

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

PRINTED: 05/21/2015  
FORM APPROVED  
OMB NO. 0938-0391



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>185401</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>05/07/2015</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>EDMONSON CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>813 S. MAIN ST.<br/>BROWNSVILLE, KY 42210</b> |
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| (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 |
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| F 000<br><br>F 456<br>SS=D | <p><b>INITIAL COMMENTS</b></p> <p>A Recertification Survey was conducted on 05/05/15 through 05/07/15 with deficiencies cited at the highest Scope and Severity of a "D".</p> <p><b>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</b></p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and review of the facility's Maintenance Supervisor Job Description, it was determined the facility failed to ensure all electrical equipment was maintained in a safe operating condition. Observation on 05/06/15 revealed three wall mounted light fixtures on an outside porch wall that was utilized for supervised resident smoking. Two (2) of the light fixtures had 120v (volt) lighter elements (for lighting cigarettes) in the sockets instead of a light bulb and one socket was void of anything and was open. The three light fixtures tested functional on 05/06/15.</p> <p>The findings include:</p> <p>Review of the facility's Maintenance Supervisor job description, (last revised 09/09/12) revealed the Maintenance Supervisor was responsible for the maintenance operation of the center, and he/she was responsible for performing repairs and maintenance operation of the center and on equipment. Other responsibilities of the Maintenance Supervisor listed were ordering and</p> | F 000<br><br>F 456 | <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Edmonson Center does not admit that the deficiency listed on this form exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency.</p> <p>F 456<br/>On 5/7/2015 the Maintenance Director removed all three light fixtures from the outside porch.</p> <p>All residents of the facility have the potential to be affected. On 5/7/2015 the Maintenance Director and Regional Property Manager conducted a facility inspection to identify any additional light socket fixtures with push button switches. No other issues was identified in the audit.</p> <p>On 5/27/2015 the Regional Property Manager reviewed Job Descriptions with the Maintenance Director and Maintenance Assistant to include maintenance of all essential mechanical, electrical and patient care equipment. The Administrator provided reeducation on 5/27/2015 with the Maintenance Director and Maintenance</p> |  |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Swihart TITLE: Administrator (X6) DATE: 5/29/15

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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| F 456  | <p>Continued From page 1</p> <p>requisitioning supplies and equipment as needed and performing regular daily, weekly and monthly maintenance checks, as shown on the "Preventative Maintenance Calendar". Further review of the job description revealed the Maintenance Supervisor should follow established safety rules and policies and procedures of the maintenance department; keep required records and submit them to the Administrator and Property Manager when required, and cooperate with other employees and department heads.</p> <p>Observation, on 05/06/15 at 12.10 PM, revealed three (3) light sockets mounted one (1) on top of the other on the porch that was utilized as the supervised smoking area for residents. The light sockets had a push button on switches. Two (2) of the light sockets had electric cigarette lighter elements in the sockets and one socket was was open (no bulb or lighter element).</p> <p>Observation, on 05/06/15 at 2.32 PM, revealed the Property Manager tested the three (3) sockets and all three (3) sockets had 119 volts ac when the button was pushed. The two (2) lighter elements did not function. Interview with the Property Manager at the time revealed he had known about the light sockets for two (2) years and thought they were non-functional because he had been informed by previous maintenance staff that they no longer worked. He stated the facility had been without a maintenance man on staff for several months.</p> <p>Interview with the Administrator, on 05/06/15 at 3:00 PM, revealed as far as he knew the light sockets had not worked for years and had not been visible on the porch as a high back rocking</p> | F 456   | <p>Assistance regarding the use of appropriate light socket fixtures. A posttest was completed graded by the Administrator to validate understanding.</p> <p>The Maintenance Director and Maintenance Assistant will inspect the facility for appropriate light fixtures during preventative maintenance rounds monthly.</p> <p>Trends identified will be brought by the Maintenance Director or Maintenance Assistant and reviewed monthly until issues resolved with the Quality Assurance committee consisting of the Administrator, Director of Nursing, Medical Director, Social Service, Assistant Director of Nursing, Maintenance Director.</p> <p>Completion Date:</p> | 5/29/2015            |   |

