

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2008
NAME OF PROVIDER OR SUPPLIER NATHAN MILLER CENTER FOR NURSING CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 37 DEKALB AVENUE WHITE PLAINS, NY 10605		
(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) COMPLETE DATE
I560 SS=F	<p>713-1 Standards of Construction for New Existing NH</p> <p>This Regulation is not met as evidenced by: NYCRR 711.5(m)(4)- An emergency generator shall be provided, and connected so as to provide lighting in all means of egress; equipment to maintain fire detection, alarm and extinguishing systems; and life-support systems, water, sewage and sump pumps, refrigerators, freezers, minimal general lighting, and heating. In facilities with all- electric kitchens, a ratio of three duplex receptacles per nursing unit shall be provided in the kitchen for food preparation unless a prior approved emergency food preparation plan is in effect.</p> <p>NYCRR 713-1.19 Electrical requirements. (a) General.</p> <p>(1) All material including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. Materials and installation shall conform to NFPA 70 and NFPA 99. Further details concerning these referenced materials are contained in section 711.2(a) of this Title</p> <p>(h) Emergency electric service. (1) General. To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.</p> <p>(2) Sources. The source of this emergency electric service shall be as follows:</p> <p>(i) an emergency generating set when the</p>	I560		1/22/09

Office of Health Systems Management / Office of Long Term Care

TITLE

(X6) DATE

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

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I560	Continued From page 1 normal service is supplied by one or more central station transmission lines; and (ii) an emergency generating set or a central station transmission line when the normal electric supply is generated on the premises. (3) Emergency electrical connections. Emergency electric service shall be provided to the distribution systems as follows: (i) illumination for means of egress as required in NFPA 101; (ii) illumination for exit signs and exit directional signs as required in NFPA Life Safety Code 101. Further details concerning this referenced material are contained in section 711.2(a) of this Title; (iii) corridor duplex receptacles in patient areas; (iv) nurses' calling systems; (v) equipment necessary for maintaining telephone service; (vi) elevator service that will reach every patient floor when patient rooms are located on other than ground floor. Moreover facilities shall be provided to allow temporary operation of any elevator for release of persons who may be trapped between floors; (vii) fire pump, if installed; (viii) equipment for heating patient rooms, except where the facility is served by two or more electrical services supplied from separate generators of a utility distribution network having	I560		

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I560	Continued From page 2 multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources will not likely cause an interruption of its service feeders; (ix) general illumination and selected receptacles in the vicinity of the generator set; (x) paging or speaker systems if intended for communication during emergency. Radio transceivers where installed for emergency use shall be capable of operating for at least one hour upon total failure of both normal and emergency power; and (xi) alarm systems, including fire alarms activated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire- and smoke-detecting systems, and alarms required for nonflammable medical gas systems if installed. (4) Details. The emergency lighting shall be in operation within 10 seconds after the interruption of normal electric power supply. Emergency service to receptacles and equipment may be delayed automatic or manually connected. Receptacles connected to emergency power shall be distinctively marked. When the generator is operated by fuel which is normally piped underground to the site from a utility distribution system, fuel storage facilities on the site will not be required. Physical Plant Violation - State Only 1996 NFPA 99 Chapter 16-3.3.1 Electrical Distribution System.	I560		

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I560	Continued From page 3 1996 NFPA 99 Chapter 16-3.3.2 Essential electrical distribution systems shall conform to the Type 2 systems as described in Chapter 3. 1996 NFPA 99 Chapter 3-5.1 Sources (Type 2 EES). The requirements for sources for Type 2 essential electrical systems shall conform to those listed in 3-4.1. 1996 NFPA 99 Section 3-4.1.1.15 Alarm Annunciator. A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12.) The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows: (a) Individual visual signals shall indicate the following: 1. When the emergency or auxiliary power source is operating to supply power to load 2. When the battery charger is malfunctioning (b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following: 1. Low lubricating oil pressure 2. Low water temperature (below those required in 3-4.1.1.9) 3. Excessive water temperature 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply 5. Overcrank (failed to start) 6. Overspeed Where a regular work station will be unattended periodically, an audible and visual derangement	I560			

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I560	<p>Continued From page 4</p> <p>signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur, but need not display these conditions individually. [110: 3-5.5.2]</p> <p>Based on observation, record review, and staff interview, it was determined that the facility did not ensure that the emergency generator was:</p> <ul style="list-style-type: none"> · Reliable and adequate to provide electricity during an interruption of normal electrical supply. · Equipped with a remote alarm device to indicate generator system problems at a 24/7 manned station. <p>This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy.</p> <p>The facility was granted a waiver for the use of a portable generator in case of a loss of power. Based on the findings on the 02/23/07 survey, the waiver has been rescinded and a plan of correction was submitted. Findings on the 11/20/08 survey remain the same as the findings for the 02/23/07 survey.</p> <p>REPEAT DEFICIENCY</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. The facility is still functioning on two portable generators and is in the process of submitting application for approval to install a permanent generator to both New York State and the city of White Plains. <p>In an interview on 11/20/08 at 11:40AM the</p>	I560		

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I560	<p>Continued From page 5</p> <p>Director of Maintenance stated that the facility has submitted paperwork to the City of White Plains and is awaiting their decision.</p> <p>2. The emergency generator is not provided with a continuously manned remote annunciator to indicate the status of the generator.</p> <p>On 11/20/08 at 11:30 AM it was observed that there was no remote annunciator provided at a 24/7 manned station for the generator.</p> <p>In an interview on 11/20/08 at 11:30AM the Director of Maintenance stated that the annunciator panel will be installed when the new generator is installed.</p> <p>3. The generator is not capable of providing emergency lighting within 10 seconds after the interruption of normal electric power supply in that the portable generators are inside a locked storage shed and cannot operate until staff unlock the door and move them away from the building.</p> <p>On 11/20/08 at approximately 10:15AM, the Director of Maintenance attempted to demonstrate how the emergency generators operate. He was, however, unsuccessful in this demonstration because he could not remember the code for the combination lock that was on the storage shed.</p> <p>In an interview on 11/25/08 at 11:15AM, the Administrator stated that it usually takes approximately seven minutes to start the generators.</p> <p>Review of the Plan of Correction (POC) for I-560 deficiency cited during the 02/23/07 survey,</p>	I560			

