

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

PRINTED: 02/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185472	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER JOSEPH EDDIE BALLARD WESTERN KENTUCKY VETERANS CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 926 VETERANS DRIVE HANSON, KY 42413
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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)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>A Recertification Survey was conducted on 01/21/15 through 01/23/15 with no regulatory violation identified on the health survey.</p>	F 000		
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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.

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K 000

INITIAL COMMENTS

K 000

CFR: 42 CFR 483.70(a)

BUILDING: 01.

PLAN APPROVAL: 2001.

SURVEY UNDER: 2000 Existing.

FACILITY TYPE: SNF/NF.

TYPE OF STRUCTURE: One (1) story, Type II (111).

SMOKE COMPARTMENTS: Six (6) smoke compartments.

FIRE ALARM: Complete fire alarm system installed in 2001.

SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 2001.

GENERATOR: Type II generator installed in 2001. Fuel source is Diesel.

A standard Life Safety Code Survey was initiated on 01/21/15 and concluded on 01/22/15. The facility was found in non-compliance with the requirements for participation in Medicare and Medicaid. The facility has the capacity for one-hundred fifty-six (156) beds and at the time of the survey, the census was one-hundred ten (110).

The findings that follow demonstrate noncompliance with Title 42, Code of Federal



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

TITLE

(X8) DATE

Ladonna Scott Administrator by Tyler Rummage Assistant Administrator 4-8-15

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	Continued From page 1 Regulations, 483.70(a) et seq. (Life Safety from Fire)	K 000		
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain smoke barriers that would resist the passage of smoke between smoke compartments in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect two (2) of six (6) smoke compartments, forty-eight (48) residents, staff and visitors. The facility has the capacity for one-hundred fifty-six (156) beds and at the time of the survey, the census was one-hundred ten (110).</p> <p>The findings include:</p> <p>Observation, on 01/21/15 at 11:55 PM, with the</p>	K 025	<p><u>K025 NFPA Life Safety Code Standard: Smoke barriers are constructed to provide at least a one half hour fire resistance rating.</u></p> <p>Criteria #1 On 1/22/15 the Mechanical Maintenance Operations Supervisor sealed the penetration around the metal truss on the Truman Unit with a material capable of maintaining the smoke resistance of the smoke barrier.</p> <p>Criteria #2 The Maintenance Branch Manager (MBM) checked all other similar areas to ensure no unsealed penetrations existed around metal trusses on 1/22/15.</p> <p>Criteria #3 The maintenance department employees have received in-service education on NFPA 101 8.3.6.1 (smoke barriers) including what to look for and how to repair on 2/12/15 by the Maintenance Branch Manager (MBM).</p> <p>Criteria #4 The Maintenance Branch Manager will utilize the CQI audit tool to monitor for any unsealed penetrations monthly X2 months and then as needed through the CQI committee.</p> <p>Criteria #5 Target Date</p>	02/13/15

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K 025	<p>Continued From page 2</p> <p>Maintenance Branch Manager revealed the smoke barrier, extending above the ceiling located in the Truman Nursing Unit had an unsealed penetration around a metal truss.</p> <p>Interview, on 01/21/15 at 11:56 PM, with the Maintenance Branch Manager revealed he was not aware of the penetration.</p> <p>The census of one-hundred ten (110) was verified by the Administrator on 01/22/15. The findings were acknowledged by the Administrator and verified by the Maintenance Branch Manager at the exit interview on 01/22/15.</p> <p>Actual NFPA Standard:</p> <p>NFPA 101 (2000 Edition). 8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:</p> <p>(a) The space between the penetrating item and the smoke barrier shall</p> <ol style="list-style-type: none"> 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. <p>(b) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall</p> <ol style="list-style-type: none"> 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. <p>(c) Where designs take transmission of vibration into consideration, any vibration isolation shall</p> <ol style="list-style-type: none"> 1. Be made on either side of the smoke barrier, or 	K 025		
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K 025

Continued From page 3
2. Be made by an approved device designed for the specific purpose.

8.3.6.2 Openings occurring at points where floors or smoke barriers meet the outside walls, other smoke barriers, or fire barriers of a building shall meet one of the following conditions:
(1) It shall be filled with a material that is capable of maintaining the smoke resistance of the floor or smoke barrier.
(2) It shall be protected by an approved device that is designed for the specific purpose.

