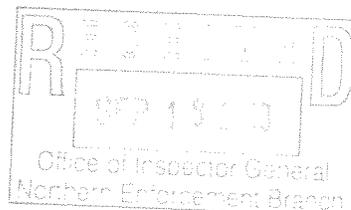


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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185118	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-WOODLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 1117 WOODLAND DRIVE ELIZABETHTOWN, KY 42701	
(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)

K 038	Continued From page 8 7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release	K.038
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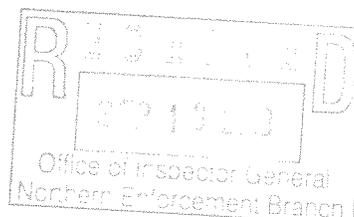
K 038 Continued From page 9 K 038

process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.
Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted.

(d) *On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows:
**PUSH UNTIL ALARM SOUNDS
DOOR CAN BE OPENED IN 15 SECONDS**

7.10.8.1* No Exit. Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows:
**NO
EXIT**
Such sign shall have the word **NO** in letters 2 in. (5 cm) high with a stroke width of 3/8 in. (1 cm) and the word **EXIT** in letters 1 in. (2.5 cm) high, with the word **EXIT** below the word **NO**.

7.5.2.2* Exit access and exit doors shall be designed and arranged to be clearly recognizable. Hangings or draperies shall not be placed over exit doors or located to conceal or



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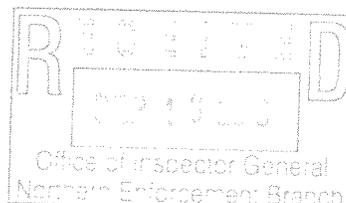
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K 038 Continued From page 10 K 038

obscure any exit. Mirrors shall not be placed on exit doors.
Mirrors shall not be placed in or adjacent to any exit in such a manner as to confuse the direction of exit.
Exception: Curtains shall be permitted across means of egress openings in tent walls if the following criteria are met:
(a) They are distinctly marked in contrast to the tent wall so as to be recognizable as means of egress.
(b) They are installed across an opening that is at least 6 ft (1.8 m) in width.
(c) They are hung from slide rings or equivalent hardware so as to be readily moved to the side to create an unobstructed opening in the tent wall of the minimum width required for door openings.

Reference: NFPA 101 (2000 edition)

7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.
7.5.1.1 Exits shall be located and exit access shall be arranged so that exits are readily accessible at all times.
7.7.1* Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way.



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K 038 Continued From page 11
Exception No. 1: This requirement shall not apply to interior exit discharge as otherwise provided in 7.7.2.
Exception No. 2: This requirement shall not apply to rooftop exit discharge as otherwise provided in 7.7.6.
Exception No. 3: Means of egress shall be permitted to terminate in an exterior area of refuge as provided in Chapters 22 and 23.

K 045 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E
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 did not meet the requirements for illumination of means of egress in accordance with NFPA standards. The deficiency had the potential to affect three (3) of five (5) smoke compartments, residents, staff and visitors. The facility is certified for one hundred twelve (112) beds with a census of eighty three (83) on the day of the survey. The facility failed to provide required illumination outside an exit for discharge.

The findings include:

Observation, on 08/13/13 between 9:30 AM and 3:00 PM, with the Maintenance Supervisor

K 038

K 045

K45

09.25.13

It is the practice of this facility to assure that all miscellaneous life safety issues are within compliance at all times to include:
Illumination of means of egress at North Lobby, Front North Hall, North East Wing, and the Break Room.

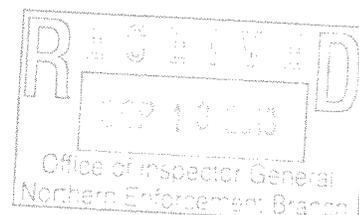
All Illumination of Means of Egress at noted locations will be corrected and all other locations will be checked and corrected as needed by Maintenance Supervisor, Maintenance Assistant and/or Contractor by 09.24.13.

