

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

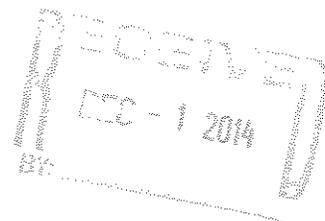
PRINTED: 11/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2014
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NAME OF PROVIDER OR SUPPLIER BOYD NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12800 PRINCELAND DRIVE ASHLAND, KY 41102
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F 000	INITIAL COMMENTS A Recertification Survey was initiated on 11/04/14 and concluded on 11/06/14, with no deficiencies cited.	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *12-1-14*

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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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>Building: 01</p> <p>Survey under: NFPA 101 (2000 edition)</p> <p>Facility type: SNF/NF</p> <p>Type of structure: Type V (000)</p> <p>Smoke Compartment: Three (3)</p> <p>Fire Alarm: Full fire alarm (upgrade completed in 2009)</p> <p>Sprinkler System: Full sprinkler system</p> <p>Generator: Type II Diesel installed 1995</p> <p>A Standard Life Safety Code Survey was conducted on 11/05/2014. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The census the day of the survey was fifty-nine (59). The facility is licensed for sixty (60) beds.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire). Deficiencies were cited with the highest deficiency identified at an "F" level.</p>	K 000	<p>To the best of my knowledge and belief as an agent of Boyd Nursing and Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid Requirements.</p> <p>Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State law.</p> <div data-bbox="1055 1134 1380 1323" style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>11-21-2014</p> </div>	
K 052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 052	<p>It is the policy of Boyd Nursing and Rehabilitation Center to have a fire alarm system for life safety installed, tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator DATE 12-1-14

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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K 052	<p>Continued From page 1 and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure smoke detectors were inspected, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect three (3) of three (3) smoke compartments, sixty (60) residents, staff and visitors.</p> <p>The findings include:</p> <p>Record review of the facility fire alarm system inspections on 11/05/2014 at 2:16 PM, with the Regional Maintenance Director, revealed the facility had an outside contractor perform a sensitivity test last on smoke detectors connected to the fire alarm on 08/17/12; however, there was no documented evidence of the next required alternate yearly testing due in 2014. Interview, with the Regional Maintenance Director, at the time of the review, revealed the outside contractor was to perform all required testing of the fire alarm system and he was not sure why the contractor had failed to perform the sensitivity</p>	K 052	<p>A sensitivity test on the smoke detectors was conducted on 11/07/14 by Simplex Grinnell. Any found issues were immediately corrected.</p> <p>The Administrator educated the facility Maintenance Director on 11/07/14 concerning the responsibility of the facility to ensure contracted companies follow our expectations in maintaining inspections and checks as they relate to regulatory compliance.</p> <p>The facility Maintenance Director is to keep a tickler system utilizing the TELS system to ensure all inspections and checks are done timely. The Maintenance Director reports any discrepancies to the monthly Safety Committee for review. The Safety Committee consists of the Administrator, Director of Nursing Services, Maintenance Director, A/P clerk, Medical Records, Housekeeping Supervisor, Dietary Manager, and Activities Director. The Safety Committee then forwards any concerns to the monthly QAPI committee, consisting of the Administrator, Director of Nursing Services, Medical Director, Pharmacist, Maintenance Director, Medical Records, Housekeeping Supr. Dietary Manager, MDSC, Staff Development Coordinator for further monitoring and</p>	11/26/14
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K 052	<p>Continued From page 2 testing.</p> <p>The findings were acknowledged by the Administrator during the exit conference. Reference: NFPA 72 (1999 Edition)</p> <p>7-3.2.1* Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. Exception No. 1: Detectors listed as field</p>	K 052		
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K 052 Continued From page 3
adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced.
Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2.
The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.

K 052

K 062 SS=D 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

K 062

It is the policy of Boyd Nursing and Rehabilitation Center to maintain an automatic sprinkler system that is continuously maintained and in reliable operating condition and is inspected and tested periodically.

This STANDARD is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to ensure automatic sprinkler systems were maintained, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, and all kitchen staff.

The lights identified in the dishroom were relocated by the facility Maintenance Director 11/26/14 in order to comply with safety requirements of appropriate distance from the sprinkler.

The findings include:

Observation on 11/05/2014 at 1:15 PM, with the Regional Maintenance Director and the Facility Maintenance Director, revealed two (2) automatic sprinkler heads in the dishwashing area were located less than one (1) foot from light fixtures. Further observation revealed the light fixture

The Administrator educated the facility Maintenance Director on 11/07/14 on the compliance requirement of electrical devices including lighting not to be within 1 ft of any sprinkler heads nor to extend below the plane of the automatic sprinkler head deflectors.

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K 062	<p>Continued From page 4</p> <p>extended below the plane of the automatic sprinkler head deflectors. Interview, with the Regional Maintenance Director, at the time of the observation, revealed neither him nor the Facility Maintenance Director had identified the light fixtures being too close to the automatic sprinkler heads.</p> <p>The findings were acknowledged by the Administrator at the exit conference.</p> <p>Reference: NFPA 13 (1999 Edition) 5-5.5.2.1 Continuous or non-continuous 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. 5-5.5.2.2 Sprinklers shall be positioned in accordance with the minimum distances and special exceptions of Sections 5-6 through 5-11 so that they are located sufficiently away from obstructions such as truss webs and chords, pipes, columns, and fixtures.</p> <p>Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (SSU/SSP)</p> <p>Distance from Sprinklers to side of Obstruction (A). Maximum Allowable Distance of Deflector above Bottom of Obstruction (in.) (B)</p> <p>Side of Obstruction (A) Obstruction (in.) (B)</p> <p>Less than 1 ft 0 1 ft to less than 1 ft 6 in. 2 1/2 1 ft 6 in. to less than 2 ft 3 1/2</p>	K 062	<p>On 11/12/14 the facility Maintenance Director completed an audit throughout the facility to identify any other lights that did not meet compliance of less than 1 foot from sprinkler heads or extended below the plane of the automatic sprinkler head deflectors. Identified lights will be relocated to meet compliance by the Maintenance Director by 12/19/14.</p> <p>The Facility Maintenance Director will conduct a bi-annual visual check on all sprinkler heads within the facility to assure no electrical device has been installed within 1 foot of a sprinkler head or extends below the plane of the automatic sprinkler head deflector. Any found deficiencies will be corrected and reported to the monthly Safety Committee consisting of the Administrator, Director of Nursing Services, Maintenance, A/P clerk, Housekeeping Supr, Medical Records, Dietary Manager and Activities Director. The Safety Committee will then forward any concerns to the monthly QAPI committee consisting of the Administrator Director of Nursing Services, MDSC, Medical Records, Medical Director, Pharmacist, Staff Development Coordinator, Activities Director, Dietary</p>	
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K 062	Continued From page 5 2 ft to less than 2 ft 6 in. 5 1/2 2 ft 6 in. to less than 3 ft 7 1/2 3 ft to less than 3 ft 6 in. 9 1/2 3 ft 6 in. to less than 4 ft 12 4 ft to less than 4 ft 6 in. 14 4 ft 6 in. to less than 5 ft 16 1/2 5 ft and greater 18 For SI units, 1 in. = 25.4 mm; 1 ft = 0.3048 m. Note: For (A) and (B), refer to Figure 5-6.5.1.2(a).	K 062	Manager for further monitoring and continued compliance.	12/19/14
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