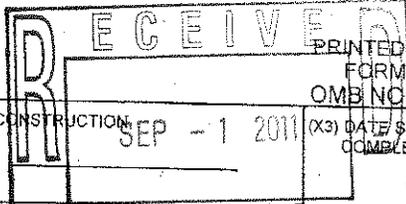


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 08/24/2011
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2011
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NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER	STREET ADDRESS 125 STERLING WAY MOUNT STERLING, KY 40353
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(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
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F 000

INITIAL COMMENTS

A standard health survey was conducted on 08/09-11/11. Deficient practice was identified with the highest scope and severity at "E" level.

An abbreviated standard survey (KY15286, KY15325, KY15668, KY15832, KY15892, KY15962, KY15990, KY16171, KY16793) was also conducted at this time. The allegations were unsubstantiated with no related deficient practice.

F 241
SS=D

483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and review of the facility's policy, it was determined the facility failed to provide care for each resident that promoted the resident's dignity and respect. Observation on 08/10/11, at 9:15 AM, revealed staff failed to knock on Resident 13's door prior to entering the resident's room, while a private conversation/interview was being conducted.

The findings include:
Review of the facility's policy titled Resident's Rights (not dated) revealed each resident would be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and in care for his

F 000

The following constitutes the facility's response to the findings of the Department for Health Services and does not constitute an admission of the facts alleged or conclusions set forth on the summary statement of deficiencies.

F 241

This plan of correction is prepared as required by the provisions of the Health Safety code, 42 CFR and constitutes the facility's written credible allegation of compliance.

F 241: 483.15 (a) Dignity and Respect of Individuality.

No residents were harmed by the alleged deficient practice and no other residents have been observed not being provided privacy during visits based on dignity audits conducted 8/15/11 thru 8/19/11. No other concerns identified.

1:1 education regarding dignity and respect with CMA by DNS on 8/24/11. Other staff re-education initiated on 8/10/11 by ADNS/ Staff Development completed on 8/31/11.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Liberman Cowley</i>	TITLE <i>Administrator</i>	(X8) DATE <i>9-1-11</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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F 241	Continued From page 1 personal needs. Further review of the policy revealed residents have the right to have private meetings with the appropriate long-term care facility inspectors for the Cabinet for Human Resources and may associate and communicate privately with persons of their choice. On 08/10/11, at 9:15 AM, a Quality of Life Assessment interview was conducted with Resident #13. During the private conversation, CMA #2 opened the resident's door and entered the resident's room, interrupting the conversation and without obtaining the resident's permission. CMA #2 was carrying a nasal spray, an inhaler, oral medications in a medication cup, and a cup of water in her hands. CMA #2 administered the medications to Resident #13 without acknowledgement of the private conversation/interview being conducted. Interview on 08/10/11, at 10:15 AM, with CMA #2 revealed the CMA stated she should have knocked on Resident #13's door and should have waited for a response from the resident before entering the resident's room. The CMA stated she had her hands full with the resident's medications but should have placed the medications on the medication cart, positioned at the resident's door, so she could have knocked on the resident's door. Interview on 08/10/11, at 3:00 PM, with the DON revealed staff should knock on the resident's door prior to entering the resident's room. The DON stated staff should pause and listen for the resident to respond to the knock before entering the resident's room.	F 241	The facility will continue to monitor through QA process weekly x 4 weeks, then monthly x 3 months and quarterly thereafter by the QA nurse or designee utilizing the QA audit tool.		9-1-11
F 323	483.25(h) FREE OF ACCIDENT	F 323			

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F 323 SS=E	Continued From page 2 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 environmental observation, interview with the Housekeeping/Maintenance Supervisor, and review of the maintenance policy and work orders, it was determined the facility failed to ensure the resident environment was as free of accident hazards as possible. Four fire extinguishers were mounted on walls near handrails on the front hallway of the facility with a bracket that could allow the fire extinguisher to be easily dislodged and fall to the floor. In addition, a nail was observed protruding from the edge of a counter in the activity room, and a door was observed with a chipped rough edge in resident room 103. The findings include: A review of the facility policy titled Equipment Maintenance (dated 12/07/09) revealed that if a hazard was found at any time the hazard would be reported to the center manager for immediate repair. Observations conducted during an environmental	F323	F323: 483.25 (h) – Free of Accident Hazards/Supervision/Devices. No residents were harmed as a result of the alleged deficient practice. The four fire extinguishers that were mounted on walls near handrails with brackets that could allow the fire extinguisher to be easily dislodged and fall to the floor, were replaced and enclosed in secure holders on 8/22/11 by maintenance staff. The nail in the seed cabinet that was exposed in the activity room was immediately removed and the cabinet repaired on 8/12/11 by maintenance staff. The door to room 103 was repaired on 8/15/11 and all other doors have been checked to ensure no other doors had rough chipped edges and to repair any found in need of repair. Environmental / Resident Safety rounds completed 8/31/11 by QA Nurse – No other potential safety hazards where identified.	

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F 323	Continued From page 3 tour on 08/11/11, at 2:05 PM, revealed four fire extinguishers, weighing 15 pounds; mounted on the walls of facility hallways. Further observation revealed the fire extinguishers were mounted in close proximity to hand rails, with brackets that would allow the fire extinguishers to become easily dislodged and fall to the floor. A nail was observed to protrude from the bottom corner of a counter (seed table) in the activity room. A door was observed in resident room 103 to have a loose plastic cover with a chipped and sharp edge. An interview conducted with the Housekeeping/Maintenance Supervisor on 08/11/11, at 2:15 PM, revealed staff submitted work orders for maintenance requests of items in need of repair and the work orders were reviewed and prioritized for repair. Additional interview revealed the Housekeeping/Maintenance Supervisor toured the facility daily to identify housekeeping/maintenance concerns. According to the Housekeeping/Maintenance Supervisor, she was not aware the fire extinguishers could become easily dislodged from the wall bracket, or of the nail protruding from the edge of the seed table counter or the sharp edge on the resident door in room 103. A review of uncompleted facility work orders revealed no work orders had been received for repair of the seed table in the activity room or the resident's door in room 103.	F 323	Staff will be in-serviced on reporting procedures for repairs of equipment and/or building/ grounds by 9/15/11 by Environmental Services Director. QA process to ensure continued compliance. Environmental Safety rounds will be conducted monthly by QA Nurse or designee, utilizing the QA audit tool.	9-16-11	
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive	F 364	F 364: 483.35(d)(1)-(2) Nutritive Value/Appear, Palatable/Prefer Temp.		

