

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

PRINTED: 01/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/24/2014
NAME OF PROVIDER OR SUPPLIER MEADOWVIEW HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9701 WHIPPS MILL RD. LOUISVILLE, KY 40223	
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F 000	INITIAL COMMENTS	F 000	F 253	1/30/2015
F 253 SS=E	<p>A Recertification Survey was initiated on 12/22/14 and concluded on 12/24/14 with deficiencies cited at the highest scope and severity of an "E".</p> <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, review of the facility's policy, it was determined the facility failed to maintain a sanitary environment regarding shower equipment for one (1) of four (4) shower rooms and soiled carpet on one (1) of two (2) wings, the East Wing.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Cleaning and Disinfection of Resident-Care Items and Equipment, dated 11/01/12, revealed staff would clean and disinfect resident care equipment before using the equipment with another resident.</p> <p>Review of the Daily Cleaning Schedule for the East front hallway, not dated, revealed the housekeeping staff cleaned the shower rooms daily. The schedule stated the housekeepers were to mop and wipe down the shower stalls.</p> <p>Review of the Common Area Cleaning Schedule, not dated, revealed the housekeepers cleaned</p>	F 253	<p>The preparation and execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiency. This Plan of Correction is prepared and executed solely because it is required by Federal and State law.</p> <ol style="list-style-type: none"> Shower chair and privacy curtain were cleaned by Housekeeping Director on 12/26/2014. The carpet will be professionally cleaned on 1/20/2015 by Coit. No specific resident identified to be at risk for this deficient practice. DON reviewed 24 hour reports and all MD orders for all residents who were showered on 12/22/2014 and 12/23/2014 to ensure that there were no noted adverse events related to use of the dirty shower chair. This was completed on 12/26/2014. Director of Staff Development to re-educate CNA staff on cleaning of shower equipment between residents. This will be completed by 1/23/2015. Housekeeping Director to re-educate housekeeping staff on cleaning of the shower areas and on removing and cleaning the shower curtains three times weekly and as needed due to soiling. This will be completed by 1/23/2015. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Penny Lipton* TITLE *Administrator* (X6) DATE *1-27-15*

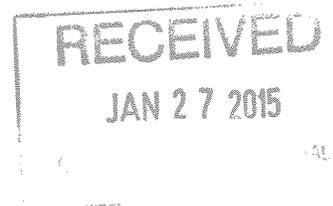
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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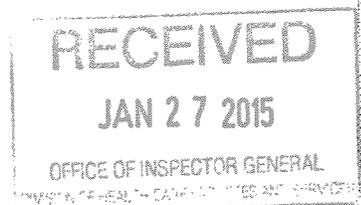
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F 253	<p>Continued From page 1</p> <p>the shower rooms' mirrors, counters, sinks, faucets, paper towel holder, toilet tanks and seats, grab bars, floor, and baseboard moldings. However, this did not include the shower equipment.</p> <p>1. Observation of the East Front shower room, on 12/22/14 at 1:45 PM, revealed a dried thick brown substance approximately two (2) inches in diameter on the inside of a shower chair, below the shower chair seat opening. There was only one shower chair in the shower room. The brown substance was visible from the doorway of the shower room. The shower room smelled strongly of urine and feces.</p> <p>Observation of the East Front shower room, on 12/23/14 at 12:00 PM, revealed the shower chair continued to have the brown substance on the inside of the shower chair. The floor of the shower area and the shower chair were wet from recent use. The shower room continued to have a strong odor of urine and feces. The privacy curtain in the shower room had brown streaks and brown spots on the bottom of the curtain approximately three (3) feet up.</p> <p>Interview with Housekeeper #2, on 12/23/14 at 10:05 AM, revealed housekeepers cleaned the shower rooms on their assigned hall. The housekeeper stated she was working on the East Front Unit and would have cleaned the East Front Shower Room at least once during her shift. The housekeeper further stated she did not have a specific checklist for the shower rooms, but she wiped down all of the equipment, toilet, and sink, and then mopped the floors in the shower room. However, she did not clean the shower</p>	F 253	<p>F 253</p> <p>After the professional cleaning of the carpets, the floor tech will follow a revised schedule for maintaining the carpets and other floor surfaces in the facility. Floor tech to be educated on the new schedule by the housekeeping director. This will be completed by 1/23/2015.</p> <p>4. CNA Preceptor or Restorative Aide or designee will check the shower equipment daily for two weeks then weekly for four weeks then it will be checked by the Housekeeping Director during weekly rounds. Housekeeping Director to check the shower rooms weekly to ensure all shower equipment and shower rooms are cleaned properly. Housekeeping Director will do written rounds with any non-compliance documented. Written rounds will include any deficient practice and corrective action, then submitted to administrator or designee on day of completion. Written rounds will be reported to QA Committee no less than quarterly.</p>		