K 025

K 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 record review, it was determined the facility failed to ensure fire drills were conducted quarterly on each shift at random times, in accordance with National Fire Protection Association (NFPA) standards. The deficient

K 050

K 050 NFPA 101 Life Safety Code Standard:

Reference: NFPA 101 (2000 edition)
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.

Criteria #1
To ensure safe fire practices are followed for all residents, staff and visitors a fire drill schedule was developed on 2/9/15 by the Maintenance Branch Manager and will be used by security and maintenance to ensure quarterly fire drills are conducted at unexpected times throughout each shift.

Criteria #2
Fire drills will be conducted quarterly and at unexpected times throughout each shift and in each building for all (156) residents/beds, all staff and visitors.

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K 050	<p>Continued From page 4</p> <p>practice has the potential to affect six (6) of six (6) smoke compartments, all residents, staff and visitors. The facility has the capacity for one-hundred fifty-six (156) beds and at the time of the survey, the census was one-hundred ten (110).</p> <p>The findings include:</p> <p>Review of the facility's Fire Drill documentation, on 01/21/15 at 1:40 PM, with the Maintenance Branch Manager revealed the facility failed to conduct fire drills at unexpected times on third (3rd) shift. Four (4) out of five (5) fire drills conducted on third (3rd) shift within the last four (4) quarters were conducted at 11:30 PM. Third shift runs from 11:00 PM through 7:30 AM.</p> <p>Interview, on 01/21/15 at 1:41 PM, with the Maintenance Branch Manager revealed he was unaware the fire drills were not being conducted as required.</p> <p>The census of one-hundred ten (110) was verified by the Administrator on 01/22/15. The findings were acknowledged by the Administrator and verified by the Maintenance Branch Manager at the exit interview on 01/22/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 edition) 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.</p>	K 050	<p>K050 (continued from page 4 -Building 1)</p> <p>Criteria #3 The facility fire drill policy was updated on 2/10/15 by the Administrator and Maintenance Branch Manager (MBM) to reflect requirements of NFPA 101 19.7.1.2 which states fire drills are to be held quarterly and at unexpected times and under varying conditions.</p> <p>Security Officers and Maintenance workers received in-service education on the revised Fire drill schedule and Fire Drill Policy on 2/12/15 by the MBM.</p> <p>Criteria #4 The Maintenance Branch Manager will conduct audits of all fire drills monthly X2 to ensure the developed schedule is followed and adequate to meet the NFPA 101 19.7.1.2 code. This will be reported through the facility's CQI program.</p> <p>Criteria #5</p> <p>Target Date</p>	2/13/15
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised	K 144	See next page	

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K 144	<p>Continued From page 5 under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on an interview and record review, the facility failed to maintain the generator set by National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect six (6) of six (6) smoke compartments, all residents, staff and visitors. The facility has the capacity for one-hundred fifty-six (156) beds with a census of one-hundred ten (110) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 01/22/15 at 10:45 AM, with the Maintenance Branch Manager revealed the emergency battery-powered lighting installed in the generator for the Main Building failed to operate when tested.</p> <p>Interview, on 01/22/15 at 10:46 AM, with the Maintenance Branch Manager revealed he was not aware the emergency battery-powered light in the generator was not operational.</p> <p>The census of one-hundred ten (110) was verified by the Administrator on 01/22/15. The findings were acknowledged by the Administrator and</p>	K 144	<p><u>K144 NFPA 101 Life Safety Code Standard:</u></p> <p>Reference: NFPA 101 (2000 edition)</p> <p>7.9.2.1* Emergency illumination shall be provided for not less than 1 1/2 hours in the event of failure of normal lighting.</p> <p>Criteria #1 To ensure life safety code standards for all residents, staff and visitors are met, the emergency battery powered light which was found to not be functioning was replaced immediately on 1/22/15 by the Mechanical Maintenance Operations Supervisor (MMOP).</p> <p>Criteria #2 On 1/22/15 a check of all emergency battery operated lights was conducted by the Maintenance Branch Manager at all facility generators. All other lights were found to be operational.</p> <p>Criteria #3 The Maintenance Branch Manager ensured all security and maintenance workers received in-service education on NFPA 101 7.9.2.1 (Emergency illumination) and 7.9.3 (periodic testing) and importance of reporting any non-functional lights. Completed 2/12/15</p> <p>Criteria #4 The Maintenance Branch Manager will conduct random audits monthly X 2 months to ensure emergency battery powered lights are functional and proper checks are being maintained. This will be reported to the CQI committee.</p> <p>Criteria #5 Target Date:</p>	02/13/15