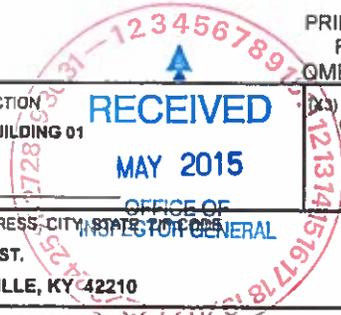
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| F 456   | Continued From page 2<br>chair had always been in place in front of them blocking any view of the sockets. The Administrator stated residents were supervised when on the porch for smoking and the door was locked (key code lock) with access to the porch by staff only. The Administrator revealed there had been no incidents related to the light sockets. | F 456  |   |                      |  |

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| K 000 | <p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1994</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (200).</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1994, with 56 smoke detectors and 4 heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 1994.</p> <p>GENERATOR: Type II generator installed in 1994. Fuel source is Diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 05/06/15. The facility was found in non-compliance with the requirements for participation in Medicare and Medicaid. The facility has the capacity for seventy-four (74) beds with a census of sixty-five (65) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from</p> | K 000 | <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Edmonson Center does not admit that the deficiency listed on this form exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency.</p> <p>K 025<br/>The Maintenance Director and Maintenance Assistant replaced the unrated foam sealant with fire rated sealant in the sleeve with phone wires on 5/15/15. The Maintenance Assistant replaced the drywall on 5/15/2015.</p> <p>All residents of the facility have the potential to be affected. The Maintenance Director and Maintenance Assistant inspected all smoke barriers for penetrations and foam sleeves containing phone wires for appropriate foam use with corrective action if indicated on 5/15/2015</p> <p>The Regional Property Manager provided re-education with the Maintenance Director and Maintenance Assistance on 5/27/2015 on the following information:</p> |  |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: C. S. O. J. TITLE: Administrator (X5) DATE: 6/4/15

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<br>Fire).  | K 000  |   |  |
| K 025<br>SS=D                                       | Deficiencies were cited with the highest deficiency identified at "F" level.<br><br>NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, it was determined the facility failed to maintain smoke barriers that would resist the passage of smoke between smoke compartments in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect two (2) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for seventy-four (74) beds and at the time of the survey, the census was sixty-five (65).<br><br>The findings include:<br><br>Observation, on 05/06/15 at 10:25 AM, with the Maintenance Director and the Regional Property Manager revealed unrated expandable foam | K 025  | <ul style="list-style-type: none"> <li>K 025- Barriers must resist the passage of smoke between smoke compartments in accordance with National Fire Protection Association standards.</li> </ul> <p>A posttest was completed graded by the Administrator to validate understanding.</p> <p>The Maintenance Director or Maintenance Assistant will inspect smoke barriers and appropriate foam sleeves surrounding phone wires monthly June, July and August, then quarterly thereafter with corrective action if indicated.</p> <p>Trends identified will be brought by the Maintenance Director and reviewed at the monthly Quality Assurance meetings for any additional follow up and/or inservicing needs until issue is resolved. The Quality Assurance committee consists of the following: Administrator, Director of Nursing, Medical Director, Social Services, Maintenance Director, and Activity Director.</p> <p>Completion Date:</p> | 5/29/15                                      |

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| K 025   | <p>Continued From page 2</p> <p>being used to seal a sleeve with phone wires. Further observation revealed a twelve (12) inch by twelve (12) inch piece of drywall was missing from one (1) side of the smoke barrier extending above the ceiling located over the East Men's Shower Room in the 200 Hall.</p> <p>Interview, on 05/06/15 at 10:26 AM, with the Maintenance Director revealed he was not aware of the penetration or the use of unrated expandable foam.</p> <p>The census of sixty-five (65) was verified by the Administrator on 05/06/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 05/06/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition) 19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour. Exception No. 1: Where an atrium is used, smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with Exception No. 2 to 8.2.5.6(1). Not less than two separate smoke compartments shall be provided on each floor. Exception No. 2*: Dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems where an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 has been provided for smoke compartments adjacent to the smoke barrier.</p> | K 025  | <p>K 029</p> <p>Room 310 was cleaned by housekeeping and all hazardous materials were stored on 5/27/2015. On 5/28/2015 an automatic door closure was installed on the door of room 302 by the Maintenance Director.</p> <p>All residents of the facility have the potential to be affected. The Maintenance Director and Regional Property Manager inspected all rooms for hazardous materials and the proper storage on 5/27/2015, with corrective action if indicated</p> <p>The Regional Property Manager provided re-education with the Maintenance Director and Maintenance Assistance on 5/27/2015 on the following information:</p> <ul style="list-style-type: none"> <li>• K 029 – Hazzard storage in resident rooms</li> </ul> <p>A posttest was completed and graded by the Administrator to validate understanding.</p> <p>The Maintenance Director or Maintenance Assistant will inspect resident rooms monthly (June, July and August), then quarterly thereafter for hazardous materials and proper storage with corrective action if indicated.</p> <p>Trends identified will be brought by the Maintenance Director and reviewed at</p> |  |

