

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

PRINTED: 05/14/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
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NAME OF PROVIDER OR SUPPLIER THE TRANSITIONAL CARE CENTER OF OWENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303
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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
F 000	<p>INITIAL COMMENTS</p> <p>A Recertification Survey was conducted on 05/12/15 through 05/14/15 with no deficient practice identified.</p>	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.

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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 2011.</p> <p>SURVEY UNDER: 2000 New.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: Nine (9) stories, Type I (332).</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 2012 with smoke detectors and heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 2012.</p> <p>GENERATOR: Three (3) Type I generators installed in 2012. Fuel source is Diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 05/13/14. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for thirty (30) beds with a census of sixteen (16) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000		



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

TITLE

(X6) DATE

Jeffery R. Wilson, Administrator *Administrator* *6/24/15*

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	K 000		
K 076 SS=D	<p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure oxygen storage areas were protected in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, residents, staff and visitors. The facility has the capacity for thirty (30) beds and at the time of the survey, the census was sixteen (16).</p> <p>The findings include:</p> <p>Observation, on 05/13/15 at 2:52 PM, with the Manager of Safety and Security revealed an ignition source (wall receptacle) was installed below five (5) from the floor, located in the Oxygen Storage Room.</p>	K 076	<p>No residents were found to be affected by this cited deficiency. On 5/26/2015, staff electricians removed an ignition source (wall receptacle) that was installed below five feet from the floor, which was located in the Transitional Care Unit storage closet; room #9B265. Work order #439283.</p> <p>No other residents were found to be affected by this cited deficiency. On 5/13/2015, staff inspected the surveyed area and found no other instances.</p> <p>This corrective action required a one time modification. This modification consisted of the removal of the ignition source. Staff electricians removed the ignition source and placed a blank junction box cover on the junction box.</p> <p>The Safety and Security Manager, or designee, will continue to perform scheduled Environmental Tours to ensure that no rooms having an ignition source below the acceptable height, will be used as an oxygen storage room. Any rooms found to be out of compliance will be corrected immediately and recorded in the Facilities work order system.</p>	5/26/15

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K 076	<p>Continued From page 2</p> <p>Interview, on 05/13/15 at 2:53 PM, with the Manager of Safety and Security revealed he was not aware of the ignition source located in the Oxygen Storage Room.</p> <p>The census of sixteen (16) was verified by the Administrator, on 05/13/15. The findings were acknowledged by the Administrator and verified by the Manager of Safety and Security at the exit interview on 05/13/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 99 (1999 Edition). 8-3.1.11.2 8-3.1.11.2 Storage for nonflammable gases less than 85 m3 (3000 ft3)</p> <p>(a) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.</p> <p>(b) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.</p> <p>(c) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:</p> <p>(1) A minimum distance of 6.1 m (20 ft)</p> <p>(2) A minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems</p> <p>(3) An enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. An approved flammable liquid storage cabinet shall be permitted to be used for</p>	K 076		

