

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

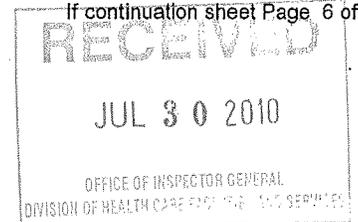
PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2010
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NAME OF PROVIDER OR SUPPLIER TWINBROOK NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3526 DUTCHMANS LANE LOUISVILLE, KY 40205
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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 456	Continued From page 5 2. Observation of the facility's emergency cart on 07/08/10 at 10:20am revealed no back board available for use during emergencies requiring administration of CPR. Interview at that time with LPN #1 revealed that an employee came once a week on Wednesday to check the emergency supplies. However, the LPN was unable to produce a log of checks for the cart or a list of equipment to be accounted for on the emergency cart. Interview with the Director of Nursing (DON) on 07/08/10 at 10:30am revealed the facility had a resident emergency three (3) weeks prior that required the back board to be used. At the time of this interview, staff were unable to find the board and were not aware it was missing, according to the director. Further interview with the DON on 07/08/10 at 2:15pm revealed that the back board is a standard piece of equipment on the emergency cart. Although the facility did not have a list of equipment for the cart or a facility policy regarding it, the cart historically contained a back board, a cylinder of oxygen, and a suction machine. The DON discovered that, following the emergency, a housekeeping staff cleaned the machine and moved the back board, believing it to be a sliding board (used to move residents). Interview on 07/09/10 at 1:30pm with CNA #2 revealed she was responsible for checking the cart on Wednesday's. She said she did not have a list of required equipment for the cart and failed to account for the back board.	F 456	F456 Item #2 <u>Corrective Action:</u> No residents were found to have been affected by this defective practice. The back board was put back on the Emergency Cart. <u>Identify other residents with potential to be affected:</u> Other residents who were not designated as "No Code" had the potential to be affected. <u>Systemic Changes:</u> A check list has been developed which specifies what items are to be kept on the emergency cart. This cart will be checked by a staff member on a weekly basis to ensure that the cart contains all items specified on the list. <u>Monitoring Performance:</u> A report will be made to the Q.A. Committee on a quarterly basis verifying that the weekly checks of the Emergency Cart are being performed.	8/20/2010
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K 000	INITIAL COMMENTS	K 000		
K 056 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure all required areas were sprinkled according to NFPA standards.</p> <p>The findings include:</p> <p>Observation on 07/09/10 at 11:20am revealed that the canopy (approximately 8' X 8') with combustible construction, located at the laundry exit, did not have sprinkler protection. Further observation revealed a total of five (5) more</p>	K 056	<p>K056</p> <p><u>Corrective Action:</u> No residents were affected by this deficiency. Twinbrook has contacted the sprinkler contractor who maintains our system and has instructed that the work be completed as soon as possible.</p> <p><u>Identify other residents who had the potential to be affected:</u> All other residents had the potential to be affected.</p> <p><u>Systemic Changes:</u> Sprinkler protection shall be added to all canopies listed herein.</p> <p><u>Monitoring Performance:</u> Upon installation, the added sprinkler heads will be monitored on a quarterly basis as part of the sprinkler contractor's regular quarterly inspection.</p>	8/20/2010

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

TITLE

(X6) DATE

Bradford A. McCoy

Administrator 8/30/2010

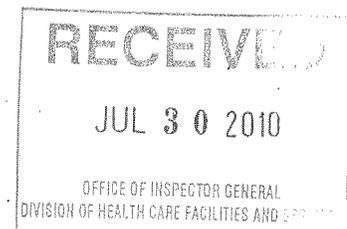
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.

JUL 30 2010

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K 056	Continued From page 1 canopies that did not have sprinkler protection. These areas included the porch at E wing (approximately 8' x 8'), the E/F lobby porch (approximately 7' x 30'), delivery door porch (approximately 6' x 10'), activities office porch (approximately 8' x 15'), and G wing north porch (approximately 6' x 9'). All six canopies were constructed of combustible materials. Interview on 07/09/10 at 11:20am, with the Housekeeping Supervisor, revealed that he was not aware of this requirement. Reference: NFPA 13 (1999 Edition). 5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width. Exception: Sprinklers are permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction.	K 056		
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to maintain exits free and clear of obstructions according to NFPA standards.	K 072	K072 <u>Corrective Action:</u> No residents were affected by this deficient practice. The lifts and wheelchairs have been removed from the exit corridor. <u>Identify other residents with potential to be affected:</u> All residents on A Wing extension had the potential to be affected by this deficient practice. <u>Systemic Changes:</u> Storage areas for lifts and medical equipment have been designated and identified on the Evacuation Plan which is posted throughout the facility. Nursing and housekeeping staff will be instructed on the proper location for equipment storage and instructed not to leave equipment in exit corridors and to move any equipment they see left unattended in exit corridors to a designated storage area.	8/20/2010



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K 072	<p>Continued From page 2</p> <p>The findings include:</p> <p>Observation on 07/09/10 at 11:00am revealed the A extension exit was blocked by two (2) unattended lifts and a wheelchair. The Director of Housekeeping was present during the observation.</p> <p>Interview on 07/09/10 at 11:00am with the Director of Housekeeping, revealed that he was unaware of why the items were located in the area near the exit.</p> <p>Reference: NFPA 101 (2000 edition)</p> <p>7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p>	K 072	<p>The daily Housekeeper Q.A. Record has columns to mark to indicate appropriate storage of equipment.</p> <p><u>Monitoring Performance:</u> The Housekeeping Supervisor shall report to the Q. A. Committee on a quarterly basis that these inspections are being made and that the hallways are being kept clear of medical equipment.</p>	

