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

PRINTED: 04/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185449	A. BUILDING _____ B. WING _____	C 04/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBROOK LIFECARE CENTER	2500 STATE ROUTE 5 ASHLAND, KY 41102

(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
F 000	INITIAL COMMENTS A Recertification and an Abbreviated Survey investigation KY 00019940 was initiated on 04/02/13 and concluded on 04/04/13. KY00019940 was unsubstantiated with no deficiencies cited.	F 000		

RECEIVED
APR 22 2013
BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Keith Moore

TITLE: ADMINISTRATOR

(X6) DATE: 4-22-13

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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	185449		04/03/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBROOK LIFECARE CENTER	2500 STATE ROUTE 5 ASHLAND, KY 41102

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K 000	INITIAL COMMENTS	K 000		

CFR: 42 CFR §483.70 (a)

BUILDING: 01

PLAN APPROVAL: Construction Date 05/18/02

SURVEY UNDER: 2000 Existing

FACILITY TYPE: SNF/NF

TYPE OF STRUCTURE: Two (2) Story, Type II (222) Protected

SMOKE COMPARTMENTS: Six (6) smoke compartments.

COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM originally installed in 4-02 upgraded in 7-2011

FULLY SPRINKLED, SUPERVISED (Wet SYSTEM) original in 4/02

EMERGENCY POWER: Type II Diesel Generator. Original in 4/02

A life safety code survey was conducted on 04/03/2013. 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. The facility is licensed for one hundred forty-three (143) beds and the census was one hundred twenty-five (125) the day of the survey.

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

Kim Moore | ADMINISTRATOR | 4-22-13

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K 000	Continued From page 1	K 000		
	Deficiencies were cited with the highest scope ans severity of an "E".			
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation, interview and the facility's architectural plan review it was determined the facility failed to ensure smoke barriers were maintained according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect two (2) smoke compartments, eighty (80) residents, staff and visitors. The findings include: 1. Observation, on 04/03/2013 at 1:55 PM, revealed there were penetrations located in the smoke barrier near the beauty shop and the unsealed penetrations were located around a piece of duct work. The observation was confirmed with the Maintenance Director.	K 025	The maintenance department put a self door closure on all identified doors. The maintenance department filled all holes in the fire wall that was identified with fire proof caulk. An audit was conducted on all other fire doors and corrected at that time. The accomplished corrective action is that the facility is ensuring smoke barriers are being maintained according to National Fire Protection Association (NFPA) standards. No other residents have the potential to be affected as all identified doors and ducts have been updated with proper equipment.	4/4/13

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K 025	Continued From page 2 Interview, on 04/03/2013 at 2:00 PM, with the Maintonance Director revealed he checked smoke barriers on a monthly basis; however, had not identified the unsealed penetration around the duct work near the beauty shop. 2. Review of the facility's Architectural Plan for the location of facility smoke barriers revealed the door for the beauty shop was located in a smoke barrier. Observation, on 04/03/12 at 2:15 PM, revealed the door was not equipped with a self-closer and was standing open. The observation was confirmed with the Maintenance Director. Interview, on 04/03/2013 at 2:20 PM, with the Maintenance Director, revealed the facility had never identified the beauty shop door as being located in a smoke barrier and the door had never been equipped with a self-closer. Reference: NFPA 101 (2000 edition) 8.3.1* General. Where required by Chapters 12 through 42, smoke barriers shall be provided to subdivide building spaces for the purpose of restricting the movement of smoke. 8.3.2* Continuity. Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces. Exception: A smoke barrier required for an occupied space below an interstitial space shall	K 025	The maintenance supervisor or designee will conduct a monthly inspection and repair if needed of all smoke walls, doors, and duct work according to the blue prints of the building and report all findings in monthly QAPI meetings. All repairs if needed will be completed at the time of inspection. Quality Improvement manager will monitor performance by reporting all findings in its monthly QAPI meeting.	

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K 025	Continued From page 3 not be required to extend through the interstitial space, provided that the construction assembly forming the bottom of the interstitial space provides resistance to the passage of smoke equal to that provided by the smoke barrier. 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. 8.3.4.3* Doors in smoke barriers shall be self-closing or automatic-closing in accordance with 7.2.1.8 and shall comply with the provisions of 7.2.1. 7.2.1.8.1* A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2. 7.2.1.8.2 In any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, doors shall be permitted to be automatic-closing, provided that the following criteria are met: (1) Upon release of the hold-open mechanism, the door becomes self-closing. (2) The release device is designed so that the door instantly releases manually and upon release becomes self-closing, or the door can be readily closed. (3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door release service in NFPA 72, National Fire Alarm Code®.	K 025		

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K 025	Continued From page 4 (4) Upon loss of power to the hold-open device, the hold open mechanism is released and the door becomes self-closing. (5) The release by means of smoke detection of one door in a stair enclosure results in closing all doors serving that stair. 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.	K 025		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure natural gas equipment was protected against possible vehicle damage, according to National Fire Protection Association (NFPA) standards. The findings include: Observation, on 04/03/2013 at 3:05 PM, revealed the natural gas regulator located next to the parking lot area did not have barriers to protect against possible vehicle damage. The	K 130	The maintenance department contracted May's Construction to install three concrete barriers in front of the identified natural gas equipment on 4/15/13. No potential residents were identified as being affected by the deficient practice. The maintenance supervisor or designee will conduct weekly visual inspections of barriers to ensure that the structural integrity remains of the barriers.	4/16/13

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K 130	Continued From page 5 observation was confirmed with the Maintenance Director. Interview, on 04/03/2013 at 3:05 PM, with the Maintenance Director revealed he had not noticed the gas regulator was not protected with a barrier. Reference: NFPA 54 (1999 edition) 5.1.12 Gas Equipment Physical Protection. Where it is necessary to locate gas utilization equipment close to a passageway traveled by vehicles or equipment, guardrails or bumper plates shall be installed to protect the equipment from damage.	K 130	All inspections will be reported in the facilities monthly QAPI meetings. Any and all repairs will be made when identified during a routine inspection. Quality Improvement Manager will monitor performance monthly.	