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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185400	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD ELKTON, KY 42220	

(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
K 027	Continued From page 8 required where each door closes and latches independently of the other. Reference: NFPA 101 (2000 edition) 8.3.4.1* Doors in smoke barriers shall close the opening leaving only the minimum clearance necessary for proper operation and shall be without undercuts, louvers, or grilles.	K 027	*K 029* NFPA 101 LIFE SAFETY CODE STANDARD **What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** By 10/16/2012, Maintenance installed self-closing device to the dry food storage door in the kitchen to properly protect the room due to the storage of combustible items inside the area.	
K 029 SS=E	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, it was determined the facility failed to meet the requirements of Protection of Hazards in accordance with NFPA Standards. The deficiency had the potential to affect two (2) of four (4) smoke compartments, sixteen (16) residents, staff and visitors. The facility is	K 029	On 9/18/2012, Maintenance repaired the self-closing devices on the Medical Records and Soiled Utility room on the Maintenance Hall to properly protect the room due to the storage of combustible items inside the area. **How facility will identify other residents/patients having the potential to be affected by the same alleged deficient practice?** On 10/11/2012, DES inspected interior doors for any further deficient practices. Any deficient areas were immediately corrected or were immediately scheduled for correction. **What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?**	

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 606 ALLENSVILLE ROAD ELKTON, KY 42220	

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K 029	Continued From page 9 certified for sixty (60) beds with a census of fifty-seven (57) on the day of the survey. The facility failed to ensure four (4) rooms were properly protected due to the storage in the rooms. The findings include: Observation, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed the Assistant Director of Nursing office, and the dry storage room in the kitchen did not have a closer added to the door. This requirement is due to the storage of combustible items inside the areas. Further observation revealed the closer on the medical records office had been unhooked and the door to the soiled utility room on the maintenance hall would not latch. Interview, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed she was unaware the storage in a room determined whether the room was a hazardous storage area or not. Further interview revealed she was unaware the door closer was taken off the medical records office and the soiled utility room door would not latch. Interview, on 09/18/12 at 3:45 AM with the Administrator, revealed she was unaware the gauges on the sprinkler riser had not been replaced, as well as the corroded sprinkler risers in the facility. She stated she relies on the Environmental Supervisor and CQI tools for Life Safety and they use the OIG newsletter to ensure life safety code.	K 029	On 10/10/2012, Administrator re-educated Director of Environmental Services (DES) and Maintenance regarding the NFPA requirement self-closing devises on doors to areas storing combustible items. By 10/17/2012, under the supervision of the Administrator, Housekeeping, Laundry, Dietary and Nursing Staff were re-educated regarding use of the maintenance log to report any item(s) needing repair. On 10/11/2012, the Director of Environmental Services (DES) completed CQI Tool ES-3 "Life Safety". **How the facility plans to monitor its performance to ensure that solutions are sustained.** Continuing Quality Improvement (CQI) Tool ES-3 "Life Safety" will be completed monthly. The Quality Assurance Team will review any deficient practice identified and implement new interventions as needed.	

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	185400	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/19/2012

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K 029	Continued From page 10 Reference: NFPA 101 (2000 Edition). 19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft2 (9.3 m2) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.	K 029		
K 045	NFPA 101 LIFE SAFETY CODE STANDARD	K 045		

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	185400		09/19/2012

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HEARTHSTONE PLACE	506 ALLENSVILLE ROAD ELKTON, KY 42220

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K 045 SS=E	Continued From page 11 Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure exits were equipped with lighting in accordance with NFPA standards. The deficiency had the potential to affect three (3) of four (4) smoke compartments, all residents, staff and visitors. The facility is certified for sixty (60) beds with a census of fifty-seven (57) on the day of the survey. The facility failed to ensure the emergency lights had two (2) bulbs at rear exit and lounge exit. The findings include: Observation, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed the exterior exits at the back exit and the lounge exit of the building only had a single light for illumination of the outside of the exit. Interview, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed she was unaware the lighting fixtures serving the exterior exits must include more than one bulb for illumination of the egress path. Interview, on 09/18/12 at 3:45 AM with the Administrator, revealed she was unaware all exits	K 045	***K 045*** NFPA 101 LIFE SAFETY CODE STANDARD **What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** On 10/5/2012, Maintenance installed new lighting fixtures with more than one bulb servicing the exterior exits at the Visitor's Lounge and rear exit to allow adequate illumination of the egress path. **How facility will identify other residents/patients having the potential to be affected by the same alleged deficient practice?** On 10/11/2012, Administrator inspected exterior exits and assessed egress path lighting for any further deficient practices. Any deficient areas were immediately corrected or scheduled for correction. **What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?** On 10/10/2012, Administrator re-educated Director of Environmental Services (DES) and Maintenance regarding fixtures servicing exterior	