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I560	Continued From page 6 regarding installation of a new generator and a remote annunciator panel for the generator revealed that one would be installed by June 2008. As stated above, the facility has yet to receive approval from the City of White Plains to install a new generator. NYCRR 713-1.19(a) (1) 1996 NFPA 99; 16-3.3.2, 3-4.1.1.8, 3-4.1.1.15 10 NYCRR 715.5(m) (4)	I560			

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 2	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/19/2009
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Name of Facility NATHAN MILLER CENTER FOR NURSING CARE	Street Address, City, State, Zip Code 37 DEKALB AVENUE WHITE PLAINS, NY 10605
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>1560</u>	Correction Completed <u>02/18/2009</u>	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # <u>713-1</u>		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency				
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO				

Followup to Survey Completed on: 11/24/2008	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 335118	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/23/2009
Name of Facility NATHAN MILLER CENTER FOR NURSING CARE		Street Address, City, State, Zip Code 37 DEKALB AVENUE WHITE PLAINS, NY 10605

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>F0167</u> Reg. # <u>483.10(g)(1)</u> LSC _____	Correction Completed 01/23/2009	ID Prefix <u>F0371</u> Reg. # <u>483.35(i)</u> LSC _____	Correction Completed 01/23/2009	ID Prefix <u>F0431</u> Reg. # <u>483.60(b), (d), (e)</u> LSC _____	Correction Completed 01/23/2009
ID Prefix <u>F0445</u> Reg. # <u>483.65(c)</u> LSC _____	Correction Completed 01/23/2009	ID Prefix <u>F0456</u> Reg. # <u>483.70(c)(2)</u> LSC _____	Correction Completed 01/23/2009	ID Prefix <u>F0463</u> Reg. # <u>483.70(f)</u> LSC _____	Correction Completed 01/23/2009
ID Prefix <u>F0468</u> Reg. # <u>483.70(h)(3)</u> LSC _____	Correction Completed 01/23/2009	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency				
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO				

Followup to Survey Completed on: 11/24/2008	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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K 000	INITIAL COMMENTS	K 000		
K 017 SS=B	<p>42 CFR 483.70(a) The facility must meet the applicable provisions of the 2000 Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: The following requirements of the Life Safety Code had been previously waived. Repeat waivers are granted based on previous justifications by the owner, previous NYSDOH and USDHHS reviews and certification that the condition under which the waivers have been granted have not changed.</p> <p>Please indicate if the facility wishes the waiver to be continued.</p>	K 017		
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 017	Continued From page 1 CFR 483.70(a) 1) The exit corridor at the North end of the second floor is not properly separated from the secretary's office. 2) The first floor recreation room is not separated from the corridor. NFPA 101 LSC (2000 edition) 19.3.6.1 711.2(a)(1)	K 017			
K 018 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: The following requirements of the Life Safety	K 018			

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K 018	Continued From page 2 Code had been previously waived. Repeat waivers are granted based on previous justifications by the owner, previous NYSDOH and USDHHS reviews and certification that the condition under which the waivers have been granted have not changed. Please indicate if the facility wishes the waiver to be continued. CFR 483.70(a) The secretary ' s office has a plain glass door set in an aluminum frame. NFPA 101 2000 19.3.6 711.2(a)(1)	K 018			
K 021 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2	K 021		12/30/08	

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K 021	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and interview the facility did not ensure that every door in an exit passageway is only held open by devices arranged to automatically close upon activation of the fire alarm system in that corridor doors on one of two floors (second floor) are not tied into the fire alarm system and are not self-closing. This resulted in no actual harm with potential for minimal harm that is not immediate jeopardy. The findings are: On 11/20/08 at 4:20PM during a test of the fire alarm system it was observed that the doors located by the DeKalb dining rooms did not close. Upon further examination it was observed that neither one of these doors was tied into the fire alarm system. In an interview on 11/20/08 at 4:35PM the Director of Maintenance indicated that the second floor was "one continuous barrier". NFPA 101 (2000 edition) 19.2.2.2.6, 7.2.1.8.2 10NYCRR 711.2(a)(1)	K 021			
K 023 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are provided to form at least two smoke compartments on every sleeping room floor for more than 30 patients. 19.3.7.1, 19.3.7.2 This STANDARD is not met as evidenced by: Based on observation and interview the facility did	K 023		1/22/09	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335118	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/24/2008
NAME OF PROVIDER OR SUPPLIER NATHAN MILLER CENTER FOR NURSING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 37 DEKALB AVENUE WHITE PLAINS, NY 10605		
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K 023	Continued From page 4 not ensure that smoke barriers are provided to form at least two smoke compartments on every sleeping room floor for more that 30 patients in that a minimum of two smoke compartments are not evident on one of two sleeping room floors (second floor). This resulted in no actual harm with potential for minimal harm that is not immediate jeopardy. The findings are: On 11/20/08 at 3:30PM during life safety rounds it was noted that the corridor doors and frames located by the DeKalb dining rooms were not rated. In addition, neither one of these doors was self-closing or tied into the fire alarm system. The second floor is home to 34 residents. It should be noted that there are a total of seven resident sleeping rooms that must exit out into the DeKalb Dining Rooms in order to gain access to either the exit stairwell or the central exit corridor. In an interview on 11/20/08 at 3:45PM the Director of Maintenance stated that to the best of his knowledge, the second floor is "one continuous barrier" and that the doors by the DeKalb dining rooms are not rated. NFPA 101 (2000 edition) 19.3.7.1, 19.3.7.2 10NYCRR 711.2(a)(1)	K 023			
K 032 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2	K 032			

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K 032	Continued From page 5 This STANDARD is not met as evidenced by: The following requirements of the Life Safety Code had been previously waived. Repeat waivers are granted based on previous justifications by the owner, previous NYSDOH and USDHHS reviews and certification that the condition under which the waivers have been granted have not changed. Please indicate if the facility wishes the waiver to be continued. CFR 483.70(a) One means of egress from the first floor corridor (at the south end of the building) is through the Director of Activities office. NFPA 101 LSC (2000 edition) 19.2.4.2 10NYCRR 711.2(a)(1)	K 032			
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview the facility did not ensure that all means of egress are continuously maintained free of all obstructions or impediments to full instant use in the event of an emergency in accordance with 7.1 in that:	K 038		12/30/08	

