

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

PRINTED: 04/02/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/21/2013
NAME OF PROVIDER OR SUPPLIER  TRADEWATER POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 W. RAMSEY DAWSON SPRINGS, KY 42408		
(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  A Recertification Survey and an Abbreviated survey to investigate KY00019906 was initiated on 03/19/13 and concluded on 03/21/13, with no deficient practice cited. KY00019906 was unsubstantiated with no deficient practice cited.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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	INITIAL COMMENTS  CFR: 42 CFR 483.70(a)  BUILDING: 01  PLAN APPROVAL: 1971  SURVEY UNDER: 2000 Existing  FACILITY TYPE: SNF/NF  TYPE OF STRUCTURE: One (1) story, Type III (200)  SMOKE COMPARTMENTS: Three (3) smoke compartments.  FIRE ALARM: Complete fire alarm system with (3) heat and (18) smoke detectors.  SPRINKLER SYSTEM: Complete automatic dry sprinkler system.  GENERATOR: Type II generator. Fuel source is diesel.  A standard Life Safety Code survey was conducted on 03/19/13. Tradewater Pointe was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for sixty (60) beds and the census was fifty eight (58) on the day of the survey.  The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)	K 000	DISCLAIMER: This Plan of Correction is prepared, submitted and executed because it is required by the provisions of the state and federal law and not because Tradewater Pointe, d/b/a Tradewater Health and Rehabilitation Center, agrees with the allegations and citations listed on the pages of the Statement of Deficiencies. Tradewater Health and Rehabilitation Center maintains that the alleged deficiencies do not jeopardize the health and safety of residents, nor is it of such character as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates stated. Tradewater Health and Rehabilitation Center has taken or will take the actions set forth in the following Plan of Correction.	
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APR 12 2013  
BY: \_\_\_\_\_

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE 4-18-13
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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  Deficiencies were cited with the highest scope and severity of an "F".	K 000	F tag: K 046  <b>1. Corrective action:</b>
K 046 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on interview and facility record review, it was determined the facility failed to provide emergency lighting in accordance with NFPA standards. The deficiency had the potential to affect three (3) of three (3) smoke compartments, all residents, staff and visitors. The facility is certified for sixty (60) beds and the census was fifty eight (58) on the day of the survey. The facility failed to ensure they conducted an annual emergency lighting testing for the minimum requirement of at least 1-1/2 hour duration.</p> <p>The findings include:</p> <p>Review of the facility's Life Safety Code records, from 02/12 through 03/13, revealed there was no evidence the emergency lights with battery backup located throughout the facility had not been tested for 1-1/2 hours.</p> <p>Interview, on 03/19/13 at 10:43 AM, with the Maintenance Director revealed he was unaware the lighting had to be tested annually for 1-1/2 hours.</p> <p>Reference: NFPA 101 (2000 edition)</p>	K 046	<p>Emergency lighting was tested by the Maintenance Director for a duration of 1½ hours on 4-10-13 and is scheduled to be repeated annually for a duration of 1½ hours.</p> <p><b>2. ID of others at risk:</b> All residents considered at risk in the event of a fire or emergency, however, no adverse indications identified at this time.</p> <p><b>3. Prevention measures:</b> Emergency lighting check is scheduled to be repeated annually by the Maintenance Department for a duration of 1½ hours.</p> <p><b>4. Monitor:</b> Maintenance Dept will monitor Emergency lighting as scheduled And report annually to the QA Committee.</p> <p><b>5. Date Corrected:</b> 4-15-13</p>

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K 046	Continued From page 2	K 046		
	<p>7.9.2.1* Emergency illumination shall be provided for not less than 1 1/2 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination that is not less than an average of 1 ft-candle (10 lux) and, at any point, not less than 0.1 ft-candle (1 lux), measured along the path of egress at floor level. Illumination levels shall be permitted to decline to not less than an average of 0.6 ft-candle (6 lux) and, at any point, not less than 0.06 ft-candle (0.6 lux) at the end of the 1 1/2 hours. A maximum-to-minimum illumination uniformity ratio of 40 to 1 shall not be exceeded.</p> <p>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.</p> <p>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.</p>			
K 068 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 068		

