

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

PRINTED: 11/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2015
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108		
(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 Survey was initiated on 03/12/15 and concluded on 03/13/15 and found the facility meeting the minimum requirements for recertification with no deficiencies cited.	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.

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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER BRANDBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDBURG, KY 40108	
(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 000	INITIAL COMMENTS CFR: 42 CFR 483.70(a) BUILDING: 01 PLAN APPROVAL: 1964 SURVEY UNDER: 2000 Existing FACILITY TYPE: SNF/NF TYPE OF STRUCTURE: One (1) story, Type V (000) SMOKE COMPARTMENTS: Four (4) smoke compartments. FIRE ALARM: Complete fire alarm system with heat and smoke detectors. SPRINKLER SYSTEM: Complete automatic dry sprinkler system. GENERATOR: Type II, 20 KW generator. Fuel source is propane. A Recertification Life Safety Code Survey was conducted on 03/12/15. The facility was found not in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire). The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).	K 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	

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

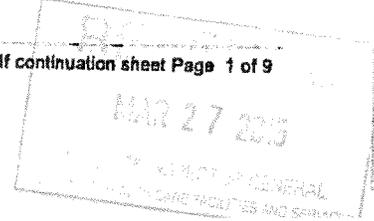
TITLE

(X8) DATE

Vicki Trumb

Administrative March 24, 2015

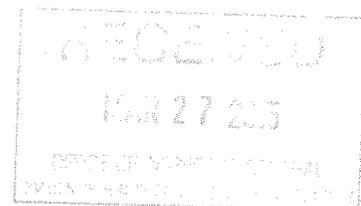
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 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.



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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

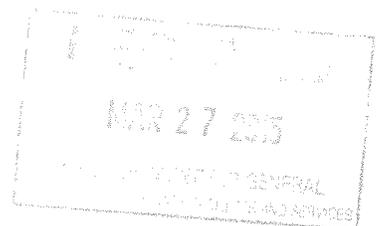
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108	
(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 000	Continued From page 1	K 000		
K 029 SS=E	<p>Deficiencies were cited with the highest deficiency identified at "E" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 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 meet the requirements for Protection of Hazards, in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect three (3) of four (4) smoke compartments, residents, staff and visitors. The facility has fifty-seven (57) certified beds and the census was forty-three (43) on the day of the survey.</p> <p>The findings include:</p> <p>1. Observation, on 03/12/15 at 8:55 AM, with the Director of Maintenance and Safety revealed the Housekeeping Supply Room located outside of</p>	K 029	<ol style="list-style-type: none"> The ceiling in the housekeeping closet will be replaced with a fire retardant material by a contract service by March 31, 2015. A new fan will be installed. The ceiling in the activities closet will be replaced by fire retardant material by a contract service company by March 31, 2015. The Nursing Assistant closet located beside the nurses station had a self-closure installed by the Maintenance Director, March 23, 2015. A tour of the facility by the Administrator and Maintenance Director was completed on March 16, 2015 to identify any other areas not sealed to prevent the passage of smoke and to identify any storage areas with combustible material without a self-closure. Any noted issues will be corrected by the Maintenance Director or 	



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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1B5353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108	
(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 029	<p>Continued From page 2</p> <p>the Laundry Room, had openings around the ceiling mounted exhaust fan and a three (3) foot long crack in the middle of the drywall ceiling. The openings had not been patched and sealed with a fire rated sealant and the room was not capable of resisting the passage of smoke in the event of an emergency.</p> <p>Interview, on 03/12/15 at 8:57 AM, with the Director of Maintenance and Safety revealed the facility recently had issues with leaking pipes above the drywall ceiling which had caused the cracks and had not been patched and sealed. He acknowledged the room was not smoke-tight or capable of resisting the passage of smoke into the attic space in the event of an emergency.</p> <p>2. Observation, on 03/12/15 at 9:17 AM, with the Director of Maintenance and Safety revealed a Storage Closet located within the Activities Room had a four (4) foot crack in the middle of the drywall ceiling and a five (5) foot crack at the perimeter of the wall where it joined the ceiling. The openings had not been patched or sealed with a fire rated sealant and the room was not capable of resisting the passage of smoke in the event of an emergency.</p> <p>Interview, on 03/12/15 at 9:19 AM, with the Director of Maintenance and Safety revealed the facility recently had issues with leaking pipes above the drywall ceiling which had caused the cracks and had not been patched or sealed. He acknowledged the room was not smoke-tight or capable of resisting the passage of smoke into the attic space in the event of an emergency.</p> <p>3. Observation, on 03/12/15 at 9:47 AM, with the Director of Maintenance and Safety revealed the</p>	K 029	<p>contract services by March 31, 2015.</p> <p>3. The Administrator will re-educate the Maintenance Director on identifying any Potential of Hazards in accordance with National Fire Protection Association Standards to include unsealed areas and self-closures on areas with combustible material on his routine rounds monthly.</p> <p>4. The Maintenance Director will report the results of the monthly rounds to the Quality Assurance Committee monthly for a least three months and anytime concerns are identified, and then monthly on an ongoing basis when concerns are identified. The Quality Assurance Committee will consist of the Administrator, Director of Nursing, Maintenance Director, Social Worker, Activity Director, Director of Dietary Service's, and</p> <p><i>3/14/15 per video training by JLO 3-27-15</i></p>



