

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

RECEIVED
OCT 02 2012

PRINTED: 09/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2012
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NAME OF PROVIDER OR SUPPLIER BRECKINRIDGE MEMORIAL NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1011 OLD HIGHWAY 60 HARDINSBURG, KY 40143
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F 000	INITIAL COMMENTS A Standard health survey was conducted on 09/11/12-09/13/12 and a Life Safety Code survey was conducted on 09/12/12 with highest scope and severity of an "F" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition.	F 000		
F 156 SS=C	This was a Nursing Home Initiative survey with entrance at 6:01 PM. 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)	F 156	(F156) Shawn Gardner, NF DON received the posters regarding resident rights on making application for Medicare/Medicaid. Posters were placed in prominent location on the NF Unit on 9-25-12.	9-25-12

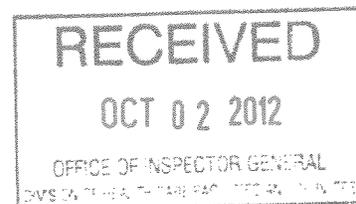
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Michael Cooper* TITLE: CEO (X6) DATE: 10/2/12

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 and plans of correction are disclosable 14 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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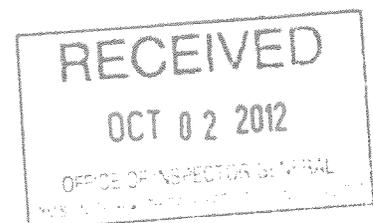
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F 156	<p>Continued From page 1 (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p>	F 156			



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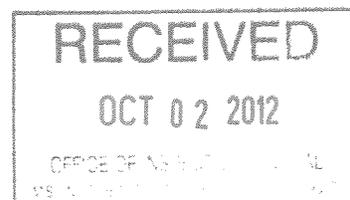
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F 156	<p>Continued From page 2</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to post information regarding how to apply for Medicare and Medicaid benefits within view of residents residing in the facility.</p> <p>The findings include: Interview with the Chief Nursing Officer, on</p>	F 156			



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F 156	<p>Continued From page 3</p> <p>09/13/12 at 8:50 AM, revealed there was no policy regarding positing of the sign for Medicare and Medicaid application, and was not aware there needed to be a sign posted.</p> <p>Observation in the hallway, on 09/12/12 at 8:00 AM, revealed no evidence of the required information regarding how to apply for Medicare/Medicaid benefits posted at reading level for all residents.</p> <p>Interview with the Director of Nursing, on 09/13/12 at 8:55 AM, revealed she was not sure about the posting of the sign and would have to ask the Chief Nursing Officer about it.</p> <p>Interview with the Chief Nursing Officer, on 09/13/12 at 8:50 AM, revealed there was not a sign posted on the skilled unit; however, stated it might be posted somewhere in the hospital downstairs. Later, interview with the Chief Nursing Officer at 1:00 PM, revealed there were no signs posted in the hospital, regarding how to apply for the benefits.</p>	F 156			



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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OFFICE OF INSPECTOR GENERAL
DIVISION OF REAL CARE FACILITIES AND SERVICES