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K 038	<p>Continued From page 6</p> <ul style="list-style-type: none"> · One of one 15-second delayed egress exit door did not release upon activation of the fire alarm system or open when pressure was applied. · One of three exits to the public way was blocked by a car. These exits were located in the basement. <p>This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy.</p> <p>The findings are:</p> <p>On 11/20/08 at 4:30PM during a test of the fire alarm system it was observed that the 15-second delayed egress exit installed on the rear exit located in the basement did not release upon activation of the fire alarm system. Additionally, when pressure was applied to this door, the 15-second count down process did not occur and the door would not open.</p> <p>In an interview on 11/20/08 at 4:45PM the Director of Maintenance stated that he would notify the fire alarm company immediately.</p> <p>On 11/20/08 at 10:20AM during life safety rounds it was observed that access to the public way from Stairwell B was blocked by a car.</p> <p>In an interview on 11/20/08 at 10:25AM the Director of Maintenance stated that the car should not have been parked in this location.</p> <p>NFPA 101 (2000 edition) 19.2.1, 7.1.10.1, 7.2.1.5.1, 7.2.1.6.1 10NYCRR 711.2(a)(1)</p>	K 038		

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K 050 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility did not ensure that the times of the drills are varied in that nine of ten drills on the Day Shift and three of three drills on the Evening Shift did not show variation.</p> <p>This resulted in no actual harm with potential for minimal harm.</p> <p>The findings are:</p> <p>On 11/20/08 at 12:45PM during record review it was determined that four of nine fire drills conducted on the Day Shift occurred between 1:30PM and 1:45PM, four of nine fire drills conducted on the Day Shift occurred between 10:00AM and 10:50AM, and three of four fire drills conducted on the Evening Shift occurred between 3:55PM and 4:35PM.</p> <p>In an interview on 11/25/08 at 11:45AM the Administrator agreed with this observation.</p> <p>NFPA 101 (2000 edition) 19.7.1.2</p>	K 050		12/30/08	

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K 050	Continued From page 8 10NYCRR 711.2(a)(1)	K 050			
K 062 SS=E	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 This STANDARD is not met as evidenced by: Based on record review and interview the facility did not ensure that the required automatic sprinkler system is continuously maintained in reliable operating condition in that outdated equipment has not been replaced. This resulted in no actual harm with potential for minimal harm that is not immediate jeopardy. The findings are: On 11/20/08 at 12:30PM during record review it was observed that quarterly sprinkler inspection reports dated 12/7/07, 3/17/08, 6/5/08 and 9/8/08 all indicated that two wet gauges are outdated and need to be replaced. In an interview on 11/20/08 at 2:45PM the Director of Maintenance stated that the sprinkler company "never came with the parts to make the necessary repairs." NFPA 101 (2000 edition) 19.7.6, 4.6.12, 9.7.5 NFPA 25 (1998 edition) 2-1 711.2(a)(1)	K 062		12/30/08	

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{F 167} SS=C	<p>483.10(g)(1) EXAMINATION OF SURVEY RESULTS</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and group and staff interview, the facility did not ensure that the most recent survey results were readily accessible to residents. Specifically, 1. The results of an abbreviated survey were not readily accessible to residents; 2. five of ten residents who attended the group meeting had no knowledge of the availability of the recertification survey results.</p> <p>This had the potential for no more than minimal harm that is not immediate jeopardy.</p> <p>The findings are:</p> <p>1. During the initial tour on 11/20/08 at 8:30AM, the notice of the survey results was posted. After reviewing the contents, the survey results from the recertification survey of 12/31/07 were available for the residents. However, the abbreviated survey results of 2/6/08 were not readily accessible for residents to review.</p> <p>In an interview with the Administrator on 11/21/08</p>	{F 167}		12/30/08
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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{F 167}	Continued From page 1 at 10:30AM, he offered no explanation as to why the abbreviated survey results were not included with the recertification survey results.	{F 167}			
{F 371} SS=E	2. During the group meeting on 11/21/08 at 11:00AM, five of ten residents stated that they were not aware of the location of the recertification survey results. 415.3 (1)(c)(1)(v) 483.35(i) SANITARY CONDITIONS The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not store or prepare food under sanitary conditions in that equipment surfaces were not clean, dented cans were found on the main storage room shelves, and a black residue was found on the interior surface of the ice machine. This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. The findings are: On 11/20/08 between 9:30am and 10:00am	{F 371}		12/30/08	

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{F 371}	Continued From page 2 during dietary rounds the following conditions were observed (not all-inclusive): <ul style="list-style-type: none"> · A black residue was found on the interior of the ice machine. Water that had come in contact with this residue was observed dripping down onto the ice. The machine was immediately taken out of service and cleaned. · End caps were missing from the light shields in the main food storage room and by the pot washing area in the kitchen. · The exterior surfaces of the delivery carts, reach-in refrigerators, and toaster were covered in an oily residue. · Leaves were observed collecting between a screen and window in the food prep area. · Two dented cans of Glucerna were found on the shelves in the Nourishment/Spice storage room located behind the reach-in refrigerators. · The exterior surface of the fan was coated with a greasy/dusty residue. · More than 10 dented #10 cans of food were found on the shelves in the main storage room. <p>In an interview on 11/20/08 at 10:15AM, the Food Service Director agreed with the issues identified.</p> <p>10NYCRR 415.14(h) State Sanitary Code Subpart 14-1</p>	{F 371}			
{F 431} SS=D	483.60(b), (d), (e) PHARMACY SERVICES The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	{F 431}		12/30/08	

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{F 431}	Continued From page 3 Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility did not ensure that expired medications were removed from the medication refrigerator. This was evident on one of two nursing units (2nd floor). This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. Findings are:	{F 431}		

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{F 431}	Continued From page 4 During the initial tour on the 2nd floor on 11/20/08 at 12:30PM with the LPN(Licensed Practical Nurse), the following was noted: Two (2) Tuberculin vaccine vials with expiration dates 7/11/08, and 10/10/08, and two (2) Hepatitis B vaccine vials with expiration dates 9/14/08 on both, and one (1) box of 50 Tylenol Suppositories 650 mgs.with an expiration date May/08 were found in the medication refrigerator. The LPN was immediately interviewed at 12:45PM on 11/20/08, and stated at that time that the expired medications should have been discarded.	{F 431}			
{F 445} SS=C	415.18 (d) 483.65(c) INFECTION CONTROL - LINENS Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not ensure that linen is stored properly to prevent the spread of infection in that: · Laundry delivery carts were observed covered with leaves and dirt. · Laundry delivery carts were observed being stored outdoors for over eight hours. This resulted in no actual harm with the potential for minimal harm that is not immediate jeopardy.	{F 445}		12/30/08	