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K 045	Continued From page 12 require two light bulbs for illumination. She stated she relies on the Environmental Supervisor and CQI tools for Life Safety and they use the OIG newsletter to ensure life safety code. Reference: NFPA 101 (2000 edition) 7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.	K 045	exits must include more than one bulb for illumination of the egress path in accordance with NFPA standards. By 10/17/2012, under the supervision of the Administrator, Housekeeping, Laundry, Dietary and Nursing Staff were re-educated by the Administrator regarding use of the maintenance log to report any item(s) needing repair. On 10/11/2012, CQI Tool ES-3 "Life Safety" was revised by Administrator to incorporate visual inspection of exterior lighting for illumination of the egress path with more than one bulb.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure the building had a complete sprinkler system, in accordance with NFPA Standards. The deficiency had the potential to affect one (1) of four (4)	K 056	On 10/11/2012, the Director of Environmental Services (DES) completed CQI Tool ES-3 "Life Safety". **How the facility plans to monitor its performance to ensure that solutions are sustained.** Continuing Quality Improvement (CQI) Tool ES-3 "Life Safety" will be completed monthly. The Quality Assurance Team will review any deficient practice identified and implement new interventions as needed. **Completion Date:** *K 056* NFPA 101 LIFE SAFETY CODE STANDARD	10/26/2012

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K 056	Continued From page 13 smoke compartments, sixteen (16) residents, staff and visitors. The facility is certified for sixty (60) beds with a census of fifty-seven (57) on the day of the survey. The facility failed to ensure all areas of the building had proper sprinkler coverage. The findings include: Observation, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed the back area of the soiled linen room located on the maintenance hall did not have proper sprinkler coverage. The doorway had a partition extending twelve (12) inches from the ceiling and there was no sprinkler head located in the room Interview, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed she was not aware the area needed to have a sprinkler since the front part of the room had sprinkler protection. Observations, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed a sprinkler head located two (2) inches from the wall located in the closet of room# 317. Interview, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed she was not aware the sprinkler head in the closet was located so close to the wall. Interview, on 09/18/12 at 3:45 AM with the Administrator, revealed she was unaware of the improper sprinkler coverage in the soiled linen room and the closet of room# 317. She stated	K 056	**What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** On 10/1/2012, Armor Fire Protection conducted and inspection for the addition of a sprinkler in the back area of the soiled linen room located on the Maintenance Hall and moving of sprinkler heads in the closet of room #317. No later than 10/26/2012, Armor Fire Protection will install the new sprinkler head and move the existing sprinkler head. **How facility will identify other residents/patients having the potential to be affected by the same alleged deficient practice?** On 10/4/2012, Armor Fire Protection conducted an audit of facility to identify if any additional sprinklers need moved or installed. Any deficient areas will be scheduled for correction. **What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?** On 10/10/2012, Administrator re-educated Director of Environmental Services (DES) and Maintenance regarding the NFPA requirement to have a complete sprinkler system in	

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HEARTHSTONE PLACE	608 ALLENSVILLE ROAD ELKTON, KY 42220

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K 056	Continued From page 14 she relies on the Environmental Supervisor and CQI tools for Life Safety and they use the OIG newsletter to ensure life safety code. Reference: NFPA 13 (1999 Edition) 5-13 8.1 Actual NFPA Standard: NFPA 101, Table 19.1.6.2 and 19.3.5.1. Existing healthcare facilities with construction Type V (111) require complete sprinkler coverage for all parts of a facility. Actual NFPA Standard: NFPA 101, 19.3.5.1. Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Actual NFPA Standard: NFPA 101, 9.7.1.1. Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Actual NFPA Standard: NFPA 13, 5-1.1. The requirements for spacing, location, and position of sprinklers shall be based on the following principles: (1) Sprinklers installed throughout the premises (2) Sprinklers located so as not to exceed maximum protection area per sprinkler (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution. Reference: NFPA 13 (1999 edition) 5-6.3.3 Minimum Distance from Walls. Sprinklers shall be located a minimum of 4 in. (102 mm) from a wall.	K 056	accordance with NFPA standards and sprinkler and fire alarm contractors exit with Administrator when repairs and inspections are complete. On 10/11/2012, the Director of Environmental Services (DES) completed CQI Tool ES-3 "Life Safety". **How the facility plans to monitor its performance to ensure that solutions are sustained.** Continuing Quality Improvement (CQI) Tool ES-3 "Life Safety" will be completed monthly. Administrator will review sprinkler and fire alarm reports no less than quarterly. The Quality Assurance Team will review any deficient practice identified and implement new interventions as needed. **Completion Date:**	10/26/2012
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062	***K 062*** NFPA 101 LIFE SAFETY CODE STANDARD **What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** On 10/1/2012 marked sprinkler riser gauges with the date of replacement and conducted and inspection for the replacement of the rusted or corroded sprinkler heads above the dishwasher, in the chemical storage closet in the	

