

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

PRINTED: 10/22/2013  
FORM APPROVED  
OMB NO. 0938-0391

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|--|--|--|---|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                             |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185061 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br>10/10/2013 |
| NAME OF PROVIDER OR SUPPLIER<br><br>KENWOOD HEALTH AND REHABILITATION CENTER |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>130 MEADOWLARK DRIVE<br>RICHMOND, KY 40475                             |                      |  |
| (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<br><br>A Recertification Survey was initiated on 10/08/13, and concluded on 10/10/13, with no deficiencies cited. | F 000  |   |                      |  |

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator (X6) DATE 11/01/13

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<br><br>KENWOOD HEALTH AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>130 MEADOWLARK DRIVE<br>RICHMOND, KY 40475 |
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{K 000} INITIAL COMMENTS

An offsite revisit was conducted and based on the acceptable POC the facility was deemed to be in compliance as alleged on 11/19/13.

{K 000}

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

TITLE

(X6) DATE

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| NAME OF PROVIDER OR SUPPLIER<br><br>KENWOOD HEALTH AND REHABILITATION CENTER                 |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>130 MEADOWLARK DRIVE<br>RICHMOND, KY 40475  |  |
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| K 000  | INITIAL COMMENTS<br><br>CFR: 42 CFR §483.70 (a)<br><br>BUILDING: 01<br><br>PLAN APPROVAL: 1985<br><br>SURVEY UNDER: 2000 Existing<br><br>FACILITY TYPE: SNF/NF<br><br>TYPE OF STRUCTURE: One story, Type III (200)<br><br>SMOKE COMPARTMENTS: 6<br><br>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM<br><br>FULLY SPRINKLERED, SUPERVISED (WET & DRY SYSTEM)<br><br>EMERGENCY POWER: Type II diesel generator<br><br>A Life Safety Code Survey was initiated and concluded on 10/09/13. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found not in substantial compliance with the Requirements for Participation for Medicare and Medicaid.<br><br>Deficiencies were cited with the highest deficiency identified at "F" level. | K 000  | K 029<br><br>1. The forty-two nail/screw holes in the janitors closet on B wing were repaired and sealed by the Maintenance Director on 10/10/13.<br><br>2. A one time audit of every janitors closet or hazardous area will be completed by the Administrator on 11/01/13 to ensure those areas are safeguarded by a fire barrier having a 1-hour fire resistance rating.<br>No other issues were identified.<br><br>3. The Maintenance department will audit all janitor closets and hazardous areas weekly beginning week of 11/04/13 and on-going to ensure hazardous areas are safeguarded by a fire barrier having a 1-hour fire resistance rating.<br>Any issue identified will be addressed immediately.<br>The Administrator will re-educate the maintenance supervisor regarding hazardous areas are safeguarded by a fire barrier by 11/01/13.<br><br>4. The Quality Assurance Team (consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor) will review all audit findings and revise current plan at least monthly beginning week of 11/13/13 and ongoing until issue is resolved or satisfactory. |  |
| K 029<br>SS=D  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire   | K 029  |  |  |
| LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><i>Glenn Coy</i> |   |  | TITLE<br>Administrator   | (X6) DATE<br>11/01/13                        |

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| K 029  | Continued From page 1<br><br>extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1<br><br>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain hazardous areas, according to National Fire Protection Association. The deficiency had the potential to affect one (1) of six (6) smoke compartments, twenty two (22) residents, staff and visitors.<br><br>The findings include:<br><br>Observation, on 10/09/13 at 11:32 AM, revealed the Janitor Closet on B wing had approximately forty-two (42) nail/screw holes not sealed. Penetrations must be sealed with a material equal or greater than the original construction to resist the passage of smoke during a fire.<br><br>Interview, on 10/09/13 at 11:32 AM, with the Maintenance Director, revealed he was unaware of the penetrations as he had only been at the facility for two (2) months.<br><br>Interview, on 10/09/13 at 4:00 PM, with the Administrator revealed he was aware of the | K 029  | 5. Date of Compliance: 11/19/13   |  |