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{F 445}	Continued From page 5 The findings are: On 11/20/08 at 9:20AM four clean linen delivery carts were observed outside by the rear entrance to the facility. Upon closer examination, two of the carts were found covered with leaves and dirt. Although the linen was delivered wrapped in plastic bags, one of the bags was split open allowing leaves and dirt to cover the contents. The four carts continued to be observed outside during the course of the day and remained at this location until 8:30PM, when this surveyor left the facility for the night. In an interview on 11/20/08 at 8:20PM the Director of Maintenance stated that the two carts were covered with leaves and dirt. He offered no explanation as to why the clean linen carts were still outside.	{F 445}			
{F 456} SS=F	10NYCRR 415.19(C) 483.70(c)(2) SPACE AND EQUIPMENT The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that all essential electrical equipment was maintained in safe operating condition. Specifically, the backdoor call bell located at the rear entrance to the building malfunctioned, preventing entry by ambulance personnel responding to a 911 call from the facility.	{F 456}		12/30/08	

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{F 456}	<p>Continued From page 6</p> <p>This resulted in no actual harm with widespread potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings are:</p> <p>On 11/20/08 at approximately 10:30AM, during life safety rounds, two Emergency Medical Technicians responding to a 911 call were observed ringing the backdoor entrance call bell in order to gain access to the building. Approximately five minutes later, the Medics were still at the rear entrance waiting to be let in. At this point in time, the Director of Maintenance radioed Security and staff opened the door. The Medics stated that the total wait time was seven minutes. The sign above the backdoor call bell instructed users to " Ring bell and pull on door. "</p> <p>In an interview on 11/20/08 at 10:50AM the Director of Maintenance stated that he has had an " intermittent " problem with the proper function of the backdoor call bell. He further stated that on 11/6/08 and 11/11/08, he telephoned the company that installed the system, to request a service call, but has received no response. On 11/6/08 and 11/14/08 he notified his boss requesting that he call the company to " put some pressure on them to respond to the call. "</p> <p>On 11/20/08 at approximately 11:35AM, record review for the backdoor call system indicated that the Director of Maintenance also tried unsuccessfully to contact the company with regards to the malfunctioning backdoor call bell on 10/17/08, 10/21/08 and 10/28/08.</p> <p>In an interview on 11/20/08 at approximately</p>	{F 456}		

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{F 456}	Continued From page 7 1:10PM, the first floor receptionist stated that the backdoor call bell has not functioned properly for almost two months and that even when the bell is audible, she no longer has the capability to remotely open the door; rather, she has to notify staff to go to the basement to allow entry to the building.	{F 456}			
{F 463} SS=F	10NYCRR 415.29(b) 483.70(f) RESIDENT CALL SYSTEM The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, it was determined that the facility failed to ensure that the existing resident call bell system on 2 of 2 units (1st floor unit and 2nd floor unit) was functioning properly. This was evidenced by the facility's call bell system malfunctioning, which would alert nursing staff to respond to residents who required staff assistance and/or were experiencing a medical emergency, in a timely manner. This, in conjunction with the facility's failure to implement an alternate system to compensate for the malfunctioning call bell system, resulted in no actual harm with the widespread potential for more than minimal harm that is IMMEDIATE JEOPARDY. Findings are:	{F 463}		12/30/08	

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NAME OF PROVIDER OR SUPPLIER NATHAN MILLER CENTER FOR NURSING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 37 DEKALB AVENUE WHITE PLAINS, NY 10605		
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{F 463}	<p>Continued From page 8</p> <p>1. During the initial tour of the facility on 11/20/08 between the hours of 8:30 AM and 10:45 AM, the following problems with the resident call bell system were noted on 2 of 2 units (1st and 2nd floor units);</p> <p>1st floor unit:</p> <p>All the resident call bells on the 1st floor unit were tested and none were functioning properly, i.e. all the call bells in the resident rooms and adjoining bathrooms from rooms #101 through room #115 did not sustain an alarm sound at the bedside; and/or light up over the room doors. In addition, the call bells did not sustain an alarm sound at the systems communication panel located in the nurse's station.</p> <p>These conditions on the 1st floor affected the entire unit census of 27 residents</p> <p>In an interview at 9:00 AM on 11/20/08, the Maintenance Director stated that the call bell system on the 1st floor unit had been malfunctioning and he had called an electrician about it on the morning of 11/19/08. He also stated that he thought it may have been a malfunction with the " pickels " which he described as the device on the resident call bell cord that when pressed down makes the alarm bell/light go off to alert nursing personnel. When asked by the surveyor if another communication device was provided for the residents to alert the nursing staff that assistance was needed, he said that no other device had been provided at that time.</p> <p>In an interview with a 1st floor Certified Nurses Aide (CNA) and a 1st floor Licensed Practical Nurse (LPN) on 11/20/08 at approximately</p>	{F 463}			

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{F 463}	<p>Continued From page 9</p> <p>9:10AM, both responded that the call bell system had not functioned properly for at least one month or more. They did not give an exact date as to when the problem had started. The LPN further stated that all the staff that had worked on the unit were aware of call bell problems; but that she herself had never reported this to administration.</p> <p>Interviews with two 1st floor residents on 11/20/08 in the early afternoon revealed that they do not get a response when they push the call bell. During an interview, one non-ambulatory resident stated that he uses the call bell when he needs assistance, but he does not get a response. He further stated that he has to "scream out for help" to get assistance. The other resident interviewed who was independent with ambulation stated he uses the call bell, but nobody comes to assist him.</p> <p>2nd floor unit:</p> <p>All the resident call bells on the 2nd floor unit were tested and none were functioning properly, i.e. all the call bells in the resident rooms and adjoining bathrooms from rooms # 201 through room # 211 did not alert nursing staff with an audible alarm sound. When the call bell system was tested, the lights above the doorway to the resident's room would light up; however, the lights at the communication panel in the nurse's station did not light up and there was no audible alarm sound functioning on any of the call bells. These conditions on the 2nd floor unit affected the entire census of 33 residents.</p> <p>The Director of Nursing (DON) was interviewed at 10:20 AM on 11/20/08 and revealed that she</p>	{F 463}			

