PRINTED: 06/28/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 05/14/2010
	185254		

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWAY NURSING & REHABILITATION FACILITY	406 WYOMING ROAD #38 OWINGSVILLE, KY 40360

(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 A Recertification Survey and an Abbreviated Survey investigating ARO# KY00014426, ARO# KY00014729, and ARO#KY00014810 was conducted 05/11/10 through 05/14/10. A Life Safety Code Survey was conducted 05/11/10. Deficiencies were cited with the highest scope and severity of a "F". ARO# KY00014426 and ARO# KY00014729 were unsubstantiated. ARO#KY00014810 was substantiated.	F 000	Ridgeway Nursing and Rehabilitation does not believe nor does the facility admit that any deficiencies exist. Ridgeway Nursing and Rehabilitation Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Ridgeway Nursing and Rehabilitation Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any type of civil or	
F 371 SS=E	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 and interview it was determined the facility failed to procure food from sources approved or considered satisfactory by Federal, State or local authorities; and store, prepare, distribute and serve food under sanitary conditions The findings include: Observation during initial tour, at 6:30 AM, on 05/11/10 revealed ten (10) roast pork tenderloins stored in the milk cooler, six (6) were stored on a tray used to deliver meals to residents, four (4) were stored directly on top of individual serve	F 371		

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JUN 14 2010
BY:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 6-14-10

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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[redacted]	185254		C 05/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWAY NURSING & REHABILITATION FACILITY	406 WYOMING ROAD #36 OWINGSVILLE, KY 40360

(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 371	Continued From page 1 chocolate milk cartons in plastic grocery bags with holes in the bottom. Interview with Food Service Worker #3 at 6:40 AM, on 05/11/10 revealed the meat should not have been stored directly on top of the milk cartons. The Food Service Worker stated, "The meat should not be sitting on top of milk." Interview with the Dietary Manager at 11:40 AM, on 05/11/10 revealed the milk would not be used and would be thrown away after the pork tenderloin was moved. However, the meat remained in the milk cooler stored on a tray used to deliver meals to residents. Observation on 05/11/10 at 6:55 AM, revealed two (2) containers covered with aluminum foil stored on the bottom shelf which was torn and not wrapped tightly around the edges exposing the food. Observation revealed the containers were labeled pasta salad, but they were not clearly dated. Observation on 05/12/10 at 8:50 AM revealed four (4) containers of frozen strawberries were being thawed in the refrigerator and four (4) individual servings of pasta salad were stored without being dated. Interview with Dietary Manager revealed these items should be dated, the Dietary Manager stated, "the strawberries were going to be used this evening and the pasta bowls were going out with lunch, but they should be dated." During interview with Food Service Worker #3, he/she stated that when the bowls of pasta salad were placed in the refrigerator, "I forgot to date them."	F 371	criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Ridgeway Nursing and Rehabilitation Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Ridgeway Nursing and Rehabilitation Facility offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to residents. Ridgeway Nursing and Rehabilitation Facility strives to provide the highest quality care while assuring the rights and safety of all residents.	
F 465	483.70(h)	F 465		

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	185254	A. BUILDING B. WING	C 05/14/2010

NAME OF PROVIDER OR SUPPLIER
RIDGEWAY NURSING & REHABILITATION FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE
406 WYOMING ROAD #38
OWINGSVILLE, KY 40360

(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 465 SS=E	Continued From page 2 SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. The findings include: During the environmental tour on 05-12-10 at 8:50 AM, observations revealed cracked and uneven floor tile surfaces throughout the facility, with a notably large area in front of the nurses' station measuring approximately five (5) by five(5) feet, extending from the nurse's station (on the right) to Resident rooms A2 and A3. Further observation revealed another notably large concentrated area of cracked tiles and uneven tile surfaces (approximately ten (10) by ten (10) feet) in the resident hallway to the left of the nurse's station. Interview with the Maintenance Director on 05-12-10 at 8:50 AM revealed the facility's plan is to build a new resident wing and "replace all tiles" within the facility. However, the Maintenance Director indicated there was no written facility plan for these arrangements.	F 465	**F 371 483.35 (i) Food procure, store/prepare/serve-sanitary** It is and was on the day of the survey the policy of Ridgeway Nursing and Rehabilitation Facility to store, prepare, distribute, and serve food under sanitary conditions. 1. No residents experienced a negative outcome due to improper food storage. 2. Dietary sanitation tours were conducted on June 3 and 4 by the administrator and dietary supervisor and all food was being stored, prepared, and distributed under sanitary conditions. In addition, all food was labeled and stored properly with date clearly marked	
F 466	483.70(h)(1) PROCEDURES TO ENSURE	F 466		