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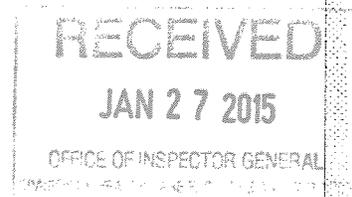
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F 253	<p>Continued From page 2 equipment.</p> <p>Interview with the Housekeeping Supervisor, on 02/24/14 at 7:40 AM, revealed the housekeeping staff was responsible for the daily cleaning of the shower room. The Housekeeping Supervisor observed the East Wing Front Shower Room and identified the shower room had a strong odor of urine, and identified the brown substance on the inside of the shower chair as feces. In addition, she observed the brown stains on the shower curtain in the shower room. The Housekeeping Supervisor stated she had not dealt with the privacy curtains in the shower room since becoming the Housekeeping Supervisor four (4) months prior. She stated the privacy curtains were not on the cleaning schedule.</p> <p>Review of the facility's shower log for the East Wing, dated 12/22/14 and 12/23/14, revealed twelve (12) residents received showers in the East Wing Front Shower Room between second (2nd) shift on 12/22/14 and first (1st) shift on 12/23/14.</p> <p>Interview with Certified Nursing Assistant (CNA) #3, on 12/23/14 at 12:05 PM, revealed she had given three (3) showers using the East Front Shower Room on the morning of 12/23/14. CNA #3 further revealed the aides were responsible for removing the soiled linens from the shower room and to make sure there was no stool or bodily fluids in the shower stall or on the shower equipment. She further stated the shower room was cleaned after each resident's shower. She stated the aides would clean the shower equipment if there were any stool or bodily fluids. CNA #3 then stated housekeeping was responsible for sanitizing the shower room and</p>	F 253			



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F 253	<p>Continued From page 3 the resident care equipment in the shower room.</p> <p>Interview with the East Wing Unit Manager, on 12/24/14 at 7:30 AM, revealed the CNAs wiped down and rinsed the shower chairs and shower equipment after each use. During the interview, the Unit Manager was able to observe the brown substance on the inside of the shower chair and stated it appeared to be feces. The Unit Manager indicated the nursing staff was responsible for cleaning the shower equipment and it appeared the shower chair had not been cleaned. The Unit Manager stated the concerns associated with the failure to clean resident equipment in between resident use would be an infection control problem. She further stated the staff Nurses and Unit Managers were responsible for the direct supervision of the CNAs. The Unit Manager said she checked the shower rooms frequently for cleanliness and would follow up with the CNAs to ensure tasks were completed. However, the Unit Manager was unaware of the brown substance on the shower chair until surveyor intervention. The Unit Manager also observed the brown stains on the privacy curtain in the shower room and stated housekeeping was responsible for maintaining the privacy curtains in the shower rooms.</p> <p>Interview with the Director of Nursing (DON) and Assistant Director of Nursing (ADON), on 12/24/14 at 8:45 AM, revealed the CNAs report to the floor nurses and the Unit Manager, then to the ADON and DON. The ADON stated she inspects the shower rooms daily for cleanliness and condition of the equipment. The DON stated she also inspected the shower rooms at times. The ADON stated feces remaining on resident shower</p>	F 253		



