

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

PRINTED: 11/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 11/12/2015
NAME OF PROVIDER OR SUPPLIER THE FORUM AT BROOKSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 200 BROOKSIDE DRIVE LOUISVILLE, KY 40243		
(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 Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 11/05/15 as alleged.	{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.

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 185194	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/12/2015
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Name of Facility THE FORUM AT BROOKSIDE	Street Address, City, State, Zip Code 200 BROOKSIDE DRIVE LOUISVILLE, KY 40243
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This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0242 Reg. # 483.15(b) LSC _____	Correction Completed 11/05/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By <i>my</i> State Agency	Reviewed By <i>kt</i>	Date: <i>11/18/15</i>	Signature of Surveyor: <i>William Zimstein</i>	Date: <i>11/18/15</i>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 10/22/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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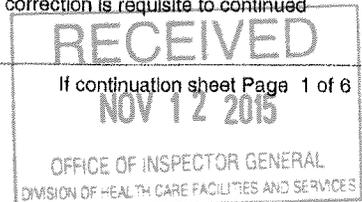
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
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F 000	INITIAL COMMENTS	F 000	<i>This Plan of Correction is The Forum at Brookside's credible allegation of compliance.</i>	
F 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to allow the right of a resident to exercise his/her autonomy related to what was important to his/her life for one (1) of fifteen (15) sampled residents, (Resident #15). The facility placed a governor on Resident #15's powered wheelchair, to slow down the speed, without a safety assessment to determine if the resident was safe at the faster speed.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Safe Operations of Motorized Vehicles, dated 03/30/11, revealed the facility promoted the safe operation of motorized vehicles, including scooters, carts, wheelchairs, or similar devices assisting residents with mobility for the protection of all residents.</p>	F 242	<p>F 242 SS=D SELF-DETERMINATION- RIGHT TO MAKE CHOICES</p> <p>I. How the corrective action will be accomplished for the affected resident: The Director of Nursing (DON) contacted the resident's Nurse Practitioner (NP) on 10/23/15 via telephone for an order for Physical Therapy to evaluate for wheel chair management. On 10/23/15 Physical Therapy completed a motorized wheelchair scooter assessment with Resident #15. The speed of the governor was adjusted to an increased safe speed. The governor was raised from 27% to 50%, based on the assessment. Resident #15 agreeable and content with the current speed.</p> <p>II. How corrective action will be accomplished for those residents having potential to be affected: Resident # 15 is the only resident currently using an electric/motorized wheelchair. Resident #15 participated in therapy for</p>	11/05/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>x Sarah Shaw</i>	TITLE <i>x NHA</i>	(X6) DATE <i>x 11/11/15</i>
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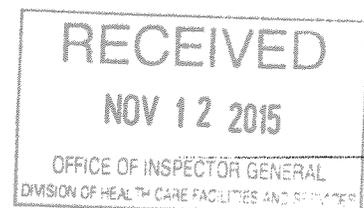
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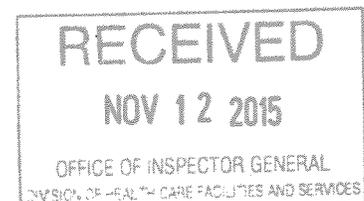
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F 242	<p>Continued From page 1</p> <p>The facility's policy was to respect the need to accommodate the right of individuals with disabilities to use motorized vehicles without undue restrictions. The facility's policy defined motorized vehicles included motorized scooters used to assist with mobility. If the resident had been involved in an accident with his/her motorized vehicle, the Administrator would request the resident's physician to order an occupational or physical therapy evaluation of the resident to determine whether a reasonable restriction or modification to the motorized vehicle would address the safety concern.</p> <p>Review of Resident #15's clinical record revealed the facility admitted the resident on 03/31/14 with the diagnoses of Hereditary and Idiopathic Neuropathy, Chronic Knee Pain, Generalized Osteoarthritis, and Overactive Bladder.</p> <p>Review of Resident #15's Annual Minimum Data Set (MDS) assessment, completed on 03/02/15, revealed the facility assessed the resident's Brief Interview for Mental Status (BIMS) as an eleven (11) of fifteen (15) meaning the resident was interviewable prior to the August assessment. Review of Resident #15's Quarterly MDS assessment, completed on 08/26/15, revealed the facility assessed the resident's BIMS as a fifteen (15) of fifteen (15) meaning the resident was interviewable.</p> <p>The facility was unable to provide any evidence of safety assessments related to the motorized wheelchair completed prior to 07/20/15. Review of the Motorized Wheelchair Assessment, dated 07/21/15, revealed Resident #15 was safe to use the electric wheelchair with the new speed governor, that did not allow the resident to drive</p>	F 242	<p><i>This Plan of Correction is The Forum at Brookside's credible allegation of compliance.</i></p> <p><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></p> <p>wheelchair management for a period of two weeks, to ensure the adjusted speed was sufficient for safety and resident's contentment.</p> <p>III. What measures will be put in place/systemic changes made to ensure correction: The Director of Nursing will contact the physician or physician representative if any noted changes occur to the current resident's ability (Resident #15) and would then request order for therapy to evaluate. The Director of Nursing would also contact the Physician or Physician representative if any new resident desires to use an electric/motorized wheel chair/scooter to request an order at that time for therapy to evaluate/assess prior to use.</p> <p>IV. How the facility plans to monitor its performance to make sure the solutions are sustained: The Director of Nursing will review all residents on the unit with the desire to use or that currently</p>		



