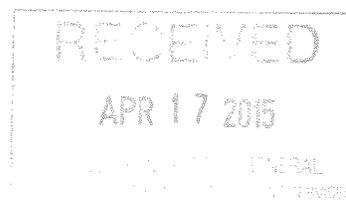


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/19/2015
NAME OF PROVIDER OR SUPPLIER  SUMMERFIELD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1877 FARNSLEY RD. LOUISVILLE, KY 40216		
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F 497	Continued From page 51 on 03/19/15 at 11:10 AM, revealed she was now responsible for the tracking of CNA hours. She stated she was not aware there was an issue with the CNAs not having all their hours prior to this date. She further stated all CNA's should have yearly twelve (12) hours of in-service education; however, could not produce any evidence for the three (3) CNAs identified.	F 497	F 497 Continued from page 51  This will enable the ADON to identify those nurse aides who are approaching their anniversary date and ensure the required hours will be obtained prior to the year expiration. The ADON restructured the training record binder on April 10, 2015.  #4. Each month for the next 3 months, the Director of Nursing will review 25% of the training records of the aides whose anniversary was in the preceding month. For the next 3 quarters, the Director of Nursing will audit 25% of the training records of the aides whose anniversary occurred during the quarter. The results of these audits will be presented to the QA committee so that compliance or need for system modification can be determined.		



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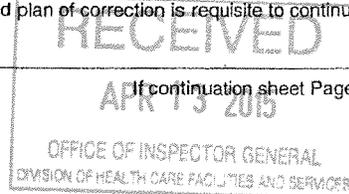
NAME OF PROVIDER OR SUPPLIER  SUMMERFIELD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1877 FARNSELY RD. LOUISVILLE, KY 40216
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1979, 1998</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type V (111)</p> <p>SMOKE COMPARTMENTS: Twelve (12) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic, dry sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was initiated on 03/18/15 and concluded on 03/19/15. The facility was found not to be 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>K 000</p> <p>This plan of correction is prepared and executed because it is required by the provisions of State and Federal law and not because Summerfield Health &amp; Rehabilitation Center agrees with the citations noted on the pages of this Statement of Deficiencies.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>X Newfoot</i>	TITLE <i>X Admin. Director</i>	(X6) DATE <i>X 4/10/15</i>
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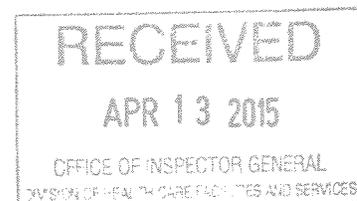
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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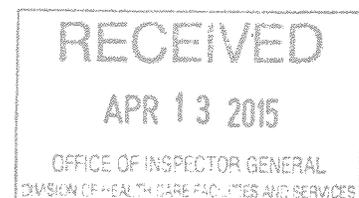
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K 000	Continued From page 1 Deficiencies were cited with the highest deficiency cited identified at D level.	K 000	K 029		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved 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 National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of twelve (12) smoke compartments, residents, staff and visitors. The facility has one-hundred and sixty-five (165) certified beds and the census was one-hundred and forty-one (141) on the day of the survey.  The findings include:  Observation, on 03/19/15 at 11:00 AM, with the Maintenance Director and the Kitchen Manager revealed the door to the Dry Storage Room	K 029	#1. The facility Maintenance Director installed a door closer on the dining services dry storage area on March 26, 2015.  #2. On March 27, 2015, the facility Maintenance Director checked all storage room area doors to verify that a properly functioning door closing device was present and that the doors latched. This was documented on a facility layout and reported to the facility safety committee.  #3. On April 6, 2015, the facility Administrator distributed a facility memo to educate associates of the potential hazards storage areas present and that doors to these areas must use a self closing device . This memo instructed that door closers are never to be disabled nor are doors with self closing devices on them to be propped, wedged, or otherwise mechanically prevented from closing. Associates will sign an attestation statement to document receipt and understanding of the memo. Door closer function will be verified by the maintenance department on a monthly basis and documented as part of the monthly safety checklist.	04/07/2015	



