

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

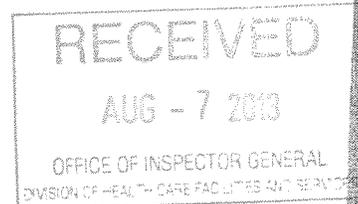
PRINTED: 07/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2013
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NAME OF PROVIDER OR SUPPLIER HARDINBURG NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 FAIRGROUNDS ROAD HARDINBURG, KY 40143
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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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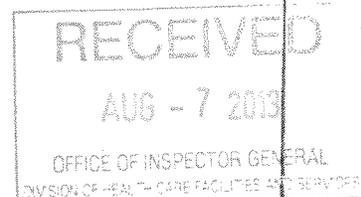
K 029	Continued From page 9 from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft2 (9.3 m2) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.	K 029		
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	K 045	<u>K045</u> 1. The light fixtures at exits located in Therapy room, and the Therapy hall will be changed out by the Maintenance Director by 8/24/13 so that each exit has a fixture with 2 bulbs. 2. All exits will be checked by the Maintenance Director and the Administrator to ensure that no other exits are lit by one bulb fixtures by 8/24/13. No other concerns were identified. 3. The Maintenance Director will be re-educated on need for dual bulb fixtures by the Administrator by 8/24/13. 4. The Maintenance Director will audit all exits for means of egress to assure they are illuminated by a two bulb light monthly for at least three (3) months. The results of the audits will be reviewed monthly by the Quality Assurance Committee, consisting of Administrator, Director of Nursing, Maintenance Director, Environmental Services Director, and by the Medical Director at least quarterly, until the team concludes that the issue is resolved. If at anytime concerns are identified, the Quality Assurance Committee will convene to analyze and implement further measures dependent upon the root cause to ensure ongoing compliance.	8/25/13



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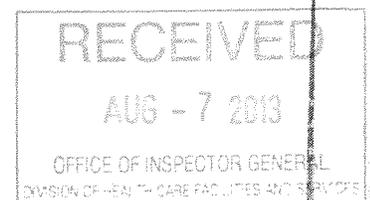
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NAME OF PROVIDER OR SUPPLIER HARDINBURG NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 101 FAIRGROUNDS ROAD HARDINBURG, KY 40143	
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K 045	<p>Continued From page 10</p> <p>determined the facility failed to ensure exits were equipped with lighting in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility is certified for sixty three (63) beds with a census of fifty three (53) on the day of the survey. The facility failed to provide required illumination outside an exit for discharge.</p> <p>The findings include:</p> <p>Observation, on 07/10/13 at 11:00 AM, with the Administrator in Training revealed the exits located in the Therapy Room, and the Therapy Hall did not have a light fixture installed outside to provide the required illumination for exit discharge. The light fixtures that were installed only had one light bulb.</p> <p>Interview, on 07/10/13 at 11:00 AM, with the Administrator in Training revealed they were not aware the exits did not have the required illumination for egress lighting.</p> <p>Reference NFPA 101 (2000 edition)</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>19.2.8 Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8.</p> <p>7.8 ILLUMINATION OF MEANS OF EGRESS 7.8.1 General. 7.8.1.1*</p>	K 045	



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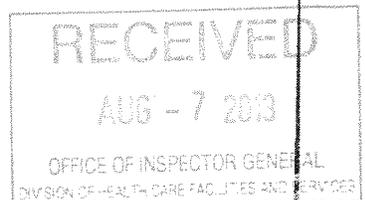
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K 045	<p>Continued From page 11</p> <p>Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 42. For the purposes of this requirement, exit access shall 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 performances or projections involving directed light.</p>	K 045	