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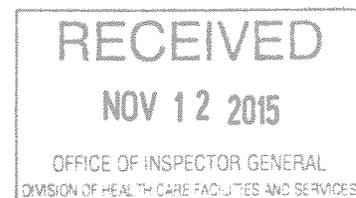
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F 242	<p>Continued From page 2</p> <p>too fast. However, the note revealed Resident #15 preferred to go faster.</p> <p>Observation, on 10/20/15 at 2:30 PM, of Resident #15 during the Quality of Life Group Interview revealed he/she presented to the meeting via a motorized wheelchair.</p> <p>Interview with Resident #15, during the Quality of Life Group Interview, on 10/20/15 at 2:30 PM, revealed he/she traveled throughout the facility via the motorized wheelchair. The resident stated he/she came to the facility with the motorized wheelchair. Resident #15 was living on the premises in another location. The resident stated there was an incident when he/she stopped to visit a resident in the living room area, as he/she was leaving the area the other resident stated, "you ran over my foot". The resident stated the other resident may have moved his/her foot during their conversation. So the facility put something on the motorized wheelchair to slow it down too much; it now takes him/her forever, to get to the laundry area. The resident stated he/she had discussed this concern with the Administrator, without any resolutions. The resident further stated it now takes him/her forever to get anywhere and this really bothered the resident.</p> <p>Observation, on 10/22/15 at 2:18 PM, of Resident #15 revealed he/she presented himself/herself to the Administrator's office requesting to speak with the administrator. Continued observation of the conversation between the Administrator and Resident #15, on 10/22/15 at 2:20 PM, revealed Resident #15 had verbalized ongoing concerns of his/her wheelchair being so slow and it caused frustration when attempting to do his/her laundry.</p>	F 242	<p><i>This Plan of Correction is The Forum at Brookside's credible allegation of compliance.</i></p> <p><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></p> <p>use an electric/motorized wheelchair has completed current assessments for the use of Motorized Wheelchair. Every month. Copies of all assessments will be provided during the facility's Quality Assurance Committee. If any resident is found without an assessment for a motorized wheelchair that currently uses one the Physician or Physician Representative will be notified immediately and an order would be obtained for therapy to evaluate/assess. Therapy would be notified immediately for needed assessment. All assessments will be reported to the Administrator monthly or immediately if a concern is noted and tracked and trended through Quality Assurance for the next six months. The Quality Assurance Committee will continue to monitor findings from the review of assessments until compliance is sustained for six months.</p>		



