

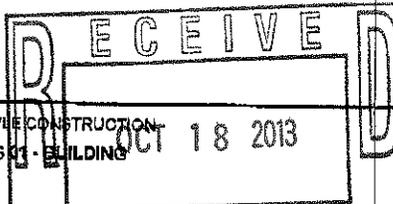
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2013
NAME OF PROVIDER OR SUPPLIER WEST LIBERTY NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 774 LIBERTY ROAD WEST LIBERTY, KY 41472		
(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 standard health survey was conducted on 09/24-26/13. No deficient practice was identified.	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185274	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING B. WING Division of Health Care	(X3) DATE SURVEY COMPLETED 09/28/2013
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NAME OF PROVIDER OR SUPPLIER WEST LIBERTY NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 774 LIBERTY ROAD WEST LIBERTY, KY 41472
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K 000	INITIAL COMMENTS CFR: 42 CFR 483.70(a) Building: 01 One story, Type III (211), 1961, protected ordinary construction with a two-story, Type III (211), protected ordinary addition Plan Approval: 1961, 1993 Survey under: NFPA 101 (2000 Edition), Chapter 19 (existing health care) Facility type: SNF/NF Smoke Compartments: 4 Fire Alarm: Complete fire alarm with smoke detectors Sprinkler System: Complete automatic sprinkler system Generator: Type II, Diesel installed 1993 A standard Life Safety Code survey was conducted on 09/28/13. West Liberty Nursing and Rehabilitation Center was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was 48 residents with the facility being licensed for 48 beds. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire) with the highest scope and severity at "D" level.	K 000	To the best of my knowledge and belief, as an agent of West Liberty Nursing and Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements. Preparation and execution of this plan of correction does not constitute an admission or agreement by provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.	
K 038	NFPA 101 LIFE SAFETY CODE STANDARD	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carole Buxton</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10-18-13</i>
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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.

Received Time Oct. 18. 2013 5:16PM No. 1052

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NAME OF PROVIDER OR SUPPLIER WEST LIBERTY NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 774 LIBERTY ROAD WEST LIBERTY, KY 41472	
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K 038 SS=D	<p>Continued From page 1</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure doors equipped with delayed egress hardware had signage of the proper height, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one of four smoke compartments, sixteen residents, staff, and visitors.</p> <p>The findings include:</p> <p>Observation on 09/26/13 at 10:40 AM, reveled the exterior exit door equipped with delayed egress located at the Resident Recreation Area had signage indicating the proper door operation with letters less than 1 inch in height and 1/8-inch stroke. The observations were confirmed with the Regional Maintenance Director. Doors having delayed egress hardware must have signage meeting height and brush stroke width requirements.</p> <p>Interview on 09/26/13 at 10:40 AM with the Regional Maintenance Director revealed the facility was unaware the signage did not meet Life Safety Code requirements. The findings were</p>	K 038	<p>West Liberty Nursing and Rehabilitation Center strives to observe all life safety standards.</p> <p>All exit doors were examined by the Administrator on 10-14-13 to ensure that they had the proper signage and letter size of letters not less than 1 inch in height and 1/8 inch in stroke.</p> <p>The curtain on the Resident Recreation Area door was removed on 10-1-13 by the Activity Director.</p> <p>Maintenance Director will audit all doors weekly for 4 weeks for proper signage in place. These audits will be forwarded to the monthly CQI Committee meeting for further monitoring and continued compliance.</p>	11/10/2013

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K 038	<p>Continued From page 2</p> <p>confirmed with the Administrator during the exit conference on 09/26/13.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met.</p> <p>(a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6.</p> <p>(b) The doors shall unlock upon loss of power controlling the lock or locking mechanism.</p> <p>(c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30</p>	K 038			

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K 038	Continued From page 3 seconds shall be permitted. (d) *On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS 7.10.8.1* No Exit. Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT Such sign shall have the word NO in letters 2 in. (5 cm) high with a stroke width of 3/8 in. (1 cm) and the word EXIT in letters 1 in. (2.5 cm) high, with the word EXIT below the word NO.	K 038			
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	K 056	West Liberty Nursing and Rehabilitation Center strives to observe all life safety standards. All areas of facility will be checked by Sentry Fire by 10-25-13 to ensure all areas are fully sprinkler protected according to National Fire Protection Association standards. Sentry Fire are scheduled to install adequate sprinkler heads in closet that will meet the National Fire Protection Association standards and also install additional sprinkler heads in the lobby/recreation area and relocate the ones that were obstructed by 11-8-13.	11/10/2013	

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K 056	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure all areas were fully sprinkler protected, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one of four smoke compartments, sixteen residents, staff, and visitors.</p> <p>The findings include:</p> <p>Observation on 09/26/13 at 11:30 AM, revealed the closet containing the sprinkler riser was not sprinkler protected. Further observation also revealed the Resident Recreation Area was not fully sprinkler protected and some of the sprinkler heads were blocked with ceiling fans. The observations were confirmed with the Regional Maintenance Director. All areas must be sprinkler protected.</p> <p>Interview on 09/26/13 at 11:30 AM, with the Regional Maintenance Director, revealed he had not noticed the closet containing the sprinkler riser was not sprinkler protected. Further interview revealed the facility had completed new construction in the Resident Recreation Area last year after a tornado and he had not noticed the new construction and new ceiling fans had created an area not sprinkler protected.</p> <p>The findings were confirmed with the Administrator during the exit conference on 09/26/13.</p> <p>Reference: NFPA 101 (2000 Edition).</p>	K 056	<p>Maintenance Director will audit all areas weekly for four weeks to ensure there are no obstructions of any sprinkler heads in the facility.</p> <p>These audits will be forwarded to the monthly CQI Committee meeting for further monitoring and continued compliance.</p>	
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K 056	Continued From page 5 19.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 19.1.6.2. (See 8.2.1.) Exception:* Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met: (a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings. (b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill. (c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system. Table 19.1.6.2 Construction Type Limitations	K 056		
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Construction Type	Stories			
	1	2	3	4
I(443)	X	X	X	X
I(332)	X	X	X	X
II(222)	X	X	X	X
II(111)	X	X*	X*	NP
II(000)	X*	X*	NP	NP
III(211)	X*	X*	NP	NP
III(200)	X*	NP	NP	NP
IV(2HH)	X*	X*	NP	NP
V(111)	X*	X*	NP	NP
V(000)	X*	NP	NP	NP

X: Permitted type of construction.

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K 056	Continued From page 6 NP: Not permitted. *Building requires automatic sprinkler protection. (See 19.3.5.1.)	K 056			