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

PRINTED: 11/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	185194		**09/11/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FORUM AT BROOKSIDE	**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 A Recertification Survey was initiated on 09/09/14 and concluded on 09/11/14 and found this facility meeting 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
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BROOKSIDE SENIOR LIVING B. WING	(X3) DATE SURVEY COMPLETED
	185194		09/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FORUM AT BROOKSIDE	200 BROOKSIDE DRIVE LOUISVILLE, KY 40243

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K 000	INITIAL COMMENTS	K 000		
	CFR: 42 CFR 483.70(a) BUILDING: 01 PLAN APPROVAL: 1991 SURVEY UNDER: 2000 Existing FACILITY TYPE: SNF/NF DP TYPE OF STRUCTURE: One (1) story, Type III Protected. SMOKE COMPARTMENTS: Four (4) smoke compartments. FIRE BARRIER: The non-certified facility and the Skilled Nursing Facility were separated by a two-hour fire barrier. FIRE ALARM: Complete fire alarm system with heat and smoke detectors, upgraded in 2001. . SPRINKLER SYSTEM: Complete automatic (wet and dry) sprinkler system, upgraded in 2001. GENERATOR: Two (2) Type II generators, 125 KW and 75 KW. Fuel source is diesel. A Recertification Life Safety Code Survey utilizing the 2786S, Short Form, was conducted on 09/09/14. The facility was found not in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate		Responses to the cited deficiencies do Not Constitute an admission or agreement by the Facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and state law.	

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: X Sara A Shaw NHA
TITLE: X Administrator
(X6) DATE: X 10/02/14

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing 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 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

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OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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	185194		09/09/2014

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THE FORUM AT BROOKSIDE	200 BROOKSIDE DRIVE LOUISVILLE, KY 40243

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K 000	Continued From page 1 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 E level.	K 000		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure exits were equipped with emergency lighting in accordance with the National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility has forty (40) certified beds and the census was thirty-five (35) on the day of the survey. The facility failed to provide the required level of illumination outside an exit for discharge. The findings include: Observation, on 09/09/14 at 9:47 AM, with the Director of Plant Operations revealed the exit from the dining room to the courtyard, did not have exterior egress lighting to provide the required level of illumination at the exit discharge.	K 045	K045 The Forum at Brookside will ensure Illumination of means of egress, including exit discharge, Is arranged so that failure of any single Lighting fixture (bulb) will not leave the area in darkness. **Corrective Action for Residents Cited by the Deficient Practice:** No specific residents were cited **Identification of Other Facility Residents that may Be affected by the Deficient Practice:** The Forum at Brookside will ensure that No resident will be affected by the cited deficiency, as The Director of Plant Operations has installed a second lighting fixture in the courtyard, to provide the required level of Illumination at the exit discharge. **Implementation of Systemic Measures:** The Forum at Brookside's Director of Plant Operations installed two new Lighting Fixtures, on either side of the exit door leading Into the Health Care courtyard, on 09/22/2014.	

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	185194		09/09/2014

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THE FORUM AT BROOKSIDE	200 BROOKSIDE DRIVE LOUISVILLE, KY 40243

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K 045	Continued From page 2 The exit was equipped with a light fixture containing one bulb. Interview, on 09/09/14 at 9:49 AM, with the Director of Plant Operations revealed he was not aware of the requirement that exterior light fixtures required for egress were to have two (2) bulbs. The census of thirty-five (35) was verified by the Administrator on 09/09/14. The findings were acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 09/09/14. Reference NFPA 101 (2000 edition) 19.2.8 Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8. 7.8 ILLUMINATION OF MEANS OF EGRESS 7.8.1 General. 7.8.1.1* Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 42. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way. 7.8.1.2 Illumination of means of egress shall be	K 045	**Monitoring of Corrective Action:** The Director of Plant Operations will Ensure that proper lighting is arranged so that Failure of any single lighting fixture will not leave any area in darkness. Lighting will be monitored on a monthly basis by the Health Care Maintenance Staff member. 10-6-14 Karen Jonson DON by PB 10-7-14	~~09/22/2014~~

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K 045	Continued From page 3 continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be employed at such locations and for such periods of time as required to maintain the illumination to the minimum criteria values herein specified. Exception: Automatic, motion sensor-type lighting switches shall be permitted within the means of egress, provided that the switch controllers are equipped for fail-safe operation, the illumination timers are set for a minimum 15-minute duration, and the motion sensor is activated by any occupant movement in the area served by the lighting units. 7.8.1.3* The floors and other walking surfaces within an exit and within the portions of the exit access and exit discharge designated in 7.8.1.1 shall be illuminated to values of at least 1 ft-candle (10 lux) measured at the floor. Exception No. 1: In assembly occupancies, the illumination of the floors of exit access shall be at least 0.2 ft-candle (2 lux) during periods of performances or projections involving directed light. Exception No. 2*: This requirement shall not apply where operations or processes require low lighting levels. 7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level	K 045		
K 066 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or	K 066	Responses to the cited deficiencies do Not Constitute an admission or agreement by the Facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and state law.	