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{F 463}	<p>Continued From page 10</p> <p>was made aware at 7:00 AM on 11/20/08 by the RN Supervisor (night shift) of the call system malfunctioning on the 2nd floor unit.</p> <p>The LPN who provides care to residents on the 2nd floor unit was interviewed on 11/20/08 at 11:10 AM. She stated that the call bell alarm sound has not been working properly since July, but she did not notify anyone. She further stated that all the staff on the 2nd floor were aware of this situation. Conversely, interview on 11/21/08 at 8:00 AM with the Registered Nurse Supervisor who works on the night shift revealed that she became aware of the malfunctioning call bells at 6:45 AM on the morning of 11/20/08 when the 2nd floor night LPN informed her.</p> <p>During an interview with a 2nd floor CNA on 11/20/08 at 11:55, it was revealed that the call bells had not worked properly in approximately 2 months. The CNA further stated that staff would respond to a light that was lit up on the doorway of the room, but the alarm sound did not sound.</p> <p>An interview with the Director of Physical Therapy on 11/20/08 at 12:10 PM revealed that he spent most of his time in the physical therapy room located on the 2nd floor and could not recall hearing any call bells alarming in about 2-3 months; when asked, he stated he did not report this to any other staff or administrative personnel.</p> <p>Interview on 11/20/08 at 4:30 PM with a resident who resides on the 2nd floor unit revealed that she used to use the call bell, but the response time was so slow that she has now given up on using the call bell for assistance.</p> <p>In an interview with the Maintenance Director at</p>	{F 463}			

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{F 463}	<p>Continued From page 11</p> <p>10:45 AM on 11/20/08, he agreed that the resident call bell system was not functional on the 2nd floor and 1st floor units since 11/19/08. He stated that he had called an electrician on 11/19/08 and left a message, but had not indicated that it was an emergency situation and had not received a call back from them. He further stated that the last time the system was checked was on 10/8/08 and there were no problems at that time with the call bells. A review of the facility call bell maintenance records showed the call bell system was last tested and functional was on 10/8/08.</p> <p>The Administrator was interviewed on 11/20/08 at 10:40 AM and he stated that he was made aware of a minor problem with the call bell system(one call bell light not working properly) by the Director of Maintenance and was told an electrician had been called. On 11/24/08 at approximately 4PM, the Administrator was asked about the contradictory statements from the Director of Maintenance and the direct care staff concerning the length of time of the malfunctioning of the call bell system. He stated that he was not aware that the staff had concerns regarding the call bell systems breakdown and further stated that there was a "system in place" to address call bell malfunctions. (This system was a policy and procedure stating call bells to be checked by maintenance monthly; malfunctions in the system to be reported immediately both verbally and on a repair slip to maintenance; if necessary, an outside electrician would be called; if the system could not be fixed in a reasonable time, portable bells would be provided to the residents and frequent visual observations would be made by nursing until the problem was corrected.) The Administrator acknowledged that the policy and</p>	{F 463}			

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{F 463}	Continued From page 12 procedure was not followed by staff.	{F 463}			
{F 468} SS=B	415.29 713-1.19(g) 483.70(h)(3) OTHER ENVIRONMENTAL CONDITIONS - HANDRAILS The facility must equip corridors with firmly secured handrails on each side. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not equip all resident-use corridors with handrails in that areas accessible to residents are not provided with handrails. This resulted in no actual harm with the potential for minimal harm that is not immediate jeopardy. The findings are: On 11/20/08 at 10:05AM during environmental rounds, it was observed that a section of handrail measuring approximately 10 feet was missing by the basement elevator leading to the Beauty Parlor. In an interview on 11/20/08 at 10:20AM the Director of Maintenance offered no explanation for the missing handrails. 10NYCRR 415.29 713-1.(15)(a)(17)	{F 468}		12/30/08	

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{1560} SS=F	<p>713-1 Standards of Construction for New Existing NH</p> <p>This Regulation is not met as evidenced by: NYCRR 711.5(m)(4)- An emergency generator shall be provided, and connected so as to provide lighting in all means of egress; equipment to maintain fire detection, alarm and extinguishing systems; and life-support systems, water, sewage and sump pumps, refrigerators, freezers, minimal general lighting, and heating. In facilities with all- electric kitchens, a ratio of three duplex receptacles per nursing unit shall be provided in the kitchen for food preparation unless a prior approved emergency food preparation plan is in effect.</p> <p>NYCRR 713-1.19 Electrical requirements. (a) General.</p> <p>(1) All material including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. Materials and installation shall conform to NFPA 70 and NFPA 99. Further details concerning these referenced materials are contained in section 711.2(a) of this Title</p> <p>(h) Emergency electric service. (1) General. To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.</p> <p>(2) Sources. The source of this emergency electric service shall be as follows:</p> <p>(i) an emergency generating set when the</p>	{1560}		1/22/09

Office of Health Systems Management / Office of Long Term Care

TITLE

(X6) DATE

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

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{I560}	Continued From page 1 normal service is supplied by one or more central station transmission lines; and (ii) an emergency generating set or a central station transmission line when the normal electric supply is generated on the premises. (3) Emergency electrical connections. Emergency electric service shall be provided to the distribution systems as follows: (i) illumination for means of egress as required in NFPA 101; (ii) illumination for exit signs and exit directional signs as required in NFPA Life Safety Code 101. Further details concerning this referenced material are contained in section 711.2(a) of this Title; (iii) corridor duplex receptacles in patient areas; (iv) nurses' calling systems; (v) equipment necessary for maintaining telephone service; (vi) elevator service that will reach every patient floor when patient rooms are located on other than ground floor. Moreover facilities shall be provided to allow temporary operation of any elevator for release of persons who may be trapped between floors; (vii) fire pump, if installed; (viii) equipment for heating patient rooms, except where the facility is served by two or more electrical services supplied from separate generators of a utility distribution network having	{I560}		