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| K 025   | Continued From page 3<br>19.3.7.5<br>Openings in smoke barriers shall be protected by fire-rated glazing, by wired glass panels and steel frames, by substantial doors, such as 13/4-in. (4.4-cm) thick, solid-bonded wood core doors; or by construction that resists fire for not less than 20 minutes. Nonrated factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door shall be permitted.<br>Exception: Doors shall be permitted to have fixed fire window assemblies in accordance with 8.2.3.2.2.<br>Reference: NFPA 80 Standard for Fire Doors and Windows (1999 edition)  | K 025  | the monthly Quality Assurance meetings for any additional follow up and/or inservicing needs until issue is resolved. The Quality Assurance committee consists of the following: Administrator, Director of Nursing, Medical Director, Social Services, Maintenance Director, Activity Director.<br><br>Completion Date:  | 5/29/15                                      |
| K 029<br>SS=D                                       | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, it was determined the facility failed to meet the requirements for Protection of Hazards, in accordance with the National Fire Protection | K 029  | On 5/7/2015 the Maintenance Assistant replaced the missing bulb at exit "G".<br><br>All residents of the facility have the potential to be affected. On 5/07/2015 the Regional Property Manager, Maintenance Director and Maintenance Assistant conducted a facility inspection of all egress. No other issues were identified in the inspection.<br><br>The Regional Property Manager provided re-education on 5/27/2015 on the following information:<br>• K 045 – Illumination of means of egress<br>A posttest was completed and graded by the Administrator to validate understanding. |  |

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| K 029   | Continued From page 4<br>Association (NFPA) standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for seventy-four (74) beds and at the time of the survey, the census was sixty-five (65).<br><br>The findings include:<br><br>1.) Observation, on 05/06/15 at 12:00 PM, with the Maintenance Director revealed hazardous amounts of combustible personal belongings located in Resident Room #302. The door and room do not meet the requirements for protection from hazards.<br><br>Interview, on 05/06/15 at 12 01 PM, with the Maintenance Director revealed he was aware of the personal belongings; however, he was not aware of how to keep from upsetting the resident and meet the requirements of protection from hazards.<br><br>2 ) Observation, on 05/06/15 at 12:04 PM, with the Maintenance Director revealed hazardous amounts of combustible personal belongings located in Resident Room #310. The door and room do not meet the requirements for protection from hazards.<br><br>Interview, on 05/06/15 at 12 05 PM, with the Maintenance Director revealed he was aware of the personal belongings; however, he was not aware of how to keep from upsetting the resident and meet the requirements of protection from hazards.<br><br>The census of sixty-five (65) was verified by the | K 029  | The Maintenance Director or Maintenance Assistant will inspect egress lighting monthly with corrective action if indicated.<br><br>Trends identified will be brought by the Maintenance Director and reviewed at the monthly Quality Assurance meetings for any additional follow up and/or inservicing needs until issue is resolved. The Quality Assurance committee consists of the following: Administrator, Director of Nursing, Medical Director, Social Services, Maintenance Director, Activity Director.<br><br>Completion Date:<br><br>K 050<br><br>In March 2015, the Property Manager and Maintenance Director self-identified the missing drills from second quarter of 2014. The Maintenance Director and Maintenance Assistant conducted fire drills on each shift to make up for the missing drills in the second quarter of 2014.<br><br>All residents of the facility have the potential to be affected. The Regional Property Manager reviewed the facility's fire drill documentation. | 5/29/15                                      |

