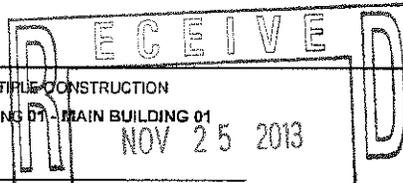


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 NOV 25 2013 B. WING	(X3) DATE SURVEY COMPLETED 10/31/2013
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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE Division of Health Care 1245 AMERICAN GREETING ROAD Southern Elder Center Branch CORBIN, KY 40702
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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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K 000	INITIAL COMMENTS CFR: 42 CFR §483.70 (a) BUILDING: 01 PLAN APPROVAL: 1985 SURVEY UNDER: 2000 Existing FACILITY TYPE: SNF/NF TYPE OF STRUCTURE: One story, Type III (000) SMOKE COMPARTMENTS: 9 COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM FULLY SPRINKLERED, SUPERVISED (WET SYSTEM) EMERGENCY POWER: Type II natural gas generator. A life safety code survey was initiated and concluded on 10/31/13, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found not to be in compliance with NFPA 101 Life Safety Code, 2000 Edition. Deficiencies were cited at a "D" level during this survey.	K 000		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in	K 025	K025 Please see attachment	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Paul M. [Signature]* TITLE: Administrator DATE: 11/20/13

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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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1245 AMERICAN GREETING ROAD CORBIN, KY 40702
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K 025	<p>Continued From page 1</p> <p>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, the facility failed to maintain smoke barriers with at least a one-half hour fire resistance rating as required. The facility failed to ensure that penetrations in the smoke barrier wall in the attic area were properly sealed. This deficient practice affected three of nine smoke compartments, staff, and approximately 32 residents. The facility has the capacity for 120 beds with a census of 112 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code survey on 10/31/13, at 9:40 AM, with the Director of Maintenance (DOM), unsealed penetrations around electrical conduit and piping were observed in the fire/smoke barrier wall in the attic area in the Main Hall and Front Hall. Fire/smoke barrier walls must be properly maintained to prevent fire and smoke from spreading to other areas of the facility.</p> <p>An interview on 10/31/13, at 9:40 AM with the DOM revealed contractors had recently been</p>	K 025		
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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1245 AMERICAN GREETING ROAD CORBIN, KY 40702	
(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 025	<p>Continued From page 2</p> <p>working at the facility and did not properly seal the fire/smoke barrier walls when the work was completed.</p> <p>The findings were revealed to the Administrator upon exit.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:</p> <p>(a) The space between the penetrating item and the smoke barrier shall</p> <ol style="list-style-type: none"> 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. <p>(b) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall</p> <ol style="list-style-type: none"> 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. <p>(c) Where designs take transmission of vibration into consideration, any vibration isolation shall</p> <ol style="list-style-type: none"> 1. Be made on either side of the smoke barrier, or 2. Be made by an approved device designed for the specific purpose. 	K 025		

K025

1. No residents were affected by this deficiency, however, all had the potential to be affected in the possibility of a fire. All firewall openings were repaired by maintenance staff.
2. All residents had the potential to be affected by this deficiency.
3. Maintenance staff was in-serviced by the administrator on the importance of immediately inspecting fire walls in the attic space upon completion of any electrical or other contracted work. If there are open areas found in these walls, maintenance staff will immediately repair these in order to prevent the spread of fire and smoke to other areas of the facility.
4. The corporate maintenance consultant will conduct random quarterly inspections to ensure that there are no openings in fire walls. If concerns are found, these will be corrected immediately and reported to the QA staff for follow up.
5. November 20, 2013

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F 000	<p>INITIAL COMMENTS</p> <p>A standard health survey was conducted on 10/29-31/13. No deficient practice was identified.</p> <p>An abbreviated standard survey (KY20909) was also conducted at this time. The complaint was unsubstantiated with no deficient practice identified.</p>	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	

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