

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

PRINTED: 06/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/28/2015
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NAME OF PROVIDER OR SUPPLIER  MAYFAIR MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3300 TATES CREEK ROAD LEXINGTON, KY 40502
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F 000	INITIAL COMMENTS  A Recertification Survey was initiated on 05/26/15 and concluded on 05/28/15 with deficient practice cited at the highest Scope and Severity of a "D."	F 000	1. The Beautician was immediately made aware of the safety violation by the Administrator. The beautician received a Coaching and Counseling on June 2, 2015 by the administrator that immediately and on-going she will not leave a resident unattended in the beauty shop; chemicals cannot be left unattended; and the door must be locked and chemicals secure when she is not in the beauty shop.	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's policy, it was determined the facility to ensure the residents' environment remained as free of accident hazards as possible as evidenced by observation on 05/26/15 at 10:00 AM, of the beauty shop being unlocked with an unattended resident sitting under the hair dryer, and the beautician not present in the shop. Additionally, observation of the beauty shop revealed a container of potentially hazardous chemical sitting out on the counter.  The findings include:  Interview with the Administrator on 05/26/15 at 10:31 AM, revealed the facility did not have a policy relating to safety and supervision in the beauty shop.	F 323	2. All residents that receive services in the beauty shop are at risk for the deficient practice. On June 2, 2015 the residents were identified to determine who receive services in the beauty shop. The beautician provided a list of residents who receives said services.  3. The administrator completed education on June 2, 2015 for the beautician to ensure the resident's environment is free from accident hazards while in the beauty shop. The beautician is aware that immediately and on-going she will not leave a resident unattended in the beauty shop; chemicals cannot be left	

RECEIVED  
5/22/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rene Martin</i>	TITLE Administrator	(X6) DATE 6/19/15
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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.

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F 323	<p>Continued From page 1</p> <p>Review of the facility's policy titled, "Safety and Supervision of Residents", revised December 2007, revealed resident safety and supervision was a facility wide priority. Per the Policy, safety risks and environmental hazards were identified on an ongoing basis through the facility's employee training and monitoring and reporting and Quality Assurances (QA) processes. Further review revealed the facility's "systems approach to safety" section noted the facility-oriented and resident-oriented approaches to safety were used together to implement the sytem which considered the hazards identified in the environment and individual risk factors, and then interventions were adjusted accordingly.</p> <p>Observation, on 05/26/15 at 10:00 AM, of the facility's beauty shop revealed a resident sitting under the hair dryer unattended, as the beautician was not present in the shop. Additionally, observation revealed a container of Barbicide (a disinfectant solution) was sitting out on the counter.</p> <p>Review of the Barbicide Material Safety Data Sheet (MSDS) revealed the product was classified as hazardous under the Occupational Safety and Health Administration (OSHA). Continued review revealed ingestion and skin/eye contact with the product were to be avoided. Review of the MSDS revealed if the product was ingested to rinse the mouth and call a poison control center/physician immediately. Further review of the MSDS revealed if the product came into contact with the eyes it might cause severe irritation, and if inhaled might cause headache, nausea, dizziness and other symptoms of central nervous system depression.</p>	F 323	<p>unattended; and the door must be locked and chemicals secure when she in not in the beauty shop. When the beautician needs to leave the beauty shop she will relocate any resident receiving services to the nursing station and that the door is locked and chemicals secured when she is not in attendance to ensure that the resident environment is remains free of accident hazards.</p> <p>4. An audit tool was developed to monitor compliance to ensure the beauty shop door locked when not in attendance, no resident is left in the beauty shop alone and that chemicals are secured. Monitoring will occur twice daily for four weeks during beautician's hours of operation, then biweekly for four weeks, then monthly for three months. Any issues identified will be immediately corrected and beautician educated for the identified problem. The audit results will be brought to the monthly Quality Assurance Performance Improvement (QAPI) to ensure the residents' environment</p>

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F 323 Continued From page 2

Interview with the Beautician on 05/26/15 at 10:05 AM, revealed she was unaware the beauty shop door needed to be closed and locked if she was not present in it. Per interview, she was unaware she could not leave a resident alone or sitting under a dryer in the beauty shop while she went to retrieve another resident. Continued interview revealed she had not received any education by the facility on resident safety pertaining to the beauty shop. The Beautician revealed she was not aware of potential safety risks in leaving the door open and the shop unattended, with or without a resident present. She stated it was "impossible" for her to secure the beauty shop every time she needed to transport her next resident appointment, especially if there was a resident sitting under the dryer.