The Maintenance Supervisor will inspect exit access weekly and document in Life safety Preventive Maintenance Log.

The Preventive Maintenance Log will be reviewed by the PI quarterly to ensure continued compliance or until the Committee determines compliance has been sustained.

Executive Director to monitor for continued compliance.

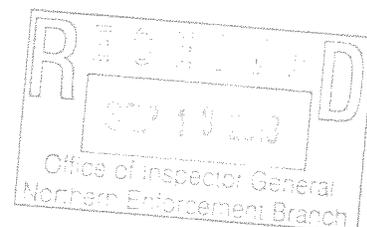
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K 045	Continued From page 12 revealed the exit located in the North Lobby, Front North Hall, North East Wing, and the Break Room did not have a light fixture installed outside to provide the required illumination for exit discharge Interview, on 08/13/13 between 9:30 AM and 3:00 PM, with the Maintenance Supervisor revealed he was not aware the exits did not have the required illumination for egress lighting 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. Based on observation and interview, it was determined the facility failed to ensure exits were equipped with lighting in 7.7 DISCHARGE FROM EXITS 7.7.1* Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. Exception No. 1: This requirement shall not apply to interior exit discharge as otherwise provided in 7.7.2. Exception No. 2: This requirement shall not apply to rooftop exit discharge as otherwise provided in 7.7.6. Exception No. 3: Means of egress shall be permitted to terminate in an exterior area of refuge as provided in Chapters 22 and 23. 7.7.2 Not more than 50 percent of the required number	K 045			



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K 045 Continued From page 13

K 045

of exits, and not more than 50 percent of the required egress capacity, shall be permitted to discharge through areas on the level of exit discharge, provided that the criteria of 7.7.2(1) through (3) are met:

(1) Such discharge shall lead to a free and unobstructed way to the exterior of the building, and such way is readily visible and identifiable from the point of discharge from the exit.

(2) The level of discharge shall be protected throughout by an approved, automatic sprinkler system in accordance with Section 9.7, or the portion of the level of discharge used for this purpose shall be protected by an approved, automatic sprinkler system in accordance with Section 9.7 and shall be separated from the nonsprinklered portion of the floor by a fire resistance rating meeting the requirements for the enclosure of exits (see 7.1.3.2.1).

Exception: The requirement of 7.7.2(2) shall not apply where the discharge area is a vestibule or foyer meeting all of the following:

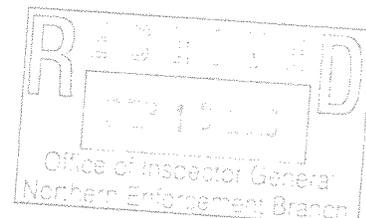
(a) The depth from the exterior of the building shall not be more than 10 ft (3 m) and the length shall not be more than 30 ft (9.1 m).

(b) The foyer shall be separated from the remainder of the level of discharge by construction providing protection not less than the equivalent of wired glass in steel frames.

(c) The foyer shall serve only as means of egress and shall include an exit directly to the outside.

(3) The entire area on the level of discharge shall be separated from areas below by construction having a fire resistance rating not less than that required for the exit enclosure.

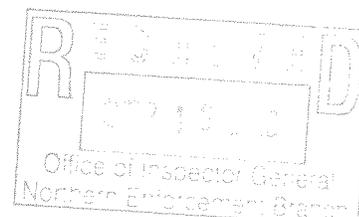
Exception No. 1: Levels below the level of discharge shall be permitted to be open to the level of discharge in an atrium in accordance with



