

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

PRINTED: 02/20/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  02/08/2014
NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	<u>Disclaimer for Plan of Correction</u>		
F 241 SS=D	<p>A Recertification Survey was conducted on 02/04/14 through 02/08/14 to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of "F".</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy/procedure, it was determined the facility failed to promote care in a manner which maintained or enhanced a resident's dignity and respect for one (1) of fifteen (15) sampled residents (Resident #2), related to not closing the curtains on the window during provision of care.</p> <p>The findings include:</p> <p>Review of the facility's policy/procedure, "Nursing Resident Unit Rounds," dated 12/08, revealed Residents privacy is to be maintained at all times during care. Curtains are to be drawn and door closed during care and when resident is using bedpan/urinal.</p> <p>Record review revealed the facility admitted Resident #2 on 12/14/11 with diagnoses to include Failure to Thrive, Diabetes, Muscle</p>	F 241	<p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Christian Care Center of Kuttawa of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Kuttawa files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.</p> <p><u>F 241</u></p> <p>Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p>		

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

*Lindy Bruton*

TITLE

*Administrator*

(X5) DATE

*2.28.14*

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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NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42066	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 241	Continued From page 1 Weakness and Anxiety.  Observation of a skin assessment, on 02/04/14 at 10:30 AM, revealed Registered Nurse (RN #1) did not provide privacy as evidenced by not closing the curtains on the window to the outside while providing care for the resident.  Interview with RN #1, on 02/04/14 at 1:40 PM, revealed she should have closed the curtains on the window to provide privacy for the resident.  Interview with Assistant Director of Nursing (ADON), on 02/06/14 at 1:30 PM, revealed she expected staff to provide privacy for the resident by whatever means possible.  Interview with Director of Nursing (DON), on 02/06/14 at 1:45 PM, revealed she expected staff to pull the curtains on the window to provide privacy for the resident.	F 241	<u>Corrective Actions for Targeted Resident</u>  Registered Nurse #1 was counseled on 2/4/14 by the Director of Nursing regarding the need to provide resident care in a manner which maintains resident's dignity and privacy by closing the window curtains when providing care.  <u>Identification of Other Residents with Potential to be Affected</u>  Current residents receiving care from facility staff have a potential to be affected by this practice.  <u>Systematic Changes</u>  An in-service was held for the nursing staff on 2/5/14 by the Director of Nursing addressing the need to provide care to residents in a manner which promotes/maintains dignity, privacy and respect for the residents. The same in-service was repeated on 2/7/14 by the Director of Nursing to ensure nursing staff was educated. Newly-hired nursing staff will be educated during their orientation period by the Assistant Director of Nursing regarding providing resident care that promotes residents' dignity, privacy, and respect.	
F 371 SS=F	483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of	F 371		

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F 371 SS=F	483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of	F 371	<u>F 371</u>  Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:	3/22/14

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NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1283 LAKE BARKLEY DRIVE KUTTAWA, KY 42055	
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F 371	<p>Continued From page 2</p> <p>the Sanitizer Use Concentration and the Handwashing and Glove Use policies, it was determined the facility failed to store, prepare and serve food under sanitary conditions. Observations of the kitchen, revealed the sanitizer bucket below the level recommended for cleaning and poor handwashing technique.</p> <p>Review of the facility's census and condition, dated 02/04/14, revealed there were sixty-four (64) residents in the facility, with no tube feeders and all residents consumed food prepared from the kitchen area.</p> <p>The findings include:</p> <p>Review of the facility "Sanitizer Use Concentrations" policy, dated October 2012, revealed sanitation buckets must be established with appropriate sanitizing solution, 150-400 parts per million (PPM,) or 200 PPM, dependent on the product used and the manufacture guidelines. Dietary should change the buckets at least three (3) times a day and test with the appropriate litmus strips each time the solution is changed to assure accurate levels of sanitizer. In addition, the "Handwashing and Glove Use" policy, dated September 2010, revealed "hands must be washed following contact with any unsanitary surface, such as touching the hair, sneezing, opening doors, etcetera, (etc.)"</p> <p>1. Observation of the sanitizer buckets, on 02/05/14 at 9:50 AM, revealed the sanitizer level, in the bucket used to wipe the counters, failed to show any sanitizer, when tested with a litmus strip.</p> <p>Interview with the Dietary Aide, on 02/05/14 at</p>	F 371	<p><u>Corrective Actions for Targeted Residents</u></p> <p>The cited Dietary Aide was counseled on 2/6/14 by the Dietary Manager regarding the need for the sanitizing bucket to be changed prior to each meal to maintain a sanitizing solution level per Manufacturer's Guidelines.</p> <p>The cited Cook was counseled on 2/7/14 by the Dietary Manager regarding the need to wash hands following contact with any unsanitary surface in order to store, prepare, and serve food under sanitary conditions.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>Current residents consuming food prepared in the facility kitchen have a potential to be affected by this practice. An In-service was held on 2/7/14 by the Dietary Manager for Dietary Staff regarding the need to change the sanitizing bucket before each meal to maintain a sanitizing solution level per Manufacturer's Guidelines. In-service also addressed the need to store, prepare, and serve food under sanitary conditions by performing proper hand-washing following contact with any unsanitary surface. These In-services were repeated on 2/24/14 to educate a newly hired staff member. During their orientation period, newly-hired Dietary Staff will be educated regarding the need to change the</p>	

