PRINTED: 07/18/2011
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185087	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	C 07/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BON HARBOR NSG & REHAB CENTER	2420 W. 3RD ST. OWENSBORO, KY 42301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Abbreviated Survey was initiated and concluded on 07/13/11 for complaint number KY16703. The Complaint was found to be substantiated with deficiencies. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest Scope and Severity deficiency identified was an "F".	K 000		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to maintain the sprinkler system according to NFPA standards. The deficiency had the potential to affect all smoke compartments, residents, staff and visitors. The facility is licensed for one hundred thirty two (132) beds with a census of one hundred twenty four (124) on the day of the survey. The Findings include: Observation, on 07/13/11 at 1:26 PM, with the Maintenance Supervisor and the Administrator revealed the facility failed to provide a sprinkler head wrench per NFPA requirements.	K 062	K062 1. A sprinkler head wrench is in the sprinkler room. A permanent heat source has been installed in the sprinkler room. 2. There is only one sprinkler room in the center so no other room was impacted by the cited deficiency. 3. The maintenance supervisor and the administrator were retrained on the NFPA regulation for sprinkler wrenches and the requirement for a permanent heat source in the sprinkler room on 7/22/11 by the Regional Director of Operations. 4. The maintenance supervisor will check to see that the sprinkler wrench is present and that the permanent heat source is operational weekly on rounds. Findings will be reported monthly to the center Quality Assurance team for review and recommendations.	8/8/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Donna Davis
TITLE: X Administrator X
(X6) DATE: 7/26/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 Interview, on 07/13/11 at 1:26 PM, with the Maintenance Supervisor and the Administrator confirmed the observation. Observation, on 07/13/11 at 1:27 PM, with the Maintenance Supervisor and the Administrator revealed there was no permenant heat source in the Sprinkler Room. Interview, on 07/13/11/at 1:27 PM, with the Maintenance Supervisor and the Administrator confirmed the observation. Reference: NFPA 13 (1999 edition) 6.2.9.6 A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed. Reference: NFPA 13 (1999 edition) 4-2.5.2 Valve rooms shall be lighted and heated. The source of heat shall be of a permanently installed type. Heat tape shall not be used in lieu of heated valve enclosures to protect the dry pipe valve and supply pipe against freezing.	K 062		
K 070 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the	K 070	K070 1. The portable space heater located in the outside sprinkler room has been removed and a permanent heat source is installed.	

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K 070	Continued From page 2 heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure, portable space heaters used in the facility were according to NFPA standards. The deficiency had the potential to affect seven (7) of seven (7) smoke compartments, residents, and visitors. The facility is licensed for one hundred thirty two (132) beds with a census of one hundred twenty four (124) the day of the survey. The findings include: Observation, on 07/13/11 at 1:27 PM, with the Maintenance Supervisor and the Administrator revealed a portable space heater located in the outside sprinkler room. This outside sprinkler room did not have a permanent heat source. Interview, on 07/13/11 at 1:27 PM, with the Maintenance Supervisor and the Administrator confirmed the observation. Reference: NFPA 101 (2000 edition) 19.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies. Exception: Portable space-heating devices shall be permitted to be used in nonsleeping staff and employee areas where	K 070	2. An audit of the entire center was completed by the maintenance supervisor on 7/26/11 and no other portable space heaters were found except in non-sleeping employee areas. 3. The maintenance supervisor and the administrator were retrained on the NFPA regulation governing the use of portable space heaters by the regional director of operations on 7/22/11. 4. The maintenance staff will check for portable space heaters outside of employee areas weekly during daily rounds five days per week. Findings will be reported monthly to the center Quality Assurance committee for review and recommendations.	8/3/11

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K 070	Continued From page 3 the heating elements of such devices do not exceed 212°F (100°C).	K 070		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain doors within a required means of egress. This deficiency had the potential to affect one (1) of seven (7) smoke compartments, residents, staff, and visitors. The facility is licensed for one hundred thirty two (132) beds, with a census of one hundred twenty four (124) on the day of the survey. The findings include: Observation, on 07/13/11at 3:10 PM, with the Maintenance Supervisor revealed an unapproved lock (slide bolt type) was installed on the egress side of the Exit Door next to resident room 447. The Exit Door was equipped with a delayed egress key pad lock that was non-functional. The door would open when tested. Interview, on 07/13/11 at 3:10 PM, with the Maintenance Supervisor revealed he was aware of the locks, but not aware they could not be used. Reference: NFPA 101 (2000 Edition) 19.2.2.2.4	K 130	K130 1. The slide bolt type locks were removed from the Exit Door near room 447 on 7/13/11. 2. The center maintenance supervisor inspected all other exit doors in the center no additional slide bolt locks or other unapproved locks were found. 3. The maintenance supervisor and the administrator were retrained on the NFPA regulation governing egress doors and unapproved locks by the regional director of operations on 7/22/11. 4. The maintenance staff will inspect all doors daily five days per week to ensure no unapproved locks are present. Findings will be reported monthly to the center Quality Assurance committee for review and recommendations.	8/3/11

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K 130	Continued From page 4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.	K 130		
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 according to NFPA standards. The deficiency had the potential to affect all smoke compartments, including residents, staff, and visitors. The facility is licensed for one hundred thirty two (132) beds with a census of one hundred twenty four (124) on the day of the survey. The findings include: Observation, on 07/13/11 at 1:25 PM, with the Maintenance Supervisor and the Administrator revealed two (2) open junction box's located in the sprinkler room. Interview, on 07/13/11 at 1:25 PM, with the Maintenance Supervisor and the Administrator revealed they were unaware of the open electrical junctions in the sprinkler room.	K 147	K147 1. The two open junction boxes in the sprinkler room have covers placed on them. 2. An inspection of the center's other utility areas was completed by the maintenance supervisor on 7/26/11 and no other junction boxes were found to be uncovered. 3. The maintenance supervisor and the administrator were retrained on the NFPA regulation requiring that all junction boxes be covered on 7/13/11 by the regional director of operations. 4. The maintenance staff will inspect the junction boxes once weekly during rounds to ensure no covers are missing. Findings will be reported monthly to the center Quality Assurance committee for review and recommendations.	8/3/11

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K 147	Continued From page 5 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		

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