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| K 029   | Continued From page 5<br>Administrator on 05/06/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 05/06/15.<br><br>Actual NFPA Standard:<br><br>Reference: NFPA 101 (2000 Edition) 19.3.2 Protection from Hazards.<br><br>Reference: NFPA 101 (2000 Edition) 9.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:<br>(1) Boiler and fuel-fired heater rooms<br>(2) Central/bulk laundries larger than 100 ft <sup>2</sup> (9.3 m <sup>2</sup> )<br>(3) Paint shops<br>(4) Repair shops<br>(5) Soiled linen rooms<br>(6) Trash collection rooms<br>(7) Rooms or spaces larger than 50 ft <sup>2</sup> (4.6 m <sup>2</sup> ), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction<br>(8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard | K 029  | Documentation revealed that drills were conducted in the third and fourth quarter of 2014 and the first quarter of 2015 in accordance to National Fire Protection Association Standards.<br><br>The Regional Property Manager provided re-education on 5/27/2015 on the following information:<br><ul style="list-style-type: none"> <li>K 050 – Documentation of fire drills quarterly</li> </ul> A posttest was completed and graded by the Administrator to validate understanding.<br><br>The Administrator will inspect fire drill documentation monthly (June, July and August), then quarterly thereafter. The Maintenance Assistant or Administrator will conduct fire drills in the absence of the Maintenance Director.<br><br>Trends identified will be brought by the Maintenance Director and reviewed at the monthly Quality Assurance meetings for any additional follow up and/or inservicing needs until issue is resolved. The Quality Assurance committee consists of the following: Administrator, Director of Nursing, Medical Director, Social Services, Maintenance Director, Activity Director.<br><br>Completion Date: | 5/29/15                                      |

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|---|---|--|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>EDMONSON CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>813 S. MAIN ST.<br>BROWNSVILLE, KY 42210   |  |
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| K 029   | Continued From page 6<br>Exception: Doors in rated enclosures shall be permitted to have nonrated, factory or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.<br><br>Reference: NFPA 101 (2000 Edition) 7.2.1.8 Self-Closing Devices.<br><br>Reference: NFPA 101 (2000 Edition) 7.2.1.8.1* A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2.<br><br>Reference: NFPA 101 (2000 Edition) 7.2.1.8.2 In any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, doors shall be permitted to be automatic-closing, provided that the following criteria are met:<br>(1) Upon release of the hold-open mechanism, the door becomes self-closing.<br>(2) The release device is designed so that the door instantly releases manually and upon release becomes self-closing, or the door can be readily closed.<br>(3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door release service in NFPA 72, National Fire Alarm Code®.<br>(4) Upon loss of power to the hold-open device, the hold-open mechanism is released and the | K 029  | K 052<br><br>On 5/7/2015 a fire alarm service company re-programmed the magnetic locks at exit "G" and at the end of the 600 hallway to release in silent mode.<br><br>All residents of the facility have the potential to be affected. All exits were checked and verified to open in silent alarm mode by the fire alarm services and the Maintenance Director on 5/7/2015.<br><br>The Regional Property Manager provided re-education on 5/27/2015 on the following information:<br><ul style="list-style-type: none"> <li>K 052 – Fire alarm system must be inspected and tested in accordance with National Fire Protection Association Standards</li> </ul> A posttest was completed and graded by the Administrator to validate understanding.<br><br>The Maintenance Director or Maintenance Assistant will inspect door function in silent mode during fire drills conducted in June, July and August, then quarterly thereafter with corrective action if indicated.<br><br>Trends identified will be brought by the Maintenance Director and reviewed at |  |