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NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1283 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
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F 371	<p>Continued From page 3</p> <p>10:00 AM, revealed the sanitizer bucket solutions are changed before each meal; breakfast, lunch and supper. However, this bucket had not been changed since 5:00 AM.</p> <p>Interview with the Dietary Manager, on 02/05/14 at 10:05 AM, revealed the Iltmus strips were working correctly and possibly the solution dissipated sooner than expected.</p> <p>2. Observation of the tray line, on 02/05/14 at 11:20 AM, revealed the Cook lifted the lid on the fifty-five (55) gallon trash can, to dispose of gloves and then touched the rolling cart, ladles hanging above the stove, plate bottoms and stirred food, in pots on the stove, prior to donning a pair of gloves.</p> <p>Interview with the Cook, on 02/05/14 at 11:20 AM, revealed the Cook stated she should have washed her hands after touching the lid on the trash can and then donned gloves.</p> <p>Interview with the Dietary Manager, on 02/05/14 at 11:30 AM, revealed the staff member should have washed their hands after touching the trash can and prior to donning gloves and stated the staff members had been trained to do this.</p>	F 371	<p>sanitizing bucket prior to each meal to maintain a sanitizing solution level per Manufacturer's Guidelines, and to perform proper hand-washing following contact with any unsanitary surface.</p> <p><u>Systematic Changes</u></p> <p>An observation audit will be conducted weekly by the Dietary Manager for four weeks to ensure that the sanitizing bucket is changed before each meal to maintain a sanitizing solution level per Manufacturer's Guidelines. Weekly random observation audits will be conducted by the Dietary Manager for four weeks to ensure proper hand-washing by Dietary Staff occurs following contact with any unsanitary surface. This observation audit will then be conducted monthly by the Dietary Manager.</p> <p><u>Monitoring</u></p> <p>Results of these observation audits will be presented to the monthly Performance Improvement Committee by the Dietary Manager for review and recommendations until desired threshold is met for three consecutive months; then quarterly. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager,</p>		

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NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
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NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN CARE CENTER OF KUTTAWA, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42055</b>		
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{K 000}	INITIAL COMMENTS  Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 03/23/14 as alleged.	{K 000}			

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

TITLE

(X6) DATE

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	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1956 and 1984.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (211).</p> <p>SMOKE COMPARTMENTS: Eight (8) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1980 and upgraded in 1997, with 38 smoke detectors and 14 heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 1984.</p> <p>GENERATOR: Type II generator installed in 1991. Fuel source is Diesel.</p> <p>A standard Life Safety Code survey was conducted on 02/04/14. Christian Care Center of Kuttawa was found in non-compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for Sixty-Five (65) beds with a census of Sixty-Four (64) 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		

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

*Cindy Braxton*

TITLE

*Administrator*

(X6) DATE

*2-28-14*

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 Fire),	K 000		
K 029 SS=D	Deficiencies were cited with the highest deficiency identified at "D" level. NFFPA 101 LIFE SAFETY CODE STANDARD  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 19.3.6.4 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  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to meet the requirements of Protection of Hazards in accordance with NFFPA Standards. The deficiency had the potential to affect one (1) of seven (7) smoke compartments, twenty-eight (28) residents, staff and visitors. The facility is certified for Sixty-Five (65) beds with a census of Sixty-Four (64) on the day of the survey. The facility failed to ensure a resident room did not become a hazard area.  The findings include:  Observations, on 02/04/14 at 2:24 PM with the	K 029	<u>K 029</u>  Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:  <u>Corrective Actions for Targeted Area</u>  The cardboard frames and bins of paper were removed from resident room #225 on 2/14/14 by the Social Services Director and the Housekeeping Supervisor.  <u>Identification of Other Areas with Potential to be Affected</u>  On 2/5/14, the Maintenance Director inspected resident rooms and found no other areas to be affected.  <u>Systematic Changes</u>  The Maintenance Director will conduct a weekly audit for one month, and then monthly for three months, of resident rooms to identify other residents having the same deficient practice.	