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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: 1964, 1985</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Two (2) stories, Type I (222)</p> <p>SMOKE COMPARTMENTS: Two (2) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 9/12/12. Breckenridge Memorial Nursing Facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility has eighteen (18) certified beds with a census of seventeen (17) 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 Fire)</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Michael Cooper</i>	TITLE <i>CEO</i>	(X6) DATE <i>10/2/12</i>
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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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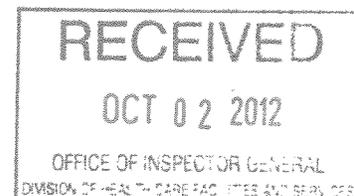
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K 000	Continued From page 1	K 000		
K 046 SS=F	<p>Deficiencies were cited with the highest deficiency identified at F level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide emergency lighting in accordance with NFPA standards. The deficiency had the potential to affect two (2) of two (2) smoke compartments, residents, staff and visitors. The facility has eighteen (18) certified beds with a census of seventeen (17) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 09/12/12 at 1:52 PM, with the Maintenance Supervisor revealed an emergency battery light located in the Transfer Switch Room, did not function when tested.</p> <p>Interview, on 09/12/12 at 1:52 PM, with the Maintenance Supervisor revealed he was unaware the light was not functioning properly.</p> <p>Reference: NFPA 101 (2000 edition) 7.9.2.1* Emergency illumination shall be provided for not less than 1 1/2 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination</p>	K 046	<p>(K046)</p> <p>Bill O'Reilly, Plant Maintenance Director ordered new Emergency Lighting with 90 minute operation capacity and upon installation will test the lighting weekly and under a load for 90 minutes annually. Lightning has been received and installed as of 9-18-12.</p> <p>Pam Trost, Housekeeping Director conducted an inspection and thorough cleaning of all sprinkler heads on 9-17-12. The sprinkler heads have been added to the daily cleaning log for housekeeping staff. Pam Trost, Housekeeping Director will conduct monthly inspections of the sprinkler heads for 3 months to evaluate compliance with cleaning schedule, less than 100% compliance during the inspection period will result in extending inspections for 6 months.</p>	9-18-12



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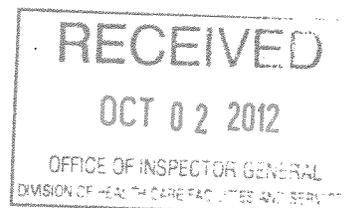
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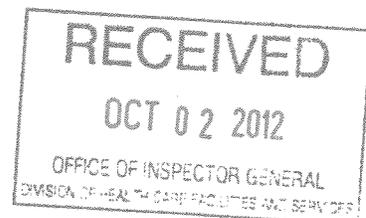
K 046	Continued From page 2 that is not less than an average of 1 ft-candle (10 lux) and, at any point, not less than 0.1 ft-candle (1 lux), measured along the path of egress at floor level. Illumination levels shall be permitted to decline to not less than an average of 0.6 ft-candle (6 lux) and, at any point, not less than 0.06 ft-candle (0.6 lux) at the end of the 1 1/2 hours. A maximum-to-minimum illumination uniformity ratio of 40 to 1 shall not be exceeded.	K 046		
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and sprinkler testing record review it was determined the facility failed to maintain the sprinkler system in accordance with NFPA standards. The deficiency had the potential to affect two (2) of two (2) smoke compartments, residents, staff, and visitors. The facility has eighteen (18) certified beds with a census of seventeen (17) on the day of the survey.</p> <p>The findings include:</p> <p>Record review of the facility's sprinkler testing records with the Maintenance Supervisor revealed the facility failed to provide</p>	K 062	<p>(K062)</p> <p>Bill O'Reilly, Plant Maintenance Director contacted Armor Fire Protection who completed a quarterly inspection and changed two gauges on sprinkler risers on 9-18-12.</p>	9-18-12



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K 062	<p>Continued From page 3</p> <p>documentation that the gauges on the sprinkler riser had been calibrated within the last 5 years.</p> <p>Interview, on 9/12/12 at 2:20 PM, with the Maintenance Supervisor revealed he was not aware the gauges on the sprinkler riser had to be calibrated once every 5 years.</p> <p>Reference: NFPA 13 (1999 Edition) 5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development. 5-5.5.2.1 Continuous or noncontiguous obstructions less Than or equal to 18 in. (457 mm) below the sprinkler deflector That prevent the pattern from fully developing shall comply With 5-5.5.2.</p> <p>2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. hydraulic design basis, the system area of operation shall be permitted to be reduced without revising the density as indicated in Figure 7-2.3.2.4 when all of the following conditions are satisfied: (1) Wet pipe system (2) Light hazard or ordinary hazard occupancy</p>	K 062			