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{1560}	Continued From page 2 multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources will not likely cause an interruption of its service feeders; (ix) general illumination and selected receptacles in the vicinity of the generator set; (x) paging or speaker systems if intended for communication during emergency. Radio transceivers where installed for emergency use shall be capable of operating for at least one hour upon total failure of both normal and emergency power; and (xi) alarm systems, including fire alarms activated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire- and smoke-detecting systems, and alarms required for nonflammable medical gas systems if installed. (4) Details. The emergency lighting shall be in operation within 10 seconds after the interruption of normal electric power supply. Emergency service to receptacles and equipment may be delayed automatic or manually connected. Receptacles connected to emergency power shall be distinctively marked. When the generator is operated by fuel which is normally piped underground to the site from a utility distribution system, fuel storage facilities on the site will not be required. Physical Plant Violation - State Only 1996 NFPA 99 Chapter 16-3.3.1 Electrical Distribution System.	{1560}			

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{1560}	Continued From page 3 1996 NFPA 99 Chapter 16-3.3.2 Essential electrical distribution systems shall conform to the Type 2 systems as described in Chapter 3. 1996 NFPA 99 Chapter 3-5.1 Sources (Type 2 EES). The requirements for sources for Type 2 essential electrical systems shall conform to those listed in 3-4.1. 1996 NFPA 99 Section 3-4.1.1.15 Alarm Annunciator. A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12.) The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows: (a) Individual visual signals shall indicate the following: 1. When the emergency or auxiliary power source is operating to supply power to load 2. When the battery charger is malfunctioning (b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following: 1. Low lubricating oil pressure 2. Low water temperature (below those required in 3-4.1.1.9) 3. Excessive water temperature 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply 5. Overcrank (failed to start) 6. Overspeed Where a regular work station will be unattended periodically, an audible and visual derangement	{1560}			

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{1560}	Continued From page 4 signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur, but need not display these conditions individually. [110: 3-5.5.2] Based on observation, record review, and staff interview, it was determined that the facility did not ensure that the emergency generator was: · Reliable and adequate to provide electricity during an interruption of normal electrical supply. · Equipped with a remote alarm device to indicate generator system problems at a 24/7 manned station. This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. The facility was granted a waiver for the use of a portable generator in case of a loss of power. Based on the findings on the 02/23/07 survey, the waiver has been rescinded and a plan of correction was submitted. Findings on the 11/20/08 survey remain the same as the findings for the 02/23/07 survey. REPEAT DEFICIENCY The findings are: 1. The facility is still functioning on two portable generators and is in the process of submitting application for approval to install a permanent generator to both New York State and the city of White Plains. In an interview on 11/20/08 at 11:40AM the	{1560}			

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{I560}	<p>Continued From page 5</p> <p>Director of Maintenance stated that the facility has submitted paperwork to the City of White Plains and is awaiting their decision.</p> <p>2. The emergency generator is not provided with a continuously manned remote annunciator to indicate the status of the generator.</p> <p>On 11/20/08 at 11:30 AM it was observed that there was no remote annunciator provided at a 24/7 manned station for the generator.</p> <p>In an interview on 11/20/08 at 11:30AM the Director of Maintenance stated that the annunciator panel will be installed when the new generator is installed.</p> <p>3. The generator is not capable of providing emergency lighting within 10 seconds after the interruption of normal electric power supply in that the portable generators are inside a locked storage shed and cannot operate until staff unlock the door and move them away from the building.</p> <p>On 11/20/08 at approximately 10:15AM, the Director of Maintenance attempted to demonstrate how the emergency generators operate. He was, however, unsuccessful in this demonstration because he could not remember the code for the combination lock that was on the storage shed.</p> <p>In an interview on 11/25/08 at 11:15AM, the Administrator stated that it usually takes approximately seven minutes to start the generators.</p> <p>Review of the Plan of Correction (POC) for I-560 deficiency cited during the 02/23/07 survey,</p>	{I560}			

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{1560}	Continued From page 6 regarding installation of a new generator and a remote annunciator panel for the generator revealed that one would be installed by June 2008. As stated above, the facility has yet to receive approval from the City of White Plains to install a new generator. NYCRR 713-1.19(a) (1) 1996 NFPA 99; 16-3.3.2, 3-4.1.1.8, 3-4.1.1.15 10 NYCRR 715.5(m) (4)	{1560}			

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F 167 SS=C	<p>483.10(g)(1) EXAMINATION OF SURVEY RESULTS</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and group and staff interview, the facility did not ensure that the most recent survey results were readily accessible to residents. Specifically, 1. The results of an abbreviated survey were not readily accessible to residents; 2. five of ten residents who attended the group meeting had no knowledge of the availability of the recertification survey results.</p> <p>This had the potential for no more than minimal harm that is not immediate jeopardy.</p> <p>The findings are:</p> <p>1. During the initial tour on 11/20/08 at 8:30AM, the notice of the survey results was posted. After reviewing the contents, the survey results from the recertification survey of 12/31/07 were available for the residents. However, the abbreviated survey results of 2/6/08 were not readily accessible for residents to review.</p> <p>In an interview with the Administrator on 11/21/08</p>	F 167		12/30/08

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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F 167	Continued From page 1 at 10:30AM, he offered no explanation as to why the abbreviated survey results were not included with the recertification survey results. 2. During the group meeting on 11/21/08 at 11:00AM, five of ten residents stated that they were not aware of the location of the recertification survey results.	F 167		
F 371 SS=E	415.3 (1)(c)(1)(v) 483.35(i) SANITARY CONDITIONS The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not store or prepare food under sanitary conditions in that equipment surfaces were not clean, dented cans were found on the main storage room shelves, and a black residue was found on the interior surface of the ice machine. This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. The findings are: On 11/20/08 between 9:30am and 10:00am	F 371		12/30/08

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F 371	Continued From page 2 during dietary rounds the following conditions were observed (not all-inclusive): <ul style="list-style-type: none"> · A black residue was found on the interior of the ice machine. Water that had come in contact with this residue was observed dripping down onto the ice. The machine was immediately taken out of service and cleaned. · End caps were missing from the light shields in the main food storage room and by the pot washing area in the kitchen. · The exterior surfaces of the delivery carts, reach-in refrigerators, and toaster were covered in an oily residue. · Leaves were observed collecting between a screen and window in the food prep area. · Two dented cans of Glucerna were found on the shelves in the Nourishment/Spice storage room located behind the reach-in refrigerators. · The exterior surface of the fan was coated with a greasy/dusty residue. · More than 10 dented #10 cans of food were found on the shelves in the main storage room. <p>In an interview on 11/20/08 at 10:15AM, the Food Service Director agreed with the issues identified.</p> <p>10NYCRR 415.14(h) State Sanitary Code Subpart 14-1</p>	F 371			
F 431 SS=D	483.60(b), (d), (e) PHARMACY SERVICES The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 431		12/30/08	

