

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

PRINTED: 11/13/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2013
NAME OF PROVIDER OR SUPPLIER OAKMONT MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANDVIEW DRIVE FLATWOODS, KY 41139		
(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 was conducted 10/29/13 through 10/31/13 with no deficiencies cited.	F 000			

RECEIVED
NOV 22 2013
BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Shanna Carver
TITLE
Administrative
(X6) DATE
11/22/13

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.

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

PRINTED: 12/05/2013
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185250	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/05/2013
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NAME OF PROVIDER OR SUPPLIER OAKMONT MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANDVIEW DRIVE FLATWOODS, KY 41139
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{K 000}	INITIAL COMMENTS An offsite revisit was conducted and based on the acceptable POC the facility was deemed to be in compliance as alleged on 11/22/13.	{K 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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K 000	INITIAL COMMENTS CFR: 42 CFR §483.70 Building: 01 Survey under: NFPA 101 (2000 Edition) Plan approval: 1978 Facility type: Skilled Nursing Facility/Nursing Facility Smoke Compartments: Four (4) Type of structure: One (1) story with basement Type V (111) Fire Alarm: Complete Fire Alarm Sprinkler System: Complete sprinkler system (Dry) Generator: One (Type 2) Natural Gas installed 2009 A standard Life Safety Code survey was conducted on 10/31/2013. Oakmont Manor was found to not be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was ninety-seven (97). The facility is licensed for one hundred three (103). Deficiencies were cited at the F level. The following demonstrate noncompliance: K 062 NFPA 101 LIFE SAFETY CODE STANDARD SS=F	K 000	Oakmont Manor does not believe and does not admit that any deficiencies existed, either before, during or after the survey. Oakmont Manor reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative or legal proceedings. This plan of correction does not constitute any admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard of care, contract obligation or position, and Oakmont Manor reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver or any potentially applicable peer review, quality assurance or self-critical examination privileges which Oakmont Manor does not waive, and administrative, civil or criminal claim, action or proceeding. Oakmont Manor offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care of residents.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shanna Carter</i>	TITLE <i>Administrator</i>	(X6) DATE 11/26/13
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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 062 Continued From page 1
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 interviews and record review it was determined the facility failed to ensure the sprinkler system was maintained, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one hundred three (103) residents, staff and visitors.

The findings include:

Record review, on 10/31/2013 at 5:32 PM, of the Dry Pipe Valve Trip Test report dated 05/10/2013 with the Administrator and Maintenance Director, revealed the outside contractor had noted the Trip Test took seven (7) minutes and twenty-three (23) seconds to trip. Further record review revealed the sprinkler system low points were clogged and needed to be flushed. Sprinkler systems must be flushed when inspected to reveal clogging to ensure the sprinkler system operated during a fire.

Interview on 10/31/2013 at 5:23 PM, with the Administrator and Maintenance Director, revealed the test had not been performed due to the possibility of the system leaking and if the system was to leak it would be hard to perform the work during the summer months due heat in the attic area. Further interviews revealed the system was scheduled to be flushed during November.

K 062 It is and was on the day of survey the policy of Oakmont Manor to ensure the automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.

There was no adverse effect to any residents related to the identified practice.

Sentry Fire on 11/21/13, retested the system after low points were unclogged, 21 feet of one inch was unclogged to test valve. A full flow was done to take 5 minutes off previous time. A back flush of the total system will be completed by April 15, 2014 after threats of freezing temperatures.

To ensure completion of the back flush in a timely manner, the maintenance director shall see that the project is completed by April 15, 2014. This will be monitored by the administrator on a monthly basis for six months to ensure compliance.

4/15/2014

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K 062	Continued From page 2 Reference: NFPA 25 (1998 edition) 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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