Interview with the Administrator on 05/26/15 at 10:31 AM, revealed it was her expectation for all employees to be aware of potential safety hazards for the residents and to act accordingly. Per interview, the beauty shop area should be secured when the beautician was not present. The Administrator revealed a resident should not be left alone in the unattended in the beauty shop. "common sense" should tell someone that.

F 323

remains as free of accident hazards as possible and each resident receives adequate supervision to prevent accidents. The QAPI team consists of the Medical Director, Administrator, Director of Nursing, Dietary Director, Health Information Director, Assistant Directors of Nursing, Plant Operations Director, Housekeeping Director and Quality of Life Director.

6/30/15

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K 000	INITIAL COMMENTS  CFR: 42CFR 483.70(a) SURVEY UNDER: NFPA 101 (2000 Edition)  FACILITY TYPE: SNF/NF  TYPE OF STRUCTURE: One (1) Story, Type III (200) Unprotected  SMOKE COMPARTMENTS: Three (3)  COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM  FULLY SPRINKLERED, SUPERVISED (Dry SYSTEM)  EMERGENCY POWER: Type II Diesel  A Standard Life Safety Code Survey was conducted on 05/27/15. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for ninety-eight (98) beds. The census the day of the survey was eighty-eight (88).  Deficiencies were cited with the highest deficiency identified at an "D" level.  The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)	K 000	1. The light fixtures that are obstructing the sprinkler heads will be moved to allow for unobstructed flow.  2. A tour of the physical plant to be completed to ensure compliance with Title 42, Code of Federal Regulations, 483.70.  3. The Maintenance Director will insure that sprinklers are not added or moved in violation of Title 42, Federal Regulations, 483.70.  4. Monthly monitoring will be completed and any violation corrected immediately. Monitoring will be presented to the month Quality Assurance Performance Improvement (QAPI) committee. The QAPI team consists of the Medical Director, Administrator, Director of Nursing, Dietary Director, Health Information Director, Assistant Directors of Nursing, Plant Operations Director, Housekeeping Director and Quality of Life Director.	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating	K 062		6/30/15

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

*Becca Martin*

TITLE

*Administrator*

(X6) DATE

6/19/15

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 062	<p>Continued From page 1</p> <p>condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure automatic sprinkler heads were not obstructed, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, three (3) residents, staff and visitors.</p> <p>The findings include:</p> <p>Observation, on 05-27-15 at 9:25 AM, with the Maintenance Director, revealed an automatic sprinkler head was obstructed by a light fixture in the Laundry area. Interview, at the time of observation, with the Maintenance Director, revealed he had never identified the automatic sprinkler as being obstructed.</p> <p>Observation, on 05-27-15 at 10:03 AM, with the Maintenance Director, revealed five (5) automatic sprinkler heads, obstructed by light fixtures in the Physical Therapy area. Interview, at the time of observation, with the Maintenance Director, revealed he had never identified the automatic sprinkler heads as being obstructed.</p>	K 062		
	<p>The findings were acknowledged by the Administrator during the exit conference.</p> <p>Reference: NFPA 13 (1999 Edition) 5-5.5.2.1 Continuous or non-continuous obstructions less than or equal to 18 in. (457 mm)</p>			

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K 062	<p>Continued From page 2</p> <p>below the sprinkler deflector that prevent the pattern from fully developing shall comply with 5-5.5.2.</p> <p>5-5.5.2.2 Sprinklers shall be positioned in accordance with the minimum distances and special exceptions of Sections 5-6 through 5-11 so that they are located sufficiently away from obstructions such as truss webs and chords, pipes, columns, and fixtures.</p> <p>Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (SSU/SSP)</p> <p>Distance from Sprinklers to side of Obstruction (A). Maximum Allowable Distance of Deflector above Bottom of Obstruction (in.) (B)</p> <p>Side of Obstruction (A) Obstruction (in.) (B)</p> <p>Less than 1 ft 0 1 ft to less than 1 ft 6 in. 2 1/2 1 ft 6 in. to less than 2 ft 3 1/2 2 ft to less than 2 ft 6 in. 5 1/2 2 ft 6 in. to less than 3 ft 7 1/2 3 ft to less than 3 ft 6 in. 9 1/2 3 ft 6 in. to less than 4 ft 12 4 ft to less than 4 ft 6 in. 14 4 ft 6 in. to less than 5 ft 16 1/2 5 ft and greater 18</p>	K 062		

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K 062	Continued From page 3  For SI units, 1 in. = 25.4 mm; 1 ft = 0.3048 m. Note: For (A) and (B), refer to Figure 5-6.5.1.2(a).	K 062		