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F 364	<p>Continued From page 4</p> <p>value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide foods that were palatable and at a preferable temperature during the evening meal on the Sterling Place Unit and the main dining room on 08/09/11.</p> <p>The findings include:</p> <p>An interview conducted with the Dietary Manager (DM) on 08/09/11, at 7:15 PM, revealed the facility did not have a specific policy/procedure related to meal service.</p> <p>Observation of the evening meal service on 08/09/11, at 5:10 PM, in the main dining room of the facility revealed three unsampled residents (Residents #17, #32, and #33) complained the fish that had been served had not been cooked properly and "the middle portion of the fish had not been cooked." All three residents stated they could not eat the fish because it was not done and was cold in the middle. The fish was light brown in color and the breading appeared moist.</p> <p>A food palatability test was conducted of a serving of fish from the kitchen. The temperature of the fish was 160 degrees Fahrenheit (acceptable temperature) and the fish tasted crispy, warm, and brown in color.</p> <p>Observation of the evening meal service on</p>	F 364	<p>No residents were harmed or had any negative outcomes by the alleged deficient practice.</p> <p>Meal service and delivery systems reviewed by DNS, QA Nurse, and Dietary Manager from 8/15 – 8/31/11.</p> <p>Based on the review of meal services and delivery systems results from 8/15 – 8/31/11 trays will be delivered by hall instead of unit to allow adequate time to pass trays, feed residents and maintain temperatures. Licensed Nurses and CMA's educated on assisting with tray passes during meals by staff development nurse on 8/31/11.</p> <p>Food temps will be conducted three times a week (alternating meals) x 2 weeks, then weekly x 4 weeks, then monthly by the dietary manager or designee and will be monitored through the facility QA process quarterly.</p>	9-1-11	

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F 364	<p>Continued From page 5</p> <p>08/09/11, revealed a food cart was delivered from the kitchen in a closed, unheated cart to the Sterling Place Unit of the facility at 6:35 PM. The last tray was removed from the food cart at 7:08 PM, 33 minutes after the food cart was delivered to the floor. A food palatability test was conducted of the food items from the last tray on 08/09/11, at 7:08 PM. The food palatability test revealed the pureed tuna tasted warm at 115 degrees Fahrenheit, the mashed potatoes at 102 degrees Fahrenheit and pureed vegetables at 100 degrees Fahrenheit both tasted lukewarm, and the vanilla pudding at 60 degrees Fahrenheit tasted cool but was not cold.</p> <p>A group interview was conducted on 08/10/11, at 10:00 AM, with eight alert/oriented residents. Residents stated foods were not always as done as they should be when served. The residents also stated they had sometimes been served food cold that should be served hot.</p> <p>An interview conducted with State Registered Nursing Assistant (SRNA) #6 on 08/09/11, at 7:10 PM, revealed usually two SRNAs pass the evening meal trays to approximately 25 residents on the Sterling Place Unit. The SRNA revealed it usually took 30 to 45 minutes each night to pass the evening meal trays to the residents on the Sterling Place Unit of the facility. The SRNA stated the two SRNAs were also responsible to feed the residents that have been assessed to require assistance with feeding. The SRNA stated she had never been told by the facility how long a tray can be left in the food cart before it needed to be replaced with another tray due to unacceptable temperatures.</p>	F 364			

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F 364	Continued From page 6 An interview conducted with the Dietary Manager (DM) on 08/09/11, at 7:15 PM, revealed the food trays should be distributed within 30 minutes after the food cart has been delivered to the floor. The DM also stated she audited test trays for quality during breakfast and lunch service once or twice a week but never audited trays during the evening meal service.	F 364			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which	F 441	F441: 483.65 Infection Control, Prevent Spread, Linens No residents were harmed by alleged deficient practice. CNA # 1 was re-educated by ADNS on 8/15/11. Infection control program reviewed and audits conducted daily from 8/15 - 8/19/11 by the Infection Control Nurse and QA Nurse, no other potential infection control concerns noted. Staff re-education on hand washing and infection control program initiated on 8/10/11 and completed on 8/31/11 by the Staff Development Nurse / ADNS.		

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F 441	<p>Continued From page 7 hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy, it was determined the facility failed to establish and maintain an Infection Control Program to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease. During the evening meal on 08/09/11, at 6:10 PM, staff members failed to wash/sanitize their hands during the delivery of resident meal trays on the Lakeview Unit.</p> <p>The findings include: Review of the facility's policy titled Universal Precautions (dated 06/01/11) revealed universal precautions were indicated for all residents. Further review of the policy revealed handwashing was indicated after contact with blood/body fluids, in between resident contacts, before clean procedures, after dirty procedures, and when leaving an Isolation room.</p> <p>Observation on 08/09/11, at 6:10 PM, revealed CNA #1 delivered a meal tray to an unsampled resident that resided in room 10. CNA #1 placed</p>	F 441	<p>Infection control audits will be conducted weekly x 4 weeks, then monthly thereafter by the Infection Control Nurse or designee, utilizing the QA audit tool.</p>	9-1-11	

