

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

PRINTED: 10/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2014
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NAME OF PROVIDER OR SUPPLIER LAUREL HEIGHTS HOME FOR THE ELDERLY	STREET ADDRESS, CITY, STATE, ZIP CODE 208 WEST TWELFTH STREET LONDON, KY 40743
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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	<p>INITIAL COMMENTS</p> <p>A standard health survey was conducted on 07/08-10/14. No deficient practice was identified.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 07/24/2014
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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.

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NAME OF PROVIDER OR SUPPLIER LAUREL HEIGHTS HOME FOR THE ELDERLY		STREET ADDRESS, CITY, STATE, ZIP CODE 208 WEST TWELFTH STREET LONDON, KY 40743		
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K 000	INITIAL COMMENTS CFR: 42 CFR 483.70(a) BUILDING: 01 PLAN APPROVAL: 1965 SURVEY UNDER: 2000 Existing FACILITY TYPE: SNF/NF TYPE OF STRUCTURE: Two story, Type 11 (000) SMOKE COMPARTMENTS: 9 FIRE ALARM: Complete automatic fire alarm system SPRINKLER SYSTEM: Complete automatic (wet) sprinkler system. GENERATOR: Type II diesel generator A life safety code survey was initiated and concluded on 07/08/14. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found not to be in substantial compliance with the Requirements for Participation for Medicare and Medicaid. Deficiencies were cited with the highest deficiency identified at "D" level.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or	K 018	K 018 NFPA 101 LIFE SAFETY CODE STANDARD (1.) In order to ensure that corridor doors are able to resist the passage of smoke the following was completed: <ul style="list-style-type: none"> ➤ On <u>07/09/14</u>, maintenance staff installed an astragal strip (6063-T5 extruded aluminum alloy with heavy duty nylon brush, 12 hour fire rated to meet UL10B) to Dutch door. (2.) The following was completed to ensure other residents having the potential to be affected by NFPA requirements for resistance of the passage of smoke are protected: <ul style="list-style-type: none"> ➤ The NFPA Fire Compartment Door Inspection Audit Form was revised on <u>07/09/14</u>; 	

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

TITLE

(X6) DATE

Kathleen K. Young

Administrator

7/30/14

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 018	<p>Continued From page 1</p> <p>hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that corridor doors were able to resist the passage of smoke. This deficient practice affected one (1) of nine (9) smoke compartments, staff, and approximately thirty (30) residents. The facility has the capacity for 160 beds with a census of 141 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on 07/08/14 at 8:55 AM with the Director of Maintenance (DOM), an office door on the first floor was constructed so that the top and bottom halves operate independently (Dutch door) and was observed to</p>	K 018	<ul style="list-style-type: none"> ➤ On <u>07/09/14</u>, the Maintenance Director audited all fire compartment doors to ensure doors can resist the passage of smoke; (SEE ATTACHED AUDIT) ➤ On <u>07/09/14</u>, the Maintenance Director conducted an inservice for all maintenance staff on the following: <ul style="list-style-type: none"> • <u>K018 – Smoke Compartment Doors / Dutch Doors;</u> • <u>K022 – Access to Exit Doors / Signage; and</u> • <u>K029 – Door Closures and Door Stops / Wedges (SEE ATTACHED)</u> <p>(3.) Quality Improvement measures implemented to ensure that corridor doors meet NFPA requirement and are able to resist the passage of smoke include:</p> <ul style="list-style-type: none"> ➤ The Maintenance Director will conduct monthly audits of fire and smoke barrier compartment doors to include Dutch door utilizing the NFPA Fire Compartment Door Inspection audit form. Areas of non-compliance will be corrected immediately. <p>(4.) Monitoring the compliance of measures taken to ensure that corridor doors meet NFPA requirements regarding the passage of smoke include:</p> <ul style="list-style-type: none"> ➤ The Maintenance Director will conduct compliance monitoring monthly and analyze the results of the Fire Compartment Door Inspection Audit and document the 		

