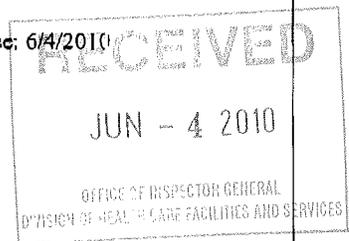


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/25/2010
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185443 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/13/2010 |
| NAME OF PROVIDER OR SUPPLIER KENSINGTON MANOR CARE AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 226 SAINT JOHN ROAD ELIZABETHTOWN, KY 42701 | |
| (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) | (X6) COMPLETION DATE |
| F 000 | INITIAL COMMENTS A standard health survey was conducted 05/11/10 through 05/13/10 in conjunction with the investigation of complaint KY #00014724. Deficiencies were cited with the highest scope and severity of a "D" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition. KY #00014724 was substantiated but no regulatory violations were cited related to the complaint investigation. | F 000 | This plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Kensington Manor agrees with the citation noted on the pages of this Statement of Deficiencies. Kensington Manor maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor any they of such character so as to limit our capability to render adequate care. | |
| F 371 SS=D | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to label and date four (4) containers of a food-like substance stored in the medication room resident refrigerator, which was available for resident consumption. The findings include: Observation on 05/13/10 at 1:35pm revealed the medication room, resident refrigerator, had four (4) containers of a food-like substance in Styrofoam cups covered with lids. These | F 371 | F 371 Four containers of applesauce were immediately removed from the resident refrigerator located in the medication room. Residents have the potential to be affected. No residents were adversely affected since the applesauce had not been used. Re-education will be provided to the dietary and nursing staff by 6/3/2010, by the Staff Development Coordinator regarding dating and labeling of food items. Dietary manager will monitor labeling and dating of food items provided to nursing three times per week for four weeks. Findings will be reported to the Performance Improvement Committee for recommendations. Date of Compliance: 6/4/2010 | |



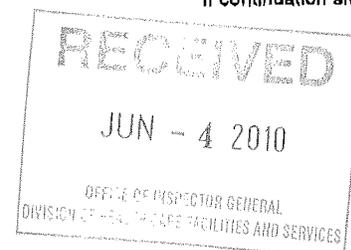
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* (X8) DATE: *6/4/2010*

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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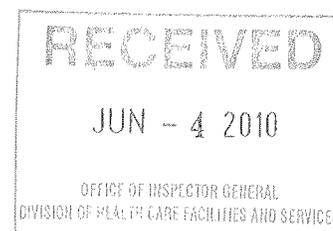
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| NAME OF PROVIDER OR SUPPLIER KENSINGTON MANOR CARE AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 225 SAINT JOHN ROAD ELIZABETHTOWN, KY 42701 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY: (EACH DEFICIENCY MUST 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 371 | Continued From page 1 containers were not labeled or dated. Record review of the facility's policy for snacks, dated July, 2008, revealed the Nutrition Services Department assembled and delivered to each nursing unit the resident food items, (snacks) as individually care planned. The policy stated the food items would be labeled and dated. Interview on 05/13/10 at 1:35pm with the Director of Nursing revealed the four (4) Styrofoam cups in the refrigerator were "applesauce" to be used for residents' medication pass, or for residents' snacks. She reported the applesauce was delivered to the medication room from the kitchen every day. Interview on 05/13/10 at 3:30pm with the Dietary Manager (DM) revealed a staff person had requested applesauce from the cook while the cook was in the middle of something. The DM reported the cook retrieved the applesauce, but did not label or date it when she handed the applesauce over to the receiving staff. | F 371 | | |
| F 431 SS=D | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the | F 431 | F 431 The expired Zofran and Heparin were immediately disposed of per guidelines by the DNS on 5/13/2010. An audit of the medication room and carts was conducted by DNS on 5/13/2010 to ensure expired medications and biologicals were either dated or destroyed per guidelines. | |



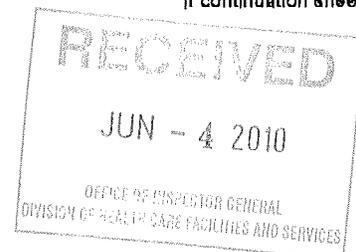
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/26/2010
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185443 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/13/2010 |
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| NAME OF PROVIDER OR SUPPLIER KENSINGTON MANOR CARE AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 225 SAINT JOHN ROAD ELIZABETHTOWN, KY 42701 | |
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| F 431 | <p>Continued From page 2</p> <p>appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses a unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to ensure expired medications, and biologicals were removed and not available and accessible for resident use.</p> <p>The findings include:</p> <p>Record review of the facility's policy 5.3 on Storage and Expiration Dating of Drugs, Biologicals, Syringes, and Needles, effective date 12/01/07, revealed the facility should ensure that drugs and biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or a supplier</p> | F 431 | <p>F 431 continued</p> <p>Re-education will be provided to the nursing staff by the DNS before 6/3/2010 regarding storage of medications and biologicals. A monitoring log will be developed and put in place by 6/3/2010 to allow nursing to sign off on a weekly basis, indicating that inspection of the nursing station storage areas was completed.</p> <p>The DNS/ADNS will monitor this process weekly for four weeks. Findings will be reported to the Performance Improvement Committee for recommendations.</p> <p>Date of compliance 6/4/2010.</p> | |



