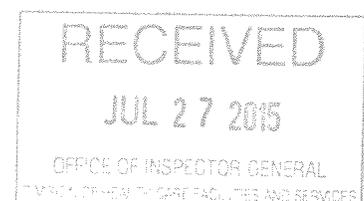


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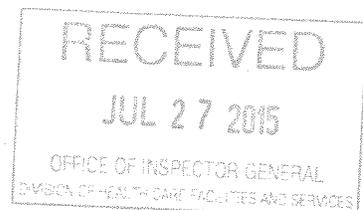
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2015
NAME OF PROVIDER OR SUPPLIER HIGHLANDS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 STEVENS AVENUE LOUISVILLE, KY 40205	
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K 045	Continued From page 3 of time as required to maintain the illumination to the minimum criteria values herein specified. Exception: Automatic, motion sensor-type lighting switches shall be permitted within the means of egress, provided that the switch controllers are equipped for fail-safe operation, the illumination timers are set for a minimum 15-minute duration, and the motion sensor is activated by any occupant movement in the area served by the lighting units. 7.8.1.3* The floors and other walking surfaces within an exit and within the portions of the exit access and exit discharge designated in 7.8.1.1 shall be illuminated to values of at least 1 ft-candle (10 lux) measured at the floor. Exception No. 1: In assembly occupancies, the illumination of the floors of exit access shall be at least 0.2 ft-candle (2 lux) during periods of performances or projections involving directed light. Exception No. 2*: This requirement shall not apply where operations or processes require low lighting levels. 7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level	K 045		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 062	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were found to be negatively impacted by the deficient practice. The box that was in front of the sprinkler head was relocated to another shelf and the shelf	



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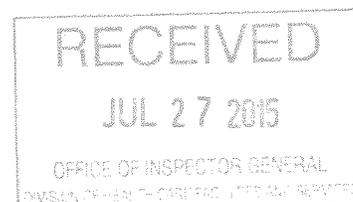
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K 062	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observation, and interview, it was determined the facility failed to maintain the automatic sprinkler system in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of twelve (12) smoke compartments, residents, staff and visitors. The facility has one-hundred and fifty-two (152) certified beds and the census was one-hundred and thirty-three (133) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 06/02/15 at 1:52 PM, with the Maintenance Director revealed boxes containing food, stored in the walk-in refrigerator located in the Kitchen, were stored within two (2) inches of the sprinkler head. A minimum of eighteen (18) inches of clearance is required from the sprinkler head.</p> <p>Interview, on 06/02/15 at 1:54 PM, with the Maintenance Director, revealed he was aware of the sprinkler head clearance requirement, but was not aware of boxes of food being stored within two (2) inches of the sprinkler head.</p> <p>The census of one-hundred and thirty-three (133) was verified by the Administrator on 06/02/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 06/02/15.</p> <p>Reference: NFPA 13 (1999 Edition)</p> <p>5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development. 5-5.5.2.1 Continuous or noncontiguous</p>	K 062	<p>containing the box that was in front of the sprinkler head was removed by the Maintenance Director to prevent other items from being placed in front of the sprinkler head. It was determined no residents had been negatively impacted because there had not been an instance when the affected sprinkler head was required to function and did not function properly due to the box that was in front of it.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents are considered to have a potential to be affected by the deficient practice.</p> <p>What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? The boxes of food that were being stored within 2 inches of the sprinkler head in the walk-in refrigerator were relocated by the Dietary Manager on 6/2/15 immediately after identification. An inspection was conducted of the walk in freezer and refrigerator on 6/2/15 by the Maintenance Director to identify any other similar issues. No similar issues were noted to exist. Any future issues identified by the Dietary Manager or Maintenance Director will be corrected immediately. Dietary department employees were educated on 7/10/15 by the Dietary Manager to refrain</p>	



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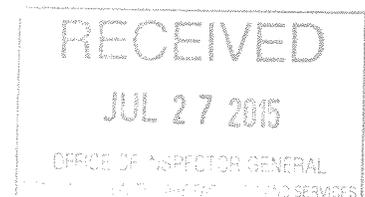
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K 062	Continued From page 5 obstructions less Than or equal to 18 in. (457 mm) below the sprinkler deflector That prevent the pattern from fully developing shall comply With 5-5.5.2. 2-2.1.1* Sprinklers shall be inspected from the floor level annually. 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: (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	K 062	from placing items within 18 inches of the sprinkler head. The shelf that contained the box blocking the sprinkler head was removed by the Maintenance Director, thus preventing and further similar issues. How will the facility monitor performance to ensure solutions are sustained? Plan of correction compliance is a standard section of the monthly Quality Assurance and Process Improvement meeting, therefore the Maintenance Director shall report on the continued compliance with the plan of correction on an ongoing basis. The Maintenance Director will conduct rounds in the walk in cooler prior to QA to ensure there are no items stored in front of the sprinkler head. The Quality Assurance and Process Improvement Committee will review the results of these rounds monthly for six months to ensure compliance and will continue to review as any similar issues arise.	7-22-15