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F 253	<p>Continued From page 4</p> <p>equipment could result in infection control issues and illnesses for residents. There was no documented audits of the shower room inspections.</p> <p>2. Observation of the West Wing during tour of the facility, on 12/22/14 at approximately 11:15 AM and on 12/23/14 at 7:00 AM, revealed the carpet was soiled with multiple stains throughout the hallway. Some of the stains were very large in circumstance. Observation revealed the carpet remained heavily stained during 12/22/14, 12/23/14 and 12/24/14.</p> <p>Interview with the Housekeeping Supervisor, on 12/24/14 at 7:40 AM, revealed the facility employs a Floor Technician. The Floor Technician was responsible for maintaining all of the carpeted areas as well as the hardwood flooring. The Housekeeping Supervisor observed the carpets in the hallways on both the East and the West wings and stated she saw many large dark stains on all of the carpeting. The Housekeeping Supervisor stated the Floor Technician was supposed to use a carpet cleaning machine on the carpet at least a couple times per week. The Housekeeping Supervisor further stated some of the stains were very difficult for the Floor Technician to clean and some stains returned after being cleaned. The Housekeeping Supervisor stated she did not know of any plans to replace the carpet.</p> <p>Interview with the Maintenance Supervisor, on 12/24/14 at 8:15 AM, revealed the Maintenance Supervisor had informed the corporate office of the ongoing issues with the stained carpet on the East and West Wing hallways. He stated the facility had recently replaced the carpet in front of</p>	F 253			

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F 253	Continued From page 5 each nurses' station with hardwood flooring, but there was no current or immediate plans to replace the carpet in the hallways. Interview with the Administrator, on 12/24/14 at 9:20 AM, revealed the chain of command started with the CNAs, then Nurses, Unit Managers, ADON/DON, then Administrator. The Administrator stated she would inspect the shower rooms, but not daily, for cleanliness and condition of resident care equipment. The Administrator stated CNAs were responsible for cleaning the shower chairs in between each residents use and Housekeeping was responsible for cleaning the shower equipment daily.	F 253			
F 441 SS=E	Continued interview with the Administrator revealed she was aware of the condition of the carpet in the hallways. She stated the Floor Technician cleaned the carpets with a machine every other night, but the stains do return. There were no current plans to replace the carpet. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and	F 441			

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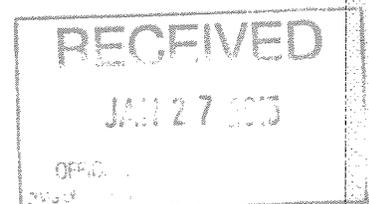
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F 441	<p>Continued From page 6</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of the facility's policies, it was determined the facility failed to consistently implement droplet precautions for one (1) of sixteen (16) sampled residents (Resident #11) and two (2) of four (4) unsampled residents, Unsampled Residents C & D, who were in precautions for Influenzae. Four staff members entered and exited those residents' rooms without the appropriate Personal Protective Equipment (PPE). In addition, during the medication pass on 12/23/14 Licensed Practical Nurse (LPN) #1 failed to clean and disinfect the glucometer between two (2) of two</p>	F 441	<p>F 441</p> <ol style="list-style-type: none"> Residents #11, C and D are now out of isolation and free of influenza. LPN #1, CNA #1, 2, and 4 and the maintenance assistant were re-educated on the use of PPE by DON on 12/26/2014. LPN #1 was re-educated on cleaning the glucometer on 12/24/2014 by the Unit Coordinator and the glucometer was cleaned by LPN #1 prior to using it with another resident. DON reviewed 24 hour reports and all MD orders from 12/22/2014 through 1/5/2015 to determine if there were any adverse events related to staff not using PPE during isolation and not cleaning the glucometer between uses. This was completed on 1/5/2015. 	1/30/2015



