsibility of the nurse, who transcribed the order, to ensure the scheduled lab service was placed on the calendar at the nursing station. An interview with the Director of Nursing (DON), on 03/25/10 at 2:15 PM, revealed the facility's system to ensure ordered lab services were obtained was for the DON or Assistant Director of Nursing (ADON) to maintain a master list of all routine labs for each resident. The DON or ADON would then check the list every Monday and compile a list of routine labs scheduled for the following day, which would then be provided to each nursing station. The charge nurse, working the following day, would then be responsible for ensuring the labs were obtained as ordered. She stated if the lab value ordered was not a routine scheduled value, then the nurse transcribing the order would be responsible for ensuring the lab services ordered were placed on the calendar at the nursing station. The charge nurse, working when non-routine labs were ordered, was then responsible for obtaining the sample and sending it to the lab. The DON revealed the PT and INR were not obtained on Resident #12 on 02/26/10 and 02/27/10 because	F 502	3. All licensed nurses have received in-service education by the DON on 4-22-10 on the facility's policy and procedure for transcribing non-routine labs orders onto the appropriate calendar to ensure that labs are drawn and results are received timely. 4. The QA tool for the monitoring of routine and non-routine labs shall be utilized monthly for 3 months and then quarterly as per established QA calendar, under the supervision of the DON.	

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F 502	<p>Continued From page 2</p> <p>the nurse, who had transcribed the order, had failed to place the scheduled lab service on the calender at the nursing station.</p> <p>An interview with the ADON, on 03/25/10 at 2:25 PM, revealed she had transcribed the admission orders for Resident #12 on 02/24/10, and it was her responsibility to ensure the scheduled lab services for Resident #12 were placed on the calender at the nursing station. She revealed she had failed to place the information on the calender.</p> <p>A review of the facility's policy entitled Labs, with an effective date of 03/01/06, revealed it was the policy of the facility to provide laboratory services for diagnosis, treatment, prevention, or assessment to meet the needs of the residents at the facility. The facility was responsible for the quality and timeliness of the services. The procedure portion of the policy revealed the facility was responsible for initiating all orders received from physicians for laboratory services.</p>	F 502			

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K 000	INITIAL COMMENTS	K 000		
K 056 SS=E	<p>A Life Safety Code survey was initiated and conducted on 03/23/10 to determine the facility's compliance with Title 42, Code of Federal Regulations, 482.41(b) (Life Safety from Fire) and found the facility not in compliance with NFPA 101 Life Safety Code 2000 Edition. Deficiencies were cited with the highest deficiency identified at an F.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview conducted on 03/23/10, it was determined the facility failed to provide complete automatic sprinkler protection for the entire building.</p> <p>The findings include:</p> <p>An observation during the Life Safety Code Inspection tour conducted on 03/23/10 at 11:00 AM revealed a 9 by 9 foot combustible canopy roof over the front North porch. The canopy was</p>	K 056	<p>The facility shall, 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 electronically connected to the building fire alarm system.</p> <ol style="list-style-type: none"> 1. No specific Residents were identified by this deficient practice. No adverse event or outcomes have been identified with any Resident as a result of this deficient practice. 2. The residents whom reside on the North Side of the bulding are potentially affected. The doorway and canopy shall only be used as a fire exit and not for routine usage for entering and exiting the building. The door is manned by a secure system to assure public and resident traffic is not occurring. 	04/25/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Sonia Anderson-Mudrox* TITLE *Administrator* (X6) DATE *4-16-10*