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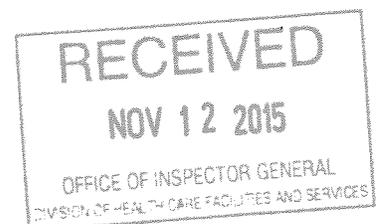
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F 242	<p>Continued From page 3</p> <p>The Administrator reminded Resident #15 they have had ongoing conversations about the governor being placed to slow the motorized wheelchair related to the two (2) prior accidents the resident had. The resident continued to plead his/her case based on the longevity of owning the motorized wheelchair and no prior accidents except for the one mentioned. The resident continued to state the frustrations felt when traveling out of the facility.</p> <p>Telephonic interview with Occupational Therapist (OT) #1, on 10/22/15 at 2:45 PM, revealed a safety assessment was completed with Resident #15 after the governor was placed on the wheelchair. She stated she did not recall completing any safety assessments with the resident before the governor was placed on the motorized wheelchair.</p> <p>Interview with the Administrator, on 10/22/15 at 3:15 PM, revealed the distance between the facility and the location Resident #15 traveled via motorized wheelchair for laundry services was eight hundred and twenty-one (821) foot (ft.) each way.</p> <p>Interview with Certified Nursing Assistant (CNA) #7, on 10/22/15 4:25 PM, revealed he was familiar with Resident #15's mobility throughout the facility. He stated the resident moved about pretty fast before the motorized wheelchair was slowed down. He stated he never saw Resident #15 have any accidents with the motorized wheelchair, or run into anyone.</p> <p>Interview with LPN #1, on 10/22/15 at 4:30 PM, revealed he was familiar with Resident #15. He stated he had seen Resident #15 in his/her</p>	F 242			



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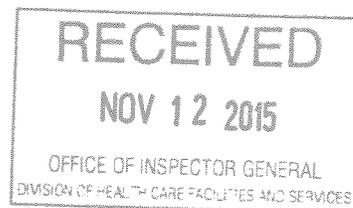
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F 242	<p>Continued From page 4</p> <p>motorized wheelchair being utilized for self-transportation in the facility and when he/she goes out. He stated he had not witnessed Resident #15 exhibit any unsafe use of the motorized wheelchair before the speed was turned down. LPN #1 stated he was aware there had been an accident with the motorized wheelchair and the speed was decreased.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 10/22/15 at 4:35 PM, revealed she was familiar with Resident #15 and his/her motorized wheelchair. She stated she was new to her current position and was the weekend supervisor prior to this position. She stated she had not seen Resident #15 be unsafe with the motorized wheelchair before or after the speed was slowed down on the wheelchair.</p> <p>Interview with the Administrator, on 10/22/15 at 4:45 PM, revealed Resident #15, had two (2) accidents, 07/02/15 and 07/10/15, at which time the facility had a company to place a governor on the motorized wheelchair. She stated the facility did not complete a post incident investigation, which would have been helpful to determine the circumstances involved with the incidents. She stated the facility was trying to protect all the residents and this was the only powerized wheelchair in the facility. She stated the governor was placed on the motorized wheelchair on 07/20/15 and Occupational Therapy (OT) completed the safety assessment on 07/21/15. She stated she did not obtain a safety assessment with the resident using the motorized wheelchair prior to the governor being placed. She stated the resident's safety awareness with the motorized wheelchair was not assessed at any time prior to the governor placement or since</p>	F 242			



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F 242	Continued From page 5 admission to the unit and should have been.	F 242			



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**FIRE SAFETY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH CMS-2786 FORMS)**

PROVIDER NUMBER K1 185194	FACILITY NAME THE FORUM AT BROOKSIDE	SURVEY DATE *K4 10/22/2015
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K6 DATE OF PLAN APPROVAL 01/05/1983	K3 : MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>1</u> NUMBER OF THIS BUILDING <u>01</u>	<input checked="" type="checkbox"/> B A BUILDING B WING C FLOOR D APARTMENT UNIT
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LSC FORM INDICATOR