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| K 029   | Continued From page 7<br>door becomes self-closing.<br>(5) The release by means of smoke detection of one door in a stair enclosure results in closing all doors serving that stair.   | K 029  | the monthly Quality Assurance meetings for any additional follow up and/or inservicing needs until issue is resolved. The Quality Assurance committee consists of the following:  |  |
| K 045<br>SS=D                                       | NFPA 101 LIFE SAFETY CODE STANDARD<br>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 192.8<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, it was determined the facility failed to ensure egress lighting was maintained in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for seventy-four (74) beds and at the time of the survey, the census was sixty-five (65).<br><br>The findings include:<br><br>Observation, on 05/06/15 at 12:32 PM, with the Maintenance Director revealed a two (2) bulb fixture located outside Exit " G " ; however, one (1) of the two (2) required light bulbs was missing. This is a repeat deficiency from 03/31/14.<br><br>Interview, on 05/06/15 at 12:33 PM, with the Maintenance Director revealed he was not aware the bulb was missing from the light fixture. | K 045  | Administrator, Director of Nursing, Medical Director, Social Services, Maintenance Director, and Activity Director.<br><br>Completion Date:<br><br>K 061<br>On 5/7/2015 the Fire Protection Services repaired the tamper switch on the Sprinkler System.<br><br>All residents of the facility have the potential to be affected. On 5/07/2015 the alarm service received a signal for the damper switch tested by the Fire Protection Services. All systems were inspected and functional on 5/7/2015.<br><br>The Regional Property Manager provided re-education on 5/27/2015 on the following information:<br><ul style="list-style-type: none"> <li>K 061 – Sprinkler system must be inspected and tested in accordance with National Fire Protection Association Standards</li> </ul> A posttest was completed and graded by the Administrator to validate understanding. | 5/29/15                                      |

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| K 045   | <p>Continued From page 8</p> <p>The census of sixty-five (65) was verified by the Administrator on 05/08/15. The survey findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 05/06/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition) 7.8 ILLUMINATION OF MEANS OF EGRESS<br/>7.8.1 General.<br/>7.8.1.1*<br/>Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 42. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way.<br/>7.8.1.2<br/>Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be employed at such locations and for such periods of time as required to maintain the illumination to the minimum criteria values herein specified.<br/>Exception: Automatic, motion sensor-type lighting switches shall be permitted within the means of egress, provided that the switch controllers are equipped for fail-safe operation, the illumination timers are set for a minimum 15-minute duration, and the motion sensor is</p> | K 045  | <p>The Maintenance Director or Maintenance Assistant will test the damper switch monthly June, July, and August. The Fire Protection services will inspect the sprinkler system quarterly and the Maintenance Director will verify the inspection.</p> <p>Trends identified will be brought by the Maintenance Director and reviewed at the monthly Quality Assurance meetings for any additional follow up and/or inservicing needs until issue is resolved. The Quality Assurance committee consists of the following: Administrator, Director of Nursing, Medical Director, Social Services, Maintenance Director, and Activity Director.</p> <p>Completion Date: 5/29/15</p> <p>K 075</p> <p>On 5/7/2015 the Maintenance Director removed the trash receptacle from the building.</p> <p>All residents of the facility have the potential to be affected. On 5/7/2015 the Maintenance Director inspected the facility for trash receptacles exceeding the size limit with corrective action if indicated on 5/7/2015.</p> |

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| K 045   | <p>Continued From page 9</p> <p>activated by any occupant movement in the area served by the lighting units.</p> <p>7.8.1.3*</p> <p>The floors and other walking surfaces within an exit and within the portions of the exit access and exit discharge designated in 7.8.1.1 shall be illuminated to values of at least 1 ft-candle (10 lux) measured at the floor.</p> <p>Exception No. 1: In assembly occupancies, the illumination of the floors of exit access shall be at least 0.2 ft-candle (2 lux) during periods of performances or projections involving directed light.</p> <p>Exception No. 2*: This requirement shall not apply where operations or processes require low lighting levels.</p> <p>7.8.1.4*</p> <p>Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.</p> <p>7.8.1.5</p> <p>The equipment or units installed to meet the requirements of Section 7.10 also shall be permitted to serve the function of illumination of means of egress, provided that all requirements of Section 7.8 for such illumination are met.</p> <p>7.8.2 Sources of Illumination.</p> <p>7.8.2.1*</p> <p>Illumination of means of egress shall be from a source considered reliable by the authority having jurisdiction.</p> <p>7.8.2.2</p> <p>Battery-operated electric lights and other types of portable lamps or lanterns shall not be used for primary illumination of means of egress. Battery-operated electric lights shall be permitted to be used as an emergency source to the extent permitted under Section 7.9.</p> | K 045  | <p>The Regional Property Manager provided re-education on 5/27/2015 on the following information:</p> <ul style="list-style-type: none"> <li>K 075 – Trash collection receptacles must be stored in accordance with National Fire Protection Association Standards</li> </ul> <p>A posttest was completed and graded by the Administrator to validate understanding.</p> <p>The Maintenance Director or Maintenance Assistant will inspect the facility grounds for appropriate trash receptacles and prior to any new receptacle is placed for appropriate size limit monthly June, July and August, then quarterly thereafter.</p> <p>Trends identified will be brought by the Maintenance Director and reviewed at the monthly Quality Assurance meetings for any additional follow up and/or inservicing needs until issue is resolved. The Quality Assurance committee consists of the following: Administrator, Director of Nursing, Medical Director, Social Services, Maintenance Director, and Activity Director.</p> <p>Completion Date:</p> | 5/29/15              |