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K 056	Continued From page 1 made of wood and sprinkler protection was not provided. An interview with the Maintenance Director at 11:00 AM on 03/23/10 revealed he had not been questioned about the canopy in the past and would install sprinklers in the canopy as soon as possible. Reference to: NFPA 13 Standard for the Installation of Sprinkler Systems 1999 Edition Section 5-13.8.1 of NFPA 13, Installation of Sprinkler Systems, 1999 edition requires exterior roofs or canopies exceeding 4ft in width to have sprinklers installed under them. There is an exception to this requirement that allows for sprinklers to be omitted from certain canopies or roofs. Sprinklers are not required to be installed where a canopy or roof is constructed of noncombustible or limited combustible construction. The reference to noncombustible or limited combustible construction refers to the entire canopy assembly and not just the exposed surfaces.	K 056	3. The facility sprinkler system shall be extended to include a sprinkler head on the front of the North porch in accordance with NFPA 13. 4. The Maintenance Director will perform a quarterly inspection for proper maintenance. The inspection shall be included in the Quality Assurance program and submitted to the committee.	
K 062 SS=E	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 staff interview conducted on 03/23/10, it was determined the	K 062	The facility shall, assure the required sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. Sprinklers shall be inspected annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation. Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.	04/25/10

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K 062	Continued From page 2 facility failed to ensure sprinkler heads were free of lint and dust as required by NFPA 25 1999 Edition. The findings to include: A tour of the facility conducted 03/23/10 at 10:30 AM, revealed 4 sprinkler heads in the kitchen and 8 sprinkler heads in the dining room had a build-up of lint and dust. An interview with the Maintenance Director on 03/23/10 at 10:35 AM, revealed he was unaware of the build-up of lint and dust on the sprinkler heads. Reference to: NFPA 25 1999 Edition 2-2 Inspection. 2-2.1 Sprinklers. 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.	K 062	1. No specific Residents were identified by this deficient practice. No adverse event or outcomes have been identified with any Resident as a result of this deficient practice; the door and canopy in question is used only as a fire exit and not routinely. The Fire Protection vendor completed an inspection assuring the sprinkler system is operating properly on 4-2-10 2. Residents dining in North Dining Room could potentially be affected by this deficiency practice in the event of a fire. 3. The sprinkler heads in the kitchen and dining room identified as having lint and dust build-up during the life safety inspection have been cleaned. 4. The sprinkler system shall be inspected quarterly for proper maintenance of sprinkler heads by the maintenance department and included in the Quality Assurance program.	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview conducted on 03/23/10, it was determined the facility failed to conduct inspections of the exhaust hood every six months as required by	K 069		

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K 069	Continued From page 3 NFPA-96 1998 Edition 8-2 Inspection. Record review conducted 03/23/10 at 9:55 AM revealed the exhaust hood in the kitchen was inspected on an annual basis. An interview conducted with the Maintenance Director on 03/23/10 at 10:00 AM revealed the exhaust hood in the kitchen was inspected once a year by the fire safety contractor. The Maintenance Director was unaware of the requirement that the exhaust hood should be inspected every six months by a qualified person. NFPA-96 1998 Edition 8-2* Inspection. An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons. 8-2.1 All actuation components, including remote manual pull stations, mechanical or electrical device, detectors, actuators, and fire-actuated dampers, shall be checked for proper operation during the inspection in accordance with manufacturer's listed procedures. In addition to these requirements, the specific inspection requirements of the application NFPA standard shall also be followed. 8-2.2 Fusible links (including fusible links on fire-actuated damper assemblies) and automatic sprinkler heads shall be replaced at least	K 069	The cooking facilities are protected in accordance with code. An inspection shall be conducted every 6 months by properly trained and qualified persons. 1. No specific Residents were identified by this deficient practice. No adverse event or outcomes have been identified with any Resident. 2. Residents dining in North Dining Room could potentially be affected by this deficiency practice in the event of a fire in the kitchen. 3. a. The Maintenance Director will continue to ensure that an inspection of the range hood extinguishing system is performed no less than every 6 months by an outside vendor. The inspection is scheduled for June 2010. 4. The monitoring of routine inspections of the dietary exhaust hood shall be implemented into the QA program with submitted documentation to the committee.	04/25/10