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F 431	Continued From page 3 Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility did not ensure that expired medications were removed from the medication refrigerator. This was evident on one of two nursing units (2nd floor). This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. Findings are:	F 431		

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F 431	Continued From page 4 During the initial tour on the 2nd floor on 11/20/08 at 12:30PM with the LPN(Licensed Practical Nurse), the following was noted: Two (2) Tuberculin vaccine vials with expiration dates 7/11/08, and 10/10/08, and two (2) Hepatitis B vaccine vials with expiration dates 9/14/08 on both, and one (1) box of 50 Tylenol Suppositories 650 mgs.with an expiration date May/08 were found in the medication refrigerator. The LPN was immediately interviewed at 12:45PM on 11/20/08, and stated at that time that the expired medications should have been discarded.	F 431			
F 445 SS=C	415.18 (d) 483.65(c) INFECTION CONTROL - LINENS Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not ensure that linen is stored properly to prevent the spread of infection in that: · Laundry delivery carts were observed covered with leaves and dirt. · Laundry delivery carts were observed being stored outdoors for over eight hours. This resulted in no actual harm with the potential for minimal harm that is not immediate jeopardy.	F 445		12/30/08	

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F 445	Continued From page 5 The findings are: On 11/20/08 at 9:20AM four clean linen delivery carts were observed outside by the rear entrance to the facility. Upon closer examination, two of the carts were found covered with leaves and dirt. Although the linen was delivered wrapped in plastic bags, one of the bags was split open allowing leaves and dirt to cover the contents. The four carts continued to be observed outside during the course of the day and remained at this location until 8:30PM, when this surveyor left the facility for the night. In an interview on 11/20/08 at 8:20PM the Director of Maintenance stated that the two carts were covered with leaves and dirt. He offered no explanation as to why the clean linen carts were still outside.	F 445			
F 456 SS=F	10NYCRR 415.19(C) 483.70(c)(2) SPACE AND EQUIPMENT The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that all essential electrical equipment was maintained in safe operating condition. Specifically, the backdoor call bell located at the rear entrance to the building malfunctioned, preventing entry by ambulance personnel responding to a 911 call from the facility.	F 456		12/30/08	

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F 456	<p>Continued From page 6</p> <p>This resulted in no actual harm with widespread potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings are:</p> <p>On 11/20/08 at approximately 10:30AM, during life safety rounds, two Emergency Medical Technicians responding to a 911 call were observed ringing the backdoor entrance call bell in order to gain access to the building. Approximately five minutes later, the Medics were still at the rear entrance waiting to be let in. At this point in time, the Director of Maintenance radioed Security and staff opened the door. The Medics stated that the total wait time was seven minutes. The sign above the backdoor call bell instructed users to " Ring bell and pull on door. "</p> <p>In an interview on 11/20/08 at 10:50AM the Director of Maintenance stated that he has had an " intermittent " problem with the proper function of the backdoor call bell. He further stated that on 11/6/08 and 11/11/08, he telephoned the company that installed the system, to request a service call, but has received no response. On 11/6/08 and 11/14/08 he notified his boss requesting that he call the company to " put some pressure on them to respond to the call. "</p> <p>On 11/20/08 at approximately 11:35AM, record review for the backdoor call system indicated that the Director of Maintenance also tried unsuccessfully to contact the company with regards to the malfunctioning backdoor call bell on 10/17/08, 10/21/08 and 10/28/08.</p> <p>In an interview on 11/20/08 at approximately</p>	F 456			

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F 456	Continued From page 7 1:10PM, the first floor receptionist stated that the backdoor call bell has not functioned properly for almost two months and that even when the bell is audible, she no longer has the capability to remotely open the door; rather, she has to notify staff to go to the basement to allow entry to the building.	F 456			
F 463 SS=L	10NYCRR 415.29(b) 483.70(f) RESIDENT CALL SYSTEM The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, it was determined that the facility failed to ensure that the existing resident call bell system on 2 of 2 units (1st floor unit and 2nd floor unit) was functioning properly. This was evidenced by the facility's call bell system malfunctioning, which would alert nursing staff to respond to residents who required staff assistance and/or were experiencing a medical emergency, in a timely manner. This, in conjunction with the facility's failure to implement an alternate system to compensate for the malfunctioning call bell system, resulted in no actual harm with the widespread potential for more than minimal harm that is IMMEDIATE JEOPARDY. Findings are:	F 463		12/30/08	

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F 463	<p>Continued From page 8</p> <p>1. During the initial tour of the facility on 11/20/08 between the hours of 8:30 AM and 10:45 AM, the following problems with the resident call bell system were noted on 2 of 2 units (1st and 2nd floor units);</p> <p>1st floor unit:</p> <p>All the resident call bells on the 1st floor unit were tested and none were functioning properly, i.e. all the call bells in the resident rooms and adjoining bathrooms from rooms #101 through room #115 did not sustain an alarm sound at the bedside; and/or light up over the room doors. In addition, the call bells did not sustain an alarm sound at the systems communication panel located in the nurse's station.</p> <p>These conditions on the 1st floor affected the entire unit census of 27 residents</p> <p>In an interview at 9:00 AM on 11/20/08, the Maintenance Director stated that the call bell system on the 1st floor unit had been malfunctioning and he had called an electrician about it on the morning of 11/19/08. He also stated that he thought it may have been a malfunction with the " pickels " which he described as the device on the resident call bell cord that when pressed down makes the alarm bell/light go off to alert nursing personnel. When asked by the surveyor if another communication device was provided for the residents to alert the nursing staff that assistance was needed, he said that no other device had been provided at that time.</p> <p>In an interview with a 1st floor Certified Nurses Aide (CNA) and a 1st floor Licensed Practical Nurse (LPN) on 11/20/08 at approximately</p>	F 463			