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| K 050<br>SS=F                                       | <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19 7.1.2</p> <p>This STANDARD is not met as evidenced by:<br/>Based on interview and record review, it was determined the facility failed to ensure fire drills were conducted quarterly on each shift at unexpected times, in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect four (4) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for seventy-four (74) beds and at the time of the survey, the census was sixty-five (65).</p> <p>The findings include:</p> <p>Review of the facility's Fire Drill documentation, on 05/06/15 at 10 50 AM, with the Maintenance Director revealed the facility failed to conduct a fire drill in the second (2nd) quarter of 2014 for second (2nd) shift staff.</p> <p>Interview, on 05/06/15 at 10 51 AM, with the Maintenance Director revealed he was not the Maintenance Director during that time and was unaware the fire drills were not being conducted</p> | K 050 K 076  | <p>On 5/11/2015 the Maintenance Director removed the oxygen cylinders from the East and West storage rooms and placed them in the courtyard for storage.</p> <p>All residents of the facility have the potential to be affected. On 5/11/2015 the Maintenance Director inspected the facility for appropriate oxygen storage. No issues were identified during this audit.</p> <p>The Regional Property Manager provided re-education on 5/27/2015 on the following information:</p> <ul style="list-style-type: none"> <li>• K 076 – Oxygen storage in accordance with National Fire Protection Association Standards</li> </ul> <p>A posttest was completed and graded by the Administrator to validate understanding.</p> <p>The Maintenance Director or Maintenance Assistant will inspect the facility grounds for oxygen storage monthly June, July and August, then quarterly thereafter.</p> <p>Trends identified will be brought by the Maintenance Director and reviewed at the monthly Quality Assurance meetings for any additional follow up and/or inservicing needs until issue is resolved. The Quality Assurance</p> |  |

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| K 050   | Continued From page 11 as required.<br><br>Interview, on 05/06/15 at 10:51 AM, with the Regional Property Manager revealed he was aware the fire drills had been missed due to the facility not having a Maintenance Director.<br><br>The census of sixty-five (65) was verified by the Administrator on 05/06/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 05/06/15.<br><br>Actual NFPA Standard:<br><br>Reference: NFPA 101 (2000 edition) 19.7.1.2. Fire drills shall be conducted at least quarterly on each shift and at unexpected times under varied conditions on all shifts. | K 050  | committee consists of the following: Administrator, Director of Nursing, Medical Director, Social Services, Maintenance Director, and Activity Director.<br><br>Completion Date:<br><br>K 147<br><br>On 5/6/2015 the Administrator removed the extension cords immediately.<br><br>All residents of the facility have potential to be affected. On 5/7/2015 the Maintenance Director and Maintenance Assistant conducted a facility audit for extension cords with no issues identified during the audit.                   | 5/29/15                                      |
| K 052<br>SS=F                                       | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  | K 052  | The Regional Property Manager provided re-education on 5/27/2015 on the following information:<br><ul style="list-style-type: none"> <li>K 147 – Electrical wiring and equipment shall be in accordance with National Fire Protection Association Standards</li> </ul> A posttest was completed and graded by the Administrator to validate understanding.<br><br>The Maintenance Director or Maintenance Assistant will inspect the facility for extension cords monthly June, July and August, then quarterly thereafter. |  |