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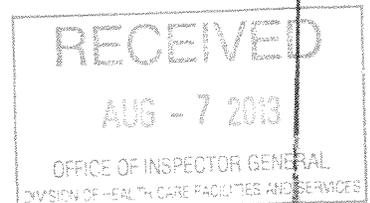
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K 045	Continued From page 12 Exception No. 2*: This requirement shall not apply where operations or processes require low lighting levels. 7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.	K 045	<p>K047</p> <ol style="list-style-type: none"> 1. Illuminated exit signs for the kitchen doors were ordered on 7/30/13 and will be hung appropriately by the Maintenance Director by 8/19/13. 2. All doors requiring illuminated exit signs will be checked by the Administrator and the Maintenance Director by 8/24/13 to ensure proper signage is in use. Any identified concerns will be corrected by 8/24/2013. 3. The Maintenance Director will be re-educated by the Administrator on the requirement that all non egress exits are clearly marked with recognizable exit signage by 8/24/13. 4. The Maintenance Director will audit all non egress exits to assure that they are clearly marked with recognizable signage monthly for at least three (3) months. The results of the audits will be reviewed monthly by the Quality Assurance Committee, consisting of the Administrator, Director of Nursing, Maintenance Director, Environmental Services Director, and by the Medical Director at least quarterly, until the team concludes that the issue is resolved. If at anytime concerns are identified, the Quality Assurance Committee will convene to analyze and implement further measures dependent upon the root cause to ensure ongoing compliance. 	8/25/13	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure exit signs were maintained in accordance with NFPA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility is certified for sixty three (63) beds with a census of fifty three (53) on the day of the survey. The facility failed to ensure exits in the kitchen were clearly recognizable with proper exit signage. The findings include: Observation, on 07/10/13 at 2:22 PM, with the Administrator in Training revealed the exits in the Kitchen were not marked with exit signage and not clearly recognizable. Interview, on 07/10/13 at 2:22 PM, with the	K 047			



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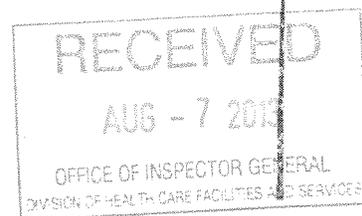
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K 047	Continued From page 13 Administrator in Training revealed he was not aware the Kitchen exits did not have proper exit signage. Reference: NFPA 101 (2000 edition) 7.10 MARKING OF MEANS OF EGRESS 7.10.1 General. 7.10.1.1 Where Required. Means of egress shall be marked in accordance with Section 7.10 where required in Chapters 11 through 42. 7.10.1.2* Exits. Exits, other than main exterior exit doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign readily visible from any direction of exit access. 7.10.1.3 Exit Stair Door Tactile Signage. Tactile signage shall be located at each door into an exit stair enclosure, and such signage shall read as follows: EXIT Signage shall comply with CABO/ANSI A117.1, American National Standard for Accessible and Usable Buildings and Facilities, and shall be installed adjacent to the latch side of the door 60 in. (152 cm) above the finished floor to the centerline of the sign. Exception: This requirement shall not apply to existing buildings, provided that the occupancy classification does not change. 7.10.1.4* Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants. Sign placement shall be such that no point in an exit access corridor is in excess of 100 ft (30 m) from the nearest externally illuminated	K 047		



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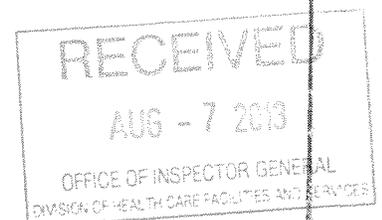
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K 047	<p>Continued From page 14</p> <p>sign and is not in excess of the marked rating for internally illuminated signs.</p> <p>Exception: Signs in exit access corridors in existing buildings shall not be required to meet the placement distance requirements.</p> <p>7.10.1.5* Floor Proximity Exit Signs.</p> <p>Where floor proximity exit signs are required in Chapters 11 through 42, signs shall be placed near the floor level in addition to those signs required for doors or corridors. These signs shall be illuminated in accordance with 7.10.5.</p> <p>Externally illuminated signs shall be sized in accordance with 7.10.6.1. The bottom of the sign shall be not less than 6 in. (15.2 cm) but not more than 8 in. (20.3 cm) above the floor. For exit doors, the sign shall be mounted on the door or adjacent to the door with the nearest edge of the sign within 4 in. (10.2 cm) of the door frame.</p> <p>7.10.1.6* Floor Proximity Egress Path Marking.</p> <p>Where floor proximity egress path marking is required in Chapters 11 through 42, a listed and approved floor proximity egress path marking system that is internally illuminated shall be installed within 8 in. (20.3 cm) of the floor. The system shall provide a visible delineation of the path of travel along the designated exit access and shall be essentially continuous, except as interrupted by doorways, hallways, corridors, or other such architectural features. The system shall operate continuously or at any time the building fire alarm system is activated. The activation, duration, and continuity of operation of the system shall be in accordance with 7.9.2.</p> <p>7.10.1.7* Visibility.</p> <p>Every sign required in Section 7.10 shall be located and of such size, distinctive color, and design that it is readily visible and shall provide contrast with decorations, interior finish, or other</p>	K 047	



