

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

PRINTED: 02/22/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>335028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/07/2006</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KINGSBRIDGE HEIGHTS REHABILITA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3400 -26 CANNON PLACE BRONX, NY 10463</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The Kingsbridge Heights Rehabilitation and Care Center is in compliance with the requirements of 42 CFR Part 483, Subpart b, requirements for Long Term Care Facilities.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

New York State Department of Health

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I310	<p><b>415.29 Physical Environment</b></p> <p>This Regulation is not met as evidenced by: Physical environment The nursing home shall be designed, constructed, equipped and maintained to provide a safe, healthy, functional, sanitary and comfortable environment for residents, personnel and the public.</p> <p>Water supplies of nursing homes shall be operated in conformance with the following requirements.</p> <p>The hot water supply used by residents or the public shall be regulated to maintain hot water temperature within the range of 90 degrees to 120 degrees Fahrenheit.</p> <p>Based on observations and staff interview it was determined that the facility did not ensure that the hot water temperature was regulated and maintained to be within the range of 90°F to 120°F. This was evident in the kitchen hand washing and food preparation sinks.</p> <p>The findings are:</p> <p>On 09/5/06 at approximately 9:30 am, the hot water temperature in the kitchen hand washing sink was observed to be 135°F. On the same day, at approximately 12:00pm, the hot water temperature in the kitchen food preparation sink was also observed to be 135°F.</p> <p>In an interview on 09/05/06 at approximately 9:35am, the Dietary Director stated that a mixing valve should be installed in the sink. On 09/07/06 at approximately 11:00am the Assistant administrator stated that a mixing valve has been</p>	I310		9/8/06

Office of Health Systems Management

TITLE

(X6) DATE

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

New York State Department of Health

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I310	Continued From page 1 installed in the kitchen sink.  NYCRR 415.29(f) (6)	I310			

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NAME OF PROVIDER OR SUPPLIER  <b>KINGSBRIDGE HEIGHTS REHABILITA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3400 -26 CANNON PLACE BRONX, NY 10463</b>	
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K 000	INITIAL COMMENTS  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).	K 000		
K 018 SS=E	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: Based on observation and interview it was determined that the facility did not ensure that: 1) Doors protecting corridor openings in the west building were maintained to resist the passage of smoke /fire. 2) Doors in the west building were provided with a means suitable for keeping the door closed.	K 018		9/12/06
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

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K 018	Continued From page 1 This was observed in three of seven resident floors. This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy.  Findings are:  On 09/05/06 and 09/07/06 between 9:00 AM and 3:30 PM, it was observed that doors did not close tight and positively latch; also, doors were observed with missing and defective latching devices. Examples include the following: a) Fifth floor dining room door did not close tight and positively latch. b) Fourth floor dining room door was observed to have a defective door handle. c) Room 328 was observed to have a loose door handle. d) The door to the PT/OT room in the 1st floor was observed to be equipped with a roller latch. The door was also observed to have a hole of approximately 1inch radius located approximately six inches above the door handle .  In an interview on 09/07/06 at approximately 2:00pm, the Assistant Administrator stated that all the doors which were identified to not positively latch or with missing and/or defective door handles have been fixed.	K 018		
K 038 SS=D	711.2(a)(1) 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	K 038		9/8/06

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K 038	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: NFPA 101 19.2.1 Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7.</p> <p>NFPA 101 Section 7.2.1.9.1 Where means of egress doors are operated by power upon the approach of a person or doors with power-assisted manual operation, the design shall be such that, in the event of power failure, the door opens manually to allow egress travel or closes where necessary to safeguard the means of egress. The forces required to open such doors manually shall not exceed those required in 7.2.1.4.5, except that the force required to set the door in motion shall not exceed 50 lb. (222 N). The door shall be designed and installed so that when a force is applied to the door on the side from which egress is made, it shall be capable of swinging from any position to the full use of the required width of the opening in which it is installed (see 7.2.1.4). On the egress side of each door, there shall be a readily visible, durable sign that reads as follows: In emergency push to open. The sign shall be in letters not less than 1 in. (2.5 cm) high on a contrasting background.</p> <p>Based on observation and interview it was determined that the facility did not ensure that the means of egress was maintained so that they are readily accessible at all times according to NFPA 101. This is as evidenced by the front main entrance/exit doors, which are powered sliding doors, being incapable of swinging open on its break away hinges when manually operated. This</p>	K 038			