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| K 052   | <p>Continued From page 12</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation during the testing of the fire alarm and interview, it was determined the facility failed to ensure the fire alarm system was inspected and tested in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice has the potential to affect four (4) of four (4) smoke compartments, seventy-four (74) residents, staff and visitors. The facility has the capacity for seventy-four (74) beds and at the time of the survey, the census was sixty-five (65).</p> <p>The findings include:</p> <p>Observation during the testing of the fire alarm, on 05/06/15 at 3 30 PM, with the Maintenance Director revealed the magnetic lock on the door to Exit G and the Exit Door located in the 600 Hall failed to release upon activation of the Fire Alarm while the Fire Alarm was in silent mode.</p> <p>Interview, on 05/06/15 at 3 31 PM, with the Maintenance Director revealed he was unaware the magnetic lock did not release in silent mode with the activation of the fire alarm control panel.</p> <p>The census of sixty-five (65) was verified by the Administrator on 05/06/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 05/06/15.</p> <p>Actual NFPA Standard:</p> <p>NFPA 101 (2000 Edition), 9.6.1.4. A fire alarm system required for life safety shall be installed,</p> | K 052  | <p>Trends identified will be brought by the Maintenance Director and reviewed at the monthly Quality Assurance meetings for any additional follow up and/or inservicing needs until issue is resolved. The Quality Assurance committee consists of the following: Administrator, Director of Nursing, Medical Director, Social Services, Maintenance Director, and Activity Director.</p> <p>Completion Date:</p> | 5/29/15              |

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| K 052   | Continued From page 13<br>tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code.   | K 052  |   |  |
| K 061<br>SS=F                                       | NFPA 72 (1999 Edition), 5-4.4.1.2<br>NFPA 101 LIFE SAFETY CODE STANDARD<br>Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview it was determined the facility failed to provide electronic supervision (tamper switches) for a water supply control valve installed on the sprinkler system in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect four (4) of four (4) smoke compartments, seventy-four (74) residents, staff and visitors. The facility has the capacity for seventy-four (74) beds and at the time of the survey, the census was sixty-five (65).<br><br>The findings include:<br><br>Observation, on 05/06/15 at 3:11 PM, with the Maintenance Director revealed the tamper switch for the Main Valve of the Sprinkler System was electronically connected to the Fire Alarm; however, when tested the tamper switch failed to | K 061  |   |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185401 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____                            | (X3) DATE SURVEY COMPLETED<br><br>05/06/2015 |
|---|---|--|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>EDMONSON CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>813 S. MAIN ST.<br>BROWNSVILLE, KY 42210                               |  |
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| K 061   | <p>Continued From page 14 function as required.</p> <p>Interview on 05/06/15 at 3:12 PM, with the Maintenance Director revealed he was not aware that electronic supervision was not working as required.</p> <p>The census of sixty-five (65) was verified by the Administrator on 05/06/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 05/06/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition) 19.3.5 Extinguishment Requirements<br/>19.3.5.1<br/>Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.<br/>Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered.<br/>19.3.5.2*<br/>Where this Code permits exceptions for fully sprinklered buildings or smoke compartments, the sprinkler system shall meet the following criteria:<br/>(1) It shall be in accordance with Section 9.7.<br/>(2) It shall be electrically connected to the fire alarm system.<br/>(3) It shall be fully supervised.</p> | K 061  |   |  |

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| K 061   | Continued From page 15<br>Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered.<br><br>Reference: NFPA 101 (2000 Edition) 9.7.2.1*. Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure, and air pressure on dry-pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. | K 061  |   |  |
| K 075<br>SS=D                                       | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed 5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not  | K 075  |   |  |