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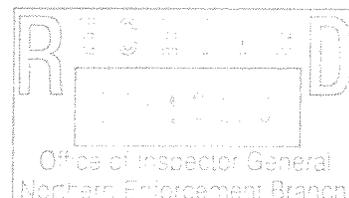
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K 045	Continued From page 14 8.2.5.6. Exception No. 2: One hundred percent of the exits shall be permitted to discharge through areas on the level of exit discharge as provided in Chapters 22 and 23. Exception No. 3: In existing buildings, the 50 percent limit on egress capacity shall not apply if the 50 percent limit on the required number of exits is met. 7.7.3 The exit discharge shall be arranged and marked to make clear the direction of egress to a public way. Stairs shall be arranged so as to make clear the direction of egress to a public way. Stairs that continue more than one-half story beyond the level of exit discharge shall be interrupted at the level of exit discharge by partitions, doors, or other effective means. 7.7.4 Doors, stairs, ramps, corridors, exit passageways, bridges, balconies, escalators, moving walks, and other components of an exit discharge shall comply with the detailed requirements of this chapter for such components. 7.7.5 Signs. (See 7.2.2.5.4 and 7.2.2.5.5.) 7.7.6 Where approved by the authority having jurisdiction, exits shall be permitted to discharge to roofs or other sections of the building or an adjoining building where the following criteria are met: (1) The roof construction has a fire resistance rating not less than that required for the exit enclosure. (2) There is a continuous and safe means of egress from the roof.	K 045			



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K 045	<p>Continued From page 15</p> <p>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.</p> <p>7.8.1.2 Illumination of means of egress shall be 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.</p> <p>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</p>	K 045	

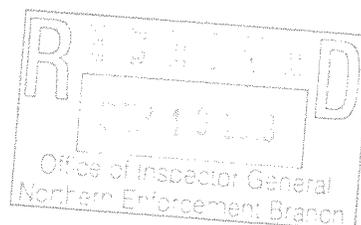


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K 045	Continued From page 16. performances or projections involving directed light. Exception No. 2*: This requirement shall not apply where operations or processes require low lighting levels. 7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.	K 045		
K 050 SS=F	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 fire drill record review, it was determined the facility failed to ensure fire drills were conducted quarterly on each shift at unexpected times, in accordance with NFPA standards. The deficiency had the potential to affect five (5) of five (5) smoke compartments, residents, staff and visitors. The facility is certified for one hundred twelve (112) beds with a census of eighty three (83) on the day of the survey. The facility failed to ensure the fire drills were conducted quarterly at unexpected times.	K 050	K50 It is the practice of this facility to assure fire drills are conducted at random times to educate staff regarding proper fire response procedures to maintain compliance at all times to include: fire drills held at unexpected times at least quarterly on each shift. The Maintenance Supervisor will schedule and document Fire Drills at unexpected, random times and 2 hours apart from previous quarter's drill. Fire Drills will be held throughout facility to ensure every department practices area specific drills. An Annual Inservice will be conducted by Maintenance Supervisor regarding Fire Response Procedures. The Maintenance Supervisor's Fire Drill reports will be reviewed monthly for three months and then quarterly by the PI Committee to ensure future compliance or until the Committee determines compliance has been sustained. Executive Director to monitor for continued compliance.	09.25.13

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K 050 Continued From page 17

K 050

The findings include:

Fire Drill record review, on 08/12/13 at 11:28 AM, with Maintenance Supervisor revealed the facility failed to conduct fire drills at unexpected times on second (2nd) shift.

Interview, on 08/13/13 at 11:28 AM, with the Maintenance Supervisor revealed he was unaware the fire drills were not being conducted as required.

Reference: NFPA Standard NFPA 101 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 051 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6

K 051

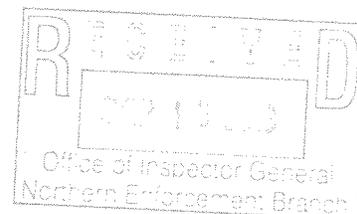
K51

09.25.13

It is the practice of this center to assure that all miscellaneous life safety issues are within compliance at all times to include: the operable part of each manual fire alarm box located at the Main Entrance, Laundry, Kitchen and Dining Room exit doors shall not be less than 3 ½ ft (1.1m) and not more than 4 ½ ft (1.37m) above floor level.