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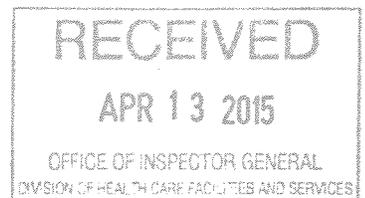
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K 029	<p>Continued From page 2</p> <p>located in the kitchen, was equipped with spring hinged self-closing devices, but were malfunctioned and the door would not self-close and remained in the open position when tested.</p> <p>Interview, on 03/19/15 at 11:02 AM, with the Maintenance Director and the Kitchen Manager revealed they were unaware of the spring hinged self-closing devise not functioning properly as the door had always been observed in the closed position.</p> <p>The census of one-hundred and forty-one (141) was verified by the Administrator, on 03/19/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 03/19/15.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>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</p>	K 029	<p>K 029 Continued from page 2</p> <p>#4. The safety committee will review the monthly safety checklist as part of the monthly meeting agenda. The Maintenance Director will report to the QA Committee if additional system modification is needed.</p>	



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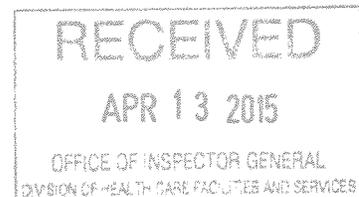
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K 029	Continued From page 3 (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous 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 48 in. (122 cm) above the bottom of the door.	K 029			
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure oxygen cylinders were stored in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of twelve (12) smoke compartments, approximately twenty-five (25) residents, staff and visitors. The facility has one-hundred and sixty-five (165) certified beds and the census was one hundred and forty-one (141) on the day of the survey.  The findings include:	K 141	K 141  #1. The Maintenance Director immediately placed the empty oxygen tank in the storage rack when it was discovered during the LSC survey. On April 6, 2015, the Maintenance Director created a no combustible storage zone around the tank storage areas by marking the perimeter off with safety tape.  #2. On April 6, 2015, the unit managers visually confirmed that no oxygen tanks were being improperly stored in either the resident rooms or oxygen storage areas and no combustibles were stored within the barriers. On April 3, 2015, the facility Maintenance Director confirmed the appropriate signage was on all oxygen storage area doors and the doors were of the proper construction.	04/07/2015	



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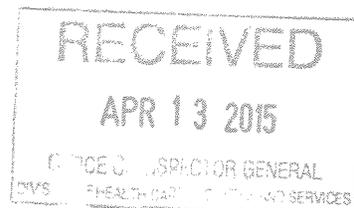
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K 141	Continued From page 4  1. Observation, on 03/19/15 at 9:59 AM, with the Maintenance Director revealed one (1) oxygen cylinder located within the oxygen storage room located in the 300 Hall, was not placed in a storage rack to prevent falling or being knocked over. There were two (2) open spaces within the metal storage rack where the oxygen cylinder should have been securely placed.  Interview, on 03/19/15 at 10:01 AM, with the Maintenance Director revealed he was unaware the oxygen cylinder was improperly stored outside of the metal storage rack and acknowledged the potential hazard involved when oxygen cylinders were improperly stored.  2. Observation, on 03/19/15 at 10:02 AM, with the Maintenance Director, revealed two (2) boxes of catheter kits and one (1) box of bottled water had been stored within five (5) feet of the oxygen cylinder storage space.  Interview, on 03/19/15 at 10:03 AM, with the Maintenance Director revealed he was unaware the two (2) boxes of catheter kits and one (1) box of bottled water was improperly stored within five (5) feet of the oxygen cylinder storage space and acknowledged the potential hazard involved. There was adequate storage space within the storage room for proper separation of stored items.  The census of one-hundred and forty-one (141) was verified by the Administrator on 03/19/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 03/19/15.	K 141	K 141 Continued from page 4  #3. On April 6, 2015, the facility Administrator distributed a facility memo to educate associates of the risks associated with improper storage of oxygen cylinders and combustibles. All associates were given responsibility for immediately correcting improper storage of oxygen tanks. The housekeeping department has been given responsibility for daily surveillance of oxygen tank storage areas. The Housekeeping Director added this responsibility to the daily housekeeper task sheet and notified staff of this new responsibility on April 9, 2015 The housekeepers will report any unsafe condition to the Nurse Supervisor on duty as well as the Housekeeping Director to ensure corrective action has been taken. Oxygen tank storage area inspection has been added to the monthly safety checklist.	



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K 141	Continued From page 5 Reference: NFPA 99 (1999 Edition). 4-3.1.1.2 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use. 4-3.5.2.2 2. If stored within the same enclosure, empty cylinders shall be segregated from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. 4-5.1.1.1 Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over.  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	K 141		



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K 141	Continued From page 6 Systems (3) An enclosed cabinet of noncombustible 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 141		