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F 441	<p>Continued From page 8</p> <p>the resident's tray on the rolling overbed table and positioned the table within the resident's reach. The resident requested a substitute meal and CNA #1 obtained a walkie-talkie from her uniform pocket and alerted staff at the nurses' station of the resident's request. CNA #1 returned to the meal cart and delivered a meal tray to a resident in room 3. CNA #1 failed to wash/sanitize her hands between resident contact.</p> <p>Further observation of meal tray delivery revealed CNA #1 entered resident room 7 to deliver the evening meal tray. CNA #1 placed the meal tray on the resident's rolling overbed table. CNA #1 used a hand crank at the foot of the resident's bed to raise the head of the bed and then positioned the table in front of the resident. CNA #1 retrieved a cordless phone that was on the overbed table and placed the cordless phone in her uniform pocket. CNA #1 returned to the meal cart to obtain another tray and failed to wash/sanitize her hands.</p> <p>CNA #1 delivered a meal tray to an unsampled resident in room 9. CNA #1 positioned the rolling bedside table near the resident, placed a clothing protector on the resident, put on gloves, and proceeded to feed the resident without washing/sanitizing her hands.</p> <p>Interview on 08/09/11, at 7:10 PM, with CNA #1 revealed when delivering meal trays, hands should be washed after the delivery of trays to both residents in the room. CNA #1 revealed hands should be washed after resident contact. CNA #1 stated she just failed to wash/sanitize her hands during the meal tray pass as required.</p>	F 441			

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F 441	Continued From page 9 Interview on 08/10/11, at 3:00 PM, with the Director of Nursing (DON) revealed hands should be washed after providing care to residents, between any resident contact, or if staff touch any items in a resident's room.	F 441		
F 456 SS=E	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to maintain all essential electrical equipment in safe operating order. The facility's walk-in freezer was observed to have a large plastic container that collected condensation from the unit and there were icicles observed on the ceiling of the unit that had developed due to condensation. In addition, the air conditioner in resident room 209 was observed to leak water onto the floor. The findings include: 1. An interview conducted with the Dietary Manager on 08/11/11, at 2:30 PM, revealed the facility did not have a policy on maintenance of essential electrical equipment. During the sanitation tour conducted on 08/11/11, at 2:00 PM, observation of the facility's walk-in freezer revealed the unit was not in optimum operating condition. Based on observation, a large plastic container had been placed under the	F 456	F456: 483.70 (c) (2) Essential Equipment, Safe Operating Condition No residents were harmed by alleged deficient practice. The container was removed from the freezer and repairs made by maintenance on 8/12/11. A weekly check of the freezer will be made x 2 weeks and monthly x 3 months and quarterly thereafter to ensure no further leaks by dietary manager or designee. The A/C unit in room 209 was removed from the room and repaired. All other units were checked by maintenance staff and no other units were found to be leaking. Routine maintenance checks of A/C units are performed monthly by maintenance.	

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F 456	<p>Continued From page 10</p> <p>compressor/motor/fan to collect condensation from the unit and contained approximately a liter of frozen condensation. The condensation from the unit had the potential to drip on frozen foods available for resident use. In addition, three small icicles, approximately one and one-half inches in length, were observed at the seam of the metal ceiling plates that had developed as a result of condensation.</p> <p>An interview conducted with the Dietary Manager (DM) on 08/11/11, at 2:30 PM, revealed the frozen ice was a result of the collected drippings from the condenser/fan of the freezer. The DM further stated the facility maintenance man had replaced the freezer compressor recently but the compressor continued to leak. The DM stated the plastic container was placed under the compressor to collect the dripping condensation. The DM stated she/he was unaware the frozen icicles had formed at the junction of the metal ceiling seams and had created the potential for the condensation to build up on frozen foods that were to be served to the residents.</p> <p>2. A review of the facility policy titled Equipment Maintenance (dated 12/07/09) revealed electrical equipment in need of repair or problems discovered by facility staff would be reported to the center manager for immediate attention.</p> <p>Observations conducted during an environmental tour on 08/11/11, at 2:05 PM, revealed the air conditioning unit in resident room 209 had leaked water onto the floor and a blanket had been placed on the floor to absorb the water.</p> <p>An interview conducted with the</p>	F 456	<p>Environmental / Resident Safety rounds completed 8/31/11 by QA Nurse – No other potential safety hazards where identified.</p> <p>Staff re-educated on proper and timely reporting of needed equipment repairs / malfunctions and any repairs of building or grounds. The environmental services supervisor will utilize the TELS program to ensure monthly checks are being completed and reviewed during the Quarterly Quality Assurance Committee meetings.</p> <p>Note: TELS – is “The Equipment LifeCycle System” a computer based program through Direct Supply the facility utilizes to assist our long-term care facility with preventative maintenance.</p>	9-1-11	

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

PRINTED: 08/24/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2011
NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353		
(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 456	Continued From page 11 Housekeeping/Maintenance Supervisor on 08/11/11, at 2:15 PM, revealed the Housekeeping/Maintenance Supervisor was not aware the air conditioning unit in room 209 was leaking water onto the floor. A review of uncompleted work orders revealed no work order for the repair of any leaking air conditioning unit.	F 456			

F 241

DATE: _____

Unit _____

Dignity		
Staff knock before entering resident room		
Resident is not exposed	241	
Resident is appropriately dressed	241	
Residents choices are honored	241	
Facility has accommodated resident need	242	
Privacy is provided for resident during care	246	
Privacy curtain provide adequate coverage	241	
Blinds and/or window curtains in resident rooms can be easily closed for privacy	460	
Staff are observed speaking and treating residents with respect	164	
Call bells are answered timely	241	
	246	

SIGNATURE: _____

F 323 + F 456

SAFETY ROUNDS: Resident Rooms

Facility _____

UNIT _____

DATE _____

Instructions: Use one sheet per unit, inspecting four rooms on each unit per week. Coding: Y = Variable is met N = Variable is NOT MET and requires action in the far right hand column