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K 062	<p>Continued From page 4</p> <p>(3) 20-ft (6.1-m) maximum ceiling height The number of sprinklers in the design area shall never be less than five. Where quick-response sprinklers are used on a sloped ceiling, the maximum ceiling height shall be used for determining the percent reduction in design area. Where quick-response sprinklers are installed, all sprinklers within a compartment shall be of the quick response type. Exception: Where circumstances require the use of other than ordinary temperature-rated sprinklers, standard response sprinklers shall be permitted to be used.</p> <p>Reference: NFPA 25 (1998 Edition).</p> <p>10-2.2* Obstruction Prevention. Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections.</p> <p>10-2.3* Flushing Procedure. If an obstruction investigation carried out in accordance with 10-2.1 indicates the presence of</p>	K 062		
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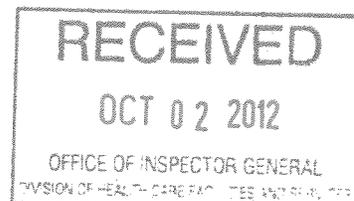
K 062	<p>Continued From page 5 sufficient material to obstruct sprinklers, a complete flushing program shall be conducted. The work shall be done by qualified personnel.</p> <p>Reference: NFPA 25 (1998 Edition).</p> <p>2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. Exception: Valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 9.</p> <p>Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance</p> <table border="1"> <thead> <tr> <th>Item</th> <th>Activity</th> <th>Frequency</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Gauges (dry, preaction deluge systems)</td> <td>Inspection</td> <td>Weekly/monthly</td> <td>2-2.4.2</td> </tr> <tr> <td>Control valves</td> <td>Inspection</td> <td>Weekly/monthly</td> <td>Table 9-1</td> </tr> <tr> <td>Alarm devices</td> <td>Inspection</td> <td>Quarterly</td> <td>2-2.6</td> </tr> <tr> <td>Gauges (wet pipe systems)</td> <td>Inspection</td> <td>Monthly</td> <td>2-2.4.1</td> </tr> <tr> <td>Hydraulic nameplate</td> <td>Inspection</td> <td>Quarterly</td> <td>2-2.7</td> </tr> <tr> <td>Buildings</td> <td>Inspection</td> <td>Annually (prior to freezing weather)</td> <td>2-2.5</td> </tr> <tr> <td>Hanger/seismic bracing</td> <td>Inspection</td> <td>Annually</td> <td>2-2.3</td> </tr> <tr> <td>Pipe and fittings</td> <td>Inspection</td> <td>Annually</td> <td>2-2.2</td> </tr> <tr> <td>Sprinklers</td> <td>Inspection</td> <td>Annually</td> <td>2-2.1.1</td> </tr> <tr> <td>Spare sprinklers</td> <td>Inspection</td> <td>Annually</td> <td>2-2.1.3</td> </tr> </tbody> </table>	Item	Activity	Frequency	Reference	Gauges (dry, preaction deluge systems)	Inspection	Weekly/monthly	2-2.4.2	Control valves	Inspection	Weekly/monthly	Table 9-1	Alarm devices	Inspection	Quarterly	2-2.6	Gauges (wet pipe systems)	Inspection	Monthly	2-2.4.1	Hydraulic nameplate	Inspection	Quarterly	2-2.7	Buildings	Inspection	Annually (prior to freezing weather)	2-2.5	Hanger/seismic bracing	Inspection	Annually	2-2.3	Pipe and fittings	Inspection	Annually	2-2.2	Sprinklers	Inspection	Annually	2-2.1.1	Spare sprinklers	Inspection	Annually	2-2.1.3	K 062		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185285	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2012
NAME OF PROVIDER OR SUPPLIER BRECKINRIDGE MEMORIAL NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 OLD HIGHWAY 60 HARDINSBURG, KY 40143	
(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 062	Continued From page 6 Fire department connections Inspection Table 9-1 Valves (all types) Inspection Table 9-1 Alarm devices Test Quarterly 2-3.3 Main drain Test Annually Table 9-1 Antifreeze solution Test Annually 2-3.4 Gauges Test 5 years 2-3.2 Sprinklers - extra-high temp. Test 5 years 2-3.1.1 Exception No. 3 Sprinklers - fast response Test At 20 years and every 10 years thereafter 2-3.1.1 Exception No. 2 Sprinklers Test At 50 years and every 10 years thereafter 2-3.1.1 Valves (all types) Maintenance Annually or as needed Table 9-1 Obstruction investigation Maintenance 5 years or as needed Chapter 10	K 062		
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with NFPA standards. The deficiency had the potential to affect two (2) of two (2) smoke compartments, residents, staff, and visitors. The facility has eighteen (18) certified beds with a census of seventeen (17) on the day of the survey.	K 147 (K147)	Bill O'Reilly, Plant Maintenance Director performed the following corrective actions: 1) Power strip was removed from wall and plug removed from drop ceiling on 9-17-12. 2) Removed corded plug and installed new junction box and new receptacle on 9-17-12.	9-17-12