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K 047	Continued From page 15 signs. No decorations, furnishings, or equipment that impairs visibility of a sign shall be permitted. No brightly illuminated sign (for other than exit purposes), display, or object in or near the line of vision of the required exit sign that could detract attention from the exit sign shall be permitted. 7.10.2* Directional Signs. A sign complying with 7.10.3 with a directional indicator showing the direction of travel shall be placed in every location where the direction of travel to reach the nearest exit is not apparent. 7.10.3* Sign Legend. Signs required by 7.10.1 and 7.10.2 shall have the word EXIT or other appropriate wording in plainly legible letters. 7.10.4* Power Source. Where emergency lighting facilities are required by the applicable provisions of Chapters 11 through 42 for individual occupancies, the signs, other than approved self-luminous signs, shall be illuminated by the emergency lighting facilities. The level of illumination of the signs shall be in accordance with 7.10.6.3 or 7.10.7 for the required emergency lighting duration as specified in 7.9.2.1. However, the level of illumination shall be permitted to decline to 60 percent at the end of the emergency lighting duration. 7.10.5 Illumination of Signs. 7.10.5.1* General. Every sign required by 7.10.1.2 or 7.10.1.4, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode. 7.10.5.2* Continuous Illumination. Every sign required to be illuminated by 7.10.6.3 and 7.10.7 shall be continuously illuminated as	K 047		



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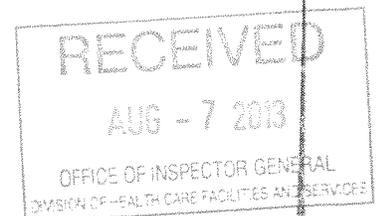
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K 047	Continued From page 16 required under the provisions of Section 7.8. Exception*: Illumination for signs shall be permitted to flash on and off upon activation of the fire alarm system. 7.10.6 Externally Illuminated Signs. 7.10.6.1* Size of Signs. Externally illuminated signs required by 7.10.1 and 7.10.2, other than approved existing signs, shall have the word EXIT or other appropriate wording in plainly legible letters not less than 6 in. (15.2 cm) high with the principal strokes of letters not less than 3/4 in. (1.9 cm) wide. The word EXIT shall have letters of a width not less than 2 in. (5 cm), except the letter I, and the minimum spacing between letters shall be not less than 3/8 in. (1 cm). Signs larger than the minimum established in this paragraph shall have letter widths, strokes, and spacing in proportion to their height. Exception No. 1: This requirement shall not apply to existing signs having the required wording in plainly legible letters not less than 4 in. (10.2 cm) high. Exception No. 2: This requirement shall not apply to marking required by 7.10.1.3 and 7.10.1.5. 7.10.6.2* Size and Location of Directional Indicator. The directional indicator shall be located outside of the EXIT legend, not less than 3/8 in. (1 cm) from any letter. The directional indicator shall be of a chevron type, as shown in Figure 7.10.6.2. The directional indicator shall be identifiable as a directional indicator at a distance of 40 ft (12.2 m). A directional indicator larger than the minimum established in this paragraph shall be proportionately increased in height, width and stroke. The directional indicator shall be located at the end of the sign for the direction indicated.	K 047		