Maintenance Supervisor educated by Executive Director, by 09.17.13, about K-51 requirements, cited deficiency, corrective actions, and preventative measures by their review of the SOD, facility's POC, and facility's preventative maintenance program and practices to assure that all miscellaneous, life safety issues are within compliance at all times to include: the operable part of each manual fire alarm box located at the Main Entrance, Laundry, Kitchen and Dining Room exit doors shall not be less than 3 ½ ft (1.1m) and not more than 4 ½ ft (1.37m) above floor level.

The manual fire alarm boxes at the noted locations and all other locations checked and corrected as needed by Contractor by 09.24.13.



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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)
	<p>K 051 Continued From page 18</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure the building fire alarm system was installed as required by NFPA standards. The deficiency had the potential to affect one (1) of five (5) smoke compartments, residents, staff and visitors. The facility has one hundred twelve (112) certified beds with a census of eighty three (83) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 08/13/12 at 1:12 PM, with the Maintenance Supervisor revealed the manual fire alarm box located at the Main Entrance, Laundry, Kitchen, and Dining Room exit doors were mounted over five (5) feet above the finished floor.</p> <p>Interview, on 08/13/12 at 1:12 PM, with the Maintenance Supervisor revealed he was unaware of the height requirements for manual fire alarm boxes and confirmed they were over the maximum allowable height.</p> <p>Reference: NFPA 72 (1999 Edition) 2-8.1 Mounting</p>	<p>K 051</p>	<p>Future compliance will be assured by the Facility's Preventative Maintenance Program.</p> <p>The Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance or until the Committee determines compliance has been sustained.</p> <p>Executive Director to monitor for continued compliance.</p>



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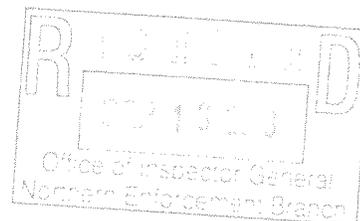
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K 051	Continued From page 19 Each manual fire alarm box shall be securely mounted. The operable part of each manual fire alarm box shall be not less than 3 1/2 ft (1.1 m) and not more than 4 1/2 ft (1.37 m) above floor level.	K 051		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure the building had a complete sprinkler system, installed in accordance with NFPA Standards. The deficiency had the potential to affect three (3) of five (5) smoke compartments, residents, staff and visitors. The facility is certified for one hundred twelve (112) beds with a census of eighty three (83) on the day of the survey. The facility failed to ensure sprinkler heads installed were not blocked by light fixtures.	K 056	K-56 It is the practice of this center to assure that automatic sprinklers are installed and maintained in accordance with NFPA 13 and NFPA 25 to remain in compliance at all times to include: unobstructed sprinkler heads in the Laundry Storage Room, Administrator's office, Kitchen, Dish Room, Therapy, Therapy Storage, Soiled Utility, South Server room, South Shower Room, and North Shower Room. Obstructed sprinkler heads at noted locations corrected and all other locations checked and corrected as needed by Maintenance Supervisor, Maintenance Assistant and/or Contractor by 09.24.13. Quarterly inspections will be completed by Maintenance Supervisor and a Licensed Contractor. These inspections will be documented in facility's Life Safety Preventative Maintenance Program to ensure future compliance. Life Safety Preventive Maintenance Logs will be reviewed quarterly by the PI Committee to ensure continued compliance or until the Committee determines compliance has been sustained. Executive Director to monitor for continued compliance.	09.25.13

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K 056 Continued From page 20
The findings include:

K 056

Observations, on 08/13/13 between 9:30 AM and 3:00 PM, with the Maintenance Supervisor revealed light fixtures installed within twelve (12) inches of a sprinkler head obstructing the sprinkler head from developing a full pattern. The blocked sprinkler heads are located in the Laundry Storage Room, Administrators Office, Kitchen, Dish Room, Therapy, Therapy Storage, Soiled Utility, South Server Room, South Shower Room, and North Shower Room.