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K 062 SS=F	Continued From page 15 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, record review, and interview, and sprinkler testing record review it was determined the facility failed to maintain the sprinkler system in accordance with NFPA standards. The deficiency had the potential to affect four (4) of four (4) smoke compartments, all residents, staff and visitors. The facility is certified for sixty (60) beds with a census of fifty-seven (57) on the day of the survey. The facility failed to ensure the gauges on the sprinkler riser had been replaced or recalibrated within the past five (5) years, items were stored 18 " from any sprinkler head, and sprinkler heads were not corroded. The findings include: Observation and record review, on 09/18/12 at 11:00 AM with the Environmental Supervisor, revealed the facility failed to provide documentation that the gauges on the sprinkler riser had been calibrated or replaced within the last 5 years. Interview, on 09/18/12 at 11:00 AM with the Environmental Supervisor, revealed she was not aware all gauges on the sprinkler riser had to be calibrated or replaced once every 5 years. She	K 062	kitchen and in 200 Hall shower room closet. By 10/26/2012, Armor Fire Protection will replace the sprinkler riser gauge and will complete replacement of the sprinkler heads. On 9/18/2012, under the supervision of Director of Environmental Service items stored within eighteen (18) inches of the sprinkler head in the closet of rooms #223 and 318 were removed. On 10/12/2012, under the supervision of Certified Dietary Manager items stored within eighteen (18) inches of the sprinkler head in freezer were removed. **How facility will identify other residents/patients having the potential to be affected by the same alleged deficient practice?** On 10/4/2012, Armor Fire Protection inspected sprinklers to determine if any other sprinkler heads needed replacement. Any deficient areas were scheduled for correction. On 10/11/2012, Director of Environmental Services inspected storage areas for any items stored within eighteen (18) inches of the sprinkler heads. Any deficient areas were immediately corrected or scheduled for correction.	

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K 062	Continued From page 16 believes three (3) of the four (4) have been replaced within the last 5 years. Observations, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed the sprinkler head in the 200 hall shower room closet was rusted. Further observation revealed the kitchen closet and the area above the dishwashing area had corroded sprinkler heads. Interview, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed she was unaware of the corroded sprinkler heads in the facility. Observations, on 09/18/12 between 12:00 PM and 3:30 PM with the Environmental Supervisor, revealed there were items being stored within 18 inches of the sprinkler head in the closet of rooms# 223 and 318. Further observation revealed storage within 18 inches of the sprinkler head in the freezer. Interview, on 09/18/12 at 3:45 AM with the Administrator, revealed she was unaware the gauges on the sprinkler riser had not been replaced, as well as the corroded sprinkler risers in the facility. She stated she relies on the Environmental Supervisor and CQI tools for Life Safety and they use the OIG newsletter to ensure life safety code. Reference: NFPA 25 (1998 Edition). 2-1 General, This chapter provides the minimum requirements for the routine inspection, testing, and	K 062	**What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?** On 10/10/2012, Administrator re-educated Director of Environmental Services (DES) and Maintenance regarding the NFPA requirement to maintain the sprinkler system in accordance with NFPA standards, sprinkler and fire alarm servicemen exit with Administrator when repairs and inspections are complete, and items must be stored eighteen (18) inches below sprinkler heads. By 10/17/2012, under the supervision of the Administrator, Housekeeping, Laundry, Dietary and Nursing Staff were re-educated regarding items must be stored eighteen (18) inches below sprinkler heads and reporting any corroded or rusted sprinkler heads per facility protocol. On 10/11/2012, the Director of Environmental Services (DES) completed CQI Tool ES-3 "Life Safety" which includes a visual inspection for items stored less than eighteen (18) inches from sprinkler head. **How the facility plans to monitor its performance to ensure that solutions are sustained.** Continuing Quality Improvement (CQI) Tool ES-3 "Life Safety" will be completed monthly. Administrator will	

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K 062	Continued From page 17 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. 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 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	K 062	review sprinkler and fire alarm reports no less than quarterly. The Quality Assurance Team will review any deficient practice identified and implement new interventions as needed. **Completion Date:**	10/26/2012