



PRINTED: 05/18/2012  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  05/08/2012
NAME OF PROVIDER OR SUPPLIER  MEDCO CENTER OF BRANDENBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108	
(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: 1964  SURVEY UNDER: 2000 Existing  FACILITY TYPE: SNF/NF  TYPE OF STRUCTURE: One (1) story, Type V Protected.  SMOKE COMPARTMENTS: Four (4) smoke compartments.  FIRE ALARM: Complete fire alarm system with heat and smoke detectors, upgraded in 2004.  SPRINKLER SYSTEM: Complete automatic (dry) sprinkler system, upgraded in 2007.  GENERATOR: Type II generator. Fuel source is propane gas.  An abbreviated Life Safety Code survey was conducted on 05/08/12 for complaint KY18315. The complaint was substantiated with deficiencies cited. Medco Center of Brandenburg was found not in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for fifty-seven (57) beds with a census of fifty two (52) on the day of the survey.  The findings that follow demonstrate noncompliance with Title 42, Code of Federal	K 000	Submission of this plan of correction is not a legal admission that a deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within ten(10) days of the survey as a condition to participate in Title 18 and Title 19 programs. The submission of the plan of correction within this time frame should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	

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

TITLE

(X6) DATE

*X Betty [Signature]*

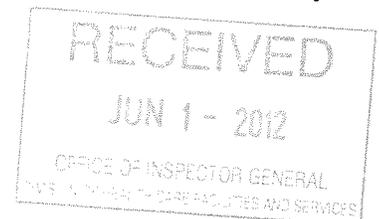
*X Admin. 05-30-12*

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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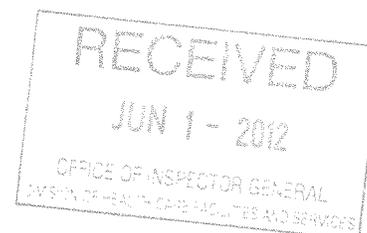
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K 000	Continued From page 1 Regulations, 483.70(a) et seq. (Life Safety from Fire)	K 000			
K 048 SS=F	Deficiencies were cited with the highest deficiency identified at F level. <b>NFPA 101 LIFE SAFETY CODE STANDARD</b> There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1  This STANDARD is not met as evidenced by: Based on interview, record review, and policy review, it was determined the facility failed to follow the Fire Safety Plan and Procedure Policy in the event of an emergency. The deficiency had the potential to affect four (4) of four (4) smoke compartments, residents, staff, and visitors. The facility is licensed for fifty seven (57) beds, with a census of fifty two (52) on the day of the survey.  The findings include:  Policy review on 05/08/12 at 2:30 PM, with the Maintenance Director revealed the facility's Fire Safety Plan and Procedure Policy stated upon discovery of a fire the following actions were to take place: ( R.A.C.E.) Rescue (Remove residents and visitors from fire area), Alarm (Activate the nearest alarm, notify fire dept by telephone, regardless of severity, notify Administrator and key personnel), Confine (close doors to rooms in fire area, remove all obstructions in the corridor or exit, turn off gases, and electrical equipment not essential to the care	K 048	1. All residents had the potential to be impacted. All dining services employees were inserviced by the Dietary Service Manager on 5-6-12 regarding activating the suppression system and using the proper fire extinguisher for a grease fire. 2. Since all residents had the potential to be impacted, staff attended an inservice on Fire Safety and proper use of fire extinguishers. This was presented on 5-10-12 and 5-14-12 by Meade County Fire Dept. Any staff that was unable to attend one of these inservices was trained one on one by Maintenance Director. 3. Maintenance Director will train all newly hired employces on the Fire Safety Plan including use of proper fire extinguisher and annual inservices are to be held with all employees on Fire Safety Plan per Company policy.	6/15/12	



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K 048	Continued From page 2 of residents), Extinguish (use the nearest appropriate extinguisher to control fire if possible until arrival of the fire department).  Interview, on 05/08/12 at 1:05 PM, with the Maintenance Director revealed a grease fire had occurred, on 05/06/12 at 9:00 AM, in the Kitchen on the front burner of the stove. Upon discovery of the fire staff yelled, and other staff ran in with a fire extinguisher from a resident corridor to extinguish the fire. Further interview revealed the hood suppression system was not activated before using a fire extinguisher, which was not rated to be used on a grease fire. Also, staff did not activate the Fire Alarm system.  Actual NFPA Standard: 19.7.1 Evacuation and Relocation Plan and Fire Drills. 19.7.1.1 The administration of every healthcare occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator's position or at the security center. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.1.2* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to	K 048	4. Fire drills are to be held monthly on all 3 shifts and training will be provided by Maintenance Director for any issues that are identified. Results of drills will be reviewed by the Quality Assurance Committee monthly for three(3)months. If at any time concerns are identified, the Quality Assurance Committee will convene to review and make further recommendation. The Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Maintenance Director and the Dietary Service Manager, with the Medical Director participating at least Quarterly and as needed.	