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K 076	Continued From page 3 cylinder storage. (d) Liquefied gas container storage shall comply with 4-3.1.1.2(b)4. (e) Cylinder and container storage locations shall meet 4-3.1.1.2(a)11e with respect to temperature limitations. (f) Electrical fixtures in storage locations shall meet 4-3.1.1.2(a)11d. (g) Cylinder protection from mechanical shock shall meet 4-3.5.2.1(b)13. (h) Cylinder or container restraint shall meet 4-3.5.2.1(b)27. (i) Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 20 ft (6.1 m) of outside storage locations. (j) Cylinder valve protection caps shall meet 4-3.5.2.1(b)14. 8-3.1.11.3 Signs. A precautionary sign, readable from a distance of 5 ft (1.5 m), shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING	K 076		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on generator testing record review and interview, the facility failed to maintain the generator set by National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect three (3) of three (3) smoke compartments, all residents, staff and visitors. The facility has the capacity for thirty (30) beds with a census of sixteen (16) on the day of the survey.</p> <p>The findings include:</p> <p>Generator testing record review, on 05/13/15 at 4:20 PM, with the Manager of Safety and Security revealed the facility did not document the transfer times monthly when the power was transferred during the monthly testing of the generator transfer switch.</p> <p>Interview, on 05/13/15 at 4:21 PM, with the Manager of Safety and Security revealed he was not aware the transfer times were not being documented.</p> <p>The census of sixteen (16) was verified by the Administrator on 05/13/15. The findings were acknowledged by the Administrator and verified by the Manager of Safety and Security at the exit interview on 05/13/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 99 (1999 Edition) 3-5.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source</p>	K 144	<p>No residents were found to be affected by this cited deficiency. The Generator Test Log utilized for documentation for testing of the Emergency Power Generating systems, currently call for documentation of a pass/fail notation for the 10 second interval, Automatic Transfer Switch used, KW and KVA loads, fuel consumption, and capacity. These logs now include the reports from the system's computerized controls that record time intervals related to activation and availability of alternate power.</p> <p>No other residents were found to be affected by this cited deficiency. The Generator Test Log utilized for documentation for testing of the Emergency Power Generating systems, currently call for documentation of a pass/fail notation for the 10 second interval, Automatic Transfer Switch used, KW and KVA loads, fuel consumption, and capacity. These logs now include the reports from the system's computerized controls that record time intervals related to activation and availability of alternate power.</p> <p>Facilities personnel, conducting the test of the emergency generators have been in-serviced, by the Facilities Supervisor, on the need for the systems's computerized reports that attest the time interval between activation and availability of alternate power to be included as an attachment to the generator Run Log. This in-service occurred on 6/4/2015.</p> <p>Upon completion of each scheduled generator run test, the Facilities Manager of Engineering or a designee, will verify the computerized control system reports, that denote the interval between the activation of the test and the availability of alternate power, are included with the Generator Run Log and that alternate power was available within the 10-second interval specified in 3-4.1.1.8 and 3-5.3.1..</p>	6/5/2015

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K 144	Continued From page 5 and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-5.3.1. (b) Inspection and Testing. Generator sets shall be inspected and tested in accordance with 3-4.4.1.1(b). Actual Standard: NFPA 110, 6-4.5 Level 1 and Level 2 transfer switches shall be operated monthly. The monthly test of a transfer switch shall consist of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position. Actual Standard: NFPA 99, 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-4.3.1. Maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6. (b) Inspection and Testing. 1. Test Criteria. Generator sets shall be tested twelve (12) times a year with testing intervals between not less than 20 days or exceeding 40 days. Generator sets serving emergency and equipment systems shall be in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6.	K 144		

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K 144	<p>Continued From page 6</p> <p>2. Test Conditions. The scheduled test under load conditions shall include a complete simulated cold start and appropriate automatic and manual transfer of all essential electrical system loads.</p> <p>3. Test Personnel. The scheduled tests shall be conducted by competent personnel. The tests are needed to keep the machines ready to function and, in addition, serve to detect causes of malfunction and to train personnel in operating procedures.</p> <p>Actual Standard: NFPA 99, 3- 3-4.4.2. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>Reference: NFPA 99 (1999 Edition) 6-1.1* The routine maintenance and operational testing program shall be based on the manufacturer's recommendations, instruction manuals, and the minimum requirements of this chapter and the authority having jurisdiction</p> <p>Reference: NFPA 99 (1999 Edition) 6-3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established</p> <p>Reference: NFPA 99 (1999 Edition) 6-4.1* Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly.</p> <p>Reference: NFPA 99 (1999 Edition) 6-4.5 Level 1 and Level 2 transfer switches shall be operated monthly. The monthly test of a transfer switch shall consist of electrically operating the transfer</p>	K 144		

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K 144	Continued From page 7 switch from the standard position to the alternate position and then a return to the standard position. Reference: NFPA 101 (2000 edition) 7.9.1.2 Where maintenance of illumination depends on changing from one energy source to another, a delay of not more than 10 seconds shall be permitted. Reference: NFPA 110 (1999 ed.) 5-7 Heating, Cooling, and Ventilating. 5-7.1* Consideration shall be given to properly sizing the ventilation or air-conditioning systems to remove all the heat rejected to the EPS equipment room by the energy converter, uninsulated or insulated exhaust pipes, and other heat-producing equipment. 5-7.2 Adequate ventilation shall be provided to prevent temperatures or temperature rises in the EPS and related accessory equipment that exceed the recommendations of the manufacturer. 5-7.3 For the EPS equipment room, the ventilation or cooling equipment, or both, shall be sized so that the ambient temperature shall not exceed the EPS equipment manufacturer ' s criteria or allowable maximum temperatures.	K 144		