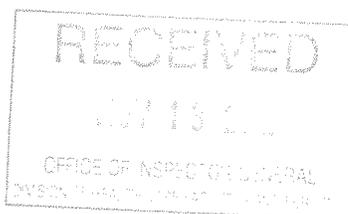


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/17/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GREEN MEADOWS HEALTH CARE CENTER 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>310 BOXWOOD RUN ROAD MOUNT WASHINGTON, KY 40047</b>		
(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 147	<p>Continued From page 36</p> <p>Reference: NFPA 99 (1999 edition)</p> <p>3-3.2.1.2 D</p> <p>Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.</p> <p>Reference: NFPA 70 (1999 edition)</p> <p>370.28(c) Covers.</p> <p>All pull boxes, junction boxes, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Where metal covers are used, they shall comply with the grounding requirements of Section 250-110. An extension from the cover of an exposed box shall comply with Section 370-22, Exception.</p> <p>110-26. Spaces</p> <p>About Electrical Equipment. Sufficient access and working space shall be provided and maintained around all electric equipment to permit ready and safe operation and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons.</p>	K 147		

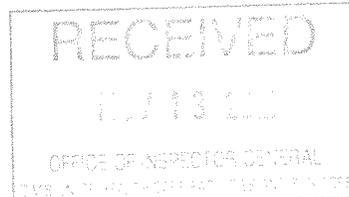


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<p>K 147</p> <p>K 154 SS=F</p>	<p>Continued From page 37 Reference: NFPA 70 (1999 edition) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>This STANDARD is not met as evidenced by: Based on interview and facility policy and procedure review, the facility failed to develop a fire watch policy in accordance with NFPA standards. The deficiency had the potential to affect seven (27) of seven (7) smoke compartments, residents, staff, and visitors. The facility has one hundred twenty two (122) beds with a census of one hundred nine (109) on the day of the survey.</p> <p>The findings include:</p> <p>Policy and Procedure review, on 10/16/12 at 1:32 PM, with the Maintenance Director and the Assistant Maintenance Director revealed the facility failed to provide a written policy outlining an approved fire watch system in the event the sprinkler system is shut down for four (4) or more hours in a twenty four (24) hour period.</p>	<p>K 147</p> <p>K 154</p>	<p>RESIDENTS AFFECTED: The Administrator, Director of Maintenance and Director of Nursing reviewed the facility policies on the fire watch system and revised the policy to reflect an approved fire watch system in the event the sprinkler system is shut down for four (4) or more hours in a twenty-four (24) hour period. The policy review and revision was completed on October 18, 2012.</p> <p>RESIDENTS POTENTIALLY AFFECTED: All residents of the facility were affected and had the potential to be affected due to the facility's failure to develop a fire watch policy outlining an approved fire watch system in the event the sprinkler system is down in accordance with NFPA standards.</p> <p>SYSTEMIC MEASURES: The revision of the facility policy reflects the measure put into place and the systemic changes made to ensure the deficient practice will not recur. Mandatory in-service education was provided to all staff on 11/08, 09/2012 and a make up in-service on 11/16/2012. Any staff who do not attend the mandatory in-services of 11/08, 09, 16/2012 will be removed from the schedule and will not work until they have received in-service training on the facility policy that outlines an approved fire watch system in the event the sprinkler system is shut down for four (4) or more hours in a twenty-four (24) hour period.</p> <p>MONITORING MEASURES: The Director of Maintenance will keep track of all times the facility initiates the fire watch system and report to the Quality Assessment and Assurance Committee this information on a</p>

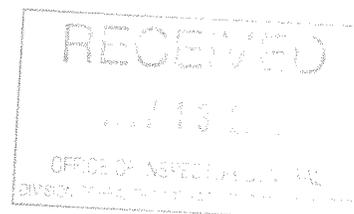
11/30/2012



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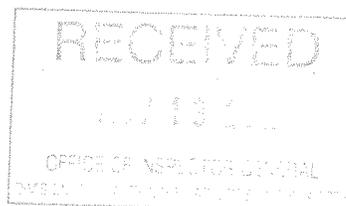
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K 154	Continued From page 38 Interview, on 10/16/12 at 1:32 PM, with the Maintenance Director and the Assistant Maintenance Director revealed they were unaware the facility did not have a fire watch policy that included the sprinkler system.  Reference; NFPA 101 (2000 edition) 9.7.6* Sprinkler System Shutdown. 9.7.6.1 Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.	K 154	quarterly basis presented in a monthly format.		
K 211 SS=D	Reference; NFPA 101 (2000 edition) 9.6.1.8* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft	K 211	RESIDENTS AFFECTED: The Alcohol Based Hand Rub Dispenser that was found installed over or adjacent to the light switch in the Medical Records Office was removed by the Director of Maintenance on October 18, 2012. The individual who had installed the Alcohol Based Hand Rub Dispenser in the Medical Records Office was provided in-service training not to install the	11/30/2012	



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K 211	<p>Continued From page 39 from each other</p> <ul style="list-style-type: none"> <li>o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet.</li> <li>o Dispensers are not installed over or adjacent to an ignition source.</li> <li>o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623</li> </ul> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure that Alcohol Based Hand Rub dispensers were not installed over or adjacent to an ignition source in accordance with NFPA standards. The deficiency had the potential to affect one (1) of seven (7) smoke compartments, residents, staff and visitors. The facility has one hundred twenty two (122) certified beds with a census of one hundred nine (109) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 10/16/12 at 2:15 PM, with the Maintenance Director and the Assistant Maintenance Director revealed an Alcohol Based Hand Rub Dispenser was installed over or adjacent to the light switch in the Medical Records Office.</p>	K 211	<p>Alcohol Based Hand Rub Dispensers over or adjacent to an ignition source. RESIDENTS POTENTIALLY AFFECTED: All residents have the potential to be affected if Alcohol Based Hand Rub dispensers are installed over or adjacent to an ignition source. SYSTEMIC MEASURES: The Director and Assistant Director of Maintenance did a complete audit of the facility on 10/19/12 to look at all Alcohol Based Hand Rub Dispensers and ensure they were not installed over or adjacent to an ignition source. All staff are required to attend a mandatory in-service initiated 11/08/2012 and presented again at two times on 11/09/2012 and again on 11/16/2012. All staff not attending will be removed from the schedule until they attend the in-service. The Director and Assistant Director of Maintenance will do a complete inspection of the facility on a monthly basis to observe the installed Alcohol Based Hand Rub Dispensers to ensure they are installed correctly. No other staff members in the facility will install the Alcohol Based Hand Rub Dispensers other than the Director and /or Assistant Director of Maintenance. MONITORING MEASURES: The Director of Maintenance will provide a written report of his facility inspection to the Quality Assessment and Assurance Committee on a quarterly basis in a format that reflects the monthly inspections.</p>		



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K 211	<p>Continued From page 40</p> <p>Interview, on 10/16/12 at 2:15 PM, with the Maintenance Director and the Assistant Maintenance Director revealed he thought they had identified all of the dispensers in the facility were mounted correctly.</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:</p> <ul style="list-style-type: none"> <li>o The corridor is at least 6 feet wide</li> <li>o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)</li> <li>o The dispensers have a minimum spacing of 4 ft from each other</li> <li>o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet.</li> <li>o Dispensers are not installed over or adjacent to an ignition source.</li> <li>o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623</li> </ul>	K 211		