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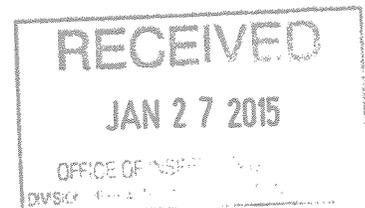
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F 441	Continued From page 7 (2) unsampled residents, (Unsampled Residents A and B). The findings include: Review of the facility's policy for Isolation-Categories of Transmission-Based Precautions, dated 08/01/12, revealed Influenzae (Flu) would be considered under the category of Droplet Precaution. The policy indicated Droplet Precautions would be implement for individuals suspected as infected with microorganisms transmitted by droplets by coughing, sneezing, talking, or performance of procedures such as suctioning. The policy instructed the staff to place residents in a private room and in addition to use Standard Precautions, a mask should be worn when working within three (3) feet of the resident. A color coded sign (yellow) with droplet written on the sign should be posted on the resident's door. Standard Precautions guidelines instructed the staff to wear gloves and perform hand hygiene when entering a resident's room under any type of precautions. Entrance to the facility, on 12/22/14 at 10:55 AM, revealed a sign posted on the front entrance doors that informed the public the facility was exhibiting an outbreak of Influenzae and requested visitation be limited. Interview, on 12/22/14 at 11:05 AM, with the Assistant Director of Nursing, who was in charge of the facility upon entrance, revealed the nursing facility was exhibiting an outbreak of the Flu with seven confirmed cases on both wings of the facility. She stated the local Health Department had been contacted with recommendation to	F 441	F 441 3. Director of Staff Development to re-educate nurses, CNAs, and maintenance staff on proper use of PPE and Isolation precautions. This will be completed by 1/23/2015. Nurses to be re-educated and preform return demonstration on cleaning the glucometer. This will be completed by Staff Development Director and completed by 1/23/2015. All newly hired employees will receive education on isolation procedures and use of PPE during orientation. All newly hired nurses will receive education and preform a return demonstration on the cleaning of the glucometer during orientation. Unit Managers and House Supervisors or designee to preform written audits of the isolation carts daily when in use to ensure all items are stocked and ready for use. Audits will be added to checklist for responsible parties. Written audits will be completed documenting any deficient practice and corrective action taken during viewing of isolation carts.		



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F 441	<p>Continued From page 8</p> <p>Quarantine the residents to their rooms and unit. Roommates who had not been diagnosed with the Flu would be transferred to another room. Residents on the East and West Wing was separated and kept on their units. She revealed five (5) residents had been admitted to an acute hospital with the Flu.</p> <p>Observation during tour of the facility, on 12/22/14 at 11:10 AM-11:55 AM, revealed PPEs were placed outside the resident's door who had been identified positive for the Flu. In addition, a yellow sign with Droplet Precautions written on the sign was posted on these residents' doors.</p> <p>1. Observation, on 12/23/14 at 8:00 AM, of the breakfast meal service on the East Wing, revealed all residents were served on the unit. The residents placed in droplet precautions was served food in Styrofoam containers with plastic utensils.</p> <p>Continued observation of the breakfast meal service revealed at 8:05 AM, a Maintenance staff member went into Unsampled Resident C's room with a bed without applying PPE. The resident was in droplet precautions with PPE available. The Maintenance staff did not perform hand hygiene or apply gloves or a mask.</p> <p>Interview with the Maintenance staff member, on 12/23/14 at 8:06 AM, revealed he thought the resident was out of precautions. He stated the resident in the first bed was moved to another unit because of the Flu precautions and he was replacing the bed for this room. He stated he failed to look at the posted sign and forgot to put on the PPE. He stated he was aware of the Flu precautions and had been told which residents</p>	F 441	<p>F 441</p> <p>4. Unit Managers, House Supervisors and Director of Staff Development to observe staff members each shift for proper use of PPE when isolation is required. Written audits will be provided to administrator or designee detailing any deficient practice and corrective action. Re-education will occur immediately as needed. Facility QA Committee to be apprised of all cases of isolation and any deficient practice related to use of PPE no less than quarterly. All employee records will be audited quarterly for one year to ensure all education is completed and documented. These audits will be presented to the facility QA Committee no less than quarterly for one year.</p>	



