

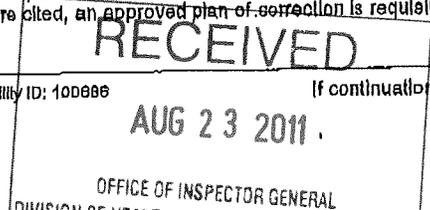
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/17/2011
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105410 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/03/2011 |
|---|---|--|--|--|
| NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055 | |
| (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: 1995 SURVEY UNDER: 2000 Existing FACILITY TYPE: S/NF TYPE OF STRUCTURE: One (1) story, Type III Unprotected. SMOKE COMPARTMENTS: Two (2) smoke compartments. FIRE ALARM: Complete fire alarm system with heat and smoke detectors. SPRINKLER SYSTEM: Complete automatic sprinkler system. GENERATOR: Type II. A Life Safety Code Abbreviated Survey was conducted on 08/03/11. The Complaint was found to be substantiated with deficiencies. The River's Bend Retirement Community was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest Scope and Severity deficiency identified was an "F". | K 000 | K050 Criteria #1: Staff will be inserviced by Administration on the fire prevention policy to ensure that it is followed as written. This will familiarize staff with the procedure to ensure that it is followed as written. The training provided will address those residents to be affected by the deficient practice. This will be completed by September 16, 2011. Criteria #2: Staff will be provided training by Administration on the fire prevention policy. The training will strive to ensure that all residents are provided a plan/policy/procedure to provide safety in case of fire. The training will also ensure that staff are following the policy/plan/ as it is written in case of fire. This will be completed by September 16, 2011. | |
| K 050 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware | K 050 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Y. Lawrence J. Jorden TITLE: Administration (X5) DATE: 8-18-11

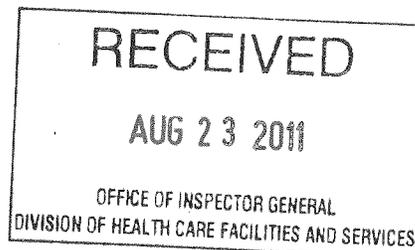
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings elated above are disclosable 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 required to continued program participation.



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|---|--|--|---|----------------------------------|
| NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42056 | | |
| (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) | (X8) COMPLETION DATE |
| K 050 | <p>Continued From page 1</p> <p>that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:PM and 6:AM, a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to conduct a fire drill according to the facility's written policy. The deficiency had the potential to affect each of the two (2) smoke compartments, residents, staff and visitors. The facility is licensed for forty (40) beds with a census of twenty-eight (28) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 08/03/11 at 2:15 PM with the Administrator and the Maintenance Director, revealed that upon a request by the Surveyor for the facility to conduct a fire drill, the staff did not follow their written plan of procedure.</p> <p>Interview, on 08/03/11 at 2:15 PM, with the Administrator and the Maintenance Director, confirmed the observations.</p> <p>Reference: NFPA 101 Life Safety Code (2000 Edition).</p> <p>19.7.1.2*</p> | K 080 | <p>Criteria #3: The policy and procedure were revised by Administrator on 8/3/2011 to include extra measures to provide structure and safety during a fire. We have conducted training sessions with staff prior to fire drills to ensure that they understand the policy/procedure and how to carry it out. Drills were held on 8-7-11, 8/13/11, 8/15/11, 8/16/11. Staff will be provided training on policy/procedure procedure to ensure that it is followed as written. A detailed diagram of the facility layout will also be developed by Risk Manager/Maintenance to ensure that staff are easily able to find the area affected by fire as indicated per enonciator panel. All measures to address deficient practices will be completed by September 06, 2011.</p> <p>Criteria #4: Fire drills will be conducted quarterly for each shift by the Maintenance Director. During the drill he will observe to ensure that all components of fire prevention/plan are carried out.</p> | <p>Criteria #3 8/16/2011</p> |



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| K 062 | Continued From page 3 revealed the last interior pipe inspection for the automatic sprinkler system was unknown. Interview, on 08/03/2011 at 2:00 PM, with the Administrator and Maintenance Director, revealed they were unaware the inspections of the automatic sprinkler system were incomplete. Reference: NFPA.25 (1998 Edition). 10-2.2* Obstruction Prevention. Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 6 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections. 10-2.3* Flushing Procedure. If an obstruction investigation carried out in accordance with 10-2.1 indicates the presence of sufficient material to obstruct sprinklers, a complete flushing program shall be conducted. The work shall be done by qualified personnel. | K 062 | | |

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