Health Care Form		
12	2786 R	2000 EXISTING
13	2786 R	2000 NEW

ASC Form		
14	2786 U	2000 EXISTING
15	2786 U	2000 NEW

ICF/MR Form		
16	2786 V, W, X	2000 EXISTING
17	2786 V, W, X	2000 NEW

*K7 12 SELECT NUMBER OF FORM USED FROM ABOVE

COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21

SMALL (16 BEDS OR LESS)

K8: 1 PROMPT
2 SLOW
3 IMPRACTICAL

LARGE

K8: 4 PROMPT
5 SLOW
6 IMPRACTICAL

APARTMENT HOUSE

K8: 7 PROMPT
8 SLOW
9 IMPRACTICAL

ENTER E-SCORE HERE

K5: e.g 2.5

(Check if K29 or K56 are marked as not applicable in the 2786 M, R, T, U, V, W, X, Y and Z.)

K29: 3 K56: 3

*K9 : FACILITY MEETS LSC BASED ON: *(Check all that apply)*

A1 <input type="checkbox"/>	A2 <input checked="" type="checkbox"/>	A3 <input type="checkbox"/>	A4 <input type="checkbox"/>	A5 <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC: B. <input type="checkbox"/>	K180: A. <input checked="" type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> FULLY SPRINKLERED PARTIALLY SPRINKLERED NONE (All required areas are sprinklered) (Not all required areas are sprinklered) (No sprinkler system)
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*MANDATORY

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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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Reviewed By <i>mz</i>	Reviewed By <i>kt</i>	Date: <i>11/18/15</i>	Signature of Surveyor: <i>Millie Zimstein</i>	Date: <i>11/18/15</i>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 10/22/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185194	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BROOKSIDE SENIOR LIVING B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
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NAME OF PROVIDER OR SUPPLIER THE FORUM AT BROOKSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 BROOKSIDE DRIVE LOUISVILLE, KY 40243
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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	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1991</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF DP</p> <p>TYPE OF STRUCTURE: One (1) story, Type III Protected.</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments.</p> <p>FIRE BARRIER: The non-certified facility and the Skilled Nursing Facility were separated by a two-hour fire barrier.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors, upgraded in 2001.</p> <p>SPRINKLER SYSTEM: Complete automatic (wet in the occupied space and dry in the attic space) sprinkler system, upgraded in 2001.</p> <p>GENERATOR: Two (2) Type II generators, 125 KW and 75 KW. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey began utilizing the 2786S, Short Form. Concerns were identified during the review of the facility's records and the survey was changed to proceed with the 2786R, Standard Form. The Survey was initiated on 10/21/15 and concluded on 10/22/15. The</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

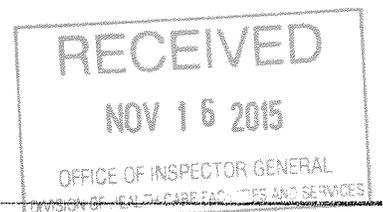
X Saad Khan, NHA *X NHA* *X 11/16/15*

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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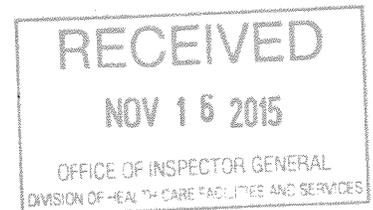
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NAME OF PROVIDER OR SUPPLIER THE FORUM AT BROOKSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 200 BROOKSIDE DRIVE LOUISVILLE, KY 40243	
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K 000	Continued From page 1 facility was found not in compliance 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 Fire).	K 000	<i>This Plan of Correction is The Forum at Brookside's credible allegation of compliance.</i>	
K 050 SS=F	Deficiencies were cited with the highest scope and severity identified at an F level. NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on interview and record review of fire drills, it was determined the facility failed to ensure fire drills were conducted quarterly on each shift at random times, 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 forty (40) certified beds and the census was thirty-six (36) on the day of the survey.	K 050	<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> K050 SS=F NFPA 101 Life Safety Code Standard I. How the corrective action will be accomplished for the affected resident: The No specific residents were cited. II. How corrective action will be accomplished for those residents having potential to be affected: The Forum at Brookside will ensure that no resident will be affected by the cited deficiency, as The Director of Plant Operations will ensure that fire drills are conducted at least quarterly on each shift and at unexpected times under varied conditions on all shifts. III. What measures will be put in place/systemic changes made to ensure correction: The Administrator provided in-service training to The Director of Plant Operations and maintenance technicians on 11/13/15, regarding fire drills requirements according to NFPA 101. The Director of Plants Operations or -----	11/14/15



