

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

PRINTED: 09/16/2011
FORM APPROVED
OMB NO. 0938-0381



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ D. WING _____ <small>OFFICE OF INSPECTOR GENERAL</small>	(X3) DATE SURVEY COMPLETED 09/01/2011
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NAME OF PROVIDER OR SUPPLIER BELLE MEADE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 621 GREENE DR. P.O. BOX 666 GREENVILLE, KY 42346
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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>An annual survey was conducted on 08/30/11 through 09/01/11 and a Life Safety Code survey was conducted on 08/30/11 to determine the facility's compliance with Federal requirements. The facility was not in compliance with Federal requirements with deficiencies cited at the highest S/S of an "F."</p> <p>F 371 SS=6 483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, review of the Material Safety Data Sheet (MSDS), review of a container label's "precautionary statement" and interview, it was determined the facility failed to prepare, distribute and serve food under sanitary conditions. The facility's census was fifty two residents, of which only one resident required tube feeding. On 08/30/11, food temperatures were obtained by the dietary staff, and were observed to use an unapproved germicidal wipe on the thermometer probe prior to each temperature being obtained.</p> <p>The findings include:</p>	F 000	<p>This facility shall prepare, distribute and serve food under sanitary conditions evidenced by:</p> <p>The dietary staff immediately discarded the use of the unapproved germicidal wipe that is identified in the SOD on 8-30-11.</p> <p>The facility contacted the Muhlenberg County Health Inspector for consultation of what is the approved and appropriate mechanism for cleaning the thermometer probe. Mark Wilkerson from the Health Department told the facility that an approved alcohol swab is adequate to clean the thermometer between obtaining the temperatures of the foods before serving.</p> <p>The Dietary Manager was educated by the facility's Administrator of the information obtained from Mark Wilkerson, Health Inspector from the Muhlenberg County Health Department on 9-1-11. Mr. Wilkerson indicated that an alcohol swab is an approved mechanism for cleaning the food thermometer.</p> <p>An in-service was held on 9-15-11 for all dietary staff by Shirley Harper, the facility's Dietician Consultant, in regard to the approved mechanism and proper technique for cleaning the food thermometer.</p>	<p>9-15-11 9/16/11 per phone conversation to J. Sparks, Adm. (CM)</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Adm.	(X6) DATE 9-23-11
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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 BELLE MEADE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 891 GREENE DR. P.O. BOX 888 GREENVILLE, KY 42348
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F 371	<p>Continued From page 1</p> <p>An observation in the kitchen, on 08/31/11 at 4:30 PM, revealed the Cook obtained a germicidal wipe from a container and wiped the thermometer probe and inserted the probe into each food item. The probe was used to obtain eight (8) temperatures on eight (8) different foods, and was inserted into each food item after being wiped with the germicidal wipe.</p> <p>A review of the "germicidal wipe container label" revealed the wipes were "to disinfect nonfood contact surfaces only." The "precautionary statement" on the label revealed "hazardous to humans and domestic animals. Danger. Causes irreversible eye damage. Harmful if absorbed through the skin. Do not get in eyes or on clothing. Avoid contact with the skin. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco, or using restroom. Remove and wash any contaminated clothing before reuse."</p> <p>A review of the MSDS revealed emergency first aid procedures for ingestion was to contact the physician.</p> <p>An interview with the Dietary Manager, on 08/30/11 at 4:35 PM, revealed the nursing department provided the germicidal wipes and the kitchen staff used the wipes on the food thermometer probes for the past two or three months. Further interview revealed the Dietary Manager did not read the "precautionary statement" on the germicidal wipe container.</p> <p>An interview with a representative from the manufacturer of the germicidal wipes, on</p>	F 371	<p>The Dietary Manager shall monitor the food service process daily to ensure that the proper storing, preparing, distributing and serving of food is under sanitary conditions. The Dietician shall monitor the quality of food service provided by the dietary staff. The Dietician shall document their findings and report quarterly to the quality assurance team.</p>	
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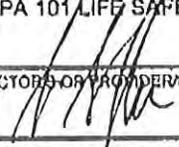
F 371	<p>Continued From page 2</p> <p>08/31/11 at 8:15 AM, revealed the wipes were not approved for food contact surfaces and there was a thermometer probe wipe designed "specifically" for food and meat probes. The germicidal wipes the kitchen staff used were for intravenous (IV) poles, sideralle and other types of equipment used for the residents.</p> <p>An interview with the Registered Dietician, on 08/31/11 at 8:45 AM, revealed she contacted the manufacturer and determined the facility would use alcohol wipes to clean the food thermometer probes until she clarified the appropriate type of wipe to be used.</p>	F 371		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180317	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 D. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2011
NAME OF PROVIDER OR SUPPLIER BELLE MEADE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 821 GREENE DR. P.O. BOX 688 GREENVILLE, KY 42346	
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K 000	INITIAL COMMENTS CFR: 42 CFR §483.70 (a) BUILDING: 01 PLAN APPROVAL: Unknown SURVEY UNDER: 2000 Existing FACILITY TYPE: SNF/NF TYPE OF STRUCTURE: One (1) story, Type III (000) Unprotected SMOKE COMPARTMENTS: Four (4) smoke compartments COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM FULLY SPRINKLED, SUPERVISED (DRY SYSTEM) EMERGENCY POWER: Type II Diesel Generator. A life safety code survey was initiated and concluded on 08/30/11. 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 in substantial compliance with the Requirements for Participation for Medicare and Medicaid. Deficiencies were cited with the highest deficiency identified at "F" level.	K 000		
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 025		