Interview, on 08/13/13 between 9:30 AM and 3:00 PM, with the Maintenance Supervisor revealed he was not aware of the sprinkler heads being blocked by light fixtures.

Reference: NFPA 13 (1999 Edition)

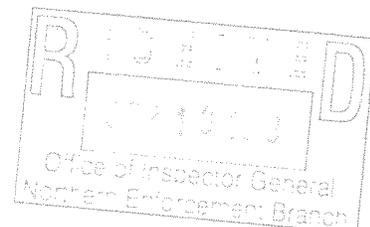
2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.

hydraulic design basis, the system area of operation shall be permitted to be reduced without revising the density as indicated

in Figure 7-2.3.2.4 when all of the following conditions are satisfied:

- (1) Wet pipe system
- (2) Light hazard or ordinary hazard occupancy
- (3) 20-ft (6.1-m) maximum ceiling height

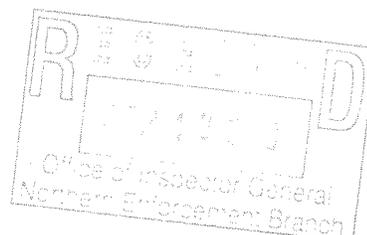
The number of sprinklers in the design area shall



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K 056	Continued From page 21 never be less than five. Where quick-response sprinklers are used on a sloped ceiling, the maximum ceiling height shall be used for determining the percent reduction in design area. Where quick-response sprinklers are installed, all sprinklers within a compartment shall be of the quick response type. Exception: Where circumstances require the use of other than ordinary temperature-rated sprinklers, standard response sprinklers shall be permitted to be used. Reference: NFPA 13 (1999 Edition) 5-13 8.1 Actual NFPA Standard: NFPA 101, Table 19.1.6.2 and 19.3.5.1. Existing healthcare facilities with construction Type V (111) require complete sprinkler coverage for all parts of a facility. Actual NFPA Standard: NFPA 101, 19.3.5.1. Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Actual NFPA Standard: NFPA 101, 9.7.1.1. Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Actual NFPA Standard: NFPA 13, 5-1.1. The requirements for spacing, location, and position of sprinklers shall be based on the following principles: (1) Sprinklers installed throughout the premises	K 056		



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K 056 Continued From page 22 K 056

- (2) Sprinklers located so as not to exceed maximum protection area per sprinkler
- (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution.

Reference: NFPA 13 (1999 edition)

5-6.3.3 Minimum Distance from Walls. Sprinklers shall be located a minimum of 4 in. (102 mm) from a wall.

Reference: NFPA 13 (1999 ed.)

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.

Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (SSU/SSP)

Distance from Sprinklers to above Bottom of Side of Obstruction (A) (B)	Maximum Allowable Distance of Deflector Obstruction (in.)
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
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



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K 056 Continued From page 23
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).

5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development.
5-5.5.2.1 Continuous or noncontiguous 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.

K 062 NFPA 101 LIFE SAFETY CODE STANDARD
SS=F
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 observation, interview, and sprinkler testing record review, it was determined the facility failed to maintain the sprinkler system in accordance with NFPA standards. The deficiency had the potential to affect five (5) of five (5) smoke compartments, residents, staff, and visitors. The facility is certified for one hundred twelve (112) beds with a census of eighty three (83) on the day of the survey.

The findings include:

Sprinkler testing record review, on 08/13/13 at 11:30 AM, with the Maintenance Supervisor

K 056

K 062 K-62

It is the practice of this center to assure that the sprinkler system is maintained and inspected to ensure compliance at all times to include: quarterly inspections of the sprinkler system.

