

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

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PRINTED: 07/2012
OMB NO 0938-0391
AUG - 9 2012
07/24/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X1) DATE SURVEY COMPLETED AUG - 9 2012
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NAME OF PROVIDER OR SUPPLIER NIM HENSON GERIATRIC CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 420 JETT DRIVE JACKSON, KY 41339
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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
F 000	INITIAL COMMENTS	F 000		
F 467 SS=D	<p>483.70(h)(2) ADEQUATE OUTSIDE VENTILATION-WINDOW/MECHANIC</p> <p>The facility must have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews, it was determined the facility failed to maintain an adequate ventilation system. Observations on 07/24/12, revealed the air temperature in the resident smoking room was 87 degrees Fahrenheit.</p> <p>The findings include:</p> <p>A review of the facility's procedures for Air Temperature (undated) and Air Temperature Logs (undated) revealed air temperatures were kept at comfortable levels to the best possible means, and the facility does not maintain air temperature logs.</p> <p>A tour of the facility on 07/24/12, at 10:48 AM, revealed the air temperature in the resident smoking room was 87 degrees Fahrenheit.</p> <p>On 07/24/12, at 10:50 AM, the Director of Nursing</p>	F 467	<p><u>THIS PLAN OF CORRECTION CONSTITUTES MY WRITTEN ALLEGATION OF COMPLIANCE FOR THE DEFICIENCIES CITED. HOWEVER, SUBMISSION OF THE PLAN OF CORRECTION IS NOT AN ADMISSION THAT A DEFICIENCY EXISTS OR THAT ONE WAS CITED CORRECTLY. THIS PLAN OR CORRECTION IS SUBMITTED TO MEET REQUIREMENTS ESTABLISHED BY STATE AND FEDERAL LAWS.</u></p> <p>The HVAC unit in the smoke break room was replaced on 7-24-12.</p> <p>Any resident could be affected if the facility fails to maintain adequate ventilation. All common areas were checked on 7-25-12 and temperatures were found to be in compliance.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Phillip J. Litteral* TITLE: Administrator (X8) DATE: 8/8/12

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.

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

8300 ON WPT3:12:31PM No. 0038
PRINTED: 08/07/2012
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FORM NOT 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2012
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NAME OF PROVIDER OR SUPPLIER NIM HENSON GERIATRIC CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 420 JETT DRIVE JACKSON, KY 41339
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F 467	Continued From page 1 (DON) and Maintenance Supervisor were observed to enter the smoking room with tools/equipment. Interview with the DON and Maintenance Supervisor on 07/24/12, revealed they were replacing the air conditioning unit in the smoke room due to the air conditioner not working adequately and the air temperature being "too hot." The Maintenance Supervisor was unable to state exactly when he had been notified of the air conditioner not working properly and the temperatures in the smoke room being elevated, stating, "I know it was bad a few days ago, but I'm just now getting to it." The Maintenance Supervisor also stated air temperatures were not monitored in the facility, including the smoking room. Interviews on 07/24/12, with Resident #2 at 12:45 PM, with Resident A at 4:00 PM, with Resident B at 5:00 PM, and with Resident C at 3:45 PM, all smokers in the facility, revealed each of the residents expressed the smoke room had been uncomfortably warm for approximately one to two weeks. Resident #2 stated, "It's been like a sauna in there." Interviews on 07/24/12, with Certified Medication Aide #1 at 6:00 PM, and with Certified Nursing Assistant #3 at 6:20 PM, revealed they were aware the smoking room had been "hot;" however, the employees could not say how long the smoking room temperature had been elevated. Interview with the Administrator on 07/24/12, at 6:30 PM, revealed he had been aware for approximately one week that the air conditioner in the smoking room was not working adequately	F 467	Maintenance department was inserviced on 7-25-12 on maintaining adequate ventilation and temperatures in the building Maintenance has been provided with a thermometer to insure compliance. The facility has five new HVAC units to replace any faulty units when needed. The administrator and all department heads will observe the building for comfortable temperatures and ventilation as they perform their daily duties. Maintenance will be informed of any irregularities. Maintenance will monitor building temperatures monthly and keep a log. Q.A. committee will be consulted as needed.	7-25-12

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8500 'ON WJL8:21 210Z '09 9 2012 12:31PM No. 0038
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F 467	Continued From page 2 and temperatures were increased. However, the facility failed to initiate monitoring of the air temperatures or repair/replace the air conditioning unit until 07/24/12.	F 467		