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

PRINTED: 07/26/2013
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
	185210	A. BUILDING _____ B. WING _____	07/03/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES B. HAGGIN MEMORIAL HOSPITAL	464 LINDEN AVENUE HARRODSBURG, KY 40330

(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
F 000	INITIAL COMMENTS	F 000		
	A Standard Survey was conducted on 7/1-7/3/13 with no health deficiencies cited, however, Life Safety Code deficiency was cited.			

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: LNHA/CEO (X6) DATE: 8/1/13

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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	185210	A. BUILDING 01 - EAST WING B. WING _____	07/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES B. HAGGIN MEMORIAL HOSPITAL	464 LINDEN AVENUE HARRODSBURG, KY 40330

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K 000	INITIAL COMMENTS	K 000		
	CFR: 42 CFR 483.70(a)		See attached.	
	BUILDING: 01			
	PLAN APPROVAL: 1947, 1962, 1978, 1986			
	SURVEY UNDER: 2000 Existing			
	FACILITY TYPE: SNF/NF			
	TYPE OF STRUCTURE: Second Floor wing of a two story, Type I Unprotected			
	SMOKE COMPARTMENTS: Four smoke compartments			
	FIRE ALARM: Complete fire alarm system with heat and smoke detectors			
	SPRINKLER SYSTEM: Complete automatic wet sprinkler system			
	GENERATOR: Type I generator installed in 1982, fuel source is diesel			
	A standard Life Safety Code survey was conducted on 07/02/13. The James B Haggin Memorial Hospital was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for thirty- four (34) beds. The census the day of the survey was thirty two(32)			
	The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)			

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BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: LNHA/CEO (X6) DATE: 8/1/13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - EAST WING B. WING	(X3) DATE SURVEY COMPLETED
	185210		07/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES B. HAGGIN MEMORIAL HOSPITAL	464 LINDEN AVENUE HARRODSBURG, KY 40330

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K 000	Continued From page 1	K 000		
	Deficiencies were cited with the highest deficiency identified at "F" level.			
K 072 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 072		
	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, policy review and interview it was determined the facility failed to ensure exits were maintained free and clear of obstructions for instant use. Corridors used for exits can not be used to store items. The deficiency had the potential to affect two (2) of two (2) smoke compartments, thirty-four (34) residents, staff and visitors.			
	The findings include:			
	Observation on 07/02/2013 at 2:15 PM, revealed a clean linen cart not in use and unattended located in the Annex Hallway. The observation was confirmed with the Director of Physical Plant. Interview on 07/02/2013 at 2:15 PM, with the Director of Physical Plant, revealed the clean linen carts stayed in the hallways and was moved every thirty (30) minutes and then items are returned to the shower rooms around 5:00 PM.			
	Observation on 07/02/2013 at 2:21 PM, revealed			

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K 072	Continued From page 2 two (2) medication carts, one (1) treatment cart, and one (1) secure document container not in use placed in front of the Nursing Station. The medication carts, the treatment cart, and the secure document container projected into the corridor. The observations were confirmed with the Director of Physical Plant. Interview on 07/02/2013 at 2:21 PM, with the Director of Physical Plant, revealed the items stayed stored at the Nursing Station. Review of the staff policy dated October 2011, revealed that it was the policy of the facility to have staff move medication carts and items in the corridor every thirty (30) minutes and store the medication carts at the nursing station. Reference: NFPA 101 (2000 edition) 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.	K 072		

THE JAMES B. HAGGIN MEMORIAL HOSPITAL
EXTENDED CARE FACILITY
SURVEY COMPLETION DATE July 3, 2013

PLAN OF CORRECTION

K 072 S/S = F **Completion Date: August 15, 2013**

NFPA 101 Life Safety Code Standard 7.1.10

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.

Corrective Action For Residents Found To Have Been Affected By The Deficient Practice:

No residents were affected.

The Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:

Although all residents had the potential to be adversely affected, no residents were affected.

Measures To Be Put In Place Or Systemic Changes Made To Ensure The Deficient Practices Will Not Recur:

The facility will ensure all means of egress are continually maintained free of obstructions with strict adherence to policy by assuring clean linen carts are removed to storage areas when not in use; the medication carts and treatment carts will be stored either in the nursing station or other clean area when not in use and the secure document container will be relocated to an area that does not project into the corridor. Renovation of janitor closet will be completed to provide for more storage. All team members will be provided education on the need for maintaining clear access in corridors to exits by the DON of ECF by August 9, 2013.

How The Facility Plans To Monitor Its Performance To Ensure Solutions Are Sustained:

Monitoring of the adherence to maintaining clear access in all corridors will be completed by Physical Plant Director, DON of ECF and the nurses on the units. Rounds will be routinely and sporadically performed and the compliance will be reported to the Quality Assurance Committee during their monthly meetings on an ongoing basis by the Physical Plant Director and/or the DON of ECF.