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K 068	Continued From page 3 Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2	K 068	<p><b>1. Corrective action:</b> B.W. Akin (HVAC) placed a vent to the outside of the West Wing's fuel fired hot water heater on 4-9-13 so as to accommodate the intake of air from the outside.</p> <p><b>2. ID of others at risk:</b> All residents considered at risk in the event of a fire or emergency, however, no adverse indications identified at this time.</p> <p><b>3. Prevention measures:</b> Vent is now located for the West Wing's fuel fired hot water heater so as to accommodate the intake of air from the outside.</p> <p><b>4. Monitor:</b> Maintenance Dept will monitor the operation including proper air intake for the West Wing's fuel fired hot water heater utilizing the Life Safety QA Tool and report any issues monthly in QA meeting x 3 months, then quarterly.</p> <p><b>5. Date Corrected:</b> 4-15-13</p>	
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This STANDARD is not met as evidenced by:  
Based on observation and interview it was determined the facility failed to ensure combustion air and ventilation for a fuel fired hot water heater was installed in accordance with NFPA standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, thirty-two (32) residents, staff and visitors. The facility is certified for sixty (60) beds and the census was fifty eight (58) on the day of the survey. The facility failed to ensure the hot water in the west wing storage room was adequately vented to the outside.

The findings include:

Observation, on 03/19/13 at 1:10 PM, revealed the hot water heater located in the west wing storage room did not have a vent to the outside to allow for adequate makeup air to the room.

Interview, on 03/19/13 at 1:10 PM, with the Maintenance Director revealed he was unaware the room was not properly vented to the outside of the facility.

Reference: NFPA 101 Life Safety Code (2000 edition)

Section 19.5 Building Services

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K 068	Continued From page 4 19.5.2.2 Any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from the outside, and shall be designed and installed to provide for complete separation of the combustible system from the atmosphere of the occupied area. Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperature or ignition failure.	K 068		
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K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  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 areas were protected in accordance with	K 076		
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F tag: K 076

**1. Corrective action:**  
Extra oxygen tanks were removed on 3-20-13 from the West O2 storage area by The Maintenance Dept and distributed to other storage areas of the building leaving no more than 12 ~~E~~ tanks (full or empty) in each of the facility's smoke compartments.

*\* (less than 300 cu ft of O2)*

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K 076	<p>Continued From page 5</p> <p>NFPA standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, twenty (20) residents, staff and visitors. The facility is certified for sixty (60) beds and the census was fifty eight (58) on the day of the survey. The facility failed to ensure oxygen storage over 300 cu ft. was stored 5 feet away from any combustibles and ignition sources.</p> <p>The findings include:</p> <p>Observation, on 03/19/13 at 11:30 AM, revealed seventeen (17) oxygen tanks in the oxygen storage room. Further observation revealed the oxygen tanks were stored within five (5) feet of boxes, medical equipment, and plastic plugs. Additional observation revealed light switches were not located over five (5) feet from the floor.</p> <p>Interview, on 03/19/13 at 11:30 AM, with the Maintenance Director revealed he was unaware oxygen tanks could not be stored within five (5) feet of combustible materials once the storage equals over 300 cubic feet in a smoke compartment and any ignition source must be located five (5) feet from the floor.</p> <p>Reference: NFPA 101 (2000 edition) 8-3.1.11.2 Storage for nonflammable gases greater than 8.5 m<sup>3</sup> (300 ft<sup>3</sup>) but less than 85 m<sup>3</sup> (3000 ft<sup>3</sup>) (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</p>	K 076	<p><b>2. ID of others at risk:</b> All residents considered at risk in the event of a fire or emergency, however, no adverse indications identified at this time.</p> <p><b>3. Prevention measures:</b> Inservice education provided to licensed staff on the storage of oxygen cylinders by the DON on 4-11-13.</p> <p><b>4. Monitor:</b> Maintenance Dept will monitor O2 storage daily x 1 week, weekly x 1 month, and monthly ongoing. QA Tool used for tracking will be reported monthly in QA meeting by Maintenance Director x 3 months, then quarterly.</p> <p><b>5. Date Corrected:</b> 4-15-13</p>

