

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

RECEIVED
DEC 28 2012

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2012
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NAME OF PROVIDER OR SUPPLIER KNOTT COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS (INCLUDING ZIP CODE) 388 PERKINS MADDEN ROAD HINDMAN, KY 41822
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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	INITIAL COMMENTS	F 000		
F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and a review of the facility's policies, it was determined the facility failed to provide effective maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Five resident room doors (resident rooms 110, 120, 156, 157, and 158) were observed to have chipped wood with sharp edges. Cracked tiles were observed in two different hallways.</p> <p>The findings include: A review of the facility's policy titled "Protocol for Completing the CQI Referral Form," which contained no date, revealed the form could be filled out by any staff member that identified a potential concern. The policy revealed the staff was to mark the appropriate department box to specify the department that was responsible for correcting the identified problem along with a brief description of the identified problem. The policy stated the form was then to be given to the Department Supervisor to review and for correction.</p>	F 253	<ol style="list-style-type: none"> 1. All items and area in need of repair will be repaired. The doors with chipped wood with sharp edges in rooms 110, 120, 156, 157, and 158 have been sanded. The cracked tile between the fire doors on the 100 unit and between the nurse's station and day room on 200 unit will be replaced as soon as possible. 2. All residents rooms and entire facility are all safe and functional. A very thorough environmental tour has been conducted throughout the facility and all identified concerns have been corrected immediately. 3. A mandatory in-service will be conducted on 12/27/12 with all staff including housekeeping and maintenance by the Administrator and all areas of concern will be specifically addressed as well as the CQI process and maintenance notification. The in-service will also stress to housekeeping and maintenance the importance of observing for items in need of repair and review the process for completion dates and report maintenance concerns timely. 4. CQI Committee Designee will conduct thorough rounds on a weekly basis for one month, then monthly for one quarter to observe for items in need of repair or replacement. Any problems will be corrected immediately and reported to the CQI committee for follow up and review. 5. 1-10-13 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Curry Pignaw* TITLE: ADMINISTRATOR (X6) DATE: 12-28-12

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

Received Time Dec. 28, 2012 4:01PM No. 3779

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NAME OF PROVIDER OR SUPPLIER KNOTT COUNTY HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 388 PERKINS MADDEN ROAD HINDMAN, KY 41822		
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F 253	<p>Continued From page 1</p> <p>Observations during the environmental tour of the facility on 12/06/12, at 9:30 AM, revealed the following areas to be in need of repairs:</p> <ul style="list-style-type: none"> -Bedroom doors in resident rooms 110, 120, 156, 157, and 158 were observed to have chipped wood with sharp edges. -The hallway between the fire doors on the 100 Unit of the facility was observed to have cracked tiles. -The hallway between the nurses' station and the dayroom on the 200 Unit was observed to have cracked, raised tiles. <p>An interview conducted with the Maintenance Supervisor on 12/06/12, at 11:45 AM, revealed he made rounds daily throughout the facility to check for cleaning and maintenance issues and had not identified the areas in need of repair or cleaning. The Maintenance Supervisor stated the facility utilized a Quality Improvement Referral Form which could be completed by any staff person that identified an area in need of repair or cleaning. The form was then to be given to the supervisor of the appropriate department or in a box on the maintenance office door. The Maintenance Supervisor also stated he had not received a request for the identified areas of concern.</p> <p>An interview conducted with the Administrator on 12/06/12, at 11:47 AM, revealed she receives a copy of all maintenance repair requests. The Administrator stated she also makes rounds daily to monitor for any repair issues. The Administrator stated the issues are also reviewed during the facility's Quality Assurance process.</p>	F 253			

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NAME OF PROVIDER OR SUPPLIER KNOTT COUNTY HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 388 PERKINS MADDEN ROAD HINDMAN, KY 41822 Division of Health Care Southern Enforcement Branch				
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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: 1978</p> <p>Survey under: NFPA 101 (2000 Edition) Chapter 19 (existing health care)</p> <p>Facility type: SNF/NF</p> <p>Type of structure: Type V (000)</p> <p>Smoke Compartments: 5</p> <p>Fire Alarm: Complete fire alarm with smoke detectors in corridors and resident rooms</p> <p>Sprinkler System: Complete automatic sprinkler system</p> <p>Generator: Type II, Diesel, Installed 2008</p> <p>A standard Life Safety Code survey was conducted on 12/04/12. Knott County Health and Rehabilitation Center was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was 90. The facility is licensed for 92 beds.</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> <p>Deficiencies were cited with the highest</p>	K 000				