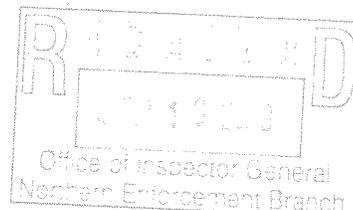
Quarterly inspections were completed on a timely basis before and after the 4th quarter of 2012.

The Facility has contracted with a new licensed sprinkler inspection company to maintain future compliance.

The Maintenance Supervisor and Licensed Contractor will inspect sprinkler system quarterly to ensure future compliance.

The Maintenance Director will schedule next quarter's inspection on or before the date of the current quarter's inspection.

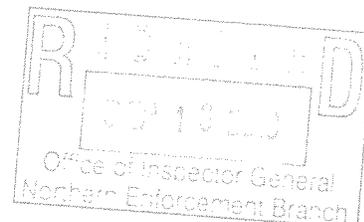
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K 062	Continued From page 24 revealed the facility failed to conduct the fourth quarter inspection of the sprinkler system for 2012. Components located in the fire sprinkler system must be inspected monthly and quarterly accordingly to NFPA requirements and the records for the inspection made available for the authority having jurisdiction. Interview, on 08/13/13 at 11:30 AM, with the Maintenance Supervisor revealed he was aware the fourth quarter inspection of 2012 had been missed due to the sprinkler contractor being overbooked. Reference: NFPA 13 (1999 Edition) 5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development. 5-5.5.2.1 Continuous or noncontiguous 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 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. hydraulic design basis, the system area of operation shall be permitted to be reduced without revising the density as indicated in Figure 7-2.3.2.4 when all of the following conditions are satisfied:	K 062	The Maintenance Supervisor will call Sprinkler Inspection Company to confirm the date of the next inspection before the schedule date of the quarterly inspection. These inspections will be documented in facility's Life Safety Preventative Maintenance Program to ensure future compliance. The Automatic Sprinkler System inspection documentation will be reviewed quarterly by the PT Committee to ensure continued compliance or until the Committee determines compliance has been sustained. Executive Director to monitor for continued compliance.		



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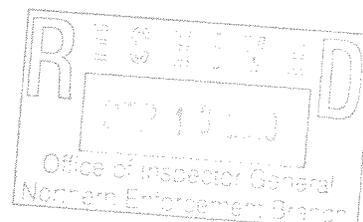
K 062 Continued From page 25 K 062

(1) Wet pipe system
(2) Light hazard or ordinary hazard occupancy
(3) 20-ft (6.1-m) maximum ceiling height
The number of sprinklers in the design area shall never be less than five. Where quick-response sprinklers are used on a sloped ceiling, the maximum ceiling height shall be used for determining the percent reduction in design area. Where quick-response sprinklers are installed, all sprinklers within a compartment shall be of the quick response type. Exception: Where circumstances require the use of other than ordinary temperature-rated sprinklers, standard response sprinklers shall be permitted to be used.

Reference: NFPA 25 (1998 Edition).

10-2.2* Obstruction Prevention.
Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections.

10-2.3* Flushing Procedure.
If an obstruction investigation carried out in



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K 062 Continued From page 26 K 062

accordance with 10-2.1 indicates the presence of sufficient material to obstruct sprinklers, a complete flushing program shall be conducted. The work shall be done by qualified personnel.

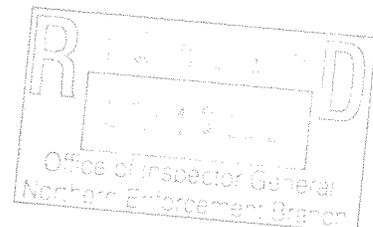
Reference: NFPA 25 (1998 Edition).