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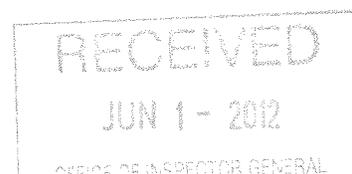
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K 048	Continued From page 3 familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. 19.7.1.3 Employees of health care occupancies shall be instructed in life safety procedures and devices. 19.7.2 Procedure in Case of Fire. 19.7.2.1* For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy's fire safety plan. 19.7.2.2 A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation	K 048			



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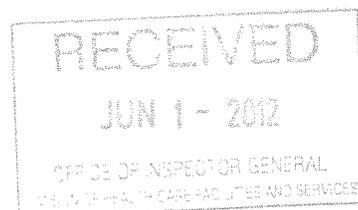
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K 048	Continued From page 4 (8) Extinguishment of fire 19.7.2.3 All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person (2) During a malfunction of the building fire alarm system Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and	K 048		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064	1. All residents had the potential to be impacted. All dining services employees were inserviced by the Dietary Service Manager on 5-6-12 regarding activating the suppression system and using the proper fire extinguisher for a grease fire. 2. Since all residents had the potential to be impacted, staff attended an inservice on Fire Safety and proper use of fire cxtinguishers. This was presented on 5-10-12 and 5-14-12 by Meade County Fire Dept. Any staff that was unable to attend one of these inservices was trained one on one by Maintenance Director.	6/15/12
	This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the proper use of fire extinguishers in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility is licensed for fifty seven (57) beds with a census of fifty two (52) the day of survey.  The findings include:			



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K 064	Continued From page 5 Observation, on 05/08/12 at 1:05 PM, with the Maintenance Director revealed the hood suppression system was not used and an ABC fire extinguisher was used instead of the K class fire extinguisher during a grease fire that occurred on 05/06/12. The fire extinguisher was used as a secondary measure to the range hood extinguishing system.  Interview, on 05/08/12 at 1:05 PM, with the Maintenance Director revealed he was aware the wrong fire extinguisher was used, but not aware the hood suppression system should have been activated first.  Reference: NFPA 10 (1998 Edition).  2-3.2.1 A placard shall be conspicuously placed near the extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher.	K 064	3. Maintenance Director will train all newly hired employces on the Fire Safety Plan including use of proper fire extinguisher and annual inservices are to be held with all employces on Fire Safety Plan per Company policy. 4. Fire drills are to be held monthly on all 3 shifts and training will be provided by Maintenance Director for any issues that are identified. Results of drills will be reviewed by the Quality Assurance Committee monthly for threc(3)months. If at any time concerns are identified, the Quality Assurance Committee will convenc to review and make further recommendation. The Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Maintenance Director and the Dietary Service Manager, with the Medical Director participating at least Quarterly and as needed.	
	3.3.4 Classifications for Fires. 3.3.4.1 Class A Fires. Fires in ordinary combustible materials, such as wood, cloth, paper, rubber, and many plastics. 3.3.4.2 Class B Fires. Fires in flammable liquids, combustible liquids, petroleum greases, tars, oils, oil-based paints, solvents, lacquers, alcohols, and flammable gases. 3.3.4.3 Class C Fires. Fires that involve energized electrical equipment. 3.3.4.4 Class D Fires. Fires in combustible metals, such as magnesium, titanium, zirconium, sodium, lithium, and potassium. 3.3.4.5 Class K Fires. Fires in cooking appliances that involve combustible cooking media (vegetable or animal oils and fats).			



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K 064	Continued From page 6	K 064			
K 072 SS=F	<p>3.3.5 Closed Recovery System.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain exit access in accordance with NFPA standards. The deficiency had the potential to affect four (4) of four (4) smoke compartments, residents, staff, and visitors. The facility is licensed for fifty seven (57) beds with a census of fifty two (52) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 05/08/12 at 1:00 PM, with the Maintenance Director revealed linen carts, med carts, lifts, wheelchairs, refreshment carts, a Dyno Map machine charging, and a bubble gum dispenser were being stored in all corridors.</p> <p>Interview, on 05/08/12 at 1:00 PM, with the Maintenance Director revealed the facility routinely stored these items in the corridors due to lack of storage space.</p> <p>Reference: NFPA 101 (2000 Edition) Means of Egress Reliability 7.1.10.1</p>	K 072	<ol style="list-style-type: none"> <li>1. The linen carts, med carts, lifts, wheelchairs, refreshment carts, Dyno Map machine, and bubble gum machine have been removed from hallways to maintain all means of egress remain obstacle free in case of emergency in accordance with NFPA standards. Observation by Administrator on 5-18-12 revealed all exits to be obstacle free.</li> <li>2. All Staff will be re-educated on maintaining all means of egress obstacle free in case of emergency. This training will also be included in orientation with all new hires. Staff education to be provided by Director of Nursing, Assistant Director of Nursing, or Administrator by 6-15-12.</li> <li>3. The linen carts and lifts are stored in alcove outside shower room when not in use. The Med carts are stored in Med rooms and behind nurse's station. The refreshment carts are stored in Dining room area. Wheelchairs</li> </ol>	6/15/12	

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K 072	Continued From page 7 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	are being stored in resident rooms. The Dyno Map machine is stored at Nurse's station and the bubble gum dispenser has been disposed of. 4. The Administrator or the Director of Nursing will conduct audits thrcce(3)times per week for eight(8) weeks then weekly for four(4)weeks, to assure all means of egress remain obstacle free. Results of all audits will be reviewed by the Quality Assurance Committec monthly for thrcce(3) months. Thereafter, Administrator or Director of Nursing will review monthly for thrcce(3) months and monthly thereafter to ensure three(3) months of continuous compliance. If at anytime concerns arc identified, the Quality Assurance Committee will convene to review and make further recommendation. The Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Maintenance Director and the Dietary Service Manager, with the Medical Director participating at least Quarterly and as needed.	