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K 038	<p>Continued From page 3</p> <p>was observed in one of four door leaves, in two of two sliding door sections. This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy.</p> <p>The findings are: On 09/05/06 and 09/07/06 between 8:30am and 3:30pm, the facility was observed to have two sets of powered doors serving as the main entrance/exit doors. The doors were also observed with visible sign that reads ' In emergency push to open ' . On 09/07/06 at approximately 9:50am, it was observed that one of four sliding door leaves, in two of two powered sliding door sections, would not swing open on the breakaway emergency hinges when they were tested to open manually by the facility maintenance staff. They failed to open.</p> <p>In an interview on 09/07/06 at approximately 9:55am, the Assistant Administrator stated that a company would be called in to check the doors.</p> <p>711.2(a)(1)</p> <p>The following requirements of The Life Safety Code has been previously waived. Repeat waivers are granted based on previous</p>	K 038			

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K 038	Continued From page 4 justifications by the owner, previous NYSDOH and USDHHR review's and certification that the conditions under which the waivers above been granted have not changed.  Include your request for renewal of this waiver or plan of correction in the space provided on this form.  42 CFR 483.70(a):  K38 S/S=B West Building  (1) The alternate exit access from the 7th floor, containing dental clinic, miscellaneous offices, is via an unprotected open roof top. Exterior exit access, where accumulation of snow or ice is likely because of the climate, is required to be protected by roof. <p style="text-align: right;">711.2(a)(1)</p> (2) Any, projection from the ceiling can not be less than 6 feet 8 inches nominal height from the floor. <p style="text-align: right;">711.2(a)</p> (1)	K 038			

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K 000	INITIAL COMMENTS	K 000			
K 038 SS=B	<p>42 CFR 483.70(a)</p> <p>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>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Include your request for renewal of this waiver or plan of correction in the space provided on this form.</p> <p>East Buidling</p> <p>(1) The alternate exit access from Penthouse is via an unprotected open roof. Exterior exit access where accumulation of snow or ice is likely because of the climate, is required to be protected by a roof. NYCRR 711.2(a)(1)</p> <p>(2) Any, projection from the ceiling can not be less than 6 feet 8 inches nominal height from the floor. NYCRR 711.2(a)(1)</p>	K 038		9/29/06	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 2	<b>(Y2) Multiple Construction</b> A. Building <b>01 - MAIN BUILDING 01</b> B. Wing	<b>(Y3) Date of Revisit</b> 10/31/2006
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<b>Name of Facility</b> KINGSBRIDGE HEIGHTS REHABILITA	<b>Street Address, City, State, Zip Code</b> 3400 -26 CANNON PLACE BRONX, NY 10463
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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).

<b>(Y4) Item</b>	<b>(Y5) Date</b>	<b>(Y4) Item</b>	<b>(Y5) Date</b>	<b>(Y4) Item</b>	<b>(Y5) Date</b>
ID Prefix <b>I310</b> Reg. # <b>415.29</b> LSC _____	Correction Completed <b>09/08/2006</b>	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
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

<b>Reviewed By</b> _____ <b>State Agency</b>	<b>Reviewed By</b> _____	<b>Date:</b> _____	<b>Signature of Surveyor:</b> _____	<b>Date:</b> _____
<b>Reviewed By</b> _____ <b>CMS RO</b>	<b>Reviewed By</b> _____	<b>Date:</b> _____	<b>Signature of Surveyor:</b> _____	<b>Date:</b> _____

<b>Followup to Survey Completed on:</b> 9/7/2006	<input type="checkbox"/> <b>Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?</b> <table style="float: right;"> <tr> <td><b>YES</b></td> <td><b>NO</b></td> </tr> </table>	<b>YES</b>	<b>NO</b>
<b>YES</b>	<b>NO</b>		

**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.

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 335028	<b>(Y2) Multiple Construction</b> A. Building <b>02 - BUILDING 02</b> B. Wing	<b>(Y3) Date of Revisit</b> 10/31/2006
<b>Name of Facility</b> KINGSBRIDGE HEIGHTS REHABILITA	<b>Street Address, City, State, Zip Code</b> 3400 -26 CANNON PLACE BRONX, NY 10463	

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. # <b>NFPA 101</b> LSC <u>K0018</u>	Correction Completed <b>09/12/2006</b>	ID Prefix _____ Reg. # <b>NFPA 101</b> LSC <u>K0038</u>	Correction Completed <b>09/08/2006</b>	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	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 _____ State Agency	Reviewed By _____	Date:	Signature of Surveyor:	Date:		
Reviewed By _____ CMS RO	Reviewed By _____	Date:	Signature of Surveyor:	Date:		
Followup to Survey Completed on: 9/7/2006		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					