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

TITLE

(X6) DATE

Ruby Pigman Administrator 12/28/12

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K 000 K 025 SS=F	Continued From page 1 deficiency identified at "F" level. NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain fire/smoke barrier doors in the attic area. This deficient practice affected four of five smoke compartments, staff, and all the residents. The facility has the capacity for 92 beds with a census of 88 on the day of the survey. The findings include: During the Life Safety Code survey on 12/04/12, at 2:35 PM, with the Director of Maintenance (DOM), an access door in the fire/smoke barrier wall in the attic area of the 100 Wing was observed to have a gap at the top of the door and gaps around wiring penetrating the doorway. The door did not have a self-closing device as required. A second access door was not reasonably accessible due to ductwork, conduit,	K 000 K 025	1. All affected access doors and walls in the fire/smoke wall the attic area of 100 and 200 wings have been checked and repaired (gaps around the door repaired and electrical wiring/cables fixed appropriately to not affect the access doors and walls). Self closing springs were attached to the doors as required by LSC. 2. All access doors and walls in the fire/smoke walls have been checked by the maintenance director to ensure they have good access and are maintained. The passage to the second access door was made more accessible by clearing the pathway. 3. The Maintenance Director has been in-serviced by Corporate Maintenance Director on the life safety code standard that involves the smoke barriers, access doors, and fire/smoke walls and how they should be maintained at all times. The Maintenance Director will check smoke barriers, access doors, and fire/smoke walls weekly to ensure they are maintained, accessible and meet LSC standards. 4. The Maintenance Director will make rounds weekly to ensure the smoke barriers, access doors and fire/smoke walls are accessible, maintained, and fire rated as needed per the life safety code standard. Any irregularities found will be reported to Administrator and Corporate Maintenance Supervisor immediately and corrected as needed. 5. 1-10-13		

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NAME OF PROVIDER OR SUPPLIER KNOTT COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 388 PERKINS MADDEN ROAD HINDMAN, KY 41822
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K 025	<p>Continued From page 2</p> <p>wiring, etc. Fire/smoke barrier doors must be properly maintained to prevent fire and smoke from spreading to other areas of the facility in a fire situation. Fire/smoke barriers must be reasonably accessible for inspection and maintenance purposes.</p> <p>During the survey an access door in the 200 Wing was observed to have the same type of problems.</p> <p>An interview with the DOM on 12/04/12, at 2:35 PM, revealed he was aware the access doors needed to be maintained and reasonably accessible. The DOM was not aware the doors were required to have a self-closing device.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:</p> <p>(a) The space between the penetrating item and the smoke barrier shall</p> <ol style="list-style-type: none"> 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. <p>(b) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall</p> <ol style="list-style-type: none"> 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. 	K 025		
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K 025	Continued From page 3 (c) Where designs take transmission of vibration into consideration, any vibration isolation shall 1. Be made on either side of the smoke barrier, or 2. Be made by an approved device designed for the specific purpose. 19.3.7.6* Doors in smoke barriers shall comply with B.3.4 and shall be self-closing or automatic-closing in accordance with 19.2.2.2.6. Such doors in smoke barriers shall not be required to swing with egress travel. Positive latching hardware shall not be required.	K 025			
K 062 SS=D	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, the facility failed to ensure that sprinkler heads were maintained as required. This deficient practice affected one of five smoke compartments, staff, and approximately twenty-six residents. The facility has the capacity for 92 beds with a census of 90 on the day of the survey. The findings include: During the Life Safety Code survey on 12/04/12, at 12:30 PM, with the Director of Maintenance (DOM), mismatched temperature rated sprinkler heads were observed between the existing and	K 062	1. An outside contractor has been contracted to replace the mismatched temperature sprinkler heads. Each sprinkler head has to be measured and custom made for each point in the system. They will be installed as soon as available. 2. All sprinkler heads in the facility have been checked by the maintenance director to ensure all are appropriate and have the same rating. 3. The Maintenance Director has been Inserviced by the corporate Maintenance Supervisor on the automatic sprinkler system and the appropriate ratings to be used. As well as how they are to be inspected and tested per the life safety code standard. 4. The Maintenance Director will inspect the sprinkler system weekly for one month and then monthly to ensure the smoke barriers, access doors and fire/smoke walls are accessible, maintained, and fire rated as needed per the life safety code standard. Any irregularities found will be reported to Administrator and Corporate Maintenance Supervisor immediately and corrected as needed. 5. 1-10-13		

