

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

PRINTED: 11/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/13/2015
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH LA GRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEW MOODY LANE LA GRANGE, KY 40031		
(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 11/12/15 and concluded on 11/13/15 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
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{K 000}	INITIAL COMMENTS Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 11/19/15 as alleged.	{K 000}			

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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: 1986</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One wing on the ground floor of a three (3) story, Type II Protected Construction structure.</p> <p>SMOKE COMPARTMENTS: Three (3) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete, automatic, wet sprinkler system.</p> <p>GENERATOR: Type I generator. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 11/12/15. The facility was found not in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000	<p>The Plan of Correction is not an admission of any deficiency contained in the Statement of Deficiencies; however, the facility remains committed to the delivery of quality healthcare services and will continue to make whatever changes and improvements necessary to satisfy this objective and ensure CMS and the State services are being provided in compliance with the applicable conditions of participation.</p>	

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

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(X8) DATE

[Signature]

X NHA

X 11/24/15

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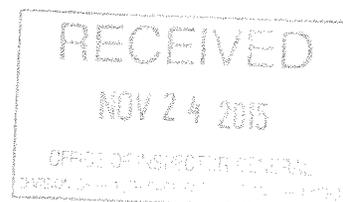
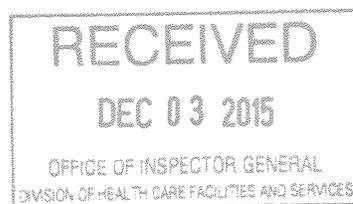
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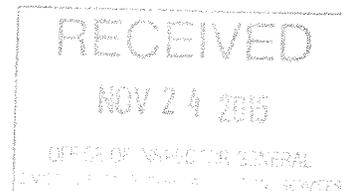
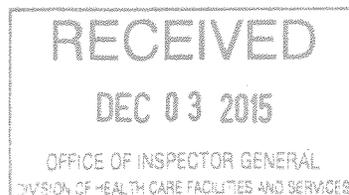
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K 000	Continued From page 1	K 000	<p>1. No resident was identified as being harmed.</p> <p>2. No residents were harmed as a result of the fallen sealant.</p> <p>3. The smoke barrier wall by room 1230 was repaired using a U.L. listed fire-stop system on 11/18/15.</p> <p>4. The fire and smoke walls will be inspected by a facility engineer on a quarterly basis to ensure the integrity of the barrier. The results of the inspection will be reported to Safety Committee on an annual basis.</p> <p>The facility has adopted an above ceiling permit process in accordance with policy to ensure that contractors who work in the facility will be responsible for any repairs to fire and smoke walls. These repairs will be inspected by a facility engineer before the contractor's work is accepted.</p>	11/18/15
K 025 SS=D	<p>Deficiencies were cited with the highest deficiency identified at D level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in 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 and interview, it was determined the facility failed to maintain smoke barriers that would resist the passage of smoke between smoke compartments in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect two (2) of three (3) smoke compartments, residents, staff and visitors. The facility has thirty (30) certified beds and the census was eighteen (18) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 11/12/15 at 2:13 PM, with the Plant Operations Manager revealed an opening for data lines through the smoke barrier located</p>	K 025		



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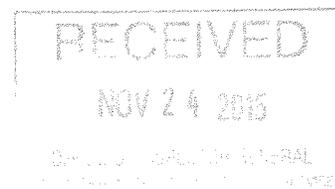
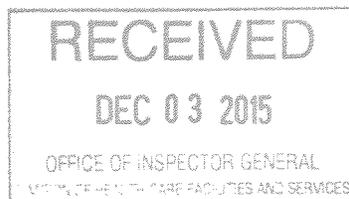
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K 025	Continued From page 2 at Room 1230 had previously been sealed with a fire rated sealant but failed to be held in place. The fallen sealant was found on top of the ceiling tiles. Interview, on 11/12/15 at 2:15 PM, with the Plant Operations Manager revealed he was not aware the previous sealant application had failed and acknowledged the smoke barrier would not resist the passage of smoke in the event of an emergency. The census of eighteen (18) was verified by the Administrator on 11/12/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 11/12/15. Reference: NFPA 101 (2000 Edition). 19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour. Exception No. 1: Where an atrium is used, smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with Exception No. 2 to 8.2.5.6(1). Not less than two separate smoke compartments shall be provided on each floor. Exception No. 2*: Dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems where an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 has been provided for smoke compartments adjacent to the smoke barrier. 8.3.6.1 Pipes, conduits, bus ducts, cables, wires,	K 025		