Variable	RM#	RM#	RM#	RM#	ACTION TAKEN
1. Floor is FREE of trip hazards (such as oxygen tubing, wheelchair parts, electrical cords, unsecured mats, etc.)					
2. Lighting is adequate and all light fixtures (including overhead light) work properly					
3. If floor of room or bathroom is wet, wet floor signs are placed and accurately reflect wet area of the floor.					
4. Egress to door and bathroom is not obstructed					
5. Floor tiles or carpet is flat and in good condition					
6. Grab bars secure at toilets in bathroom					
7. Toilet seat or elevated seat are not loose					
8. No sharp utensils in room					
9. No cleaning compounds in room					
10. No medications left in room (unless resident has completed safety assessment and comprehensive care plan permits for this)					
11. No lighters or smoking materials present in room; no sources of open flame					
12. No extension cords are in use					
13. Power strips do not support medical devices and are properly grounded					
14. Lamps are properly shaded and not adjacent to combustible materials					
15. No exposed wires or outlets					
16. Personal electrical appliances have been inspected in accordance with facility policy					
17. All electrical cords to appliances, lighting and bed are in good condition					
18. If electric bed, bed works properly					
19. Bed brakes work and are applied					
20. Call bell cord is not tied to bed					
21. Call bell is accessible to resident					
22. Call bell cord is in good condition					
23. If personal alarms are in use, they are applied correctly and turned on					
24. If side rails are in use, they are applied in conformance with care plan and order					
25. If in use, side rails are not loose & allow less than 4 3/4" space between rail and compressed mattress (FDA recommendation to prevent bed entrapment)					
26. Sprinkler head is free of dust and dirt					
27. 18 inch clearance below sprinkler head is maintained					
28. Assistive devices are within reach					
29. Wheelchair, walker in good condition with no broken parts					
30. Wheelchair brakes work properly					
31. Staff respond promptly to call bell (activate and record time)					
32. Water temperature in bathroom does not exceed 110 degrees					

This audit was completed by _____

on _____

F 323 + F 456

ENVIRONMENTAL AUDIT

Facility _____

Resident Name _____

Unit/Room _____

- ♦ If the audited variable is present and complete mark C;
 - ♦ If the audited variable is missing mark M and identify the date that the missing variable should have been completed;
 - ♦ If the audited variable is present, but incomplete mark I and identify the date of the variable and the incomplete components;
 - ♦ If the variable is not applicable to this resident, mark NA.
- ♦ ADDITIONAL COMMENTS MAY BE ENTERED ON THE BACK OF THIS FORM

Variable	Finding	Comments
1. Hallways uncluttered		
2. Handrails secure		
3. Floors are clean & dry		
4. Hazard signs are being appropriately		
5. Linen carts are covered		
6. Linen is being transported in a manner to minimize spread of infection		
7. Chemicals stored appropriately & secured		
8. Housekeeping cart locked or supervised		
9. Carts are removed from hallway during non-care times		
10. Medication cart locked or supervised		
11. Treatment cart locked or supervised		
12. Fire doors are properly positioned & not blocked		
13. No observation of pest, flies, ants, etc.		
14. Call bells are accessible to residents		
15. Call bells are functional		
16. Hallway and exit lights are functioning		
17. Resident furnishings are clean, free of dust, & in good repair		
18. Rooms are free from sustained odors		
19. Beds are locked		
20. Oxygen tanks are secured		
21. Door alarms are functioning		
22. Biohazard boxes are covered		
23. Supply room doors are locked		
24. Fire extinguishers have current tag		
25. IV/feeding poles are clean & free of spills		
26. Stop signs and audible alarms on resident rooms are being used and are functional		
27. Personal alarms are secured to bed or chair appropriately		
28. Residents are being supervised		
29. Chairs/stables are steady and do not wobble		
30. Doors / furniture free of sharp edges		

This audit was completed by _____

on _____

Test Tray Temperatures

Facility: _____	Evaluator: _____
Date: _____	Meal: _____
Destination: _____	Diet: _____

Number of Trays on Cart: _____

Time Cart Left Kitchen: _____

Time Cart Arrived on Unit: _____

Time Last Tray was Passed: _____

Total Time Food was in Cart: _____ minutes

Food	Temperature on Tray Line	Temperature at Point of Service
Entrée:		
Vegetable:		
Starch:		
Dessert		
Milk:		
Juice:		
Coffee/Hot Water/Tea:		
Puree Entrée:		
Puree Vegetable:		
Puree Starch:		
Puree Dessert:		
Other:		

Comments/Corrections: _____



F-441

QA DINING ROOM/FLOOR TRAY AUDIT TOOL

DATE _____

MEAL _____

	Yes	No	Comments
Meals being served at same table at the same time			
Food/beverages covered			
Hair nets being used and all hair covered			
Hand sanitizing observed and done appropriately			
Residents positioned appropriately			
Substitutes being offered			
Residents in dining room and prepared for meal			
Sufficient staff available during meal			
Gloves are worn when touching food			
Trays are coming out in correct order			

Quality Assurance audit tool - Confidential

INFECTION CONTROL OBSERVATION -

F-441 Infection Control

DATE: _____

Variable	F Tag	Finding	Comment
Hands were washed appropriately before and after resident contact	441		
Gloves were worn for contact with blood and body fluids	441		
Face shield/eye protection was worn by caregiver if needed	441		
A gown was used for protection of clothing by caregiver if needed	441		
Lab specimens were collected and handled appropriately if needed	441		
Spills of blood or other body fluids were cleaned with bleach or other disinfectant appropriately	441		
Wet/soiled linen was handled with gloved hands	441		
Waste was bagged appropriately	441		
Caregiver was free of skin lesions or they were covered with an occlusive dressing	441		
Resident was treated with dignity during caregiver interaction	241		
Caregiver talked with resident during interaction	241		
Resident privacy was maintained during intervention	164		
Appropriate soiled linen/trash receptacles are within resident's side of room	441		
Appropriate and sufficient quantity of supplies is stored outside of resident's room	441		
Appropriate signage is posted on door of resident's room	441		
Equipment [i.e. blood pressure cuff, thermometer, blood glucose monitor, etc.] was cleaned per facility policy	441		
Resident is not unnecessarily isolated	441		
If not in private room, co-habitation with roommate is appropriate	441		
Follow up cultures have been obtained per order or facility policy	441		
COMMENTS			

