



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Office of Health Facility Licensure and Certification
408 Leon Sullivan Way
Charleston, West Virginia 25301-1713
Telephone: (304) 558-0050 Fax: (304) 558-2515

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

April 18, 2014

Mr. Roger Topping, Administrator
Princeton Health Care Center
315 Courthouse Rd.
Princeton, WV 24740

Mr. Topping:

On **04/24/2014**, a life safety survey was completed at the facility by the Office of Health Facility Licensure and Certification to determine if the facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was in substantial compliance and the most serious deficiency in your facility to be a **deficiency that constitutes no actual harm with potential for minimal harm**, as evidenced by the attached CMS-2567L whereby corrections are required.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Plan of Correction

A plan of correction (POC) for the deficiencies must be submitted within ten days of receipt of this notice. Failure to submit an acceptable POC by the due date may result in the imposition of remedies.

The POC for each life safety deficiency must contain the following criteria:

1. How corrective action will be accomplished for those residents and/or areas of the facility found to have been affected by the deficient practice;

2. How the facility will identify other residents and/or areas of the facility having the potential to be affected by the same deficient practice;
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be in place to monitor the continued effectiveness of the systemic change.
5. The completion date of the corrective action.

Please send the plan of correction to:

Nursing Home Programs
Office of Health Facility Licensure and Certification
408 Leon Sullivan Way
Charleston, WV 25301-1713

INFORMAL DISPUTE RESOLUTION:

In accordance with 42 CFR 488.331, you have an opportunity to question cited deficiencies through an **informal dispute resolution process**. To request an informal dispute resolution, please submit in writing the specific deficiencies being disputed and an explanation of why you are disputing those deficiencies to:

Informal Dispute Resolution Review Committee
Office of Health Facility Licensure and Certification
408 Leon Sullivan Way
Charleston, WV 25301-1713

You may also send your request via email to Dhhr.Ohflac.@wv.gov.

This request must be sent during the same **ten (10)** calendar days you have for submitting a POC for the cited deficiencies and must be contained on a document separate from the CMS-2567L, which contains the POC.

You may choose between an informal dispute resolution (IDR) and an independent informal dispute resolution (IIDR). **You must clearly indicate your choice in the attention line of your request and the subject line of your email.**

An IDR will be completed by OHFLAC staff not associated with the referenced survey event.

Per West Virginia State Code §16-5C-12a, an IIDR will be completed by an independent review organization. If an independent informal dispute resolution process is selected, the matter will be assigned to one of three independent review organizations accredited by the Utilization Review Accreditation Commission. The facility may be subject to certain costs such as:

- The cost of a face-to-face conference if one is requested; and
- The cost charged by the independent review organization, should the facility not be successful in its dispute.

***Substantial Compliance** means a level of compliance with the requirements of participation such that any identified deficiencies pose no greater risk to resident health or safety than the potential for causing minimal harm (i.e., no deficiencies cited at a scope and severity greater than level C). Substantial compliance constitutes compliance with participation requirements.

If you have any questions concerning the instructions contained in this letter, please feel free to contact me at (304) 558-0050.

Sincerely,



Ronald Stricker
Life Safety Program

RS/cdm

Enclosure

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

PRINTED: 04/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515187	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2014
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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 315 COURTHOUSE RD. PRINCETON, WV 24740
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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
K 000	INITIAL COMMENTS	K 000		
K 050 SS=C	Entrance Date: 04/14/2014 Exit Date: 04/16/2014 NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on review of the facility documentation and staff interview, it was determined that the facility failed to maintain fire drill documentation for the second quarter of 2013/2014. Facility census is 113. Findings include: a) During a review of the facility fire drill records on 04/15/2014 at approximately 11:00 a.m., no record could be found for fire drills being conducted for the second quarter of 2013 or the first two weeks of April 2014 up to the day of this survey.	K 050	Please submit credible evidence in addition to an acceptable plan of correction for this citation	
K 141 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.	K 141		

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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NAME OF PROVIDER OR SUPPLIER PRINCETON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 315 COURTHOUSE RD. PRINCETON, WV 24740		
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K 141	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain proper separation of Empty and Full Oxygen cylinders in the oxygen storage cabinet. In addition, the location of the storage cabinet is required to be at least 20 feet from any doors or window: Facility census is 113. a) On 04/16/14 at approximately 11:30 a.m., an inspection of the main oxygen storage area was conducted. At this time it was determined that Empty Oxygen Cylinders were stored mixed in with the FULL Cylinders. b) No signage was present to denote separate storage areas for the Full Cylinders from the Empty Cylinders. c) Improper separation between the Oxygen storage area and doors/ windows must be at least twenty (20) feet... Relocation of the storage area will be required. d) These findings were discussed with the Facility Administrator and the Maintenance Director on 04/16/2014 at approximately 12:15 p. m., and agreed that better signage and separation practices are needed.	K 141	Please submit credible evidence in addition to an acceptable plan of correction for this citation		