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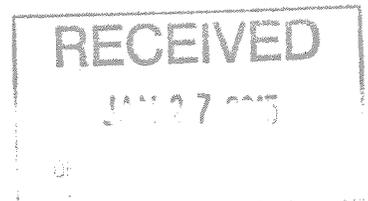
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F 441	<p>Continued From page 9</p> <p>were in droplet precautions. He said he got in a hurry and failed to apply the PPE.</p> <p>On 12/23/14 at 8:16 AM, observation revealed Certified Nursing Assistant (CNA) #2 deliver a food tray to Unsampled Resident C without applying the appropriate PPE. The aide was observed setting the food tray on the resident's bedside table, providing set up assistance, and talking with the resident. The aide left the resident's room (who was in droplet precautions) without performing hand hygiene and was going to deliver the next food tray before surveyor intervention.</p> <p>Interview with CNA #2, on 12/23/14 at 8:18 AM, revealed she was supposed to wear the PPE, gloves, mask, gown, and shoe coverings. She stated she was new, just off orientation, and forgot to use the PPE and perform hand hygiene.</p> <p>Interview with CNA #1, on 12/23/14 at 8:25 AM, revealed she was to provide oversight of CNA #2 because she just got out of orientation. She stated the aide had been given information on which residents were in precautions and what PPE to wear. She stated the sign on the resident's door told staff and visitors to see the nurse and the yellow sign told the staff what PPE to wear for protection. She stated the aide had been instructed on the precautions, but she must have forgotten.</p> <p>Observation, on 12/23/14 at 8:55 AM, revealed License Practical Nurse (LPN) #1 entered Unsampled Resident D's room without gloves. The nurse had applied a gown and mask. The nurse took the resident's food tray into the room, set the tray on the bedside table and went across</p>	F 441		

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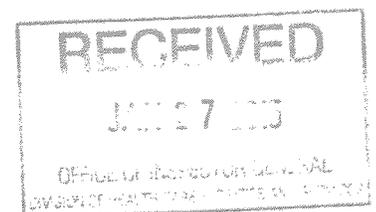
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F 441	<p>Continued From page 10</p> <p>the room to get a pair of gloves. Further observation revealed there were no disposable gloves on the cart outside the resident's room. Interview with the nurse at the time of the observation revealed she thought it would be okay to go into the room and get a pair of gloves. She stated she should have obtained the gloves and put them on before entering the resident's room, but she just didn't think.</p> <p>Observation, on 12/23/14 at 9:00 AM, revealed CNA #4 entered Resident #11's room without putting on the appropriate PPE. The aide served the food tray and left without performing hand hygiene.</p> <p>Interview with CNA #4 at the time of the observation revealed she was agency staff and had only worked at the nursing facility twice. She stated she had been told there were residents in Flu precautions, but didn't know which residents. She stated the sign on the door did not indicate what PPE to wear. Further observation revealed no gloves available with the PPE.</p> <p>Interview with the East Unit Manager, on 12/24/14 at 8:30 AM, revealed the direct care staff received information regarding which residents had the Flu and were placed in droplet precautions through the shift report. She stated the nurse from the previous shift would inform the day shift nurse if any residents were added to the precaution list and which ones were removed. The nurse was responsible for informing the direct care staff. She stated if an employee didn't know what PPE to wear, they should ask the nurse before entering the resident's room.</p> <p>Interview, on 12/24/14 at 8:42 AM with RN #1, the</p>	F 441		