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K 018	Continued From page 2 have a gap in the middle of the door when closed. The gap could allow the passage of fire/smoke in a fire situation and the gap must be covered by suitable means. An interview on 07/08/14 at 8:55 AM with the DOM revealed he was not aware the opening between the doors should be covered. The findings were revealed to the Administrator upon exit. Reference: NFPA 101 (2000 Edition). 19.3.6.3.6 Dutch doors shall be permitted where they conform to 19.3.6.3. In addition, both the upper leaf and lower leaf shall be equipped with a latching device, and the meeting edges of the upper and lower leaves shall be equipped with an astragal, a rabbet, or a bevel. Dutch doors protecting openings in enclosures around hazardous areas shall comply with NFPA 80, Standard for Fire Doors and Fire Windows. NFPA 101 LIFE SAFETY CODE STANDARD	K 018	findings on the Compliance Monitoring Fire Compartment Door audit form. The Maintenance Director will submit the results of the Compliance Monitoring Fire Compartment Door Inspection audit to the QAPI committee monthly. Negative results will be identified and resolved through the interdisciplinary approach of the committee. CORRECTIVE ACTION TAG #K018 COMPLETED ON 07/09/14	07/09/14
K 022 SS=D	Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4	K 022	K 022 NFPA 101 LIFE SAFETY CODE STANDARD (1.) In order to ensure that egress signage is properly displayed according to NFPA Standards the following was completed: ➤ On <u>07/08/14</u> , the Maintenance Director removed two exit signs from 1 st Floor Lounge Area and replaced them with, "No Exit" signs on <u>07/25/14</u> . (2.) The following was completed to ensure exit doors are marked according to NFPA Standards regarding egress signage: ➤ On <u>07/09/14</u> , the Maintenance Director conducted an inservice for all Maintenance Staff on the following: • K018 – Smoke Compartment Doors / Dutch Doors;	

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K 022	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that means of egress signage was properly displayed according to National Fire Protection Agency (NFPA) standards. This deficient practice affected one (1) of nine (9) smoke compartments, staff, and other occupants of the building. The facility has the capacity for 160 beds with a census of 141 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on 07/08/14 at 9:50 AM with the Director of Maintenance (DOM), two doors from the first floor lounge area that lead to the outside courtyard were marked as exits by exit signs over the doors; however, there was not a suitable exit from the courtyard to the public way. Exits must be marked in such a way to avoid confusion. Doors that may be mistaken for exits must be marked as Not an Exit. An interview on 07/08/14 at 9:50 AM with the DOM revealed that the exit arrangement had been overlooked.</p> <p>The findings were revealed to the Administrator upon exit.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>7.10.8.1* No Exit. Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT Such sign shall have the word NO in letters 2 in.</p>	K 022	<ul style="list-style-type: none"> • K022 – Access to Exit Doors / Signage and • K029 – Door Closures & Door Stops / Wedges • Exit Door & No Exit Signage Audit • Exit Doors & Evacuation Route Policy (SEE ATTACHED) <p>➤ On 07/09/14 Maintenance Staff completed an audit of all approved exit doors for appropriate signage (SEE ATTACHED AUDIT)</p> <p>(3.) Quality Improvement measures implemented to ensure that egress signage is properly displayed according to NFPA Standards include:</p> <ul style="list-style-type: none"> ➤ The Maintenance Director will conduct monthly audits of Exit Door and No Exit Door Signage utilizing the Exit Door and No Exit signage Audit Form. Areas of non-compliance will be corrected immediately. (COPY OF AUDIT ATTACHED) <p>(4.) Monitoring the compliance of measures taken to ensure that egress signage is properly displayed according to NFPA Standards include:</p> <ul style="list-style-type: none"> ➤ The Maintenance Director will conduct compliance monitoring monthly analyzing the results of the Exit Door and No Exit Signage Audit and document the findings on the Compliance Monitoring Exit Door and No Exit Door Audit Form. The Maintenance Director will submit the results of compliance 	