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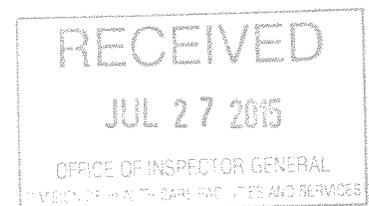
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K 062 K 072 SS=D	Continued From page 6 permitted to be used. NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 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 National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of twelve (12) smoke compartments, approximately sixty-five (65) residents, staff and visitors. The facility has one-hundred and fifty-four (154) certified beds and the census was one-hundred and thirty-three (133) on the day of the survey. The facility failed to ensure the means of egress was free of all obstructions or impediments for exiting the building in the event of an emergency. The findings include: Observation, on 06/02/15 at 10:59 AM, with the Maintenance Director revealed a portable table used to assemble puzzles and two (2) rockers and a table were permanently located within the egress path located on the First Floor, B Wing exit route. Interview, on 06/02/15 at 11:01 AM, with the	K 062 K 072	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were found to be negatively impacted by the deficient practice. It was determined no residents were negatively impacted because there had been no incidents that have occurred where the items located in the path of egress had resulted in negative impacts to residents. The identified portable table and tow rockers located on the First Floor B Wing exit route were relocated. The table was moved to a dining room area and the chairs were moved to the activities room. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents are considered to have the potential to be affected by the deficient practice. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur The identified portable table used to assemble puzzles and the two rockers located on the First Floor B Wing exit route were relocated by the Maintenance Director on 8/2/15 to areas that were not in the means of egress. The table was moved to the	



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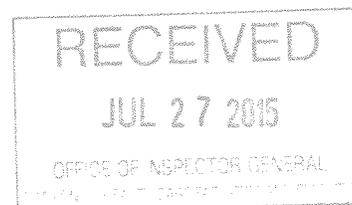
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K 072	Continued From page 7 Maintenance Director and Activities Supervisor revealed they were unaware of the items located within the Hall were an impediment in egressing the building in the event of an emergency. The census of one-hundred and thirty-three (133) was verified by the Administrator on 06/02/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 06/02/15. 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. 7.3.2* Measurement of Means of Egress. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 3 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. Reference: S&C-12-21-LSC NFPA 101 LIFE SAFETY CODE STANDARD	K 072	dining room on the 2C unit and the rockers were moved to the activities room. Walking rounds of the entire center were conducted by the Maintenance Director on 6/2/15 to identify any items obstructing the egress path. No additional items were noted to block the egress path. The Maintenance Director was re-educated by the Administrator that items were not to be stored in the means of egress on 6/2/15 through a verbal discussion. How will the facility monitor performance to ensure solutions are sustained? The Maintenance Director will conduct weekly rounds of the center to identify any items blocking egress. The results of these rounds, as part of the Plan of Correction review, will be presented by the Maintenance Director to the Quality Assessment and Assurance Committee monthly for six months and then as needed thereafter as determined by the Quality Assessment and Assurance Committee.	7-22-15
K 076 SS=E	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.	K 076	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were found to be negatively impacted by the deficient practice. It was determined no residents were negatively impacted by the improper storage of the 3	



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K 076	Continued From page 8 (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure oxygen cylinders were stored in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect four (4) of the twelve (12) smoke compartments, approximately forty-five (45) residents, staff and visitors. The facility has one-hundred and fifty-four (154) certified beds and the census was one-hundred and thirty-three (133) on the day of the survey. The findings include: Observation, on 06/02/15 at 2:49 PM, with the Maintenance Director revealed two (2) oxygen cylinders stored, unsecured, outside of the metal storage rack located within Oxygen Storage Room and one (1) unsecured oxygen cylinder located next to the crash cart stored within the Staff Locker Room located on the First Floor, C Wing. A total of three (3) unattended oxygen cylinders were not secured in a rack to prevent falling or being knocked over. Interview, on 06/02/15 at 2:51 PM, with the	K 076	oxygen cylinders identified because there had not been any resident incidents reported related to the storage of oxygen cylinders. The 3 cylinders were immediately properly stored by the Maintenance Director in the oxygen cylinder storage racks. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected by the deficient practice. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? The 2 identified oxygen cylinders noted stored outside the storage rack located within the Oxygen Storage Room and the oxygen cylinder identified that was located next to the crash cart stored within the Staff Locker Room were immediately relocated to metal oxygen storage racks by the Maintenance Director on 6/2/15 in accordance with NFPA standards. Nursing staff were re-educated on proper storage of oxygen cylinders on by 7/18/15 by the ADNS, DNS or SDC. How will the facility monitor performance to ensure solutions are sustained? The Maintenance Director will review storage of oxygen cylinders per NFPA guidelines as part of weekly rounds. Results of these rounds will	



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K 076	Continued From page 9 Maintenance Director revealed he was unaware of the three (3) oxygen cylinders being improperly stored and acknowledged the potential hazard involved if falling or being knocked over. The census of one-hundred and thirty-three (133) was verified by the Administrator on 06/02/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 06/02/15. Reference: NFPA 99 (1999 Edition). 4-3.1.1.2 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4-3.5.2.2. If stored within the same enclosure, empty cylinders shall be segregated from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. 4-5.1.1.1 Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over.	K 076	be reviewed with the Quality Assessment and Performance Improvement Committee by the Maintenance Director as part of the Plan of Correction review monthly for six months. Further need for review of these rounds will be determined by the Quality Assessment and Performance Improvement Committee.	7-22-15