SIGNATURE: _____

F-323 + F-456

8/27/02
2:51 PM

Preventative Maintenance Master Schedule

*

	Daily	Weekly	BiWeekly	Monthly	60 Days	90 Days	120 Days
20 Per Month HVAC Units	Thermostats			Change Filters Check Belts	Clean Vents		Coils
Fire Control Systems & Alarms	Control Panel & Dialer	Sprinkler Heads	Drain Water Traps	Test / Drill / Inspect Fire Extinguishers		Must Be Inspected	
Resident Rooms	Spot Check Cleanliness	Spot Inspection		A/C Filters Repair Walls/Doors	Bed Controls		
Hallways, Handrails & Door Facings	Inspect	Clean		Paint as Needed	Clean Carpet		
Pumps, Compressors & Valves	Check Water Temp at pumps	Inspect		Test			
Entrances & Exits	Inspect & Test Locks			Paint as Needed Test Fire Doors			
Administrative Offices & Equipment	Clean	Inspect					Clean Carpet
Ventilation Units	Check	Inspect		Change Filters			
Laundry Equipment & Supplies	Check Water Temp. & Clean Lint Traps	Inspect & Order		Lube & Clean	Check Belts		
Lighting Interior & Exterior		Check			Clean		
House Keeping Equipment & Supplies	Check	Inspect & Order					
Windows & Shades	Check			Inspect			
Emergency Power System	Check Control Panel	System Self Check/ Oil Water				Change Oil & Filters	
Nurse Call Stations				Inspect & Test			
Hot Water Circulation Pumps		Check				Lube	
Bath Equipment		Inspect					
Water Temp. Rooms	Spot Check		Check	Test & Record			
Resident Room Temps.		Spot Check	Check	Test & Record			
Kitchen Equipment	Check		Clean Range Hood Filters	Check Grease Trap		De-lime Steam Ovens	Inspect Range Hood
Vending		Check & Stock					
Drains, Sinks & Toilets	Clean / Inspect						
Surveillance System & Tapes	Check	Inspect					Replace Tapes If Needed
Floor Care Equipment	Check			Inspect / Lube			
Hand Tools & Power Tools		Check / Inventory					

8/27/02

F 323 + F 456

P/M Check Sheet First Week

am ↓	Monday	By	Tuesday	By	Wednesday	By	Thursday	By	Friday	By
X 5 Per Week										
HVAC Units	Check Thermostats		Check Thermostats		Check Thermostats		Check Thermostats / Change Filters		Check Thermostats	
Fire Control Systems & Alarms	Check Panel & Dialer		Check Panel & Dialer		Check Panel & Dialer		Inspect Fire Extinguishers		Check Panel & Dialer	
Resident Rooms	Cleanliness		Cleanliness & Lights		Cleanliness		Cleanliness		Cleanliness	
Hallways, Handrails & Door Facings	Inspect		Inspect		Inspect & Clean		Inspect		Inspect	
Pumps, Compressors & Valves			Inspect							
Entrances & Exits	Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks	
Administrative Offices & Equipment	Cleanliness		Cleanliness		Cleanliness		Cleanliness		Cleanliness	
Ventilation Units	Check		Inspect / Change Filters		Check		Check		Check	
Laundry Equipment & Supplies	Check & Clean Lint Traps / Order Supplies		Check & Clean Lint Traps		Check & Clean Lint Traps		Check & Clean Lint Traps		Check & Clean Lint Traps	
Lighting Interior & Exterior										
House Keeping Equipment & Supplies	Check & Order						Check / Repair		Check & Repair	
Windows & Shades	Check		Check		Check		Check		Check	
Emergency Power System	Check Control Panel		Test / Check Oil & Water							
Nurse Call Stations										
Hot Water Circulation Pumps			Check							
Bath Equipment	Check									
Water Temp. Rooms	Spot Check		Spot Check		Spot Check		Spot Check		Spot Check	
Resident Room Temps.			Spot Check							
Kitchen Equipment	Check		Check		Check / Clean Range Hood Filters		Check		Check	
Vending Machines			Check & Stock as Needed						Check & Stock as Needed	
Drains, Sinks & Toilets	Clean / inspect									
Surveillance System & Tapes	Check		Check		Check		Check		Inspect	
Floor Care Equipment	Check		inspect / Lube							
Hand Tools & Power Tools					Check / Inventory					

F-323 + F-456

P/M Check Sheet Second Week

Item	Monday	By	Tuesday	By	Wednesday	By	Thursday	By	Friday	By
*.5 Per Week										
HVAC Units	Check Thermostats		Check Thermostats		Check Thermostats		Check Thermostats		Check Thermostats	
Fire Control Systems & Alarms	Check Panel & Dialer		Check Panel & Dialer		Check Panel & Dialer Drain Water Traps		Check Panel & Dialer		Check Panel & Dialer	
Resident Rooms	Cleanliness		Cleanliness & Lights		Cleanliness		Cleanliness		Cleanliness	
Hallways, Handrails & Door Facings	Inspect		Inspect		Inspect & Clean		Inspect		inspect	
Pumps, Compressors & Valves			Inspect / Test							
Entrances & Exits	Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks	
Administrative Offices & Equipment	Cleanliness		Cleanliness		Cleanliness		Cleanliness		Cleanliness	
Ventilation Units	Check		Check		Check		Inspect		Check	
Laundry Equipment & Supplies	Check & Clean Lint Traps / Order Supplies		Check & Clean Lint Traps		Check & Clean Lint Traps		Check & Clean Lint Traps / Lube		Check & Clean Lint Traps	
Lighting Interior & Exterior									Check & Repair	
House Keeping Equipment & Supplies	Check & Order						Check / Repair			
Windows & Shades	Check		Check		Check		Check		Check	
Emergency Power System	Check Control Panel		Test / Check Oil & Water							
Nurse Call Stations					Test					
Hot Water Circulation Pumps									Check	
Bath Equipment	Check									
Water Temp. Rooms	Spot Check		Spot Check		Spot Check		Spot Check		Spot Check	
Resident Room Temps.							Spot Check			
Kitchen Equipment	Check		Check		Check		Check		Check	
Vending Machines			Check & Stock as Needed						Check & Stock as Needed	
Drains, Sinks & Toilets	Clean / Inspect									
Surveillance System & Tapes	Check		Check		Check		Check		Inspect	
Floor Care Equipment	Check									
Hand Tools & Power Tools					Check / Inventory					

