

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

PRINTED: 05/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

RECEIVED  
MAY 17 2013  
OFFICE OF INSPECTOR GENERAL  
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KINDRED HOSPITAL - LOUISVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205</b>
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F 000	INITIAL COMMENTS  A standard health survey was initiated on 05/05/13 through 05/08/13 and a Life Safety Code survey was conducted on 05/07/13. Deficiencies were sited with the highest scope and severity of an "F" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition.  This was a Nursing Home Initiative survey with entry into the facility at 1:45 PM on Sunday, May 5, 2013.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
F 372 SS=F	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY  The facility must dispose of garbage and refuse properly.  This REQUIREMENT is not met as evidenced by: Based on observations and interviews it was determined the facility's Maintenance Department failed to maintain sanitary conditions in the garbage and refuse area.  The findings include:  Observations, on 05/07/13 at 9:50 AM, during an environmental and sanitation tour with the Dietary Director revealed, there were pieces of boxes under the mechanical dock lift. Between the dock and the box compactor there was a space approximately twelve (12) to twenty (20) inches wide and six (6) to seven (7) feet long that was packed with boxes, paper, and leaves. In front of the dock on the ground there were plastic	F 372	<b>How Corrective Action will be accomplished for those affected:</b> Kindred Hospital Louisville environmental staff removed the refuse between the box compactor and the dock and under the dock lift at 10:00am on 05/07/13 following its discovery at 9:50am on 05/07/13.  <b>How corrective action will be accomplished for those residents having potential to be affected:</b> Refuse was removed between the box compactor and the dock and under the dock lift following its discovery on 05/07/13. This was noted during continued observations on 05/07/13 at 10:00am.  <b>What measures will be put in place/systematic changes made to ensure correction:</b> On 05/08/13 George Stevens, Director of Plant Operations at Kindred Hospital Louisville, made an addition to the plant operation department's weekly preventative maintenance log to clean under and around compactors and dock area weekly.  <b>How the facility plans to monitor its performance to make sure that solutions are sustained:</b> George Stevens, the Director of Plant Operations at Kindred Hospital Louisville, will report completion of weekly preventative compactor and dock area cleaning to the Quality/Performance Improvement Committee monthly for 3 months and then quarterly thereafter.  Amanda Burckhard, Executive Director of Kindred Hospital Louisville Subacute, is responsible for ensuring compliance with this standard.	05/16/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>X Amanda Burckhard</i>	TITLE <i>X Executive Director</i>	(X6) DATE <i>X 5/16/13</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.

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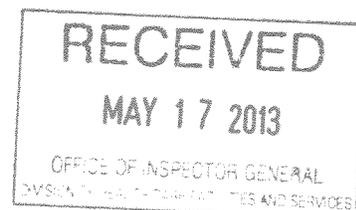
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F 372	<p>Continued From page 1 containers, pieces of boxes, and leaves.</p> <p>Observations, on 05/07/13 at 10:00 AM, of the removal of refuse from under the dock lift revealed there was paper and leaves.</p> <p>Continued observations, on 05/07/13 at 10:00 AM, revealed the refuse removed by the environmental staff between the box compactor and the dock measured approximately four (4) feet wide and three (3) feet high and consisted of paper and leaves.</p> <p>Interview with the Dietary Director, on 05/07/13 at 9:20 AM, revealed the maintenance staff was responsible for the cleaning of the dock area. This included cleaning of garbage and debris.</p> <p>Interview with the Maintenance Director, on 05/07/13 at 10:00 AM, revealed he confirmed his department was responsible for cleaning the area. In addition, he stated he personally toured the dock area weekly and had done so last week (no specific day or date was given). At the time of the interview the cleaning of the area was not assigned to a staff member. Maintenance also stated he had never looked under the dock lift and due to the amount of debris, confirmed it had not been cleaned.</p>	F 372		
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**K 000** INITIAL COMMENTS

CFR: 42 CFR 483.70(a)

Building: 01

Plan Approval: 1992

Survey under: 2000 existing

Facility type: SNF/NF on the third floor of a Hospital.