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K 144

Continued From page 6
verified by the Maintenance Branch Manager at the exit interview on 01/22/15.

Actual NFPA Standard:

Reference: NFPA 101 (2000 edition)

7.9.2.1* Emergency illumination shall be provided for not less than 1 1/2 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination that is not less than an average of 1 ft-candle (10 lux) and, at any point, not less than 0.1 ft-candle (1 lux), measured along the path of egress at floor level. Illumination levels shall be permitted to decline to not less than an average of 0.6 ft-candle (6 lux) and, at any point, not less than 0.06 ft-candle (0.6 lux) at the end of the 1 1/2 hours. A maximum-to-minimum illumination uniformity ratio of 40 to 1 shall not be exceeded.

7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.

Exception: Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less than once every 30 days and indicates failures by

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K 144 Continued From page 7
a status indicator shall be exempt from the 30-day functional test, provided that a visual inspection is performed at 30-day intervals.

Reference: NFPA 110 (1999 Edition).

5-3.1 The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch.

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 National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of six (6) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred fifty-six (156) beds and at the time of the survey, the census was one-hundred ten (10).

The findings include:

K 144

K 147 K 147 NFPA 101 (2000 edition) Life Safety Code Standard: Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2

Criteria #1
To ensure life safety code standards are met for all residents, staff and visitors the extension cord was removed and the microwave was unplugged from the power strip and plugged into the electrical wall outlet immediately on 1/22/15 by the Maintenance Branch Manager.

Criteria #2
A check of all break rooms, offices, and resident rooms was conducted by the Maintenance Branch Manager to ensure no extension cords were being used and no power strips were being used inappropriately. Completed 2/13/15.

On 2/10/15 the facility's policy on the use of extension cords and power strips was updated by the Administrator and Maintenance Branch Manager to reflect the specifics of NFPA 70.

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K 147	<p>Continued From page 8</p> <p>Observation, on 01/21/15 at 3:35 PM, with the Maintenance Branch Manager revealed a computer was plugged into an extension cord located in the Grant Break Room. Further observation in the Grant Break Room revealed a microwave was plugged into a power strip.</p> <p>Interview, on 01/21/15 at 3:36 PM, with the Maintenance Branch Manager revealed he was aware of the requirements for the proper use of extension cords and power strips; however, he was not aware the extension cord and power strip were being misused.</p> <p>The census of one-hundred ten (110) was verified by the Administrator on 01/22/15. The findings were acknowledged by the Administrator and verified by the Maintenance Branch Manager at the exit interview on 01/22/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>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.</p> <p>Reference: NFPA 70 (1999 Edition) 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p>	K 147	<p>(Continued from page 8 – Building 1)</p> <p><u>K 147 NFPA 101 (2000 edition) Life Safety Code Standard: Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2</u></p> <p>Criteria #3 All staff have received in-service education on the facility's policy regarding the use of extension cords and power strips by the department specific supervisors: Rehab Director, Administrative Branch Manager, Administrator, Staff Development Coordinator, Dietary Manager, Activity Director, Housekeeping/Laundry Supervisor. Completed 2/24/15.</p> <p>Criteria #4 The Maintenance Branch Manager will do random audits monthly X2 to make sure extension cords are not used and to make sure power strips are used appropriately.</p> <p>Criteria #5</p> <p>Target Date:</p>	2/25/15
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NAME OF PROVIDER OR SUPPLIER JOSEPH EDDIE BALLARD WESTERN KENTUCKY VETERANS CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 926 VETERANS DRIVE HANSON, KY 42413
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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)	(X5) COMPLETION DATE
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- (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

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.

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