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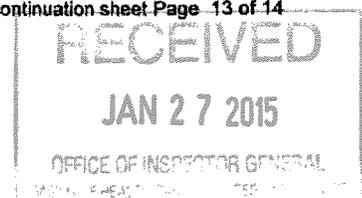
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F 441	<p>Continued From page 11</p> <p>staff nurse responsible for the East Wing on 12/23/14, revealed she had been late that day and had missed the initial report. Therefore, she had failed to give report to the aides that day. She stated she monitored staff for compliance of wearing the appropriate PPE by observations and reminding them to wear the PPE. She stated gloves should be the first thing on and last thing off.</p> <p>Interview with the Director of Nursing (DON), on 12/24/14 at 8:55 AM, revealed she conducted round meetings daily, Monday-Friday. She stated she covered which residents are ill and in precautions and discuss other issues. She stated all staff are trained during orientation on the facility's Infection Policy with isolation and precautions included. She said the precaution signs were posted and staff should have known what PPE to wear. If they did not, they should ask the nurse. She stated the types of precautions and what PPE to wear was discussed in each meeting. She stated she had spoken with the agency aide, but it was after surveyor observation. She stated communication was through shift to shift report. Staff should have gotten that information from the daily reports. She stated if the staff had any questions, they should have asked the nurse. She revealed in addition to the daily meetings, she would round to ensure the staff was wearing the appropriate PPE. She had conducted a few audits where she observed the staff and found some problems with on the spot training provided.</p> <p>2. Review of the manufacture's cleaning & disinfecting guidelines for the glucometer (which the facility provided as their policy and procedure for cleaning the glucometer), not dated, revealed</p>	F 441			



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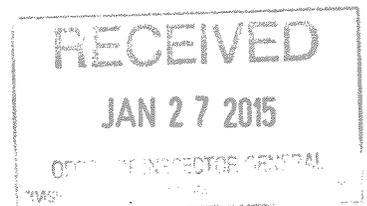
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F 441	<p>Continued From page 12</p> <p>a germicide wipe should be used to clean and disinfect the meter. Two wipes are to be used, one for cleaning and a second one to disinfect.</p> <p>Observation during a medication pass, on 12/23/14 at 6:55 AM, revealed LPN #1 used a glucometer to check Unsampled Resident B's blood sugar. The resident was on a sliding scale insulin and did not require any insulin. Further observation revealed the nurse did not clean or disinfect the meter after use.</p> <p>Observation, on 12/23/14 at 7:03 AM, revealed LPN #1 used the same meter to check Unsampled Resident A's blood sugar. The nurse did not clean the meter after use.</p> <p>Interview with LPN #1, on 12/23/14 at 7:12 AM, revealed she realized she had not cleaned the meter between resident use. She stated she would usually wipe the meter with an alcohol wipe and then looked for the wipes. When she opened the medication cart, Sani-Wipes towelettes were in the cart and available for use. She stated she did not work full time, only as needed and had not been instructed on how to clean the glucometer. She did not know the facility's policy or the manufacturer's recommendations.</p> <p>Interview with the Unit Manager for the East Wing, on 12/23/14 at 8:30 AM, revealed all nurses are trained to clean the meters with the Sani-Wipes.</p> <p>Interview with the DON, on 12/24/14 at 8:55 AM, revealed the glucometer's are to be cleaned with Sani-Wipes and the cleaning instructions were located inside the meter's case and nurses should refer to those instructions if they did not</p>	F 441		



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F 441	Continued From page 13 know how to clean the machine.	F 441		



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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: 1970</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story and a partial basement, Type III (200) Construction.</p> <p>SMOKE COMPARTMENTS: Five (5).</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Automatic (dry) sprinkler system, hydraulically designed.</p> <p>GENERATOR: Type II, 50 KW generator installed in 2010. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey, utilizing the 2786S Short Form, was conducted on 12/23/14. The facility was found not to be 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>	K 000		

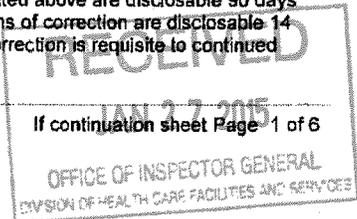
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Rosemary Lipton