F-323 + F-456

P/M Check Sheet Third Week

Item	Monday	By	Tuesday	By	Wednesday	By	Thursday	By	Friday	By
* 5 Per Week										
HVAC Units	Check Thermostats		Check Thermostats		Check Thermostats Clean Vents		Check Thermostats		Check Thermostats	
Fire Control Systems & Alarms	Check Panel & Dialer		Check Panel & Dialer / Drill		Check Panel & Dialer / Drill		Check Panel & Dialer		Check Panel & Dialer	
Resident Rooms	Cleanliness		Cleanliness & Lights		Cleanliness		Cleanliness & Bed Controls		Cleanliness	
Hallways, Handrails & Door Facings	Inspect		Inspect		Inspect & Clean		Inspect		Inspect	
Pumps, Compressors & Valves	Inspect									
Entrances & Exits	Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks	
Administrative Offices & Equipment	Cleanliness		Cleanliness		Cleanliness		Cleanliness		Cleanliness	
Ventilation Units	Check		Check		Check		Inspect		Check	
Laundry Equipment & Supplies	Check & Clean Lint Traps / Order Supplies		Check & Clean Lint Traps		Check & Clean Lint Traps		Check & Clean Lint Traps		Check & Clean Lint Traps	
Lighting Interior & Exterior									Check & Repair	
House Keeping Equipment & Supplies	Check & Order						Check / Repair			
Windows & Shades	Check		Check		Check		Check		Check	
Emergency Power System	Check Control Panel		Test / Check Oil & Water							
Nurse Call Stations										
Hot Water Circulation Pumps					Lube					
Bath Equipment	Check								Check	
Water Temp. Rooms	Spot Check		Spot Check		Spot Check		Spot Check		Spot Check	
Resident Room Temps.	Spot Check									
Kitchen Equipment	Check		Check		Check / Clean Range Hood Filters		Check		Check	
Vending Machines			Check & Stock as Needed						Check & Stock as Needed	
Drains, Sinks & Toilets	Clean / Inspect									
Surveillance System & Tapes	Check		Check		Check		Check		Inspect	
Floor Care Equipment	Check									
Hand Tools & Power Tools					Check / Inventory					

F-323 + F-456

P/M Check Sheet Fourth Week

Item	Monday	By	Tuesday	By	Wednesday	By	Thursday	By	Friday	By
5 Per Week										
HVAC Units	Check Thermostats				Check Thermostats		Check Thermostats		Check Thermostats	
Fire Control Systems & Alarms	Check Panel & Dialer				Check Panel & Dialer Drain Water Traps		Check Panel & Dialer		Check Panel & Dialer	
Resident Rooms	Cleanliness				Cleanliness		Cleanliness		Cleanliness	
Hallways, Handrails & Door Facings	Inspect				Inspect & Clean		Inspect		Inspect	
Pumps, Compressors & Valves					Inspect					
Entrances & Exits	Inspect & Test Locks				Inspect & Test Locks		Inspect & Test Locks		Inspect & Test Locks	
Administrative Offices & Equipment	Cleanliness				Cleanliness		Cleanliness		Cleanliness	
Ventilation Units	Check				Check		Inspect		Check	
Laundry Equipment & Supplies	Check & Clean Lint Traps / Order Supplies				Check & Clean Lint Traps		Check & Clean Lint Traps		Check & Clean Lint Traps	
Lighting Interior & Exterior									Check & Repair	
House Keeping Equipment & Supplies	Check & Order						Check / Repair			
Windows & Shades	Check				Check		Check		Check	
Emergency Power System	Check Control Panel									
Nurse Call Stations										
Hot Water Circulation Pumps										
Bath Equipment	Check									
Water Temp. Rooms	Spot Check				Spot Check		Spot Check		Record	
Resident Room Temps.					Spot Check				Record	
Kitchen Equipment	Check				Check Grease Trap		Check		Check	
Vending Machines	Check & Stock as Needed								Check & Stock as Needed	
Drains, Sinks & Toilets	Clean / Inspect									
Surveillance System & Tapes	Check				Check		Check		Inspect	
Floor Care Equipment	Check									
Hand Tools & Power Tools					Check / Inventory					

F-323 + F-456

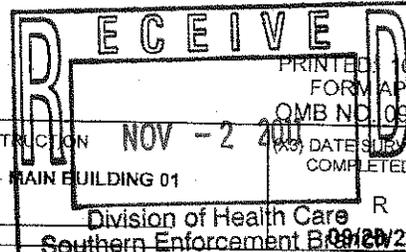
MONTHLY MAINTENANCE

Month _____

ITEM	DATE	FILTER
DISHWASHER		
STEAMER		
REFRIGERATOR / <i>Freezers</i>		
START GENERATOR/CHECK FLUIDS		
DRYER-CLEAN FRONT VENT		
CLEAN LINT PIPE ON DRYER		
CHECK BELT ON DRYER		
CHECK WASHER BELT		
GREASE WASHER		
AIR COMPRESSOR-CHECK OIL AND BELT		
ROOM AND WATER TEMPS-COMplete FORM		
CHECK FIRE EXTINGUISHERS		
ROOF TOP UNITS-CHECK FILTERS AND BELTS		
CLEAN ROOM A/C UNITS		
EXHAUST UNITS-GREASE AND CHECK BELTS		
CHECK SCALES FOR ACCURACY		
DRAIN SPRINKLERS		
CHECK SCRUBBER BATTERIES		
BLEACH DRAIN PIPES TOP A/C UNITS-APRIL&JULY		
OIL SLICER-JUNE		
CHECK HOOD VENT AND FILTERS IN KITCHEN		
CHECK GREASE TRAP		
CHECK ICE MACHINES		
FIRE DRILL		