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| K 029  | Continued From page 2<br>penetrations and was working to get them repaired.<br><br>Reference: NFPA 101 (2000 edition)<br>19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:<br>(1) Boiler and fuel-fired heater rooms<br>(2) Central/bulk laundries larger than 100 ft2 (9.3 m2)<br>(3) Paint shops<br>(4) Repair shops<br>(5) Soiled linen rooms<br>(6) Trash collection rooms<br>(7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction<br>(8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard.<br><br>Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door. | K 029  |   |                      |  |
| K 056  | NFPA 101 LIFE SAFETY CODE STANDARD  | K 056  |   |                      |  |

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|  | <p>Continued From page 3</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the building had a complete sprinkler system, in accordance with NFPA Standards.</p> <p>The findings include:</p> <p>Observation, on 10/09/13 at 11:50 AM, revealed two (2) overhangs that were located outside of the ambulance door exit and C-Wing exit that extended out from the building seventy-four (74) inches which were made of combustible materials and were not sprinkler protected.</p> <p>Interview, on 10/09/13 at 11:50 AM, with the Maintenance Director revealed the overhang was made of combustible materials and he was not aware the overhang needed to be sprinkler protected. He stated he thought all the overhangs were identified.</p> |  |   | <p>1. Dry pendant sprinklers will be installed at the two overhangs located outside the ambulance door exit and C wing exit by the facility's sprinkler system vendor to ensure sprinkler protection to the area. The installation is scheduled for the week of 11/04/13.</p> <p>2. A one time audit of every room and outside overhangs was completed by the Administrator on 10/28/13 to ensure complete sprinkler coverage for all portion of the building. No other issues were identified.</p> <p>3. The Maintenance department will audit all areas weekly beginning week of 11/04/13 and ongoing to ensure all areas of the facility are sprinkler protected as required. Any issue identified will be addressed immediately. The Administrator will re-educate the maintenance supervisor regarding all areas of the facility are sprinkler protected by 11/01/13.</p> <p>4. The Quality Assurance Team (consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor) will review all audit findings and revise current plan at least monthly beginning week of 11/13/13 and ongoing until issue is resolved or satisfactory.</p> |  |



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| K 062  | Continued From page 5<br>Interview, on 10/09/13 at 4:15 PM, with the Administrator revealed he was unaware of this requirement.<br>Reference: NFPA 13 (1999 edition)<br>4-2.5.2 Valve rooms shall be lighted and heated. The source of heat shall be of a permanently installed type. Heat tape shall not be used in lieu of heated valve enclosures to protect the dry pipe valve and supply pipe against freezing.  | K 062  | 4. The Quality Assurance Team (consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor) will review all audit findings and revise current plan at least monthly beginning week of 11/13/13 and ongoing until issue is resolved or satisfactory.   |  |
| K 073<br>SS=E  | NFPA 101 LIFE SAFETY CODE STANDARD<br>No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, it was determined the facility failed to ensure that no combustible decorations were used in the facility, according to NFPA standards. The deficiency had the potential to affect all smoke compartments, all residents, staff, and visitors. The facility is certified for ninety-three (93) beds with a census of eighty-two (82) on the day of the survey. The facility failed to ensure decorations brought into the facility were properly fire treated and documented.<br><br>The findings include:<br><br>Observation, on 10/09/13 between 11:00 AM and 4:30 PM, with the Maintenance Director, revealed wreaths/decorations were on doors throughout the facility to include the following rooms: B1, B2, B6, B8, B11, C2, C3, C7, D4, D7. The facility had no documented evidence of flame retardant having been applied to these items. | K 073  | 5. Date of Compliance: 11/19/13<br><br>K 073<br><br>1. The wreaths/decorations on the doors of rooms B1, B2, B6, B8, B11, C2, C3, C7, D4 and D7 were removed by the Maintenance Supervisor on 11/01/13 to ensure no combustible decorations are used in the facility.<br><br>2. A one time audit of the wreaths and decorations throughout the building was completed by the Administrator on 11/01/13 to ensure that no furnishings or decorations of highly flammable character are used. Items identified were immediately removed.<br><br>3. The Maintenance department will audit the wreaths and decorations throughout the building weekly beginning the week of 11/04/13 and ongoing to ensure that no furnishings or decorations of highly flammable character are used. |  |