ADMINISTRATOR

1-27-15

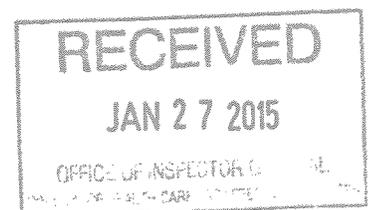
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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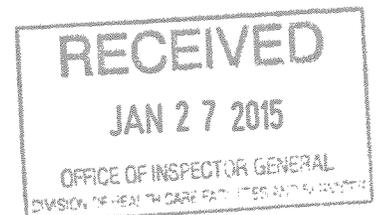
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K 000	Continued From page 1	K 000			
K 062 SS=F	<p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable 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 interview and review of the sprinkler system record, it was determined the facility failed to maintain the sprinkler system in accordance with the National Fire Protection Association (NFPA) Standards. The deficiency had the potential to affect each of the five (5) smoke compartments, all residents, staff and visitors. The facility has ninety-five (95) certified beds and the census was seventy-five (75) on the day of the survey.</p> <p>The findings include:</p> <p>Review of the Automatic Sprinkler System records, on 12/23/14 at 10:17 AM, with the Maintenance Supervisor and Maintenance Assistant revealed the facility failed to provide documentation that the gauges on the sprinkler system riser had been calibrated or replaced within the last five (5) years. The last documented calibration or replacement was 02/11/09.</p> <p>Interview, on 12/23/14 at 10:19 AM, with the Maintenance Supervisor and Maintenance</p>	K 062	<p>The preparation and execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiency. This Plan of Correction is prepared and executed solely because it is required by Federal and State law.</p> <ol style="list-style-type: none"> The Sprinkler system riser has been replaced. No other sprinkler system risers are in the building. No other issues identified. An annual inspection for the sprinkler system riser has been added to TELS (in house monitoring program) for monitoring by Maintenance Director. Administrator educated Maintenance Director and maintenance assistant on the proper calibration/replacement of the sprinkler system riser. Maintenance Director will check and log date weekly for four weeks, monthly for three months, and quarterly annually. Maintenance Director will report to QA committee quarterly. 	1/30/2015	



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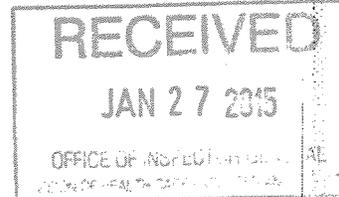
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K 062	<p>Continued From page 2</p> <p>Assistant revealed they were not aware the gauges had not been replaced or recalibrated within the past five (5) years.</p> <p>The census of seventy-five (75) was verified by the Administrator on 12/23/14. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor and Maintenance Assistant at the exit interview on 12/23/14.</p> <p>Reference: NFPA 25 (1998 Edition).</p> <p>2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. Exception: Valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 9.</p> <p>Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance Item Activity Frequency Reference Gauges (dry, preaction deluge systems) Inspection Weekly/monthly 2-2.4.2 Control valves Inspection Weekly/monthly Table 9-1 Alarm devices Inspection Quarterly 2-2.6 Gauges (wet pipe systems) Inspection Monthly 2-2.4.1 Hydraulic nameplate Inspection Quarterly 2-2.7</p>	K 062			