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K 022	Continued From page 4 (5 cm) high with a stroke width of 3/8 in. (1 cm) and the word EXIT in letters 1 in. (2.5 cm) high, with the word EXIT below the word NO. Exception: This requirement shall not apply to approved existing signs.	K 022	monitoring to the QAPI committee monthly . Negative results will be identified and resolved through the interdisciplinary approach of the committee.	
K 029 SS=D	NFPA 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 19.3.5.4 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, the facility failed to ensure that doors to hazardous areas were being held open in an approved manner. This deficient practice affected one (1) of nine (9) smoke compartments, staff, and other occupants of the building. The facility has the capacity for 160 beds with a census of 141 on the day of the survey. The findings include: During the Life Safety Code tour on 07/08/14 at 9:10 AM, with the Director of Maintenance (DOM), a corridor door to the Medical Records	K 029	CORRECTIVE ACTION TAG #K022 COMPLETED ON 07/25/14 K 029 NFPA 101 LIFE SAFETY CODE STANDARD (1) In order to ensure that doors to hazardous areas are not held open by door stops or wedges the following action has taken place: ➤ On <u>07/08/14</u> , the Maintenance Director removed the door stops for the corridor door to the Medical Records Room and the Wash Room Kitchen Area door. (2.) The following was completed to ensure other residents are not affected by doors to hazardous areas being held open: ➤ On <u>07/09/14</u> , the Maintenance Director conducted an inservice on the following: <ul style="list-style-type: none"> • K018 – Smoke Compartment Doors / Dutch Doors; • K022 – Access to Exit Doors / Signage; and • K029 – Door Closures and Door Stops / Wedges and Door Stops Policy on Door Stops • Revised Door Closure Audit 	07/25/14

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K 029	<p>Continued From page 5</p> <p>room was observed to be held open by a wedge placed under the door. Corridor doors to hazardous areas must be held open by suitable means with an automatic releasing device in case of fire or other emergency. An interview with the DOM on 07/08/14 at 9:10 AM revealed he was aware corridor doors could not be held open in this manner. During the survey, a corridor to the Wash Room Kitchen area was observed to be held open by a wedge placed under the door.</p> <p>The findings were revealed to the Administrator upon exit.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>19.2.2.2.6* Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system, if provided, and the fire alarm system, and the systems required by 7.2.1.8.2 shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.</p> <p>19.3.6.3.4 Door-closing devices shall not be required on doors in corridor wall openings other than those serving required exits, smoke barriers, or enclosures of vertical openings and hazardous areas.</p>	K 029	<p>(SEE ATTACHED DOCUMENTATION)</p> <ul style="list-style-type: none"> ➤ On 07/18/14 the Maintenance Director conducted a Door Closure Audit to include auditing for door stops. <p>(3.) The Quality Improvement measures implemented to ensure doors to hazardous areas are not held open by door stops include:</p> <ul style="list-style-type: none"> ➤ The Maintenance Director will conduct monthly audits of door closures and door stops utilizing the Door Closure and Latch Audit form. Areas of non-compliance will be corrected immediately. <p>(4.) Monitoring the compliance of measures taken to ensure that doors to hazardous areas are not held open by door stops include:</p> <ul style="list-style-type: none"> ➤ The Maintenance Director will conduct compliance monitoring monthly analyzing the results of the Door Closure and Latch Audit and document the findings on the Compliance Monitoring Door Closure and Latch Audit form. The Maintenance Director will submit the results of the Compliance Monitoring Door Closure and Latch Audit to the QAPI Committee monthly. Negative results will be identified and resolved through the interdisciplinary approach of the committee. <p>CORRECTIVE ACTION TAG #K029 COMPLETED ON 07/18/14</p>	07/18/14