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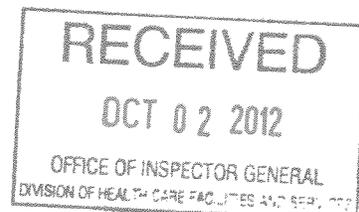
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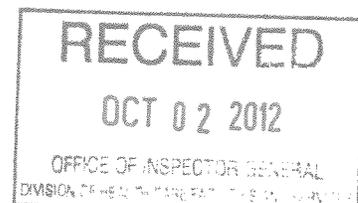
K 147	<p>Continued From page 7</p> <p>The findings include:</p> <p>Observations, on 09/12/12 between 12:44 PM and 1:44 PM, with the Maintenance Supervisor revealed:</p> <ol style="list-style-type: none"> 1) A power strip was mounted to the wall with a device plugged into it and the cord was running through the drop ceiling. 2) An open junction box with an unapproved corded plug passing through the loose cover plate located above the ceiling next to room 220. <p>Interview, on 09/12/12 between 12:44 PM and 1:44 PM, with the Maintenance Supervisor revealed he thought they had removed all power strips that were being misused. Further interview revealed he was not aware of the open junction box in the attic.</p> <p>Reference: NFPA 70 400-8</p> <p>(Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <ol style="list-style-type: none"> (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces 	K 147		
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K 147	Continued From page 8 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. Reference: NFPA 70 (1999 edition) 370.28(c) Covers. All pull boxes, junction boxes, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Where metal covers are used, they shall comply with the grounding requirements of Section 250-110. An extension from the cover of an exposed box shall comply with Section 370-22, Exception.	K 147			
K 211 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to	K 211 (K211)	Billi O'Reilly, Plant Maintenance Director removed dispensers that were in violation and re-installed them according to NFPA 101 Life Safety Code Standards on 9-25-12.	9-25-12	



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K 211	<p>Continued From page 9 an ignition source.</p> <ul style="list-style-type: none"> o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure that Alcohol Based Hand Rub dispensers were not installed over or adjacent to an ignition source in accordance with NFPA standards. The deficiency had the potential to affect one (1) of two (2) smoke compartments, residents, staff and visitors. The facility has eighteen (18) certified beds with a census of seventeen (17) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 09/12/12 at 3:02 PM, with the Maintenance Supervisor revealed Alcohol Based Hand Rub Dispensers were installed over or adjacent to the light switches in rooms numbered 203, 204, 205, 206, 207, and 208.</p> <p>Interview, on 09/12/12 at 3:02 PM, with the Maintenance Supervisor revealed he was under the impression the sanitizers in the facility were alcohol free. He was not aware the dispensers</p>	K 211		
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DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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

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K 211	<p>Continued From page 10 were not allowed to be mounted above or adjacent to an ignition source.</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:</p> <ul style="list-style-type: none"> o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 	K 211		
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