Type of structure: Six (6) stories with Basement, Type II protected construction.

Smoke Compartment: Five (5) smoke compartments on the third floor.

Fire Alarm: Complete fire alarm system with heat and smoke detectors..

Sprinkler System: Complete automatic (wet and dry) sprinkler system.

Generator: Two (2) Type I generators, 600 KW and 300 KW, fuel source is diesel.

A standard Life Safety Code survey was conducted on 05/07/13. The skilled nursing facility located on the third floor of Kindred Hospital was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.

The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from

**K 000**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>5/16/13</i>
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A 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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**K 000** Continued From page 1 Fire).

**K 029 SS=D** NFPA 101 LIFE SAFETY CODE STANDARD

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

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 NFPA standards. The deficiencies had the potential to affect one (1) of five (5) smoke compartments, approximately fifteen (15) residents, staff and visitors. The facility has forty-seven (47) certified beds and the census was forty-four (44) on the day of the survey. The facility failed to ensure all areas containing combustable storage had a self-closing device on the door.

The findings include:

**K 000**

*This Plan of Correction is the center's credible allegation of compliance.*

**K 029**

*Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*

**How Corrective Action will be accomplished for those affected:**

George Stevens, the Director of Plant Operations at Kindred Hospital Louisville, had the Plant Operations place a self-closing device on the door to the Storage Room located near the central elevator on 05/07/2013, following the standard Life Safety Code survey observation tour.

**How corrective action will be accomplished for those residents having potential to be affected:**

George Stevens, the Director of Plant Operations at Kindred Hospital Louisville, had the Plant Operations place a self-closing device on the door to the Storage Room located near the central elevator on 05/07/2013, following the standard Life Safety Code survey observation tour.

**What measures will be put in place/systematic changes made to ensure correction:**

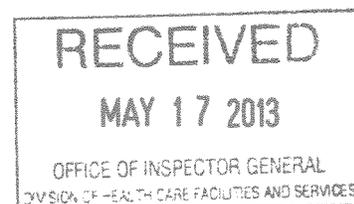
All facility Storage Rooms measuring 50 square feet or larger have a self-closing device on the door.

**How the facility plans to monitor its performance to make sure that solutions are sustained:**

George Stevens, the Director of Plant Operations at Kindred Hospital Louisville, will report compliance of all storage rooms measuring 50 square feet or larger having a self-closing device on the door to the Quality/Performance Improvement Committee monthly for 3 months and then quarterly thereafter.

Amanda Burckhard, Executive Director of Kindred Hospital Louisville Subacute, is responsible for ensuring compliance with this standard.

-05/07/13  
5-8-13  
per Amanda Burckhard  
by 05-21-13



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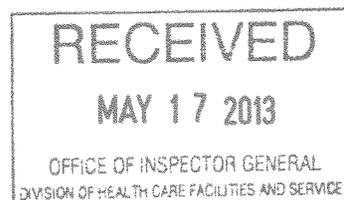
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K 029	<p>Continued From page 2</p> <p>Observation, on 05/07/13 at 9:15 AM, with the Administrator and Operations Manager revealed the door to the Storage Room located near the central elevator, did not have a self-closing device installed on the door.</p> <p>Interview, on 05/07/13 at 9:15 AM, with the Administrator and Operations Manager revealed the Storage Room was recently converted from an Office to Storage. Both the Administrator and Operations Manager acknowledged the use of the room to store combustible items should have a self-closing device installed on the door.</p> <p>Reference:</p> <p>NFPA 101 (2000 Edition).</p> <p>19.3.2 Protection from Hazards.</p> <p>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:</p> <p>(1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft<sup>2</sup> (9.3 m<sup>2</sup>)</p>	K 029		
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K 029	Continued From page 3 (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft <sup>2</sup> (4.6 m <sup>2</sup> ), 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 48 in. (122 cm) above the bottom of the door.	K 029		