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K 066	Continued From page 4 compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the designated outdoor smoking area for residents and staff was properly equipped for safe smoking, in accordance with the National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) resident and staff using their designated smoking area. The facility has forty (40) certified beds and the census was thirty-five (35) on the day of the survey. The findings include:	K 066	K 066 The Forum at Brookside will ensure the Designated outdoor smoking area for Residents and staff is properly equipped For safe smoking, in accordance with the National Fire Protection association (NFPA) standards. **Corrective Action for Residents Cited by the Deficient Practice:** No specific residents were cited **Identification of Other Facility Residents that may Be affected by the Deficient Practice:** The Forum at Brookside will ensure that That all designated outdoor smoking areas Are properly equipped with required equipment. **Implementation of Systemic Measures:** The Forum at Brookside has designated The Health Care Courtyard, off of the Dining room, a Non-Smoking Area. The Director of Plant Operations removed the concrete urn that was being used for cigarette waste on 09/10/14. A Temporary "No-Smoking" Sign has been placed in The Health Care Courtyard to alert staff, residents, guests that this is not a designated smoking area. A	

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DIVISION OF HEALTH CARE FACILITIES INSPECTIONS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185194	A. BUILDING 01 - BROOKSIDE SENIOR LIVING B. WING _____	09/09/2014

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K 066	Continued From page 5 Observation, on 09/09/14 at 9:51 AM, with the Director of Plant Operations revealed the exterior courtyard outside of the dining room was being used as a smoking area. A concrete urn near the exit door was being used for disposal of tobacco waste. The area was not equipped an ash container with a self-closing lid and a fire extinguisher available for use in the event of an emergency. Interview, on 09/09/14 at 9:53 AM, with the Director of Plant Operations revealed he was not aware of the exterior courtyard being used as an area for smoking. Observation, on 09/09/14 at 10:07 AM, with the Director of Plant Operations revealed the designated smoking area for one (1) resident and staff, located near the service entrance was not equipped with a metal container with a self-closing lid for proper emptying of ashtrays. Interview, on 09/09/14 at 10:09 AM, with the Director of Plant Operations revealed he was not aware the designated smoking area was required to have a metal container with a self-closing lid specifically used for emptying the ashtrays. The census of thirty-five (35) was verified by the Administrator on 09/09/14. The findings were acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 09/09/14.	K 066	permanent "No Smoking" sign was ordered on 09/30/14, and will be put in place upon its arrival. The Forum at Brookside's Director of Plant Operations purchased a "JUSTRITE" Ash container, for tobacco waste, with self-closing lid, for the designated resident and staff Smoking area, on 09/10/14. **Monitoring of Corrective Action:** The Forum at Brookside will ensure that all Designated smoking areas for residents and staff are properly equipped for safe smoking. The Director of Plant Operations will monitor the smoking areas to ensure proper use of the ash container, on a monthly basis. The Administrator will monitor that no resident, guest or staff member is smoking in a non-designated area, on a daily basis.	~~09/30/2014~~ 10-6-14 Kolen Jensen DPN by PB 10-7-14

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K 066	Continued From page 6 Reference: NFPA 101 Life Safety Code (2000 edition) 19.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. Exception: In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (2) Smoking by patients classified as not responsible shall be prohibited. Exception: The requirement of 19.7.4(2) shall not apply where the patient is under direct supervision. (3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. Reference: S & C Letter: 12-04-NH; Date: November 10, 2011 Smoking Safety in	K 066		

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K 066	Continued From page 7 Long Term Care Facilities	K 066		

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DIVISION OF HEALTH CARE FACILITIES SURVEY

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

PRINTED: 10/08/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - BROOKSIDE SENIOR LIVING** B. WING _____	(X3) DATE SURVEY COMPLETED
	185194		R **10/06/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FORUM AT BROOKSIDE	**200 BROOKSIDE DRIVE** **LOUISVILLE, KY 40243**

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{K 000}	INITIAL COMMENTS Based upon implementation of the POC, the facility was deemed to be in compliance, 10/06/14, as alleged.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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