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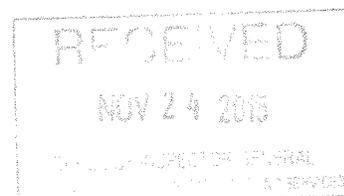
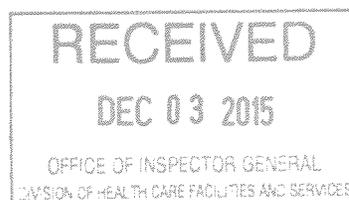
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K 025	Continued From page 3 air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (a) The space between the penetrating item and the smoke barrier shall 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. (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 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. (c) Where designs take transmission of vibration into consideration, any vibration isolation shall 1. Be made on either side of the smoke barrier, or 2. Be made by an approved device designed for the specific purpose. 8.3.6.2 Openings occurring at points where floors or smoke barriers meet the outside walls, other smoke barriers, or fire barriers of a building shall meet one of the following conditions: (1) It shall be filled with a material that is capable of maintaining the smoke resistance of the floor or smoke barrier. (2) It shall be protected by an approved device that is designed for the specific purpose.	K 025			
K 076	NFPA 101 LIFE SAFETY CODE STANDARD	K 076			



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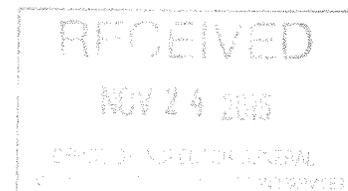
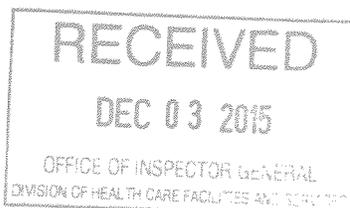
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K 076 SS=D	Continued From page 4 Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure oxygen storage rooms were maintained and protected in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, residents, staff and visitors. The facility has thirty (30) certified beds and the census was eighteen (18) on the day of the survey. The findings include: Observation, on 11/12/15 at 2:23 PM, with the Plant Operations Manager revealed the room used to store oxygen, had a linen cart stored directly beside the stored oxygen cylinders.	K 076			



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K 076	<p>Continued From page 5</p> <p>Stored combustible items are required to be stored a minimum of five (5) feet from stored oxygen cylinders.</p> <p>Interview, on 11/12/15 at 2:25 PM, with the Plant Operations Manager revealed he was aware of combustible items not being permitted to be stored within five (5) feet of oxygen cylinders, but not aware of the linen cart being stored directly beside the oxygen cylinders.</p> <p>The census of eighteen (18) was verified by the Administrator on 11/12/15. The findings were acknowledged by the Administrator and verified by the Plant Operations Manager at the exit interview on 11/12/15.</p> <p>Reference: NFPA 101 (2000 edition). 8-3.1.11.2 Storage for nonflammable gases greater than 8.5 m³ (300 ft³) but less than 85 m³ (3000 ft³) (a) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. (b) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. (c) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) A minimum distance of 6.1 m (20 ft) (2) A minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) An enclosed cabinet of noncombustible</p>	K 076	<p>1. No residents were identified as being harmed.</p> <p>2. No residents were harmed as no adverse incident occurred as a result of the oxygen proximity to linen.</p> <p>3. The linen cart was immediately moved across the room - 9 feet from the oxygen. A sign was placed in the room: "Linen Cart is to be at least 5 feet away from the oxygen. DO NOT MOVE FROM PRESENT LOCATION." Rehab and Skilled Care Staff and Environmental Services staff were educated about the regulatory requirements individually and by electronic mail.</p> <p>4. The Nursing Home Administrator or Unit Manager will monitor linen cart location for one month and report compliance to the facility Safety Committee. If 100% compliant for the month, will stop reporting but continue to monitor for appropriate placement.</p>	11-19-2015



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K 076	Continued From page 6 construction having a minimum fire protection rating of ½ hour. An approved flammable liquid storage cabinet shall be permitted to be used for cylinder storage. (d) Liquefied gas container storage shall comply with 4-3.1.1.2(b)4. (e) Cylinder and container storage locations shall meet 4-3.1.1.2(a)11e with respect to temperature limitations. (f) Electrical fixtures in storage locations shall meet 4-3.1.1.2(a)11d. (g) Cylinder protection from mechanical shock shall meet 4-3.5.2.1(b)13. (h) Cylinder or container restraint shall meet 4-3.5.2.1(b)27. (i) Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 20 ft (6.1 m) of outside storage locations. (j) Cylinder valve protection caps shall meet 4-3.5.2.1(b)14.	K 076	ADDENDUM: 3. The Nursing Home Administrator completed education to Environmental and Rehab and Skilled Staff on 11/18/15. 4. The NHA or Unit Manager will monitor linen cart location for three months and report results to the Safety Committee. If 100% compliance reached after 3 months, will continue to monitor, but stop reporting to Safety Committee.	