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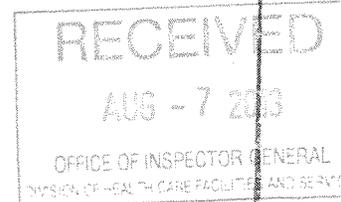
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K 047	Continued From page 17 Exception: This requirement shall not apply to approved existing signs. Figure 7.10.6.2 Chevron-type indicator. 7.10.6.3* Level of Illumination. Externally illuminated signs shall be illuminated by not less than 5 ft-candles (54 lux) at the illuminated surface and shall have a contrast ratio of not less than 0.5. 7.10.7 Internally Illuminated Signs. 7.10.7.1 Listing. Internally illuminated signs, other than approved existing signs, or existing signs having the required wording in legible letters not less than 4 in. (10.2 cm) high, shall be listed in accordance with UL 924, Standard for Safety Emergency Lighting and Power Equipment. Exception: This requirement shall not apply to signs that are in accordance with 7.10.1.3 and 7.10.1.5. 7.10.7.2* Photoluminescent Signs. The face of a photoluminescent sign shall be continually illuminated while the building is occupied. The illumination levels on the face of the photoluminescent sign shall be in accordance with its listing. The charging illumination shall be a reliable light source as determined by the authority having jurisdiction. The charging light source shall be of a type specified in the product markings. 7.10.8 Special Signs. 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	K 047		



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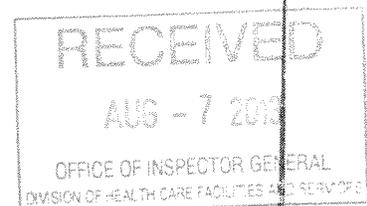
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K 047	Continued From page 18 EXIT Such sign shall have the word NO in letters 2 in. (5 cm) high with a stroke width of 3/8 in. (1 cm) and the word EXIT in letters 1 in. (2.5 cm) high, with the word EXIT below the word NO. Exception: This requirement shall not apply to approved existing signs. 7.10.8.2 Elevator Signs. Elevators that are a part of a means of egress (see 7.2.13.1) shall have the following signs, with minimum letter height of 5/8 in. (1.6 cm), in every elevator lobby: (1) * Signs that indicate that the elevator can be used for egress, including any restrictions on use (2) * Signs that indicate the operational status of elevators 7.10.9 Testing and Maintenance. 7.10.9.1 Inspection. Exit signs shall be visually inspected for operation of the illumination sources at intervals not to exceed 30 days. 7.10.9.2 Testing. Exit signs connected to or provided with a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3. 7.10.1.2* Exits. Exits, other than main exterior exit doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign readily visible from any direction of exit access. Reference: NFPA 96 (1998 edition) 7-5.1 A readily accessible means for manual activation shall be located between 42 in. and 60 in. (1067 mm and 1524 mm) above the floor,	K 047			



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OMB NO. 0938-0391

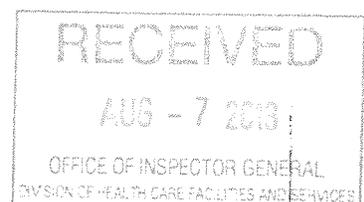
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2013
NAME OF PROVIDER OR SUPPLIER HARDINBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 FAIRGROUNDS ROAD HARDINBURG, KY 40143	
(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 047	Continued From page 19 located in a path of exit or egress, and clearly identify the hazard protected. The automatic and manual means of system activation external to the control head or releasing device shall be separate and independent of each other so that failure of one will not impair the operation of the other. Exception No. 1: The manual means of system activation shall be permitted to be common with the automatic means if the manual activation device is located between the control head or releasing device and the first fusible link. Exception No. 2: An automatic sprinkler system.	K 047	<p>K056</p> <ol style="list-style-type: none"> The sprinkler heads installed in the Therapy room, Therapy hall, West Hall and the living room will be changed by a contract company so that all the sprinkler heads will have the same response rating by 8/24/2013. The light fixtures installed within 12 inches of sprinkler heads located in room #8, 25, 26, 29, and the therapy room will be moved so that they are not within twelve (12) inches of sprinkler heads by the Maintenance Director by 8/24/2013. All sprinkler heads in facility will be checked by the contracted vendor to ensure that no others are found to have different response ratings in the same compartment by 8/24/13. All sprinkler heads will also be checked to ensure there are no others with light fixtures within twelve (12) inches of sprinkler heads by the Maintenance Director by 8/24/13. Any identified concerns will be corrected by 8/24/13. The Maintenance Director will be re-educated regarding sprinkler heads in same fire compartments must have same response rating and that light fixtures shall not be within twelve (12) inches of sprinkler heads by 8/24/13 by the Administrator. The Maintenance Director will audit all sprinkler heads at least monthly for at least three (3) months to assure all are of the 	8/25/13
K 056 SS=F	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 four (4)	K 056		