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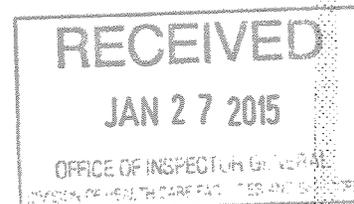
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K 062	Continued From page 3 Buildings Inspection Annually (prior to freezing weather) 2-2.5 Hanger/seismic bracing Inspection Annually 2-2.3 Pipe and fittings Inspection Annually 2-2.2 Sprinklers Inspection Annually 2-2.1.1 Spare sprinklers Inspection Annually 2-2.1.3 Fire department connections Inspection Table 9-1 Valves (all types) Inspection Table 9-1 Alarm devices Test Quarterly 2-3.3 Main drain Test Annually Table 9-1 Antifreeze solution Test Annually 2-3.4 Gauges Test 5 years 2-3.2 Sprinklers - extra-high temp. Test 5 years 2-3.1.1 Exception No. 3 Sprinklers - fast response Test At 20 years and every 10 years thereafter 2-3.1.1 Exception No. 2 Sprinklers Test At 50 years and every 10 years thereafter 2-3.1.1 Valves (all types) Maintenance Annually or as needed Table 9-1 Obstruction investigation Maintenance 5 years or as needed Chapter 10 Table 9-1 Summary of Valves, Valve Components, and Trim Inspection, Testing, and Maintenance Component Activity Frequency Reference Control Valves Sealed Inspection Weekly 9-3.3.1 Locked Inspection Monthly 9-3.3.1 Exception No. 1 Tamper switches Inspection Monthly 9-3.3.1 Exception No. 1 Alarm Valves Exterior Inspection Monthly 9-4.1.1	K 062		



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K 062	Continued From page 4 Interior Inspection 5 years 9-4.1.2 Strainers, filters, orifices Inspection 5 years 9-4.1.2 Check Valves Interior Inspection 5 years 9-4.2.1 Preaction/Deluge Valves Enclosure (during cold weather) Inspection Daily/weekly 9-4.3.1 Exterior Inspection Monthly 9-4.3.1.2 Interior Inspection Annually/5 years 9-4.3.1.3 Strainers, filters, orifices Inspection 5 years 9-4.3.1.4 Dry Pipe Valves/Quick-Opening Devices Enclosure (during cold weather) Inspection Daily/weekly 9-4.4.1.1 Exterior Inspection Monthly 9-4.4.1.3 Interior Inspection Annually 9-4.4.1.4 Strainers, filters, orifices Inspection 5 years 9-4.4.1.5 Pressure Reducing and Relief Valves Sprinkler systems Inspection Quarterly 9-5.1.1 Hose connections Inspection Quarterly 9-5.2.1 Hose racks Inspection Quarterly 9-5.3.1 Fire pumps Casing relief valves Inspection Weekly 9-5.5.1, 9-5.5.1.1 Pressure relief valves Inspection Weekly 9-5.5.2, 9-5.5.2.1 Backflow Prevention Assemblies Reduced pressure Inspection Weekly/monthly 9-6.1 Reduced pressure detectors Inspection Weekly/monthly 9-6.1 Fire Department Connections Inspection Quarterly 9-7.1 Main Drains Test Annually 9-2.6, 9-3.4.2 Waterflow Alarms Test Quarterly 9-2.7 Control Valves	K 062		



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K 062	Continued From page 5 Position Test Annually 9-3.4.1 Operation Test Annually 9-3.4.1 Supervisory Test Semiannually 9-3.4.3 Preaction/Deluge Valves Priming water Test Quarterly 9-4.3.2.1 Low air pressure alarms Test Quarterly 9-4.3.2.10 Full flow Test Annually 9-4.3.2.2 Dry Pipe Valves/Quick-Opening Devices Priming water Test Quarterly 9-4.4.2.1 Low air pressure alarm Test Quarterly 9-4.4.2.6 Quick-opening devices Test Quarterly 9-4.4.2.4 Trip test Test Annually 9-4.4.2.2 Full flow trip test Test 3 years 9-4.4.2.2.1 Pressure Reducing and Relief Valves Sprinkler systems Test 5 years 9-5.1.2 Circulation relief Test Annually 9-5.5.1.2 Pressure relief valves Test Annually 9-5.5.2.2 Hose connections Test 5 years 9-5.2.2 Hose racks Test 5 years 9-5.3.2 Backflow Prevention Assemblies Test Annually 9-6.2 Control Valves Maintenance Annually 9-3.5 Preaction/Deluge Valves Maintenance Annually 9-4.3.3.2 Dry Pipe Valves/Quick-Opening Devices Maintenance Annually 9-4.4.3.2	K 062			