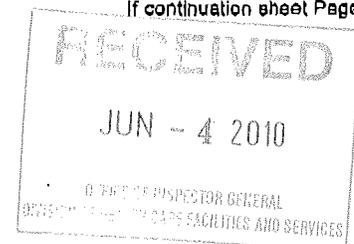
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| F 431 | <p>Continued From page 3</p> <p>guidelines; or (3) have been contaminated or deteriorated, are stored separate from other medications until destroyed or returned to the supplier, 13. The facility should destroy or return all discontinued, outdated/expired, or deteriorated drugs or biologicals in accordance with pharmacy return/destruction guidelines and 14. The facility personnel should inspect nursing station storage areas for proper storage compliance on a regularly scheduled basis.</p> <p>Observation on 05/13/10 at 1:29pm revealed expired medications remained on the 110 unit medication cart available for Resident #16's use. The expired medications identified in this medication cart included thirteen (13) Zofran 8 mg tablets, lot #510359, expired on January, 2009, and seventeen (17) tablets, lot #619235, expired on August, 2009. The medication room revealed fifteen (15) 5 milliliter Heparin lock flush syringes, lot #9034234, expired on January, 2010.</p> <p>Interview on 05/13/10 at 1:35pm with the Director of Nursing (DON) revealed night shift nurses were responsible to check for expired medications and supplies. The DON indicated she did not have a method in place to ensure medications and supplies were checked by staff. She further stated there was not a specified person assigned to this specific task. The DON revealed the facility notified the pharmacy when medications were to be discontinued or expired drugs returned. She indicated expired medications were not to be given to residents. She did not have any explanation as to why the expired medications remained in the medication room and on the medication cart available for use. She reported Resident #16 was admitted to this facility on 04/16/10 and he/she did not receive</p> | F 431 | | |



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| NAME OF PROVIDER OR SUPPLIER KENSINGTON MANOR CARE AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 225 SAINT JOHN ROAD ELIZABETHTOWN, KY 42701 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (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 431 | Continued From page 4 any of the expired medications from the medication cart. The DON reported the facility had a Quality Assurance review with the pharmacy last month related to concerns of the pharmacy which had supplied medications that had short expiration dates. | F 431 | | | |

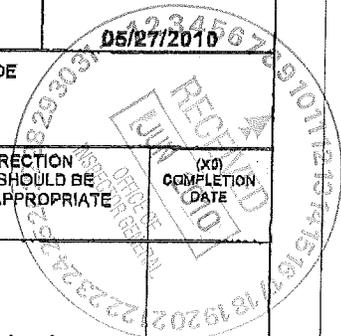


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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES**

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185443 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 05/27/2010 | |
| NAME OF PROVIDER OR SUPPLIER KENSINGTON MANOR CARE AND REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 225 SAINT JOHN ROAD ELIZABETHTOWN, KY 42701 | | |
| (X4) ID PREFIX TAG K 000 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A Life Safety Code survey was initiated and conducted on 05/27/10 to determine the facility's compliance with Title 42, Code of Federal Regulations, 482.41(b) (Life Safety from Fire) and found the facility not in compliance with NFPA 101 Life Safety Code 2000 Edition. Deficiencies were cited with the highest deficiency identified at a E. K 062 SS=E NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, conducted on 05/27/10, it was determined the facility failed to ensure sprinkler heads were free of corrosion as required by NFPA 25 1909 Edition. The findings include: A tour of the facility conducted 05/27/10 at 10:30am revealed eleven sprinkler heads on the canopy to the entrance of the building were stained with a green substance. Interview with the Maintenance Director on 05/27/10 at 10:35am revealed he was not aware of the green substance on the sprinkler heads. | ID PREFIX TAG K 000 | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) This plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Kensington Manor agrees with the citations noted on the pages of this Statement of Deficiencies. Kensington Manor maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. K 062 Eleven sprinkler heads located on the canopy to the entrance of the facility will be replaced by 6/26/2010. Maintenance Director conducted an inspection on 5/27/10 to ensure that no other sprinkler heads were stained, none were identified. Re-education was provided to the maintenance Director on 6/7/2010 by the Administrator regarding inspection of sprinkler heads. Maintenance Director will monitor sprinkler heads on monthly rounds to ensure compliance. Findings will be reported to the Process Improvement team. These findings will be reviewed by the PI committee for three months and determine the need for further monitoring. Date of Compliance: 6/26/2010 | (X5) COMPLETION DATE |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 6/10/2010

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 | Continued From page 1 Reference to: NFPA 25 1999 Edition 2-2 Inspection. 2-2.1 Sprinklers. 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. | K 062 | |