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NAME OF PROVIDER OR SUPPLIER
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STREET ADDRESS, CITY, STATE, ZIP CODE
406 WYOMING ROAD #38
OWINGSVILLE, KY 40360

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F 466 SS=F	Continued From page 3 WATER AVAILABILITY The facility must establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure that water was available to essential areas when there was a loss of normal water supply. The facility was unable to provide evidence of an onsite emergency water supply. The findings include: Review of the facility's policies revealed no written policy for an emergency water supply procedure when there was loss of routine water supply. Further review of the facility's policies revealed a written agreement between the facility and a local grocery store, which stated the grocery store would provide the facility with fifteen (15) gallons of drinking water per day. Further review revealed no date on this statement. Interview on 05-14-10 at 11:58 AM, with the facility's Administrator revealed the facility did not keep an emergency water supply at the facility. The Administrator stated the water was obtained from the local grocery store when needed. Further interview with the Administrator revealed he/she did not know the amount of water or the	F 466	and stored in proper sanitary conditions. 3. An inservice regarding proper storage, labeling, dating, and serving of food under sanitary conditions was conducted by the dietary manager on June 4, 2010 with all dietary staff. 4. As part of the facility's ongoing CQI process the dietary manager and/or her designee will complete a thorough tour of the dietary department once a week for 3 months to assure all food is stored, prepared, distributed and served properly using proper sanitary guidelines. 5. June 5, 2010.	

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	185254	A. BUILDING B. WING	C 05/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWAY NURSING & REHABILITATION FACILITY	406 WYOMING ROAD #38 OWINGSVILLE, KY 40360

(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 466	Continued From page 4 number of the days to cover, to ensure there was enough water on hand for emergencies. Further interview revealed he/she did not know there currently was a water advisory in effect for that area.	F 466	**F465 483.70 (h) Safe/functional/ sanitary/ comfortable environment** It is and was on the day of the survey the policy of Ridgeway Nursing and Rehabilitation to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. 1. New tiles were ordered on June 1 and the cracked tiles in question will be replaced as soon as parts are available which is expected to be on or before June 30, 2010. 2. An environmental compliance round was conducted by the administrator on June 1, 2010 to assess all areas of the facility for broken or	

damaged tiles and to assure a safe, comfortable, and sanitary environment is provided in all aspects related to the environment of the facility.

3. An inservice was conducted by the administrator with the maintenance director on June 4, 2010 regarding replacing of cracked tiles and importance of providing a safe and comfortable environment.
4. As part of the facility's ongoing CQI process, the administrator and/or her designee will inspect all areas of the facility once a week for 6 months to assess for cracked tiles and conduct a compliance

round to assure all aspects of the facility are in a manner that provide a safe, comfortable, and sanitary environment.

5. June 5, 2010.

F 466 483.70(h)(1) Procedures to ensure water availability

It is and was on the day of the survey the policy of Ridgeway Nursing and Rehabilitation to establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply.

1. Drinking water is available to essential areas as required.
2. A written policy for emergency water supply is available and was available on day of survey (policy dated 10-

23-2006) and a contract in place with Blaine Young of Richardon's IGA dated 6-4-2010 to assure adequate water supply is available in case of emergency.

3. An inservice was conducted by the administrator with all department heads on June 4, 2010 regarding proper emergency water supply procedures and proper storage of water supply to assure availability.
4. As part of the facility's ongoing CQI process, the administrator and/or her designee will audit the emergency water supply twice a month for 6 months to assure adequate water supply is available in case of an emergency.
5. June 5, 2010.

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	[illegible]		05/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWAY NURSING & REHABILITATION FACILITY	406 WYOMING ROAD #30 OWINGSVILLE, KY 40360

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K 000	INITIAL COMMENTS A Life Safety Code survey was initiated and concluded on 05/11/2010. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest scope and severity deficiency identified was a " D".	K 000	Ridgeway Nursing and Rehabilitation does not believe nor does the facility admit that any deficiencies exist.	
K 012 88=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed ensure the outside canopy had an automatic sprinkler system, according to NFPA standards. The findings include: Observation on 05/11/10 at 10:08 AM, with the Director of Maintenance, revealed an approximate 20 X 10 foot combustible (wood) overhang at the front entrance of the facility. An interview with the Maintenance Director on 05/11/10 at 10:08 AM revealed the Director of Maintenance was aware the canopy should be sprinkler protected and that the facility was in the process of getting bids on the project. Reference: NFPA 13 1999 edition 6-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width. Exception: Sprinklers are permitted to be omitted	K 012	Ridgeway Nursing and Rehabilitation Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Ridgeway Nursing and Rehabilitation Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any type of civil or	