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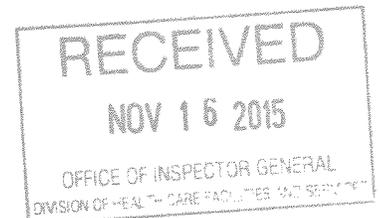
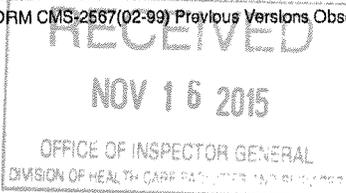
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K 050	Continued From page 2 The findings include: Review of the facility's fire drill records, on 10/21/15 at 2:44 PM, with the Plant Operations Director revealed the facility had been conducting fire drills at a minimum of one (1) per shift per quarter, but had not conducted the fire drills during the second shift in the first, second and third quarters of 2015 at random times. They were conducted within a one (1) hour time frame permitted in consecutive fire drills as defined as random times. Interview, on 10/21/15 at 2:46 PM, with the Plant Operations Director revealed he was not aware the second shift fire drills were conducted within the one (1) hour time frame permitted in consecutive fire drills. The census of thirty-six (36) was verified by the Administrator on 10/22/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Director at the exit interview on 10/22/15. Reference: NFPA 101 Life Safety Code (2000 Edition) 19.7.1.2. Fire drills shall be conducted at least quarterly on each shift and at unexpected times under varied conditions on all shifts.	K 050	<i>This Plan of Correction is The Forum at Brookside'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> Maintenance Technician is responsible for conducting fire drills, at least quarterly. All maintenance staff received in-service training on fire drill requirements, on 11/13/15. Education included: fire drills will be conducted at least quarterly on each shift at unexpected times under varied conditions, fire drills will be conducted at random times, consecutive shift fire drills will be conducted outside the one hour time frame permitted as defined as random times, Fire Drill training will occur with each maintenance technician upon hire and at least annually to ensure staff are qualified to conduct fire drills. The Director of Plant Operations will monitor and conduct fire drills at least quarterly on each shift and at unexpected times under varied conditions on all shifts. The Director of Plant Operations will assure fire drills are conducted to meet the one hour time frame permitted in consecutive fire drills as-----	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance	K 052		11/14/15



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K050		K050	<p><i>This Plan of Correction is The Forum at Brookside's credible allegation of compliance.</i></p> <p><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></p> <hr/> <p>defined as random times. Fire drills will be scheduled and recorded in the facility work order system. Training was completed 11/13/15.</p> <p>IV. How the facility plans to monitor its performance to make sure the solutions are sustained: The Administrator will monitor and ensure that fire drills are conducted at least quarterly on each shift and at unexpected times under varied conditions on all shifts, through a monthly review of conducted fire drills. Quality Assurance Team will review fire drills at least quarterly to ensure compliance with regulation.</p>	11/14/15