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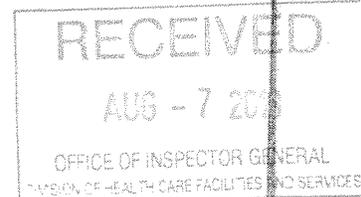
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K 056	<p>Continued From page 20</p> <p>of four (4) smoke compartments, residents, staff and visitors. The facility is certified for sixty three (63) beds with a census of fifty three (53) on the day of the survey. The facility failed to ensure sprinkler heads installed were of the same temperature rating in the same compartment and not blocked by light fixtures.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observations, on 07/10/13 between 10:40 AM and 3:00 PM, with the Administrator in Training revealed sprinkler heads installed in the Therapy Room, Therapy Hall, West Hall, and the Living Room were of mixed response ratings. <p>Interview, on 07/10/13 between 10:40 AM and 3:00 PM, with the Administrator in Training revealed he was not aware of the mixed temperature rating sprinkler heads.</p> <ol style="list-style-type: none"> 2. Observations, on 07/10/13 between 10:40 AM and 3:00 PM, with the Administrator in Training revealed light fixtures installed within twelve (12) inches of a sprinkler head located in room #8, 25, 26, 29, and the Therapy Room. <p>Interview, on 07/10/13 between 10:40 AM and 3:00 PM, with the Administrator in Training revealed he was not aware of the sprinkler heads being blocked by light fixtures.</p> <p>Reference: NFPA 13 (1999 Edition)</p> <p>2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of</p>	K 056	<p>same response time per compartment and nothing is blocking the spray within twelve (12) inches of the sprinkler head. The results of the audits will be reviewed monthly by the Quality Assurance Committee, consisting of the Administrator, Director of Nursing, Maintenance Director, Environmental Services Director, and by the Medical Director at least quarterly, until the team concludes that the issue is resolved. If at anytime concerns are identified, the Quality Assurance Committee will convene to analyze and implement further measures dependent upon the root cause to ensure ongoing compliance.</p>	



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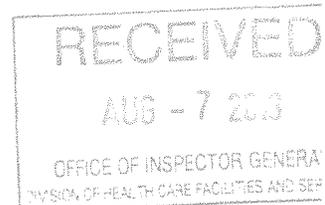
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K 056	<p>Continued From page 21</p> <p>corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p> <p>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:</p> <ol style="list-style-type: none"> (1) Wet pipe system (2) Light hazard or ordinary hazard occupancy (3) 20-ft (6.1-m) maximum ceiling height <p>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.</p> <p>Reference: NFPA 13 (1999 Edition)</p> <p>7-2.3.2.4 Where listed quick-response sprinklers are used</p>	K 056	



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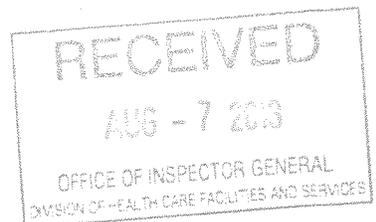
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K 056	Continued From page 22 throughout a system or portion of a system having the same hydraulic design basis, the system area of operation shall be permitted to be reduced without revising the density as indicated in Figure 7-2.3.2.4 when all of 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 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.	K 056		



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K 056	<p>Continued From page 23</p> <p>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.</p> <p>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.</p> <p>Actual NFPA Standard: NFPA 13, 5-1.1. The requirements for spacing, location, and position of sprinklers shall be based on the following principles:</p> <p>(1) Sprinklers installed throughout the premises (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.</p> <p>Reference: NFPA 13 (1999 edition)</p> <p>5-6.3.3 Minimum Distance from Walls. Sprinklers shall be located a minimum of 4 in. (102 mm) from a wall.</p> <p>Reference: NFPA 13 (1999 ed.)</p> <p>5-5.5.2.2 Sprinklers shall be positioned in accordance with the minimum distances and special exceptions of Sections 5-6 through 5-11 so that they are located sufficiently away from obstructions such as truss webs and chords, pipes, columns, and fixtures.</p> <p>Table 5-6.5.1.2 Positioning of Sprinklers to Avoid</p>	K 056		

