

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

PRINTED: 03/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185464	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/25/2015
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NAME OF PROVIDER OR SUPPLIER GREEN MEADOWS HEALTH CARE CENTER 1	STREET ADDRESS, CITY, STATE, ZIP CODE 310 BOXWOOD RUN ROAD MOUNT WASHINGTON, KY 40047
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{K 000}	<p>INITIAL COMMENTS</p> <p>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 02/25/15 as alleged.</p>	{K 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

DEPARTMENT OF HEALTH AND HUMAN 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: 1990</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type III Unprotected, Mixed Construction.</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system.</p> <p>GENERATOR: Type II, 100KW generator. Fuel source is Natural Gas.</p> <p>A Recertification Life Safety Code Survey was conducted on 01/06/15. The facility was found not in compliance with the Requirements for Participation in Medicare and Medicaid.</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 deficiency identified at D level.</p>	K 000	<p>Preparation, submission, and implementation of this Plan of Correction does not constitute an admission or an agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

[Signature] X Administrator X 02/18/2015

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.

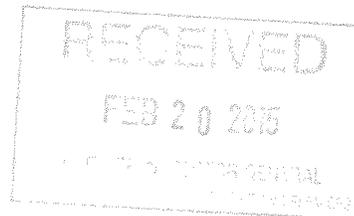
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OFFICE: If continuation sheet Page 1 of 7

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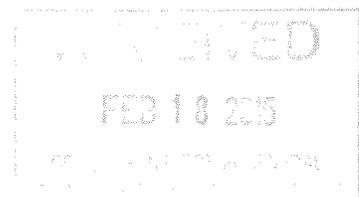
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K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, and interview, it was determined the facility failed to maintain the sprinkler system in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of seven (7) smoke compartments, residents, staff and visitors. The facility has one-hundred and twenty-two certified beds and the census was one-hundred and ten (110) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 01/06/15 at 9:45 AM, with the Director of Maintenance and the Maintenance Assistant revealed boxes containing food, stored in the walk-in refrigerator located in the Kitchen, were stored within two (2) inches of the sprinkler head. A minimum of eighteen (18) inches of clearance is required from the sprinkler head.</p> <p>Interview, on 01/06/15 at 9:47 AM, with the Director of Maintenance and the Maintenance Assistant, revealed they were aware of the sprinkler head clearance requirement, but were not aware of boxes of food stored too close to the sprinkler head.</p>	K 062	<p>1. <i>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>The boxes containing food, stored in the walk-in refrigerator located in the kitchen, that were stored within two (2) inches of the sprinkler head were removed by the Director of Maintenance and Dietary Manager on 01/06/15. Nothing remained stored within eighteen (18) inches from the sprinkler head.</p> <p>2. <i>How the facility will identify other residents having the potential to be affected by the same deficient practice.</i></p> <p>An inspection of the kitchen was completed by the Director of Maintenance and Dietary Manager on 01/06/15 to ensure a minimum of eighteen (18) inches of clearance as required from all the sprinkler heads in the kitchen. A complete inspection of every sprinkler head in the facility was conducted by the Director of Maintenance and Maintenance Assistant on 01/06/15 to ensure a minimum of eighteen (18) inches of clearance as required from all the sprinkler heads. All employees of the facility were provided training by the Staff Development Coordinator. The training was initiated on February 13, 2015. The training content addressed the requirement that there can be no obstructions to sprinkler discharge pattern development. Staff were instructed that there can be no continuous or non contiguous obstructions less than or equal to eighteen (18) inches below the sprinkler deflector that prevent the pattern from</p> <p>02/25/2015</p>



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K 062 SS=D	<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, and interview, it was determined the facility failed to maintain the sprinkler system in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of seven (7) smoke compartments, residents, staff and visitors. The facility has one-hundred and twenty-two certified beds and the census was one-hundred and ten (110) on the day of the survey.</p> <p>The findings Include:</p> <p>Observation, on 01/06/15 at 9:45 AM, with the Director of Maintenance and the Maintenance Assistant revealed boxes containing food, stored in the walk-in refrigerator located in the Kitchen, were stored within two (2) inches of the sprinkler head. A minimum of eighteen (18) inches of clearance is required from the sprinkler head.</p> <p>Interview, on 01/06/15 at 9:47 AM, with the Director of Maintenance and the Maintenance Assistant, revealed they were aware of the sprinkler head clearance requirement, but were not aware of boxes of food stored too close to the sprinkler head.</p>	K 062	<p>1. <i>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>The boxes containing food, stored in the walk-in refrigerator located in the kitchen, that were stored within two (2) inches of the sprinkler head were removed by the Director of Maintenance and Dietary Manager on 01/06/15. Nothing remained stored within eighteen (18) inches from the sprinkler head.</p> <p>2. <i>How the facility will identify other residents having the potential to be affected by the same deficient practice.</i></p> <p>An inspection of the kitchen was completed by the Director of Maintenance and Dietary Manager on 01/06/15 to ensure a minimum of eighteen (18) inches of clearance as required from all the sprinkler heads in the kitchen. A complete inspection of every sprinkler head in the facility was conducted by the Director of Maintenance and Maintenance Assistant on 01/06/15 to ensure a minimum of eighteen (18) inches of clearance as required from all the sprinkler heads. All employees of the facility were provided training by the Staff Development Coordinator. The training was initiated on February 13, 2015. The training content addressed the requirement that there can be no obstructions to sprinkler discharge pattern development. Staff were instructed that there can be no continuous or non contiguous obstructions less than or equal to eighteen (18) inches below the sprinkler deflector that prevent the pattern from</p>	02/18/2015