SIGNATURE _____

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



PRINTED: 11/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185242	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED NOV - 2 2011 R
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NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353
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(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 000}	INITIAL COMMENTS CFR: 42 CFR 483.70(a) Building: 01 Plan Approval: 1976, 1995, 2002, 2008 Survey under: 2000 Existing Facility type: SNF/NF Type of structure: One story Type V000 with partial basement. Smoke Compartment: Five smoke compartments Fire Alarm: Complete fire alarm system Sprinkler System: Complete automatic (dry and wet) sprinkler system. Generator: Type II 60 KW Natural gas generator installed in 1976, Type II 150 KW diesel generator installed in 2002. A Life Safety Code revisit was conducted on 09/20/11. Windsor Care Center was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for 144 residents. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).	{K 000}	The following constitutes the facility's response to the findings of the Department for Health Services and does not constitute an admission of the facts alleged or conclusions set forth on the summary statement of deficiencies. This plan of correction is prepared as required by the provisions of the Health Safety code, 42 CFR and constitutes the facility's written credible allegation of compliance. K025: NFPA 101 Life Safety Code Standard The smoke barrier located near rooms 201 and 202 was repaired again on 9/20/11 by Maintenance staff person, Danny Vice. Smoke barriers were re-inspected on 9/22/11 by maintenance staff and no other areas of non-compliance were found. The maintenance staff will make an inspection of the smoke barriers in each area containing barriers by inspecting a different area each month and documenting the same in	
{K 025} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	{K 025}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rebecca Cooley TITLE: Administrator (X6) DATE: 11-2-11

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.

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

PRINTED: 10/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185242	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/20/2011
NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353	
(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}	<p>Continued From page 1</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure smoke barriers were maintained according to National Fire Protection Association (NFPA) standards. Smoke barriers must be maintained to ensure they limit the transfer of smoke and fire into corridors and resident rooms. The deficiency had the potential to affect one of five smoke compartments, 57 residents, staff, and visitors.</p> <p>The findings include:</p> <p>Deficient practice was cited on 08/11/11, because of non-filled penetration around metal ductwork between rooms 201 and 202. The facility submitted a Plan of Correction (POC) alleging compliance effective 09/16/11, stating penetration was repaired on 08/12/11.</p> <p>Observation on 09/20/11, at 1:55 PM, with the Director of Housekeeping, revealed the smoke barrier located near rooms 201 and 202 had a</p>	{K 025}	<p><i>Continued from page 1 of 4</i></p> <p>the TELS program to ensure continued compliance with the regulations.</p> <p>The process will be monitored monthly by the Environmental Services Director and reviewed during the Quarterly Quality Assurance Committee meetings.</p> <p>Note: TELS - is "The Equipment LifeCycle System" a computer based program through Direct Supply the facility utilizes to assist our long-term care facility with preventative maintenance.</p>	9-23-11

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185242	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/20/2011
NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353	
(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}	<p>Continued From page 2</p> <p>non-filled penetration around a piece of metal ductwork.</p> <p>Interview on 09/20/11, at 1:55 PM, with the Director of Housekeeping, revealed maintenance staff repaired the penetration as stated on the POC.</p> <p>Interview on 09/20/2011 at 2:18 PM, with Maintenance Staff, revealed he made repairs of the penetration to the smoke barrier. However, observation of the penetration with the Maintenance Staff, indicated he had missed the penetration due to where it was located.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>8.2.4.4 Penetrations and Miscellaneous Openings in Smoke Partitions.</p> <p>8.2.4.4.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through smoke partitions shall be protected as follows:</p> <p>(1) The space between the penetrating item and the smoke partition shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of limiting the transfer of smoke.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(2) Where the penetrating item uses a sleeve to penetrate the smoke partition, the sleeve shall be solidly set in the smoke partition, and the space between the item and the sleeve shall meet one</p>	{K 025}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185242	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/20/2011
NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353		
(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 3 of the following conditions: a. It shall be filled with a material that is capable of limiting the transfer of smoke. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibrations into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke partitions. b. It shall be made by an approved device that is designed for the specific purpose.	{K 025}			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185242	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	RECEIVED SEP - 1 2011 08/11/2011	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, NY 14858 Division of Health Care Southern Enforcement Branch		

(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 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>Building: 01</p> <p>Plan Approval: 1976, 1995, 2002, 2008</p> <p>Survey under: 2000 Existing</p> <p>Facility type: SNF/NF</p> <p>Type of structure: One story Type V000 with partial basement.</p> <p>Smoke Compartment: Five smoke compartments</p> <p>Fire Alarm: Complete fire alarm system</p> <p>Sprinkler System: Complete automatic (dry and wet) sprinkler system.</p> <p>Generator: Type II 60 KW Natural gas generator installed in 1976, Type II 150 KW diesel generator installed in 2002.</p> <p>A Life Safety Code survey was conducted on 08/11/11. Windsor Care Center was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was 125 residents. The facility is licensed for 144 residents.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Rebecca Cooley
TITLE Administrator
(X5) DATE 9-1-11