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NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42068	
(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 029	<p>Continued From page 2</p> <p>Maintenance Supervisor, revealed resident room #225 had several cardboard frames located in the room along with several bins of paper located on the resident room floor.</p> <p>Interview, on 02/04/14 at 2:24 PM with the Maintenance Supervisor, revealed he was aware the room was collecting a lot of paper but was unsure on how to address it since the resident wants the papers.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>19.3.2 Protection from Hazards. 19.3.2.1 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: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft<sup>2</sup> (9.3 m<sup>2</sup>) (3) Paint shops (4) Repair shops (5) Soiled linen rooms / (6) Trash collection rooms (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</p>	K 029	<p><u>Monitoring</u></p> <p>The Maintenance Director will review findings with the Performance Improvement Committee monthly for three months to ensure that compliance is sustained. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.</p>	3/1/14

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186318	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/04/2014
NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1263 LAKE BARKLEY DRIVE KUTTAWA, KY 42055	
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K 029	Continued From page 3 (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. 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.	K 029		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure oxygen storage areas were protected in accordance with NFPA standards. The deficiency had the potential to affect one (1) of seven (7) smoke compartments, residents, staff and visitors. The facility is certified for Sixty-Five (65) beds with a census of Sixty-Four (64) on the day of the survey. The facility failed to ensure oxygen	K 076	<u>K 076</u>  Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:  <u>Corrective Actions for Targeted Residents</u>  On 2/26/14, the Maintenance Director relocated the oxygen canisters to a dedicated storage area that lacks combustible materials such as diapers, cardboard boxes and wooden shelves.  On 2/27/14, the Maintenance Director relocated the light switches and receptacles to above five feet from the floor in the oxygen storage room.  <u>Identification of Other Residents with Potential to be Affected</u>  The Maintenance Director audited the facility on 2/7/14 and found no other areas to be affected.	

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NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42065	
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K 076	<p>Continued From page 4</p> <p>storage over 300 cu ft. was stored five (5) feet away from any combustibles and ignition sources were located five (5) feet from the floor.</p> <p>The findings include:</p> <p>Observation, on 02/04/14 at 2:33 PM with the Maintenance Supervisor, revealed fifteen (15) oxygen tanks stored in the oxygen room at 200 hall. The oxygen tanks were being stored within five (5) feet of dlapers, cardboard boxes, and wooden shelves. Further observation revealed light switches and receptacles were not located over five (5) feet from the floor.</p> <p>Interview, on 02/04/14 at 2:33 PM with the Maintenance Supervisor, revealed he was unaware oxygen tanks could not be stored within five (5) feet of combustible materials once the storage equals over 300 cubic feet in a smoke compartment. Further interview revealed he was also unaware once oxygen storage reached this level there could be no ignition sources located within 5 feet of the floor.</p> <p>Reference: NFPA 101 (2000 edition) 8-3.1.11.2 Storage for nonflammable gases greater than 8.5 m3 (300 ft3) but less than 85 m3 (3000 ft3) (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. (b) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. (c) Oxidizing gases such as oxygen and nitrous</p>	K 076	<p><u>Systematic Changes</u></p> <p>The Maintenance Director and the Medical Records Coordinator were in-serviced 2/5/14 by the Administrator on proper storage of oxygen tanks. Staff was in-serviced on 2/11/14 by the Maintenance Director and a repeat in-service will be conducted on 3/7/14. The Maintenance Director will in-service newly hired staff during their orientation period regarding proper storage of oxygen tanks.</p> <p><u>Monitoring</u></p> <p>The Maintenance Director will conduct weekly audits of the oxygen storage areas for one month and then monthly to ensure compliance. Results of these audits will be presented to the monthly Performance Improvement Committee by the Maintenance Director for three months for review. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.</p>	3/23/14

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K 076	Continued From page 5 oxide shall be separated from combustibles or materials by one of the following: (1) A minimum distance of 6.1 m (20 ft) (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 (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. (d) Liquefied gas container storage shall comply with 4-3.1.1.2(b)4. (e) Cylinder and container storage locations shall meet 4-3.1.1.2(a)11e with respect to temperature limitations. (f) Electrical fixtures in storage locations shall meet 4-3.1.1.2(a)11d. (g) Cylinder protection from mechanical shock shall meet 4-3.5.2.1(b)13. (h) Cylinder or container restraint shall meet 4-3.5.2.1(b)27. (i) Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 20 ft (6.1 m) of outside storage locations. (j) Cylinder valve protection caps shall meet 4-3.5.2.1(b)14.	K 076		