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JUN - 4 2010
BY:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: administrator (X6) DATE: 6-4-10

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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	185254		05/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWAY NURSING & REHABILITATION FACILITY	408 WYOMING ROAD #38 OWINGSVILLE, KY 40360

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K 012	Continued From page 1 where the canopy or roof is of noncombustible or limited combustible construction.	K 012		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview it was determined the facility failed to provide a smoke barrier according to NFPA standards. The findings include: During the Life Safety Code survey on 05-11-10 at 11:58 AM, with the Director of Maintenance, observation at that time revealed an approximate two (2) x four (4) foot hole in the smoke barrier, located between the C and B corridor. An interview with the Maintenance Director on 05-11-10 at 11:58 AM revealed that Director of Maintenance was aware of the hole. The Director of Maintenance stated that the hole was used for access between the two sections of attic space. Reference: NFPA 101 2000 Edition 19.3.7.3 Any required smoke barrier shall be constructed	K 025	criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Ridgeway Nursing and Rehabilitation Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Ridgeway Nursing and Rehabilitation Facility offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to residents. Ridgeway Nursing and Rehabilitation Facility strives to provide the highest quality care while assuring the rights and safety of all residents.	

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[redacted]	185264		05/11/2010

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RIDGEWAY NURSING & REHABILITATION FACILITY	406 WYOMING ROAD #38 OWINGSVILLE, KY 40360

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K 025	Continued From page 2 In accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour. Exception No. 1: Where an atrium is used, smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with Exception No. 2 to 8.2.5.6(1). Not less than two separate smoke compartments shall be provided on each floor. Exception No. 2*: Dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems where an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 has been provided for smoke compartments adjacent to the smoke barrier. 8.3 SMOKE BARRIERS 8.3.1* General. Where required by Chapters 12 through 42, smoke barriers shall be provided to subdivide building spaces for the purpose of restricting the movement of smoke. 8.3.2* Continuity. Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces. Exception: A smoke barrier required for an occupied space below an interstitial space shall not be required to extend through the interstitial space, provided that the construction assembly forming the bottom of the interstitial space provides resistance to the passage of smoke equal to that provided by the smoke barrier. 8.3.3 Fire Barrier Used as Smoke Barrier. A fire barrier shall be permitted to be used as a smoke barrier, provided that it meets the	K 025	**K 012 NFPA 101 Life Safety Code Standard** It is and was on the day of the survey the policy of Ridgeway Nursing and Rehabilitation to provide a construction type with sprinklers to meet standards. 1. The front entrance of the facility has been assessed and combustible material will be replaced with noncombustible or limited combustible material as soon as parts are available. 2. All exterior roofs and canopies have been assessed to assure the materials are of noncombustible material and/or are sprinkler protected. 3. An inservice was conducted on June 4,	

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	185254	A. BUILDING 01 B. WING	05/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWAY NURSING & REHABILITATION FACILITY	408 WYOMING ROAD #38 OWINGSVILLE, KY 40360

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K 025	Continued From page 3 requirements of 8.3.4 through 8.3.6. 8.3.4 Doors. 8.3.4.1* Doors in smoke barriers shall close the opening leaving only the minimum clearance necessary for proper operation and shall be without undercuts, louvers, or grilles. 8.3.4.2* Where a fire resistance rating for smoke barriers is specified elsewhere in the Code, openings shall be protected as follows: (1) Door opening protectives shall have a fire protection rating of not less than 20 minutes where tested in accordance with NFPA 252, Standard Methods of Fire Tests of Door Assemblies, without the hose stream test, unless otherwise specified by Chapters 12 through 42. (2) Fire windows shall comply with 8.2.3.2.2. Exception: Latching hardware shall not be required on doors in smoke barriers where so indicated by Chapters 12 through 42. 8.3.4.3* Doors in smoke barriers shall be self-closing or automatic-closing in accordance with 7.2.1.8 and shall comply with the provisions of 7.2.1. 8.3.5 Smoke Dampers. 8.3.5.1 An approved damper designed to resist the passage of smoke shall be provided for each air transfer opening or duct penetration of a required smoke barrier, unless otherwise specifically exempted by Chapters 12 through 42. Exception No. 1: This requirement shall not apply to ducts or air transfer openings that are part of an engineered smoke control system in accordance with Section 9.3. Exception No. 2: This requirement shall not apply to ducts where the air continues to move and the air-handling system installed is arranged to	K 025	2010 with the maintenance supervisor by the administrator regarding sprinkler usage and exterior roofs and/or canopies. 4. As part of the facilities ongoing CQI process, the maintenance supervisor and/or his designee will audit any new areas of construction to assure all areas have sprinklers as appropriate or are of noncombustible construction. 5. Completion date- June 4, 2010. **K 025 NFPA 101 Life Safety Code Standard** It is and was on the day of the survey the policy of Ridgeway	