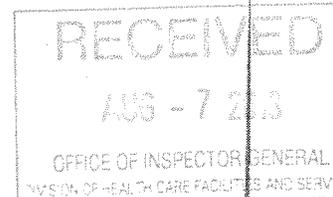


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K 056	<p>Continued From page 24</p> <p>Obstructions to Discharge (SSU/SSP)</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Maximum Allowable Distance</td> </tr> <tr> <td>Distance from Sprinklers to above Bottom of Side of Obstruction (A)</td> <td style="text-align: center;">of Deflector Obstruction (in.)</td> </tr> <tr> <td>(B)</td> <td></td> </tr> <tr> <td>Less than 1 ft</td> <td style="text-align: center;">0</td> </tr> <tr> <td>1 ft to less than 1 ft 6 in.</td> <td style="text-align: center;">2 1/2</td> </tr> <tr> <td>1 ft 6 in. to less than 2 ft</td> <td style="text-align: center;">3 1/2</td> </tr> <tr> <td>2 ft to less than 2 ft 6 in.</td> <td style="text-align: center;">5 1/2</td> </tr> <tr> <td>2 ft 6 in. to less than 3 ft</td> <td style="text-align: center;">7 1/2</td> </tr> <tr> <td>3 ft to less than 3 ft 6 in.</td> <td style="text-align: center;">9 1/2</td> </tr> <tr> <td>3 ft 6 in. to less than 4 ft</td> <td style="text-align: center;">12</td> </tr> <tr> <td>4 ft to less than 4 ft 6 in.</td> <td style="text-align: center;">14</td> </tr> <tr> <td>4 ft 6 in. to less than 5 ft</td> <td style="text-align: center;">16 1/2</td> </tr> <tr> <td>5 ft and greater</td> <td style="text-align: center;">18</td> </tr> </table> <p>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).</p> <p>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.</p>		Maximum Allowable Distance	Distance from Sprinklers to above Bottom of Side of Obstruction (A)	of Deflector Obstruction (in.)	(B)		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	4 ft 6 in. to less than 5 ft	16 1/2	5 ft and greater	18	K 056	<p><u>K069</u></p> <ol style="list-style-type: none"> The hood over the commercial cooking equipment in kitchen was cleaned on 7/26/13 by a contracted vendor. The hood over the commercial cooking equipment in kitchen was cleaned on 7/26/13 by a contracted vendor. The Maintenance Director will be re-educated on the need for every six (6) month cleaning of stove hood by the Administrator by 8/24/13. The Maintenance Director will audit the hood cleaning quarterly for at least one year. The results of the audits will be reviewed monthly by the Quality Assurance Committee, consisting of the Administrator, Director of Nursing, Maintenance Director, Environmental Services Director, and by the Medical Director at least quarterly, until the team concludes that the issue is resolved. If at anytime concerns are identified, the Quality Assurance Committee will convene to analyze and implement further measures dependent upon the root cause to ensure ongoing compliance.
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K 069 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the cooking appliances were in accordance with</p>	K 069																											

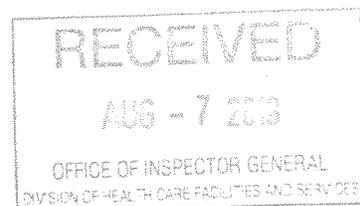
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K 069	Continued From page 25 NFFA standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility is certified for sixty three (63) beds with a census of fifty three (53) on the day of the survey. The findings include: Observation, on 07/10/13 at 3:00 PM, with the Administrator in Training revealed the hood over the commercial cooking equipment was not being cleaned every six (6) months as required. The last cleaning had been completed on 11/27/12. Interview, on 07/10/13 at 3:00 PM, with the Administrator in Training revealed he was not aware it had been over six months since the last hood cleaning. reference: NFPA 101 (2000 edition) 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.	K 069	<u>K072</u> 1. On 7/11/13 the Administrator, observed both the East and West hallways to be free of obstructions, including medicine carts, ice carts and wheelchairs. 2. On 7/11/13 the Administrator observed both the East and West hallways to be free of obstructions, including medicine carts, ice carts and wheelchairs 3. All staff will be re-educated on proper storage of equipment to include, ice carts to be stored in dining area when not in use; medicine carts to be stored in medication rooms or back of west hall nurses' station and wheelchairs are to be stored in room of resident wheelchair is assigned to or in therapy room. This re-education will take place by 8/24/13 and be given by the Administrator, Director of Nursing, Assistant Director of Nursing or Unit Manager. No staff will work past 8/24/2013 without having received this re-education. 4. The Administrator or Maintenance Director will do rounds two (2) times a day, five (5) days a week for twelve (12) weeks to ensure that hallways are free of clutter or obstructions. The results of the audits will be reviewed monthly by the Quality Assurance Committee, consisting of the Administrator, Director of Nursing, Maintenance Director, Environmental Services Director, and by the Medical Director at	8/25/13
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10	K 072		



