

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

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 03/23/2012
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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 241	<p>Continued From page 1</p> <p>Minimum Data Set (MDS) Assessment, dated 02/08/12 revealed the facility assessed Resident #7 as cognitively intact. Further review of the MDS revealed Resident #7 to be a 2 person physical assist in toileting. A Review of Resident #7's Initial Care Plan dated 02/06/12 revealed staff are to provide the amount of assistance to meet resident's need for all ADLs.</p> <p>An interview conducted with Resident #7, on 03/21/12 at 3:00 PM, revealed when he/she first arrived at the facility and required additional staff assistance to get to the bedside commode, it would sometimes take staff 45 minutes to an hour to provide him/her the help needed, during which time she would have an incontinent episode. Resident #7 stated the longer waiting periods were in the evening hours, second shift. Resident #7 went on to reveal this had been an issue on multiple occasions when he/she was new to the facility and required more assistance.</p> <p>Review of Resident #8's medical record revealed the facility admitted Resident #8, on 01/20/11, with diagnoses which included Fall NOS, Difficulty in Walking, and Insomnia. Review of a Quarterly MDS Assessment, dated 02/09/12 revealed the facility assessed Resident #8 as cognitively intact. Further, review of resident's Physician Orders, revealed Trazadone 75 MG to be given at bedtime due to depression and insomnia.</p> <p>An interview conducted with Resident #8, on 03/21/12 at 1:30 PM, revealed there had been multiple occasions when he/she has had to wait over an hour for his/her 9:00 PM medications, which he/she could not get to sleep without. Resident #8 revealed he/she needed his/her</p>	F-241	<p>3. On 3-22-2012, call-in log and replacement staff coverage was initiated by Staffing Coordinator and DON. The DON will perform staffing schedule and PPD audits daily for four weeks, then weekly for eight weeks and as needed. Employment needs will be evaluated and reported by HR Director and Staffing Coordinator weekly. Inservice on timely medication administration and resident care will be completed by 5-1-2012 by Staff Development Coordinator.</p> <p>4. The staffing, PPD audits and employment needs reports will be presented weekly during administrative meeting and forwarded to the quarterly QA meeting for follow-up to identify any concerns.</p>	5-1-2012

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F 241	<p>Continued From page 2</p> <p>sleeping pill to sleep, and that staff were always apologetic when they were late to deliver his/her evening medications, but that taking his/her medication late not only prevented him/her from sleeping, but caused him/her to be tired the following day.</p> <p>Review of Resident #9's medical record revealed the facility admitted Resident #9, on 06/29/07, with diagnoses which included Difficulty in Walking, General Osteoarthritis, and Depressive Disorder NEC. Review of an Annual MDS Assessment, date 03/07/12, revealed the facility assessed Resident #9 as cognitively intact.</p> <p>An interview conducted with Resident #9, on 03/23/12 at 9:30 AM, revealed there had been multiple occasions when his/her 8:00 PM medications did not arrive until 10:00 PM, and also multiple occasions when no one was available to assist him/her to bed until 11:00 PM. Resident #9 stated there had been multiple occasions when there had been insufficient staff to put people to bed in a timely manner and pass out medications on time. Resident #9 went on to reveal that evenings and weekends were when staffing was generally an issue.</p> <p>An interview with Kentucky Medication Aide (KMA) #1, on 03/2/12 at 3:50 PM, revealed during the past week she assisted with passing medications on South Unit after passing medications on North Unit, resulting in South Unit not getting some of their 8:00 PM medications started until 9:00 PM or 9:30 PM. KMA #1 revealed there had been more than one (1) occasion in which medications on South Unit were passed late.</p>	F 241		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2012
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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 241	<p>Continued From page 3</p> <p>A review of the facility Daily Staffing List, date 02/20/12 through 03/21/12, revealed three (3) occasions during the hours of 7:00 PM through 11:00 PM when only two (2) aides were available to provide care on a unit of forty-three (43) residents; Friday March 2nd, Saturday March 3rd, and Sunday March 4th.</p> <p>An interview with the Administrator, on 03/23/12 at 8:20 AM, revealed based on resident census of forty-three (43), that at least three (3) aides would be scheduled to provide resident care during the hours of 7:00 PM to 11:00 PM.</p> <p>An interview with the Staffing Coordinator, on 03/23/12 at 1:15 PM, revealed there were more call-ins on weekends, and more staff were scheduled on weekends in anticipation of call-ins.</p>	F 241		

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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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K 000	<p>INITIAL COMMENTS</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One Story, Type III (200) Unprotected</p> <p>SMOKE COMPARTMENTS: Three</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (Dry SYSTEM)</p> <p>EMERGENCY POWER: Type II Diesel</p> <p>A life safety code survey was initiated and concluded on 03/21/12. 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. The facility is licensed for ninety-eight (98) beds and the census was eighty-one (81) on the day of the survey.</p>	K 000	<p>1. The light fixture in the closet was moved away from the sprinkler head to allow the pattern to fully develop.</p> <p>2. A tour of the physical plant revealed all other sprinkler heads were in compliance with Title 42, Code of Federal Regulations, 483.70.</p> <p>3. The Maintenance Director will insure that sprinklers are not added or moved in violation of Title 42, Federal Regulations, 483.70.</p> <p>4. Monthly monitoring will completed and any violation corrected immediately. Monitoring will be presented at the quarterly quality of assurance meeting.</p> <p>5. Completion Date 3/22/12</p>	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 062		

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APR 20 2012
BY: [Signature]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gene H. Martin</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/19/12</i>
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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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K 062	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure that the sprinkler system was installed in accordance with the standards of NFPA 13.</p> <p>The findings include:</p> <p>Observation during the Life Safety Survey tour, on 03/21/12 at 10:10 AM, revealed a light fixture in the ceiling of the Office Supply Closet in the North Wing short hall corridor that was too close to a sprinkler head. Sprinkler heads shall be positioned so that they are located sufficiently away from obstructions so they do not prevent the pattern from fully developing.</p> <p>Interview with the Maintenance Director in the North Wing Short Hall corridor, on 03/21/12 at 10:10 AM, revealed he had not realized that the light fixture was a problem.</p> <p>NFPA 13</p> <p>5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development.</p> <p>5-5.5.2.1 Continuous or noncontinuous obstructions less than or equal to 18 in. (457 mm) 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</p>	K 062		

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K 082	Continued From page 2 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.	K 062		