

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

PRINTED: 05/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185093	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 05/17/2012
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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, GLASGOW	STREET ADDRESS, CITY, STATE, ZIP CODE 109 HOMEWOOD BLVD., P O BOX 247 GLASGOW, KY 42141
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1968</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (000).</p> <p>SMOKE COMPARTMENTS: Ten (10) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic (dry) sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is diesel.</p> <p>An abbreviated Life Safety Code survey was conducted on 05/17/12 for complaint KY #18377. The complaint was substantiated with deficiencies cited. NHC of Glasgow was found not in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for one-hundred ninety-four (194) beds with a census of one-hundred seventy-nine (179) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal</p>	K 000	<p>This plan of correction is submitted as required under the State and Federal law. The facility's submission of the Plan of Correction does not constitute as admission on the part of the facility that the findings constitute deficiency, or that the scope and severity determination is correct.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Emogene C. Stephens</i>	TITLE <i>adm</i>	(X6) DATE <i>6-7-12</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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K 000	Continued From page 1 Regulations, 483.70(a) et seq. (Life Safety from Fire)	K 000			
K 048 SS=F	Deficiencies were cited with the highest deficiency identified at F level. NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined the facility failed to follow the Fire Safety Plan and Procedure Policy in the event of an emergency. The deficiency had the potential to affect ten (10) of ten (10) smoke compartments, residents, staff, and visitors. The facility is licensed for one-hundred ninety-four (194) beds, with a census of one-hundred seventy-nine (179) on the day of the survey. The findings include: A review of the facility's policy with the Administrator, on 05/17/12 at 11:45 AM, revealed the facility's Fire Safety Plan and Procedure Policy stated upon discovery of a fire the following actions were to take place: (R.A.C.E.) Rescue (Remove residents and visitors from fire area), Alarm (Activate the nearest alarm, notify the fire department by telephone, regardless of severity, notify the Administrator and key personnel), Confine (close doors to rooms in fire area, place orange tag on door to indicate where fire was	K 048	NHC has a written plan for the protection of all patients and for their evacuation in the event of an emergency. The partner that first noticed the malfunctioning dryer gas valve was in-serviced regarding the center's fire plan, specifically activation of the pull station, by Director Alexander on May 22, 2012. The Director of Plant Maintenance reviewed the placement of evacuation/fire door tags in the center on May 22, 2012 to ensure that tags were readily available throughout the center. Overseen by Director of Plant Maintenance, center partners were in-serviced regarding the center's fire protection plan on May 22, 2012. During the in-service, emphasis was placed on the partner's role in pulling the fire alarm pull stations immediately and placing the orange tag on the fire door. The Director of Plant Maintenance will monitor compliance of the procedures thru the quality assurance process. Fire drills will be conducted monthly with in-services on all shifts x 3 months. In-service training will be continued as directed by the QA committee.	06/07/2012	

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K 048	<p>Continued From page 2</p> <p>located, Extinguish (use the nearest appropriate extinguisher to control fire if possible until arrival of the fire department).</p> <p>Interview with the Administrator, on 05/17/12 at 11:45 AM, revealed a gas fire had occurred, on 05/16/12 at 1:00 PM, in the Laundry on top of a dryer unit next to the heating element. Upon discovery of the fire, staff notified the switchboard, and appropriate staff responded to extinguish the flame. The fire alarm responded once the smoke detector picked up the smoke, but the fire alarm was not pulled immediately by staff in the area. Further observation showed the orange tag for fire location was not placed upon the door as required in the Fire Safety Plan. All doors were shut in the room and the sprinkler quickly put the flame out.</p> <p>Actual NFPA Standard: 19.7.1 Evacuation and Relocation Plan and Fire Drills. 19.7.1.1 The administration of every healthcare occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator ' s position or at the security center. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.1.2* Fire drills in health care occupancies shall include</p>	K 048			

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K 048	Continued From page 3 the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. 19.7.1.3 Employees of health care occupancies shall be instructed in life safety procedures and devices. 19.7.2 Procedure in Case of Fire. 19.7.2.1* For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy 's fire safety plan. 19.7.2.2 A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area	K 048			

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K 048	Continued From page 4 (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire 19.7.2.3 All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person (2) During a malfunction of the building fire alarm system Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and	K 048			