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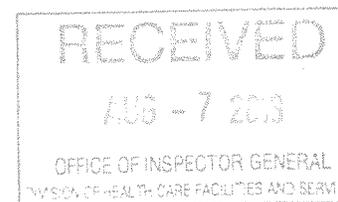
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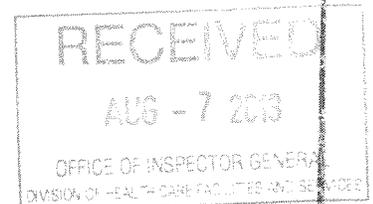
K 072	Continued From page 26 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain exit access in accordance with NFPA standards. The deficiency had the potential to affect two (2) of four (4) smoke compartments, residents, staff and visitors. The facility is certified for sixty three (63) beds with a census of fifty three (53) on the day of the survey. The facility failed to ensure the means of egress was free of all obstructions or impediments. The findings include: Observations, on 07/10/13 between 10:40 AM and 3:00 PM, with the Administrator in Training revealed Medicine Carts, Ice Carts, and wheel chairs were routinely being stored in the East and West Hall. Interview, on 07/10/13 between 10:40 AM and 3:00 PM, with the Administrator in Training revealed he was working on finding a place to store these items. Reference: NFPA 101 (2000 Edition) Means of Egress Reliability 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.	K 072	least quarterly, until the team concludes that the issue is resolved. If at anytime concerns are identified, the Quality Assurance Committee will convene to analyze and implement further measures dependent upon the root cause to ensure ongoing compliance.	
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility	K 143		



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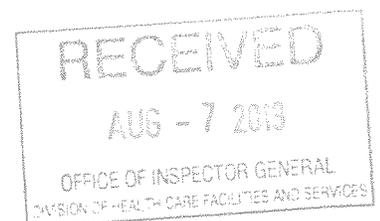
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K 143	Continued From page 27 wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure the room being used to transfer liquid oxygen was rated per NFPA requirements. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility is certified for sixty three (63) beds with a census of fifty three (53) on the day of the survey. The facility failed to ensure the oxygen transferring room had a fire rated door and frame that had a one (1) hour fire resistive rating. The findings include: Observation, on 07/10/13 at 2:10 PM, with the Administrator in Training revealed the oxygen trans-filling room did not have a fire rated frame	K 143	<u>K143</u> 1. New, appropriately fire rated door frame has been ordered for oxygen trans-filling room and will be placed by 8/24/2013. 2. New, appropriately fire rated door frame has been ordered for oxygen trans-filling room and will be placed by 8/24/2013. 3. The Maintenance Director was re-educated on the requirements for oxygen trans-filling rooms in regards to fire rated door frames by 8/24/2013 by the Administrator. 4. The Maintenance Director will audit the door frame for the oxygen trans-filling room quarterly for one year to assure the door frame is clearly marked for appropriately rated fire resistance. The results of the audits will be reviewed monthly by the Quality Assurance Committee, consisting of the Administrator, Director of Nursing, Maintenance Director, Environmental Services Director, and by the Medical Director at least quarterly, until the team concludes that the issue is resolved. If at anytime concerns are identified, the Quality Assurance Committee will convene to analyze and implement further measures dependent upon the root cause to ensure ongoing compliance. <u>K147</u>	8/25/13 9-23-13 in J. Sp... by P.B. 8/23/13 approved m2