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



TITLE

Admin.

(X6) DATE

9-23-11

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NAME OF PROVIDER OR SUPPLIER BELLE MEADE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 621 GREENE DR. P.O. BOX 645 GREENVILLE, KY 42346	
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K 025	<p>Continued From page 1</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure smoke barriers were maintained according to National Fire Protection Association (NFPA) standards. Smoke barriers must be maintained to ensure they limit the transfer of smoke and fire into corridors and resident rooms. The deficiency had the potential to affect two (2) of four (4) smoke compartments, Sixty-two (62) residents, staff, and visitors.</p> <p>The findings include:</p> <p>Observation on 08/30/11, at 1:15 PM, with the Maintenance Supervisor, revealed the smoke barrier located in C Hall and E Hall had a non-filled penetration around a piece of metal ductwork. The observation was confirmed with the Maintenance Supervisor.</p> <p>Interview on 08/30/11, at 1:15 PM, with the Maintenance Supervisor, revealed he was</p>	K 025	<p>This facility shall ensure smoke barriers are maintained according to National Fire protection Association standards.</p> <p>The smoke barriers sited in the SOD located on C Hall and E Hall have been corrected. These areas of penetration have been filled with fire rate drywall, a material that is capable of limiting the transfer of smoke. This was completed on 9-21-11.</p> <p>The maintenance supervisor shall monitor these smoke barrier for penetration and miscellaneous openings in smoke partitions. Repair and maintenance is ongoing.</p> <p>The maintenance supervisor reports to the Quality Assurance Team weekly all environmental checks including fire safety. The maintenance supervisor is also accountable to the Safety Team for reporting any Fire safety related concerns Quarterly.</p>	9-23-11

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K 025	Continued From page 2 unaware of the penetration in the smoke barrier. Reference: NFPA 101 (2000 Edition). 6.2.4.4 Penetrations and Miscellaneous Openings in Smoke Partitions. 6.2.4.4.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through smoke partitions shall be protected as follows: (1) The space between the penetrating item and the smoke partition shall meet one of the following conditions: a. It shall be filled with a material that is capable of limiting the transfer of smoke. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke partition, the sleeve shall be solidly set in the smoke partition, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of limiting the transfer of smoke. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibrations into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke partitions. NFPA 101 LIFE SAFETY CODE STANDARD	K 025		
K 028 88-D	One hour fire rated construction (with ½ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1	K 028		