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| K 073  | Continued From page 6<br><br>Interview, on 10/09/13 at 4:15 PM, with the Maintenance Director revealed he was aware decorations were required to be treated with a fire retardant spray. He also stated that the facility did not have a policy on decorations.<br><br>Interview, on 10/09/13 at 4:15 PM, with the Administrator revealed she would get this corrected and have a written policy created.<br><br>Reference: NFPA 101 (2000 Edition)<br><br>19.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless they are flame-retardant.   | K 073  | The administrator will develop and implement a written policy for decorations including the requirement for flame retardants or treatment with flame retardants.<br>The administrator will develop and implement a treatment log to document use of flame retardants for decorations or furnishings needing treatment.<br>The Administrator will educate the maintenance supervisor regarding no furnishings or decorations of highly flammable character are used and new flame retardant policy for decorations by 11/01/13.  |                      |  |
| K 147<br>SS=E  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2<br><br>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the facility had an adequate number of electrical receptacles to meet the needs of residents without the use of extension cords or multiple outlet adapters according to National Fire Protection Association (NFPA). The deficiency had the potential to affect two (2) smoke compartments, forty-two (42) residents, staff and visitors.<br><br>The findings include: | K 147  | 4. The Quality Assurance Team (consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor) will review all audit findings and revise current plan at least monthly beginning week of 11/13/13 and ongoing until issue is resolved or satisfactory.<br><br>5. Date of Compliance: 11/19/13<br><br>K 147<br><br>1. The power strips in rooms B8, B11, and D2 were removed by the Maintenance Supervisor on 10/10/13.<br><br>2. A one time audit of the electrical outlets and receptacles in the resident rooms was completed by the |                      |  |

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| K 147  | Continued From page 7<br><br>Observation, on 10/09/13 between 11:00 AM and 4:30 PM, with the Maintenance Director revealed multi-outlet strip being used as permanent wiring. Resident beds, were observed plugged into power strips in rooms B8, B11, D2. In addition, extension cords and multi-outlet strips cannot be used as a substitute for permanent wiring.<br><br>Interview, on 10/09/13, at 4:00 PM, with the Maintenance Director revealed he had told staff that the medical equipment could not be plugged into power strips.<br><br>Interview on 10/09/13 at 4:15 PM with the Administrator revealed he would prohibit the use of power strips.<br><br>Reference: NFPA 99 (1999 Edition).<br><br>3-3.2.1.2 D<br>2. Minimum number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.<br>Reference: NFPA 70 (1999 Edition).<br><br>400-8. Uses Not Permitted<br>Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:<br>1. As a substitute for the fixed wiring of a structure<br>2. Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors<br>3. Where run through doorways, windows, or | K 147  | Administrator on 10/28/13 to ensure that the facility has an adequate number of receptacles to meet resident needs without the use of extension cords or multi outlets adapters.<br>No other issues were identified.<br><br>3. The Maintenance department will audit the electrical outlets and receptacles in the resident rooms beginning the week of 11/04/13 and ongoing to ensure that the facility has an adequate number of receptacles to meet resident needs without the use of extension cords or multi outlets adapters.<br>Issues identified will be corrected immediately.<br>The Administrator will re-educate the maintenance supervisor regarding the facility has an adequate number of receptacles to meet resident needs without the use of extension cords or multi outlets adapters by 11/01/13.<br><br>4. The Quality Assurance Team (consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor) will review all audit findings and revise current plan at least monthly beginning week of 11/13/13 and ongoing until issue is resolved or satisfactory.<br><br>5. Date of Compliance: 11/19/13 |  |

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|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>KENWOOD HEALTH AND REHABILITATION CENTER |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>130 MEADOWLARK DRIVE<br>RICHMOND, KY 40475 |   |
| (X4) IO PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | IO PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)<br><br>(X5) COMPLETION DATE |
| K 147  | Continued From page 8<br>similar openings<br>4. Where attached to building surfaces<br>Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.<br>5. Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors<br>6. Where installed in raceways, except as otherwise permitted in this Code. | K 147   |   |