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F 463	<p>Continued From page 9</p> <p>9:10AM, both responded that the call bell system had not functioned properly for at least one month or more. They did not give an exact date as to when the problem had started. The LPN further stated that all the staff that had worked on the unit were aware of call bell problems; but that she herself had never reported this to administration.</p> <p>Interviews with two 1st floor residents on 11/20/08 in the early afternoon revealed that they do not get a response when they push the call bell. During an interview, one non-ambulatory resident stated that he uses the call bell when he needs assistance, but he does not get a response. He further stated that he has to "scream out for help" to get assistance. The other resident interviewed who was independent with ambulation stated he uses the call bell, but nobody comes to assist him.</p> <p>2nd floor unit:</p> <p>All the resident call bells on the 2nd floor unit were tested and none were functioning properly, i.e. all the call bells in the resident rooms and adjoining bathrooms from rooms # 201 through room # 211 did not alert nursing staff with an audible alarm sound. When the call bell system was tested, the lights above the doorway to the resident's room would light up; however, the lights at the communication panel in the nurse's station did not light up and there was no audible alarm sound functioning on any of the call bells. These conditions on the 2nd floor unit affected the entire census of 33 residents.</p> <p>The Director of Nursing (DON) was interviewed at 10:20 AM on 11/20/08 and revealed that she</p>	F 463			

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F 463	<p>Continued From page 10</p> <p>was made aware at 7:00 AM on 11/20/08 by the RN Supervisor (night shift) of the call system malfunctioning on the 2nd floor unit.</p> <p>The LPN who provides care to residents on the 2nd floor unit was interviewed on 11/20/08 at 11:10 AM. She stated that the call bell alarm sound has not been working properly since July, but she did not notify anyone. She further stated that all the staff on the 2nd floor were aware of this situation. Conversely, interview on 11/21/08 at 8:00 AM with the Registered Nurse Supervisor who works on the night shift revealed that she became aware of the malfunctioning call bells at 6:45 AM on the morning of 11/20/08 when the 2nd floor night LPN informed her.</p> <p>During an interview with a 2nd floor CNA on 11/20/08 at 11:55, it was revealed that the call bells had not worked properly in approximately 2 months. The CNA further stated that staff would respond to a light that was lit up on the doorway of the room, but the alarm sound did not sound.</p> <p>An interview with the Director of Physical Therapy on 11/20/08 at 12:10 PM revealed that he spent most of his time in the physical therapy room located on the 2nd floor and could not recall hearing any call bells alarming in about 2-3 months; when asked, he stated he did not report this to any other staff or administrative personnel.</p> <p>Interview on 11/20/08 at 4:30 PM with a resident who resides on the 2nd floor unit revealed that she used to use the call bell, but the response time was so slow that she has now given up on using the call bell for assistance.</p> <p>In an interview with the Maintenance Director at</p>	F 463			

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F 463	<p>Continued From page 11</p> <p>10:45 AM on 11/20/08, he agreed that the resident call bell system was not functional on the 2nd floor and 1st floor units since 11/19/08. He stated that he had called an electrician on 11/19/08 and left a message, but had not indicated that it was an emergency situation and had not received a call back from them. He further stated that the last time the system was checked was on 10/8/08 and there were no problems at that time with the call bells. A review of the facility call bell maintenance records showed the call bell system was last tested and functional was on 10/8/08.</p> <p>The Administrator was interviewed on 11/20/08 at 10:40 AM and he stated that he was made aware of a minor problem with the call bell system(one call bell light not working properly) by the Director of Maintenance and was told an electrician had been called. On 11/24/08 at approximately 4PM, the Administrator was asked about the contradictory statements from the Director of Maintenance and the direct care staff concerning the length of time of the malfunctioning of the call bell system. He stated that he was not aware that the staff had concerns regarding the call bell systems breakdown and further stated that there was a "system in place" to address call bell malfunctions. (This system was a policy and procedure stating call bells to be checked by maintenance monthly; malfunctions in the system to be reported immediately both verbally and on a repair slip to maintenance; if necessary, an outside electrician would be called; if the system could not be fixed in a reasonable time, portable bells would be provided to the residents and frequent visual observations would be made by nursing until the problem was corrected.) The Administrator acknowledged that the policy and</p>	F 463			

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F 463	Continued From page 12 procedure was not followed by staff.	F 463			
F 468 SS=B	415.29 713-1.19(g) 483.70(h)(3) OTHER ENVIRONMENTAL CONDITIONS - HANDRAILS The facility must equip corridors with firmly secured handrails on each side. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not equip all resident-use corridors with handrails in that areas accessible to residents are not provided with handrails. This resulted in no actual harm with the potential for minimal harm that is not immediate jeopardy. The findings are: On 11/20/08 at 10:05AM during environmental rounds, it was observed that a section of handrail measuring approximately 10 feet was missing by the basement elevator leading to the Beauty Parlor. In an interview on 11/20/08 at 10:20AM the Director of Maintenance offered no explanation for the missing handrails. 10NYCRR 415.29 713-1.(15)(a)(17)	F 468		12/30/08	

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 335118	(Y2) Multiple Construction A. Building 01 - MAIN BUILDING 01 B. Wing	(Y3) Date of Revisit 1/23/2009
Name of Facility NATHAN MILLER CENTER FOR NURSING CARE		Street Address, City, State, Zip Code 37 DEKALB AVENUE WHITE PLAINS, NY 10605

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix _____ Reg. # NFPA 101 LSC <u>K0017</u>	Correction Completed 01/23/2009	ID Prefix _____ Reg. # NFPA 101 LSC <u>K0018</u>	Correction Completed 01/23/2009	ID Prefix _____ Reg. # NFPA 101 LSC <u>K0021</u>	Correction Completed 01/23/2009
ID Prefix _____ Reg. # NFPA 101 LSC <u>K0023</u>	Correction Completed 01/23/2009	ID Prefix _____ Reg. # NFPA 101 LSC <u>K0032</u>	Correction Completed 01/23/2009	ID Prefix _____ Reg. # NFPA 101 LSC <u>K0038</u>	Correction Completed 01/23/2009
ID Prefix _____ Reg. # NFPA 101 LSC <u>K0050</u>	Correction Completed 01/23/2009	ID Prefix _____ Reg. # NFPA 101 LSC <u>K0062</u>	Correction Completed 01/23/2009	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency				
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO				

Followup to Survey Completed on: 11/24/2008	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		