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K 020	<p>Continued From page 3</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure hazardous areas were protected according to National Fire Protection Association (NFPA) standards.</p> <p>The findings include:</p> <p>Observation on 08/30/11 between 1:40 PM and 2:00 PM with the Maintenance Supervisor revealed the door leading into the food storage in the kitchen area did not have a self closer also the storage room between rooms 302 and 308 did not have a self closing device installed per NFPA Life Safety Code.</p> <p>Interview on 08/30/11 at 2:00 PM, with the Maintenance Supervisor, revealed he was unaware of this requirement. This was also confirmed with the Administrator upon exit interview.</p> <p>Reference: NFPA 101 (2000 edition) 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded</p>	K 020	<p>This facility shall ensure hazardous areas are protected according to the National Fire Protection Association Standards.</p> <p>The doors sited in the SOD (pantry door and storage closet door) have had self closer devices added to their hardware for self closing. This was completed on 9-1-11.</p> <p>The maintenance supervisor shall monitor facility for fire safety including any hazardous area. Repair and maintenance is ongoing.</p> <p>The maintenance supervisor Reports to the Quality Assurance Team weekly all environmental checks including fire safety. The maintenance supervisor is accountable to the Safety Team for the reporting of Fire Safety and safeguarding from hazards quarterly.</p>	9-1-11
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K 029	<p>Continued From page 4</p> <p>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 10.3.5.4. 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:</p> <ul style="list-style-type: none"> (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 80 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. <p>Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates</p>	K 029		
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K 029	Continued From page 5 extending not more than 48 in. (122 cm) above the bottom of the door.	K 029		
K 072 854E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure that corridors were maintained free from obstructions to the full instant use in the case of fire or other emergencies. Exits must be maintained to ensure their use in an emergency. The deficiency has the potential to affect all staff and residents.</p> <p>The findings include:</p> <p>Observation on 08/30/11 at 1:00 PM revealed clean linen carts not in use and stored in the corridor in Halls C and E. Additional observations revealed soiled linen carts not in use in Halls C and E. The observation was confirmed with the Maintenance Supervisor.</p> <p>An interview, on 08/30/11 at 2:30 PM, with the Maintenance Supervisor and Administrator, revealed the carts were routinely left in the halls.</p>	K 072	<p>The facility shall ensure that corridors are maintained free of obstructions.</p> <p>In the SOD the surveyor states that the soiled linen carts on halls C and E are "stored" on the hall when not "in use". These carts are, and will continue to be, stored in the shower rooms on C and E halls when not "in use." The soiled linen carts shall only be seen when "in use" on C and E halls, moving with the nurse assistant as care is provided to meet the needs of our residents and promote a healthy and infection free environment.</p> <p>The same is true for the clean linen carts sited on the SOD on C and E halls. These carts shall only be seen when "in use" moving with the nurse assistant as care is provided to meet the needs of our residents. These carts shall be stored in storage rooms on C and E halls when not "in use." This plan of correction began on 9-6-11.</p>	9-23-11

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K 072	Continued From page 8 Reference: NFPA 101 (2000 edition) 7.1.10 Means of Egress Reliability. 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	K 072	The Administrator stated on 8/30/11 that "the carts are on the halls when they are being used." Both the soiled and clean linen carts are necessary in providing a clean, healthy, infection free environment for our residents, staff and visitors.	
K 130 SS-D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2788 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain doors within a required means of egress. They shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. The findings include: Observation on 08/30/11 at 1:35 PM with the Maintenance Supervisor, revealed that an unapproved lock (slide bolt type) was installed on the Laundry Room Door on the corridor side. The deficiency would not allow the occupants to exit the Laundry Room at their will in the event of an emergency. Interview on 08/30/11 at 1:35 PM with the Maintenance Supervisor, revealed he was told that the lock needed to be on the door. He stated he understands why it should not be on the door	K 130	This facility shall monitor the corridors for continuous freedom from any obstruction that would impede access to any and all exits. An in-service was provided on 9-23-11 by the Quality Assurance Coordinator regarding the necessity of keeping the corridors free of any/all obstructions. Education is provided to all new employees regarding environmental safety including maintenance of clear corridors and exits.	

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NAME OF PROVIDER OR SUPPLIER BELLE MEADE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 621 GREEN DR. P.O. BOX 660 GREENVILLE, KY 42346	
(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 130	Continued From page 7 and would remove it. NFPA 101 2000 Edition 18.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1: Door-locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. (See 18.1.1.1.5 and 18.2.2.2.5.) Exception No. 2: Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path. Exception No. 3: Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted	K 130	This facility shall ensure doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. The door sited on the SOD with a latch on the laundry room door was removed and replaced with an appropriate lock that does not require a key from the egress side on 9-1-11. The maintenance supervisor shall monitor all doors needing to be locked for appropriate locks allowing for exit in the event of an emergency. The maintenance supervisor shall report quarterly to the Safety Team and weekly to the Quality Assurance Team all observations made for maintaining a safe environment including exits.	9-1-11