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K 052	Continued From page 3 and testing program complying with applicable requirements of NFPA 70 and 72. 9.8.1.4 This STANDARD is not met as evidenced by: Based on interview and record review of the Fire Alarm System, it was determined the facility failed to have the Fire Alarm System tested quarterly 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 forty (40) certified beds and the census was thirty-six (36) on the day of the survey. The findings include: Review of the facility's Fire Alarm System, on 10/21/15 at 3:21 PM, with the Plant Operations Director revealed the facility failed to conduct a quarterly inspection during the third quarter of 2015. The previous quarterly fire alarm inspection had been conducted on 06/29/15. Interview, on 10/21/15 at 3:23 PM, with the Plant Operations Director revealed the facility had changed contractors to maintain the facility's Fire	K 052	<i>This Plan of Correction is The Forum at Brookside'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> K052 SS=F NFPA 101 Life Safety Code Standard I. How the corrective action will be accomplished for the affected resident: No specific residents were cited. II. How corrective action will be accomplished for those residents having potential to be affected: The Forum at Brookside will ensure that no resident will be affected by the cited deficiency, as The Director of Plant Operations will ensure that required fire alarm system is tested quarterly in accordance with National Fire Protection Association standards. The Director of Plant Operations contacted the fire alarm system contractor to create a schedule of required inspections. III. What measures will be put in place/systemic changes made to ensure correction: The Director of Plant Operations will ensure that required fire alarm system is tested quarterly in accordance with National	11/06/15

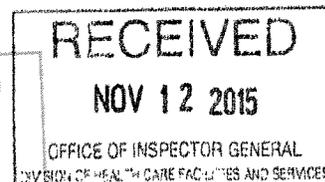
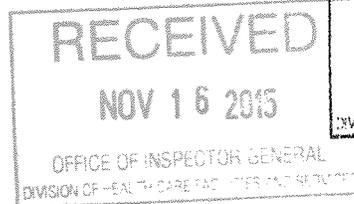
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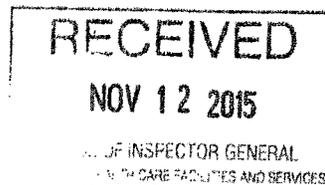
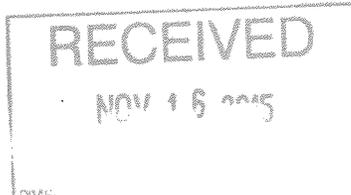
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K 052	Continued From page 4 Alarm System and he had relied on the new contractor to schedule the quarterly fire alarm inspections to be conducted within the required time frames permitted. He stated a quarterly inspection was not conducted during the third quarter of 2015 as required by Code and the Authority Having Jurisdiction (AHJ). The census of thirty-six (36) was verified by the Administrator on 10/22/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Director at the exit interview on 10/22/15. Reference: NFPA 101 (2000 edition). 9.6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code. NFPA 101 LIFE SAFETY CODE STANDARD 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 interviews and record review of the Automatic Sprinkler System, it was determined the facility failed to have the system tested quarterly 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,	K 052	<i>This Plan of Correction is The Forum at Brookside'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> Fire Protection Association standards. The Director of Plant Operations contacted the fire alarm system contractor to create a schedule of required inspections. Fire alarm inspections have been scheduled in the facility work order system. IV. How the facility plans to monitor its performance to make sure the solutions are sustained: The Administrator will monitor and ensure that the fire alarm system inspections are conducted at least quarterly, as required by NFPA standards. Inspections will be reviewed by the Quality Assurance Team at least quarterly, to ensure compliance with regulation.	
K 062 SS=F		K 062		11/06/15



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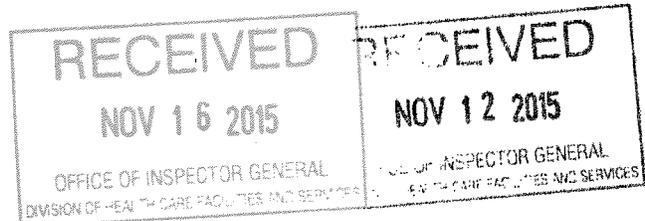
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K 062	Continued From page 5 and visitors. The facility has forty (40) certified beds and the census was thirty-six (36) on the day of the survey. The findings include: Review of the facility's Automatic Sprinkler System, on 10/21/15 at 3:38 PM, with the Plant Operations Director revealed the facility had failed to conduct a quarterly inspection during the third quarter of 2015. The previous quarterly sprinkler system inspection had been conducted on 06/29/15. Interview, on 10/21/15 at 3:40 PM, with the Plant Operations Director revealed the facility had changed contractors to maintain the facility's Automatic Sprinkler System and he had relied on the new contractor to schedule the quarterly sprinkler system inspections to be conducted within the required time frames permitted. He stated a quarterly inspection was not conducted during the third quarter of 2015 as required by Code and the Authority Having Jurisdiction (AHJ). The census of thirty-six (36) was verified by the Administrator on 10/22/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Director at the exit interview on 10/22/15. Reference: NFPA 25 (1998 Edition), 2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection,	K 062	<i>This Plan of Correction is The Forum at Brookside'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> K062 SS=F NFPA 101 Life Safety Code Standard I. How the corrective action will be accomplished for the affected resident: No specific residents were cited. II. How corrective action will be accomplished for those residents having potential to be affected: The Forum at Brookside will ensure that no resident will be affected by the cited deficiency, as The Director of Plant Operations will ensure that required automatic sprinkler system is tested quarterly in accordance with National Fire Protection Association standards. The Director of Plant Operations contacted the automatic sprinkler system contractor to create a schedule of required inspections. III. What measures will be put in place/systemic changes made to ensure correction: The Director of Plant Operations will ensure that required automatic sprinkler system is	11/06/15



