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

PRINTED: 12/17/2010
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
	185138	A. BUILDING _____ B. WING _____	12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAZARETH HOME	2000 NEWBURG ROAD LOUISVILLE, KY 40205

(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 standard health survey was conducted 12/14/10 through 12/16/10 the facility was found to be in compliance with no deficiencies cited. A Life Safety Code survey was conducted 12/16/10 and deficiencies were cited with the highest scope and severity of an "E" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition. An abbreviated survey was conducted 12/14/10 through 12/16/10 investigating KY00015213, KY00015360, KY00014867, KY00014866, KY00015359, KY00015321, KY00015367, KY00014750, and KY00015470. KY00015213, KY00015360, KY00014867, KY00014866, KY00015359, KY00015321, KY00015367, KY00014750 and KY00015470 were unsubstantiated with no deficiencies cited.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: X Mary N. Haynes
TITLE: X Administrator X
(X6) DATE: 1/13/11

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 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: TEZV11 Facility ID: 100467 If continuation sheet Page 1 of 1

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	185138	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 000	INITIAL COMMENTS A Life Safety Code survey was initiated and concluded on 12/16/2010. The facility 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 at an "E" level.	K 000		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	The impediments (trash cans) to closing resident room doors #166, #159, #164, #234, #251, and #267 were immediately removed when observed on facility tour on 12/16/10. The doors remain free of impediment to closing. On 12/17, maintenance staff completed an inspection of the doors noted above to determine if door closers were working to hold resident doors open in the desired position. Maintenance staff conducted an inspection of all resident doors in the facility. Communications and in-service education was provided to all staff by Staff Development Coordinator on 12/11, 12/22, and 12/23. The Director of Nursing reviewed the statement of deficiencies with nursing staff on 12/23 and the statement of deficiencies was reviewed with environmental services on 12/28/10. These actions were	1/6/11
	This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure there were no impediments to the closing of resident room doors, according to NFPA standards. The deficiency had the potential to affect thirty (30)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: X Mary N. Haynes
TITLE: X Administrator
(X6) DATE: X 1/13/11

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 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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	185138	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	12/16/2010

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K 018	Continued From page 1 residents within one (1) smoke compartment. The findings include: Observation on 12/16/10 at 9:45 AM revealed a trash can in resident room #166 was positioned so that it prevented the closing of the door. Further observation during the Life Safety Code Survey revealed trash cans preventing the closing of the following doors, #159, #164, #234, #251, and #267. The observation was confirmed with the Maintenance Staff, who was present at that time. Interview on 12/16/10 at 9:45 AM, with the Maintenance Staff, revealed the trash cans were being used to hold the doors open, due to the doors wanting to self close. Reference: NFPA 101 (2000 Edition) 19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted.	K 018	aimed at involving all staff in the prevention of the use of trash cans or any other means of holding doors open and in the practice of completing a maintenance requisition if the door seems to be unable to hold in the desired position. On 12/28/10, a different type of door closer was ordered for rooms #166 and #267 as a trial for improvement. These new closers were installed on 1/6/11. We were satisfied with the product and ordered this product for rooms 159, 164, 234, 251, and ordered 6 others to have in spare to replace if needed. The product was on back order when the additional 12 were ordered on 1/7/11.. As a means to ensure the violation will not occur again, the director of environmental services will include the functional operation of doors in his weekly rounds.	
	A.19.3.6.3.3 Doors should not be blocked open by furniture, door stops, chocks, tie-backs, drop-down or plunger-type devices, or other devices that necessitate manual unlatching or releasing action to close. Examples of hold-open devices that release when the door is pushed or pulled are friction catches or magnetic catches.			
K 022 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to	K 022	A "NOT AN EXIT" sign suitable for a glass door was ordered on 12/28/10 and was installed on 1/7/11.	1/7/11

Mary M. Haynes 1/13/11

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 022	Continued From page 2 reach exit is not readily apparent to the occupants. 7.10.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain exits according to NFPA standards. This deficiency affected one (1) of five (5) smoke compartments, thirty three (33) residents, and staff. The findings include: Observation on 12/16/2010 at 10:30 AM revealed that the door leading to the second floor balcony located in the " L " wing could be confused as an exit, as the door was not marked as " not an exit ". The Maintenance Staff was present during the observation.	K 022	All other doors have the approved and required NFPA signage. No systemic changes were needed as only one door was noted to not have the determined exit signage. To ensure the sign will remain, the maintenance director will include an observation of the door signage on monthly environmental rounds. These and other environmental rounds are reviewed by the assistant administrator monthly.	
	On 12/16/2010 at 10:30 AM, during an interview with the Maintenance Staff, it was revealed that he was unaware of the doors not being marked according to NFPA standards.			
	NFPA 101 7.10.8.1* No Exit. Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as			

Mary N. Haynes Administrator 1/13/11

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NAME OF PROVIDER OR SUPPLIER: NAZARETH HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 NEWBURG ROAD, LOUISVILLE, KY 40205

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K 022	Continued From page 3 follows: NO EXIT Such sign shall have the word NO in letters 2 in. (5 cm) high with a stroke width of 3/8 in. (1 cm) and the word EXIT in letters 1 in. (2.5 cm) high, with the word EXIT below the word NO. Exception: This requirement shall not apply to approve existing signs. Based on observation and interview, it was determined the facility failed to maintain exits according to NFPA standards.	K 022		
K 034 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4 This STANDARD is not met as evidenced by: Based on observations and interview it was determined, the facility failed to assure that an exit access door equipped with delayed egress hardware displayed the required, proper signage in one stairway. This deficiency affected one (1) smoke compartment, eighteen (18) residents, and staff. The findings include: Observations during the tour on 12/16/2010 at 10:15 AM, with the Maintenance Person, revealed that the second floor exit door located in the Rehab to Home South wing did not display the required delayed egress signage. Interview on 12/16/2010 at 10:15 AM, with the Maintenance Staff, revealed he was unaware the	K 034	The delayed egress signage was installed on the second floor exit door located in the Rehab to Home South wing on 12/28/10. All other doors have the approved and required NFPA signage. No systemic changes were needed as all other doors have the approved and required signage. To ensure the sign will remain in place, the maintenance director will include an observation of the door signage in monthly environmental rounds by his department. These and other environmental rounds are reviewed by the assistant administrator monthly.	12/28/10

Mary N. Haynes Administrator 1/13/11

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K 034	Continued From page 4 door did not display the required, proper signage. 7.2.1.6 Special Locking Arrangements. 7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) * On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a	K 034		

Mary N. Haynes Administrator 1/13/10

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K 034	Continued From page 5 contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS	K 034		

Mary N. Hoyner Administrator 1/13/11

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