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K 062	Continued From page 4 newer addition of the facility. This condition may affect the way the sprinkler system reacts in a fire situation. An interview with the DOM on 11/28/12, at 10:20 AM, revealed he was not aware sprinkler heads should have the same rating per compartment. Reference: NFPA 13 (1999 Edition). 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed.	K 062		
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, the facility failed to ensure clothes dryers were maintained as required. This deficient practice affected one of five smoke compartments, staff, and approximately twenty-six residents. The facility has the capacity for 92 beds with a census of 90 on the day of the survey. The findings include: During the Life Safety Code tour conducted on 12/04/12, at 12:50 PM, with the Director of Maintenance (DOM), a temperature probe for a clothes dryer was observed to be covered in lint.	K 130	1. Lint from the temperature probe was immediately cleaned. The temperature probe that was hanging loose was immediately reconnected to the dryer. 2. Both dryers have been inspected by maintenance director and corporate maintenance director to ensure that temperature probes are functioning properly and are free from lint. 3. The Maintenance Supervisor, Housekeeping/Laundry Supervisor and Laundry staff have been inserviced by the Administrator on the LSC standard that addresses safety measures for the dryer. The inservice stressed process for regular inspections and maintenance of the dryer according to LSC standards. 4. CQI Committee Designee will conduct weekly rounds for one month and then monthly rounds thereafter. Any irregularities will be corrected immediately and reported to the Administrator and CQI committee. 5. 12-28-12	

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K 130	Continued From page 5 On another dryer the temperature probe was observed to be disconnected and hanging loose. These temperature probes helps ensure the dryers operate safely as intended.	K 130			
K 147 SS=D	An interview with the DOM on 12/04/12, at 12:50 PM, revealed he was not aware the temperature probes needed to be maintained. 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, the facility failed to ensure that electrical wiring and standards met NFPA requirements. This deficient practice affected two of five smoke compartments, staff, and approximately thirty residents. The facility has the capacity for 92 beds with a census of 90 on the day of the survey. The findings include: During the Life Safety Code tour on 12/04/12, at 11:45 AM, with the Director of Maintenance (DOM), three extension cords were observed to be used in an unsafe manner on the outside of the building. One cord was observed to be an interior use only cord connected to Christmas lighting at the front entrance. One cord was observed to be running out of the front lobby window to connect Christmas lighting. One cord	K 147	<ol style="list-style-type: none"> The three extension cords were removed immediately from the outside Christmas decorations. The cord that was buried in the ground was immediately removed and disposed of. The cord that was passing through a wall to a receptacle in the 100 Wing corridor will be corrected by corporate maintenance Supervisor and Maintenance Director. All receptacles have been checked to ensure safety measures are in place according to LSC standards with no extension cords in use. All staff including all department heads have been inserviced by the Administrator regarding using extension cords inside or outside of the facility including cords running through a wall, which are not permitted for use according to LSC. The CQI Committee Designee will make weekly rounds for one month then monthly rounds thereafter to ensure no extension cords are in use. Any irregularities will be corrected immediately and reported to Administrator and CQI Committee for further follow up and review. 1-10-13 		

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K 147	<p>Continued From page 6</p> <p>was observed to be buried alongside the 100 Wing.</p> <p>During the survey a cord was observed to be passing through a wall to a receptacle in the 100 Wing comidor.</p> <p>An interview with the DOM on 12/04/12, at 11:45 AM, revealed he was unaware of the proper use of extension cords.</p> <p>Reference: NFPA 70 (1999 Edition).</p> <p>400-6. Uses Not Permitted</p> <p>Unless specifically permitted in Section 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 <p>Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-B.</p> <ol style="list-style-type: none"> 5. Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors 6. Where installed in raceways, except as otherwise permitted in this Code. <p>Reference: NFPA 101 (2000 Edition).</p> <p>4.5.7 Maintenance.</p>	K 147		

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K 147	Continued From page 7 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.	K 147			