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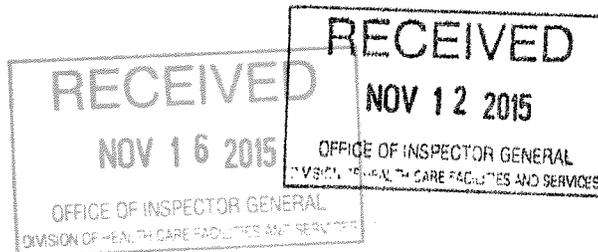
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K 062	Continued From page 6 testing, and maintenance. Exception: Valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 9. Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance Item Activity Frequency Reference Gauges (dry, preaction deluge systems) Inspection Weekly/monthly 2-2.4.2 Control valves Inspection Weekly/monthly Table 9-1 Alarm devices Inspection Quarterly 2-2.6 Gauges (wet pipe systems) Inspection Monthly 2-2.4.1 Hydraulic nameplate Inspection Quarterly 2-2.7 Buildings Inspection Annually (prior to freezing weather) 2-2.5 Hanger/seismic bracing Inspection Annually 2-2.3 Pipe and fittings Inspection Annually 2-2.2 Sprinklers Inspection Annually 2-2.1.1 Spare sprinklers Inspection Annually 2-2.1.3 Fire department connections Inspection Table 9-1 Valves (all types) Inspection Table 9-1 Alarm devices Test Quarterly 2-3.3 Main drain Test Annually Table 9-1 Antifreeze solution Test Annually 2-3.4 Gauges Test 5 years 2-3.2 Sprinklers - extra-high temp. Test 5 years 2-3.1.1 Exception No. 3 Sprinklers - fast response Test At 20 years and every 10 years thereafter 2-3.1.1 Exception No. 2 Sprinklers Test At 50 years and every 10 years thereafter	K 062	<i>This Plan of Correction is The Forum at Brookside'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> tested quarterly in accordance with National Fire Protection Association standards. The Director of Plant Operations contacted the automatic sprinkler system contractor to create a schedule of required inspections. Automatic sprinkler system inspections have been scheduled in the facility work order system. IV. How the facility plans to monitor its performance to make sure the solutions are sustained: The Administrator will monitor and ensure that the automatic sprinkler system inspections are conducted at least quarterly, as required by NFPA standards. Inspections will be reviewed by the Quality Assurance Team at least quarterly, to ensure compliance with regulation.	11/06/15	



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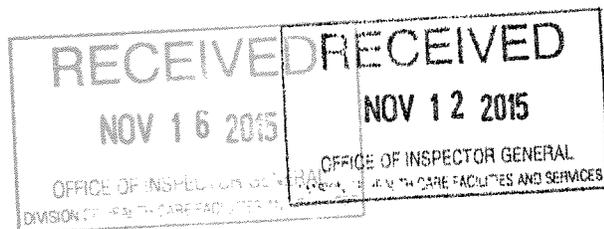
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185194	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BROOKSIDE SENIOR LIVING B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
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