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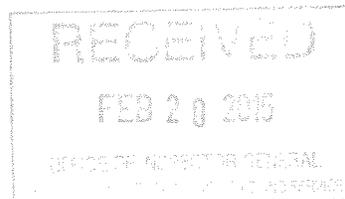
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K 062	<p>Continued From page 2</p> <p>The census of one-hundred and ten (110) was verified by the Administrator on 01/06/15. The findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit interview on 01/06/15.</p> <p>Reference: NFPA 13 (1999 Edition)</p> <p>5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development.</p> <p>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.</p> <p>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:</p> <p>(1) Wet pipe system (2) Light hazard or ordinary hazard occupancy (3) 20-ft (6.1-m) maximum ceiling height</p> <p>The number of sprinklers in the design area shall never be less than five. Where quick-response sprinklers</p>	K 062	<p>Continued from page 2 fully developing.</p> <p>3. Measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>The Dietary Manager will complete a visual inspection of all sprinkler heads in the kitchen and food storage areas on a daily basis the days she works. In her absence a Dietary employee will visually inspect all sprinkler heads in the kitchen and food storage areas. Documentation will be completed and signed by each individual visually inspecting the sprinkler heads to ensure a minimum of eighteen (18) inches of clearance. The Director of Maintenance and the Maintenance Assistant will visually inspect all sprinkler heads in the facility on a monthly basis.</p> <p>4. Facility plans to monitor its performance to ensure that solutions are sustained.</p> <p>The Dietary Manager and Director of Maintenance will provide a written summary of findings of these inspections to the Quality Assessment and Assurance Committee on a monthly basis. The Quality Assessment and Assurance Committee will provide guidance and direct any action plans to ensure continued compliance with sprinkler head clearance requirements.</p>	



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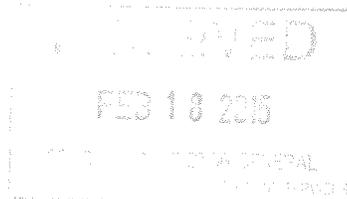
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K 062	Continued From page 3 are used on a sloped ceiling, the maximum ceiling height shall be used for determining the percent reduction in design area. Where quick-response sprinklers are installed, all sprinklers within a compartment shall be of 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.	K 062		
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4	K 066	1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The Director of Maintenance, Maintenance Assistant, Administrator, Charge Nurse and Floor Tech picked up all cigarette butts off the ground around the generator on 01/06/15. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. The Director of Maintenance and Maintenance Assistant did a complete inspection of the facility property on 01/06/15 picking up all cigarette butts. 3. Measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur.	02/25/15



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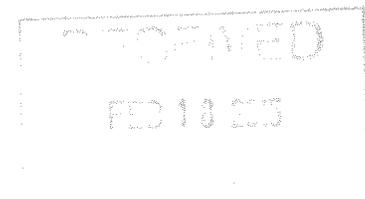
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K 066	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observation, smoking policy review, and interview, it was determined the facility failed to ensure the facility was maintained as a smoke-free campus, in accordance with National Fire Protection Association (NFPA) standards. The deficient practice had the potential to effect each of the seven (7) smoke compartments, residents, staff and visitors. The facility has one-hundred and twenty-two (122) certified beds and the census was one-hundred and ten on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 01/06/15 at 9:55 AM, with the Director of Maintenance and the Maintenance Assistant revealed the area outside of the exit from the Kitchen, where the emergency generator is located, was being used as a smoking area. There were approximately fifty (50) cigarette butts on the ground around the generator. The facility was converted to a smoke-free campus in October of 2014, that required all smoking to be done outside of the facility's property.</p> <p>Interview, on 01/06/15 at 9:57 AM, with the Director of Maintenance and the Maintenance Assistant revealed the new smoke-free campus policy was not being strictly followed by some Staff members.</p> <p>The census of one-hundred and ten (110) was verified by the Administrator on 01/06/15. The findings were acknowledged by the Administrator</p>	K 066	<p>Continued from page 4</p> <p>All employees were trained by the Staff Development Coordinator with training initiated on February 13, 2015. Content of training included a presentation of the smoke-free campus policy. A container has been placed at the front entrance for convenience of guests to properly discard cigarette butts.</p> <p>4. Facility plans to monitor its performance to ensure that solutions are sustained.</p> <p>The Director of Maintenance and the Maintenance Assistant will pick up cigarette butts on the facility property Monday through Friday. The Director of Maintenance will report to the Administrator on a weekly basis the trends observed. The Administrator will direct Department Heads to provide education and counselling to their employees to ensure compliance with the smoke-free campus policy.</p> <p>The Director of Maintenance will provide a report to the Quality Assessment and Assurance Committee on a monthly basis reflecting his observations and his actions taken to include patterns and trends and his recommendations for staff education and/or counselling. The Quality Assessment and Assurance Committee will direct further action plans to ensure facility staff fully understand and comply with the smoke-free campus policy. The Administrator, Director of Nursing, Staff Development Coordinator,</p>



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K 066	Continued From page 5 and verified by the Director of Maintenance at the exit interview on 01/06/15. Reference: NFPA 101 (2000 edition) 19.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. Exception: In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (2) Smoking by patients classified as not responsible shall be prohibited. Exception: The requirement of 19.7.4(2) shall not apply where the patient is under direct supervision. (3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available	K 066	Continued from page 5 and Director of Environmental Services will conduct conduct weekly observations of the facility property and document findings and present findings to the Director of Maintenance and Department Heads on a weekly basis so further actions can be taken to ensure compliance.



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K 066	Continued From page 6 to all areas where smoking is permitted.	K 066		