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K 076	Continued From page 6 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 (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.	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	K 144		

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K 144	Continued From page 7 accordance with NFPA 99. 3.4.4.1.	K 144	F tag: K 144	
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This STANDARD is not met as evidenced by:  
 Based on record review and interview, it was determined the facility failed to ensure emergency generators were maintained and installed in accordance with NFPA standards. The deficiency had the potential to affect three (3) of three (3) smoke compartments, all residents, staff and visitors. The facility is certified for sixty (60) beds and the census was fifty eight (58) on the day of the survey. The facility failed to ensure the generator would transfer to the facility within ten (10) seconds and the ventilation was proper size for the generator.

The findings include:

Review of the facility's Life Safety Code Records, from 02/12 through 03/13, revealed there was no evidence the transfer time for the generator test was being documented.

Interview, on 03/19/13 at 10:14 AM, with the Maintenance Director revealed he was unaware that the transfer time of the generator was required to be documented. He stated it always transferred inside of ten (10) seconds when he tested it.

**1. Corrective action:**

Transfer time for the test of the emergency generator was initially recorded on 3-25-13 and will be ongoing with each test.

Contracted on 4-3-13 with B.W. Akin (HVAC) for correction of the ventilation of the facility's emergency generator as soon as weather permits and construction can be scheduled by the company. Demolition of adjoining structure began 4-10-13 to provide adequate space for generator ventilation to be installed.

**2. ID of others at risk:**  
 All residents considered at risk  
 In the event of a fire or emergency, however, no adverse indications identified at this time.

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K 144	<p>Continued From page 8</p> <p>Further review of the facility's Life Safety Code Records revealed the generator was an outdoor unit with an enclosure inside of a block building without adequate ventilation. The unit only had one (1) foot of clearance on each side and about five (5) feet of clearance above the unit. There was no wrap on the exhaust and the roof ventilation was minimal. The generator report noted the room was getting too hot for the radiator to function properly. The company had been notified; however, the facility had not completed a work order to complete the repair.</p> <p>Interview, on 03/19/13 at 10:41 AM, with the Maintenance Director revealed he was aware of the problem but he could not repair issues with equipment until a work order had been issued.</p> <p>Reference: NFPA 101 (2000 ed.) 7.9.1.2 Where maintenance of illumination depends on changing from one energy source to another, a delay of not more than 10 seconds shall be permitted. Reference: NFPA 110 (1999 ed.) 5-7 Heating, Cooling, and Ventilating. 5-7.1* Consideration shall be given to properly sizing the ventilation of air-conditioning systems to remove all the heat rejected to the EPS equipment room by the energy converter, uninsulated or insulated exhaust pipes, and other heat-producing equipment. 5-7.2 Adequate ventilation shall be provided to prevent temperatures</p>	K 144	<p><b>3. Prevention measures:</b> Transfer time is now recorded for generator test</p> <p>Adequate ventilation for emergency generator is under contract for completion ASAP</p> <p><b>4. Monitor:</b> Maintenance Dept will monitor and record generator transfer time with each test of the emergency generator and report findings monthly to the QA Committee x 3 months, then quarterly.</p> <p>Ventilation of the emergency generator will be monitored by the Maintenance Department monthly and reported to the QA Committee x 3 months and then quarterly.</p> <p><b>5. Date Corrected:</b></p>	4-15-13

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NAME OF PROVIDER OR SUPPLIER  TRADEWATER POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 W. RAMSEY DAWSON SPRINGS, KY 42408		
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K 144	Continued From page 9 or temperature rises in the EPS and related accessory equipment that exceed the recommendations of the manufacturer. 5-7.3 For the EPS equipment room, the ventilation or cooling equipment, or both, shall be sized so that the ambient temperature shall not exceed the EPS equipment manufacturer's criteria or allowable maximum temperatures.	K 144			