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K 069	Continued From page 4 annually, or more frequently if necessary, to ensure proper operation of the system. Other devices shall be serviced or replaced in accordance with the manufacturer's recommendations.	K 069		
K 147 SS=F	Exception: When automatic bulb-type sprinklers or spray nozzles are used and annual examination shows no buildup of grease or other material on the sprinkler or spray nozzles. 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 conducted on 03/23/10, it was determined the facility failed to ensure that electrical wiring and standards met NFPA requirements. The findings include: An observation during the Life Safety Code tour conducted on 03/23/10 at 10:00 AM with the Maintenance Director, revealed the facility did not have an annunciator alarm for the emergency generator. An interview with the Maintenance Director on 03/23/10 at 10:05 AM revealed the facility was not aware of the regulatory requirement of an annunciator alarm for the generator.	K 147	The facility shall have wiring and equipment in accordance with NFPA 70, National Electrical Code 9.1.2. 1. No specific Residents were identified by this deficient practice. No adverse event or outcomes have been identified with any Resident as a result of this deficient practice. 2. All residents of the facility are potentially affected in the event the generator fails to operate efficiently or in an emergent situation.	04/25/10

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K 147	Continued From page 5 Reference to: NFPA 99, 1999 Edition 3-4.1.1.15 Alarm Annunciator. A remote annunciator, storage battery-powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12). The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follow: (a) Individual visual signals shall indicate the following: 1. When the emergency or auxiliary power source is operating to supply power to load 2. When the battery charger is malfunctioning (b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following: 1. Low lubricating oil pressure 2. Low water temperature (below those required in 3-4.1.1.9) 3. Excessive water temperature 4. Low fuel- when the main fuel storage tank contains less than a 3-hour operating supply 5. Overcrank (failed to start) 6. Overspeed Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur, but need not display these conditions individually. {110:3-5.5.2}	K 147	3. The facility shall install an annunciator alarm panel for the emergency generator in accordance with NFPA 99, 1999 Edition. 4. The Maintenance Director shall also present the inspection and testing documentation to the Quality Assurance program and assure that the annunciator panel is working properly.		

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K 147	Continued From page 6 Reference: NFPA 110 1999 edition 5-3.1 The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch. Reference: NFPA 101 2000 edition 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. Exception: Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less than once every 30 days and indicates failures by a status indicator shall be exempt from the 30-day functional test, provided that a visual inspection is performed at 30-day intervals.	K 147		
K 211 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of	K 211		

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NAME OF PROVIDER OR SUPPLIER BEAVER DAM NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1695 US HWY 231 S. BEAVER DAM, KY 42320	
(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 211	<p>Continued From page 7 rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview conducted on 03/23/10, it was determined the facility failed to ensure that Alcohol Based Hand Rub dispensers were not installed over or adjacent to an ignition source.</p> <p>The findings to include:</p> <p>The Life Safety Code Tour conducted on 03/23/10 at 9:45 AM, with the Director of Maintenance, revealed Alcohol Based Hand Rub dispensers were installed over the light switch in the laundry room and adjacent to the keypad to the front entrance of the facility.</p> <p>An interview conducted with the Maintenance Director on 03/23/10 at 9:50 AM revealed he was not aware of the regulatory requirement.</p>	K 211	<p>The Facility shall, where alcohol based Hand Rub dispensers are installed, will ensure they meet all code requirements.</p> <ol style="list-style-type: none"> 1. No specific Residents were identified by this deficient practice. No adverse event or outcomes have been identified with any Resident. 2. The Residents located in close proximity to the laundry room could potentially be affected. 3. The Maintenance Director will inspect all current Hand Rub dispensers (ABHR) to ensure code compliance. Any Hand Rub Dispensers found to be near an ignition source will be relocated by the maintenance department. On 3-26-10 both Hand Rub dispensers (ABHR) found to be non-compliant were moved. 4. The maintenance director has reviewed K211 and is aware of the requirements for proper installation of Hand Rub dispensers. Monitoring of proper placement of ABHR dispensers shall be included in the QA program. 	4/25/10