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| K 075   | Continued From page 16<br>attended. 19.7.5 5<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, it was determined the facility failed to ensure linen or trash collection receptacles with capacities greater than thirty-two (32) gallon were stored in accordance with National Fire Protection Association (NFPA) standards. The deficient practice had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for seventy-four (74) beds and at the time of the survey, the census was sixty-five (65).<br><br>The findings include:<br><br>Observation, on 05/06/15 at 12:42 PM, with the Maintenance Director revealed a trash container with a capacity of forty (40) gallons was being stored in the egress path located outside the Personal Care Dining Room.<br><br>Interview, on 05/06/15 at 12:43 PM, with the Maintenance Director revealed he was not aware of the requirement for trash receptacles with capacities greater than thirty-two (32) gallons.<br><br>The census of sixty-five (65) was verified by the Administrator on 05/06/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 05/06/15. | K 075  |   |                      |  |



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| K 076   | <p>Continued From page 18</p> <p>determined the facility failed to ensure oxygen storage was in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect two (2) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for seventy-four (74) beds and at the time of the survey, the census was sixty-five (65).</p> <p>The findings include:</p> <p>1.) Observation, on 05/06/15 at 11:39 AM, with the Maintenance Director revealed a light switch was installed below five (5) feet from the floor located in the Oxygen Storage Room at the East Nurses' Station.</p> <p>Interview, on 05/06/15 at 11:40 AM, with the Maintenance Director revealed he was not aware of the requirements for oxygen storage.</p> <p>2.) Observation, on 05/06/15 at 2:38 PM, with the Maintenance Director revealed a light switch was installed below five (5) feet from the floor located in the 500 Hall Oxygen Storage Room.</p> <p>Interview, on 05/06/15 at 2:39 PM, with the Maintenance Director revealed he was not aware of the requirements for oxygen storage.</p> <p>The census of sixty-five (65) was verified by the Administrator, on 05/06/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 05/06/15.</p> <p>Actual NFPA Standard:</p> | K 076  |   |  |

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| K 076   | Continued From page 19<br><br>Reference: NFPA 99 (1999 Edition). 8-3.1.11.2<br>8-3.1.11.2<br>Storage for nonflammable gases less than 85 m3 (3000 ft3)<br>(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.<br>(b) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.<br>(c) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:<br>(1) A minimum distance of 6.1 m (20 ft)<br>(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<br>(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.<br>(d) Liquefied gas container storage shall comply with 4-3.1.1.2(b)4.<br>(e) Cylinder and container storage locations shall meet 4-3.1.1.2(a)11e with respect to temperature limitations.<br>(f) Electrical fixtures in storage locations shall meet 4-3.1.1.2(a)11d.<br>(g) Cylinder protection from mechanical shock shall meet 4-3.5.2.1(b)13.<br>(h) Cylinder or container restraint shall meet 4-3.5.2.1(b)27.<br>(i) Smoking, open flames, electric heating | K 076  |   |  |

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| K 076   | Continued From page 20<br>elements, and other sources of ignition shall be prohibited within storage locations and within 20 ft (6.1 m) of outside storage locations.<br>(j) Cylinder valve protection caps shall meet 4-3.5.2.1(b)14.  | K 076  |   |  |
| K 147<br>SS=D                                       | 8-3.1.11.3 Signs. A precautionary sign, readable from a distance of 5 ft (1.5 m), shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum:<br><b>CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING</b><br>NFPA 101 LIFE SAFETY CODE STANDARD<br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for seventy-four (74) beds and at the time of the survey, the census was sixty-five (65).<br><br>The findings include:<br><br>Observation, on 05/06/15 at 11:37 AM, with the Maintenance Director revealed two (2) extension | K 147  |   |  |

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| K 147   | <p>Continued From page 21</p> <p>cords in use to a fish tank located in the Main Lobby.</p> <p>Interview, on 05/06/15 at 11:38 AM, with the Maintenance Director revealed he was not aware the extension cords were in use.</p> <p>The census of sixty-five (65) was verified by the Administrator on 05/06/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 05/06/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>9.1.2 Electric.<br/>Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>Reference: NFPA 70 (1999 Edition) 400-8 (Extensions Cords) Uses Not Permitted.<br/>Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure<br/>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors<br/>(3) Where run through doorways, windows, or similar openings<br/>(4) Where attached to building surfaces</p> | K 147  |   |  |

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| K 147   | Continued From page 22<br><br>Reference: NFPA 99 (1999 edition) 3-3.2.1 2 (D) Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters. | K 147  |   |                      |  |