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, 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

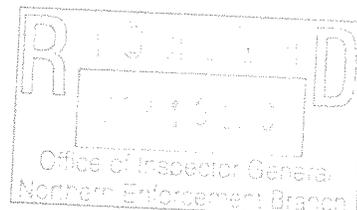


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K 062	Continued From page 27 Fire department connections Inspection Table 9-1 Valves (all types) Inspection Table 9-1 Alarm devices Test Quarterly 2-3 3 Main drain Test Annually Table 9-1 Antifreeze solution Test Annually 2-3 4 Gauges Test 5 years 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 2-3.1.1 Valves (all types) Maintenance Annually or as needed Table 9-1 Obstruction investigation Maintenance 5 years or as needed Chapter 10	K 062		
K 066 SS=D	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 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.	K 066	K-66 It is the practice of this center to assure that the facility's smoking policy is followed at all times to maintain compliance at all times to include: Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available in designated A Metal Container with self-closing lid was placed in the facility's designated smoking area on 08.29.13. The Maintenance Supervisor and/or maintenance Assistant will inspect smoking area at least weekly and document in Life Safety Preventive Maintenance Log. Non-compliance will be corrected immediately and reported to the Executive Director. The Preventive Maintenance Log will be reviewed by the PI Committee quarterly to ensure continued compliance or until the Committee determines compliance has been sustained. Excutive Director to monitor for continued compliance.	09.25.13

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K 066 Continued From page 28

K 066

(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

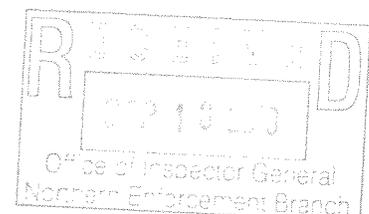
This STANDARD is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to ensure the use of approved ashtrays in the designated smoking area, in accordance with NFPA standards. The deficiency had the potential to affect smokers, staff and visitors. The facility is certified for one hundred twelve (112) beds with a census of eighty three (83) on the day of the survey. The facility failed to ensure the smoking areas had a metal container with a self-closing lid to dump ashtrays.

The findings include:

Observation, on 08/13/13 at 2:34 PM, with the Maintenance Supervisor revealed the facility failed to provide a metal container with a self-closing lid to dump the ashtrays, located in the designated smoking.

Interview, on 08/13/13 at 2:34 PM, with the Maintenance Supervisor revealed he was not aware the smoking area did not have the required metal container with a self-closing lid for dumping ashtrays.

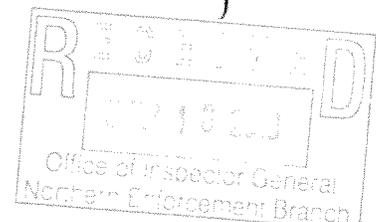
Reference: NFPA Standard 101 (2000 Edition).



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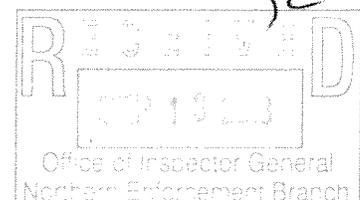
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185118	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01 B WING _____	(X3) DATE SURVEY COMPLETED 08/13/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 1117 WOODLAND DRIVE ELIZABETHTOWN, KY 42701	
(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
K 066	Continued From page 29	K 065		
K 130 SS=D	<p>19.7.4 Smoking (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.</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the hazardous areas in accordance with NFPA standards. The deficiency had the potential to affect one (1) of five (5) smoke compartments, residents, staff and visitors. The facility is certified for one hundred twelve (112) beds with a census of eighty three (83) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 08/13/13 at 1:18 PM, with the Maintenance Supervisor revealed lint build up on the temperature sensors located in the bottom of the dryers over the lint filter. The lint filter was clean, and the dryers are located in the Laundry Room.</p> <p>Interview, on 08/13/13 at 1:18 PM, with the Maintenance Supervisor revealed he was not aware the temperature sensors had a buildup of lint.</p>	K 130 K-130	<p>It is the practice of this Facility to assure that all miscellaneous life safety issues are within compliance at all times to include: preventing lint build-up around temperature sensors located in the bottom of dryers over the lint filter.</p> <p>The Maintenance Supervisor will clean out lint build-up by 09.09.13, and thereafter will inspect and clean dryers monthly to prevent build-up, as part of facility's Life Safety Preventative Maintenance Program.</p> <p>The Maintenance Supervisor will document inspections and cleaning in Preventative Maintenance log.</p> <p>Preventive Maintenance Log will be reviewed by the PI Committee quarterly to ensure continued compliance or until the Committee determines compliance has been sustained.</p> <p>Executive Director to monitor for continued compliance.</p>	09.25.13