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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108
---	--

(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 029 Continued From page 3
CNA Supply Closet located adjacent to the Nurses' Station was being used to store combustible supplies consisting of eight (8) boxes of wet wipes and twenty-four (24) boxes of tissue paper. The door to the closet was not equipped with a self-closing device.

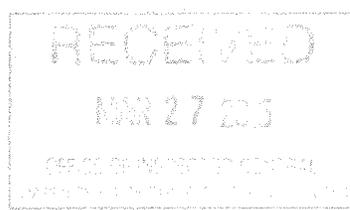
Interview, on 03/12/15 at 9:49 AM, with the Director of Maintenance and Safety revealed he was not aware the room did not meet the requirements for storage of combustible material as required by Code.

The census of forty-three (43) was verified by the Administrator on 03/12/15. The findings were acknowledged by the Administrator and verified by the Director of Maintenance and Safety at the exit interview on 03/12/15.

Reference: NFPA 101 (2000 Edition).

19.3.2 Protection from Hazards.
19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded 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 19.3.5.4. 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:
(1) Boiler and fuel-fired heater rooms
(2) Central/bulk laundries larger than 100 ft² (9.3 m²)
(3) Paint shops

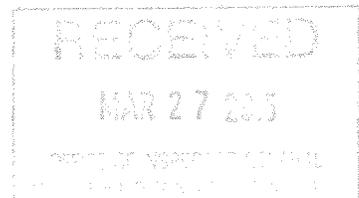
K 029
with the Medical Director at least Quarterly.
5. April 1, 2015
4-1-2015



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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

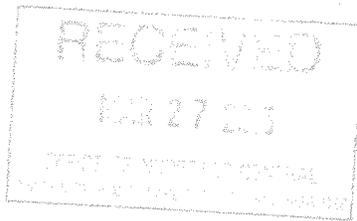
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108	
(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 029	Continued From page 4 (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 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. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory or field-applied protective plates extending not more than NFPA 101 LIFE SAFETY CODE STANDARD	K 029	<p>K062</p> <ol style="list-style-type: none"> The blanket in the conference room was removed March, 12, 2015 by the Maintenance Director with no obstructions to the eighteen (18) inch clearance noted by the Maintenance Director. The closet in room 114 was cleared on March 17, 2015 by the responsible party and Activity Director with no obstructions noted to the closed sprinkler system by the Activity Director. A facility tour was completed by the Director of Maintenance and Administrator on March 16, 2015. No other items were found stored within 18 inches of the sprinkler heads. All staff will be trained on proper storage of personal belongings by the 	
K 062 SS=D	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, and interview, it was determined the facility failed to maintain the sprinkler system in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, approximately fifteen (15) residents, staff and visitors. The facility has fifty-seven (57) certified beds and the census was forty-three (43) on the day of the survey. The findings include:	K 062		



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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

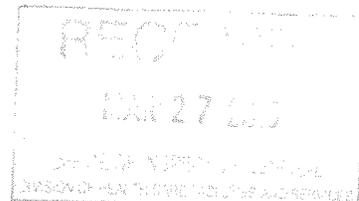
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108	
(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)
K 062	<p>Continued From page 5</p> <p>1. Observation, on 03/12/15 at 8:35 AM, with the Director of Maintenance and Safety revealed a large quilt was stored within six (6) inches of the sprinkler head located in the Storage Closet within in the Conference Room 117. A minimum of eighteen (18) inches of clearance is required from the sprinkler head.</p> <p>Interview, on 03/12/15 at 8:37 AM, with the Director of Maintenance and Safety revealed he was aware of the sprinkler head clearance requirement of eighteen (18) inches, but was not aware of the quilt being stored within six (6) inches of the sprinkler head.</p> <p>2. Observation, on 03/12/15 at 8:59 AM, with the Director of Maintenance and Safety revealed the resident residing in Room 114 had personal items stored within his/her closet completely full to the ceiling and the sprinkler head was not visible. A minimum of eighteen (18) inches of clearance is required from the sprinkler head.</p> <p>Interview, on 03/12/15 at 9:01 AM, with the Director of Maintenance and Safety, revealed he was aware of the sprinkler head clearance requirement of eighteen (18) inches, but was not aware of the resident's personal items being stored full height in the closet. Further interview, on 03/12/15 at 1:33 PM, with the Administrator revealed she had checked all of the resident's closets for code compliance approximately one (1) week prior to the Survey without any issues. She stated a family member of the resident must have stored them there.</p> <p>The census of forty-three (43) was verified by the Administrator on 03/12/15. The findings were</p>	K 062	<p>Administrator, Maintenance Director or Director of Nursing by March 31, 2015 with no staff working after March 31, 2015 without having received this education. A letter will be sent to all families and responsible parties of current residents by the Social Worker, Business Office Assistant or Business Office Manager by March 31, 2015. The content of the letter will provide the requirements of storage of personal belongings leaving eighteen inch (18) clearance of the sprinkler head. The Maintenance Director and Director of Housekeeper will be re-educated by the Administrator to identify any storage items above the eighteen (18) inch clearance line on their normal routine weekly rounds.</p>