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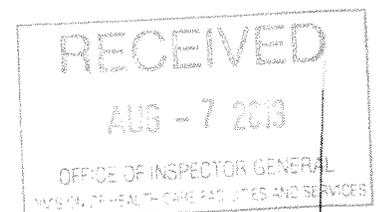
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2013
NAME OF PROVIDER OR SUPPLIER HARDINSBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 FAIRGROUNDS ROAD HARDINSBURG, KY 40143	
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K 143	Continued From page 28 installed. Interview, on 07/10/13 at 2:10 PM, with the Administrator in Training revealed he was unaware the oxygen trans-filling room was required to have a rated door frame installed. Reference: NFPA 99 (1999 Edition). 8-6.2.5.2 Transferring Liquid Oxygen. Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the transferring that is as follows: a. Separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; and b. The area is mechanically ventilated, is sprinklered, and has ceramic or concrete flooring; and c. The area is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted. Transferring shall be accomplished utilizing equipment designed to comply with the performance requirements and producers of CGA Pamphlet P-2.6, Transfilling of Low-Pressure Liquid Oxygen to be Used for Respiration, and adhering to those procedures. The use and operation of small portable liquid oxygen systems shall comply with the requirements of CGA Pamphlet P-2.7, Guide for the Safe Storage, Handling and Use of Portable Liquid Oxygen Systems in Health Care Facilities. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance	K 143	1. The Battery chargers for AcuNurse system will be plugged directly into a wall outlet by 8/24/13. The Administrator observed on 7/11/13 the refrigerator was not plugged into power strip, nor was an extension cord in use in the Social Services office on 7/11/13. 2. The Administrator and Maintenance Director will audit all electrical equipment in facility to ensure proper use of power strips and no use of extension cords by 8/24/2013. Any identified concerns will be immediately corrected. 3. All staff will be re-educated on the proper use of power strips and that extension cords can not be used by 8/24/13. This re-education will be completed by the Maintenance Director, Administrator, Director of Nursing Assistant Director of Nursing or Unit Manager. 4. The Maintenance Director will do weekly audits of the entire facility for twelve (12) weeks to assure proper use of power strips and that extension cords are not used. The results of the audits will be reviewed monthly by the Quality Assurance Committee, consisting of the Administrator, Director of Nursing, Maintenance Director, Environmental Services Director, and by the Medical Director at least quarterly, until the team	8/25/13
K 147 SS=D		K 147		



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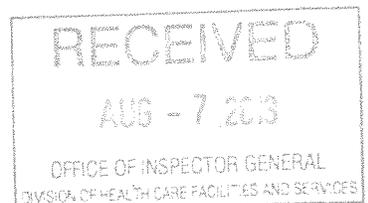
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K 147	Continued From page 29 with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with NFPA standards. The deficiency had the potential to affect two (2) of four (4) smoke compartments, residents, staff, and visitors. The facility is certified for sixty three (63) beds with a census of fifty three (53) on the day of the survey. The facility failed to maintain proper use of power strips and extension cords. The findings include: Observations, on 07/10/13 between 10:40 AM and 3:00 PM, with the Administrator in Training revealed; 1) Three battery chargers for the AcuuNurse system plugged into a power strip located outside the Therapy Room. 2) A refrigerator was plugged into a power strip that was plugged into another power strip that was plugged into an extension cord located in the Social Services Office. 3) A bed and oxygen concentrator were plugged into a power strip located in room #29. Interview, on 07/10/13 between 10:40 AM and	K 147	concludes that the issue is resolved. If at anytime concerns are identified, the Quality Assurance Committee will convene to analyze and implement further measures dependent upon the root cause to ensure ongoing compliance.		



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K 147	<p>Continued From page 30</p> <p>3:00 PM, with the Administrator in Training revealed he was not aware of the misuse of power strips and extension cords.</p> <p>Reference: NFPA 99 (1999 edition)</p> <p>3-3.2.1.2 D</p> <p>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.</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 70 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <ul style="list-style-type: none"> (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 	K 147		



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K 147 Continued From page 31
(4) Where attached to building surfaces

K 147