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RIDGEWAY NURSING & REHABILITATION FACILITY	405 WYOMING ROAD #30 OWINGSVILLE, KY 40360

(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
K 025	Continued From page 4 prevent recirculation of exhaust or return air under fire emergency conditions. Exception No. 3: This requirement shall not apply where the air inlet or outlet openings in ducts are limited to a single smoke compartment. Exception No. 4: This requirement shall not apply where ducts penetrate floors that serve as smoke barriers. 8.3.5.2 Required smoke dampers in ducts penetrating smoke barriers shall close upon detection of smoke by approved smoke detectors in accordance with NFPA 72, National Fire Alarm Code. Exception No. 1: Duct detectors shall not be required where ducts penetrate smoke barriers above the smoke barrier doors and the door release detector actuates the damper. Exception No. 2: Approved smoke detector installations located within the ducts in existing installations shall be exempt from the requirements of NFPA 72, National Fire Alarm Code. 8.3.5.3 Required smoke dampers in air transfer openings shall close upon detection of smoke by approved smoke detectors in accordance with NFPA 72, National Fire Alarm Code. Exception: Where a duct is provided on one side of the smoke barrier, the smoke detectors on the duct side shall be in accordance with 8.3.5.2. 8.3.6 Penetrations and Miscellaneous Openings in Floors and Smoke Barriers. 8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:	K 025	Nursing and Rehabilitation to provide smoke barriers with at least a one half hour fire resistance rating. 1. The hole in the smoke barrier located between the corridors has been replaced with material that meets the one half hour resistance rating as required. 2. All areas have been assessed to assure materials that meet the one half hour resistance rating are in place. 3. An inservice was conducted on June 4, 2010 with the maintenance supervisor by the administrator regarding proper fire rating of materials. 4. As part of the facility's ongoing	

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. BUILDING 01 B. WING	05/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWAY NURSING & REHABILITATION FACILITY	406 WYOMING ROAD #38 OWINGSVILLE, KY 40360

(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
K 025	Continued From page 5 (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose. 8.3.6.2 Openings occurring at points where floors or smoke barriers meet the outside walls, other smoke barriers, or fire barriers of a building shall meet one of the following conditions: (1) It shall be filled with a material that is capable of maintaining the smoke resistance of the floor or smoke barrier. (2) It shall be protected by an approved device that is designed for the specific purpose.	K 025	CQI process, the maintenance director and/or his designee will audit any new construction to assure all materials used meet the one half hour fire rating as required. 5. Completion date- June 5, 2010. **K 147 NFPA 101 Life Safety Standard** It is and was on the day of the survey the policy of Ridgeway Nursing and Rehabilitation to ensure electrical wiring meets NFPA standards. 1. The two electrical junction boxes in question have now been covered. 2. All areas have been assessed to ensure electrical boxes are covered as required.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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

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	185254		05/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWAY NURSING & REHABILITATION FACILITY	406 WYOMING ROAD #36 OWINGSVILLE, KY 40360

(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
K 147	Continued From page 6 This STANDARD is not met as evidenced by: Based on observation and staff interview it was determined the facility failed to maintain electrical wiring according to NFPA standards. The findings include: During the Life Safety Code survey on 05-11-10 at 12:00 PM, with the Director of Maintenance, observation at that time revealed two electrical junction boxes in the attic space of the C corridor were uncovered. An interview with the Maintenance Director on 05-11-10 at 12:00 PM revealed the Director of Maintenance was unaware of the uncovered electrical junction boxes. The Director of Maintenance stated that he would correct the problem right away. Reference: NFPA 70 (1999 edition) 370.28(c) Covers. All pull boxes, junction boxes, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Where metal covers are used, they shall comply with the grounding requirements of Section 250-110. An extension from the cover of an exposed box shall comply with Section 370-22, Exception.	K 147	3. An inservice was conducted by the administrator with the maintenance supervisor on June 4, 2010 regarding proper covering of electrical junction boxes according to NFPA standards. 4. As part of the facility's ongoing CQI process, the administrator and/or her designee will audit the junction boxes twice a month for 6 months to assure all boxes are covered as required. 5. June 4, 2010.	