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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

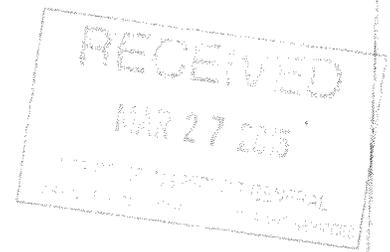
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108		
(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 062	Continued From page 6 acknowledged by the Administrator and verified by the Director of Maintenance and Safety at the exit interview on 03/12/15. Reference: NFPA 13 (1999 Edition). 5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development. 5-5.5.2.1 Continuous or noncontiguous obstructions less than or equal to 18 in. (457 mm) below the sprinkler deflector that prevent the pattern from fully developing shall comply with 5-5.5.2. 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. hydraulic design basis, the system area of operation shall be permitted to be reduced without revising the density as indicated in Figure 7-2.3.2.4 when all of the following conditions are satisfied: (1) Wet pipe system (2) Light hazard or ordinary hazard occupancy (3) 20-ft (6.1-m) maximum ceiling height The number of sprinklers in the design area shall never be less than five. Where quick-response sprinklers are used on a sloped ceiling, the maximum ceiling height shall be used for determining the percent reduction in design area.	K 062	4. The results of the weekly rounds will be reported to the Quality Assurance Committee monthly for at least three (3) months and then ongoing when concerns are identified. The Quality Assurance Committee will consist of at a minimum the Maintenance Director, Administrator, Director of Nursing, Director of Housekeeper/Laundry, Social Worker, Activity Director, Director of Dietary Services, with the Medical Director attending at least quarterly. 5. April 1, 2015	4-1-2015	



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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108	
(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 062	Continued From page 7 Where quick-response sprinklers are installed, all sprinklers within a compartment shall be of the quick response type. Exception: Where circumstances require the use of other than ordinary temperature-rated sprinklers, standard response sprinklers shall be permitted to be used.	K 062	K 144 1. The ½ gallon of oil stored within the generator enclosure was removed by the Maintenance Director on March 12, 2015. 2. The ½ gallon of oil stored within the generator enclosure was removed the by the Maintenance Director March 12, 2015. The Maintenance Director observed the generator enclosure on March 13, 2015 and noted that there were no other items stored within the enclosure. The facility has no other generators. 3. The Maintenance Director will be re-educated by the Administrator by March 31, 2015 that there can be no other items stored within the generator enclosure and to audit for items stored within the enclosure weekly.	
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the emergency generator was maintained in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect each of the four (4) smoke compartments, residents, staff and visitors. The facility has fifty-seven certified (57) beds and the census was forty-three (43) on the day of the survey. The facility failed to ensure the generator enclosure did not have any thing stored inside.	K 144		



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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER BRANDENBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108	
(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 144	<p>Continued From page 8 The findings include:</p> <p>Observation, on 03/12/15 at 9:33 AM, with the Director of Maintenance and Safety revealed the facility was equipped with an emergency generator. The enclosure for the generator had a partially full gallon of oil stored inside the enclosure.</p> <p>Interview, on 03/12/15 at 9:35 AM, with the Director of Maintenance and Safety revealed he was aware there could not be any items stored in the generator enclosure and the facility's service contractor must have left it there.</p> <p>Reference: NFPA 110 (1999 Edition)</p> <p>5-2.1 The EPS shall be installed in a separate room for Level 1 installations. EPSS equipment shall be permitted to be installed in this room. The room shall have a minimum 2-hour fire rating or shall be located in an adequate enclosure located outside the building capable of resisting the entrance of snow or rain at a maximum wind velocity required by local building codes. No other equipment, including architectural appurtenances, except those that serve this space, shall be permitted in this room.</p>	K 144	<p>4. The results of the weekly monitoring will be reviewed with the Quality Assurance Committee monthly for at least three months and anytime concerns are identified and then on an ongoing monthly basis when concerns are identified. The Quality Assurance Committee will consist of at a minimum the Administrator, Director of Nursing, Social Worker, Maintenance Director, Director of Housekeeper/Laundry, Director of Activities with the Medical Director attending at least quarterly.</p> <p>5. April 1, 2015</p>	4-1-2015