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K 130	Continued From page 30 NFPA 101 (2000 Edition) 4.6.12 Maintenance and Testing. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.	K 130		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with NFPA standards. The deficiency had the potential to affect two (2) of five (5) smoke compartments, residents, staff, and visitors. The facility is certified for one hundred twelve (112) beds with a census of eighty three (83) on the day of the survey. The findings include: Observations, on 08/13/13 between 9:30 AM and 3:00 PM, with the Maintenance Supervisor revealed: 1) Two (2) soap dispensing pumps connected to	K 147	It is the practice of this facility to assure compliance with NFPA 70, National Electrical Code at all times to include: Two (2) soap dispensers dispensing pumps connected to the washing machines in the Laundry were plugged into a power strip; A refrigerator was plugged into a power strip in the administrator's [admission's] office; a mini nebulizer plugged into a power strip in Room #22; and, three (3) charges plugged into a power strip located in the North's Nurses' Station. Medical equipment was immediately unplugged from power strips in Room #22 and at the North Nurses' Station and plugged into appropriate receptacles on 08.13.13. The refrigerator in the Administrator/admissions office was also unplugged from a power strip and plugged into an appropriate receptacle on 08.13.13. Power strip usage in the Laundry room was corrected and all other locations checked and corrected as needed by 09.24.13.	09.25.13

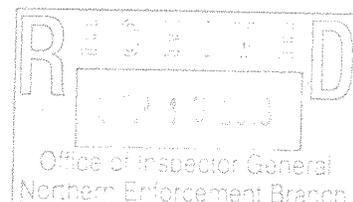


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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-WOODLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 1117 WOODLAND DRIVE ELIZABETHTOWN, KY 42701	

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K 147	Continued From page 31 the washing machines located in the Laundry Room were plugged into a power strip. 2) A refrigerator was plugged into a power strip located in the Administrators Office. 3) A mini nebulizer was plugged into a power strip located in room #22. 4) Three (3) lift battery chargers were plugged into a power strip located in North Nurses' Station. Interview, on 08/13/13 between 9:30 AM and 3:00 PM, with the Maintenance Supervisor revealed he was not aware of the misuse of power strips. Reference: NFPA 99 (1999 edition) 3-3.2.1.2 D Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters. Reference: NFPA 101 (2000 Edition) 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.	K 147	Beginning 09.09.13 and as part of facility's preventative maintenance program, Maintenance Supervisor will conduct a house wide assessment and identify and maintain a weekly log of those rooms and/or areas with power strips. All rooms and areas will be inspected for power strips, by 09.24.13, to assure compliance with NFPA 70. The Maintenance Supervisor will insure that no medical equipment, or any other inappropriate item, is being plugged into breaker bar power strips; if found immediate action will be taken to resolve issue. As part of his ongoing weekly rounds, at the all staff inservice and as part of his orientation presentation for new hires, the Maintenance Supervisor will educate all staff about proper use of receptacles to power medical equipment. Beginning 09.09.13, the Maintenance Supervisor will conduct weekly room/area inspections to guard against the misuse of power strips and to assure the proper use of receptacles. These inspections will be documented in the center's Preventive Maintenance Logs.	



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K 147	Continued From page 32 Reference: NFPA 70 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147	The Facility PI Committee will review room/area inspection documentation on a monthly basis for 3 months, and thereafter quarterly or until the Committee determines compliance has been sustained. Executive Director to monitor for continued compliance.	
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