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 WINDSOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353	
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K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure smoke barriers were maintained according to National Fire Protection Association (NFPA) standards. Smoke barriers must be maintained to ensure they limit the transfer of smoke and fire into corridors and resident rooms. The deficiency had the potential to affect one of five smoke compartments, 57 residents, staff, and visitors.</p> <p>The findings include:</p> <p>Observation on 08/11/11, at 9:45 AM, with the Director of Housekeeping, revealed the smoke barrier located near rooms 201 and 202 had a non-filled penetration around a piece of metal ductwork. The observation was confirmed with the Director of Housekeeping.</p> <p>Interview on 08/11/11, at 9:45 AM, with the Director of Housekeeping, revealed she was</p>	K 025	<p>K025: NFPA 101 Life Safety Code Standard</p> <p>The smoke barrier located near rooms 201 and 202 was repaired on 8/12/11</p> <p>A thorough inspection of all smoke barriers will be made by 9/15/11 to ensure no other areas noted to be in need of repair by maintenance staff.</p> <p>The maintenance staff will make an inspection of the smoke barriers in each area containing barriers by inspecting a different area each month and documenting the same in the TELS program to ensure continued compliance with the regulations.</p> <p>The process will be monitored monthly by the Environmental Services Director and reviewed during the Quarterly Quality Assurance Committee meetings.</p> <p>Note: TELS - is "The Equipment LifeCycle System" a computer based program through Direct Supply the facility utilizes to assist our long-term care facility with preventative maintenance.</p>	9-16-11

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NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353		
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K 025	Continued From page 2 unaware of the penetration in the smoke barrier. Reference: NFPA 101 (2000 Edition). 8.2.4.4 Penetrations and Miscellaneous Openings in Smoke Partitions. 8.2.4.4.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through smoke partitions shall be protected as follows: (1) The space between the penetrating item and the smoke partition shall meet one of the following conditions: a. It shall be filled with a material that is capable of limiting the transfer of smoke. 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 partition, the sleeve shall be solidly set in the smoke partition, 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 limiting the transfer of smoke. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibrations into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke partitions. b. It shall be made by an approved device that is designed for the specific purpose.	K 025			

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NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353		
(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 062 SS=F	<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> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure sprinkler systems were inspected according to National Fire Protection Association (NFPA) standards. Sprinkler systems must be inspected to ensure their reliability in a fire. The deficiency had the potential to affect five of five smoke compartments, 144 residents, and staff.</p> <p>The findings include:</p> <p>Observation on 08/11/11, at 10:30 AM, with the Director of Housekeeping, revealed the sprinkler system had a main control valve. Interview on 08/11/11, at 10:30 AM, with the Director of Housekeeping, revealed the facility does not have a documented program for the monthly inspection of valves located in the sprinkler system. Further interview revealed the Director of Housekeeping was unaware valves located in the sprinkler system must be inspected monthly.</p> <p>Reference: NFPA 25 (1998 Edition).</p> <p>9-3.3 Inspection.</p>	K 062	<p>K062: 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.</p> <p>No residents were harmed by the alleged deficient practice.</p> <p>The facility has initiated a check list form to document the weekly inspections of the sprinkler systems by maintenance staff and will be entered into the TELS system to assist in meeting compliance of the process.</p> <p>The Environmental Services Director will monitor the TELS program monthly to ensure all required check sheets are completed and entered into the system.</p> <p>Environmental Services director will report continued compliance to the Quarterly Quality Assurance Committee.</p>		

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NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353
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(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
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K 062	<p>Continued From page 4</p> <p>9-3.3.1 All valves shall be inspected weekly. Exception No. 1: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.</p> <p>Exception No. 2: After any alterations or repairs, an inspection shall be made by the owner to ensure that the system is in service and all valves are in the normal position and properly sealed, locked, or electrically supervised.</p> <p>9-3.3.2* The valve inspection shall verify that the valves are in the following condition:</p> <ul style="list-style-type: none"> (a) In the normal open or closed position (b) *Properly sealed, locked, or supervised (c) Accessible (d) Provided with appropriate wrenches (e) Free from external leaks (f) Provided with appropriate identification 	K 062	<p>Note: TELS - is "The Equipment LifeCycle System" a computer based program through Direct Supply the facility utilizes to assist our long-term care facility with preventative maintenance.</p>	8-31-11
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K 025

QA Audit Tool for Smoke Barrier Inspection
Windsor Care Center

Location of Smoke Barrier	Date Inspected					
Front Hall						
By Room 117						
By Medical Records						
By Medical Records						
By Houskeeping Closet						
By Lakeview Entrance - Room 201						
Hall By Beauty Shop						
Wisteria						
North Hall - By 107						
North Hall - By 114						
Wisteria						
South Hall - By 127						
South Hall - By 201						

K-062

Windsor Care Center

Weekly Report of Inspection of Sprinkler System Valves

9 - 3.3 Inspection.

9 - 3.3.1 All valves shall be inspected weekly. [Exception No. 1: Valves secured with locks or supervised in accordance with applicable NFPS standards shall be permitted to be inspected monthly.] [Exception No. 2: After any alterations or repairs, and inspection shall be made by the owner to ensure that the system is in service and all valves are in the normal position and properly sealed, locked, or electrically supervised.

9 - 3.3.2* The valve inspection shall verify that the valves are in the following condition:

- | | | | |
|---|-----|----|------------------|
| 1. Control Valves in the normal open or closed position | Yes | No | N/A (Circle One) |
| 2. *Properly sealed, locked, or supervised | Yes | No | N/A (Circle One) |
| 3. Accessible | Yes | No | N/A (Circle One) |
| 4. Provided with appropriate wrenches | Yes | No | N/A (Circle One) |
| 5. Free from external leaks | Yes | No | N/A (Circle One) |
| 6. Provided with appropriate identification | Yes | No | N/A (Circle One) |

Additional Areas to check:

- | | | |
|---|-----|----|
| 1. There are at least (2) two spare sprinkler heads for each type of sprinkler head used in the facility in storage | Yes | No |
| 2. If question 1 is "No" - Has additional heads been ordered? | Yes | No |

Additional Comments:

Signature of Person Completing Form

Date:

August 16, 2011

K:062

Vent and Sprinkler Head Cleaning

SOUTH WING SHORT HALL

117 _____
119 _____
120 _____
122 _____

Hallway _____

NORTH WING

101 _____
102 _____
103 _____
104 _____
105 _____
106 _____
107 _____

108 _____
109 _____
110 _____
111 _____
112 _____
113 _____
114 _____
115 _____

Hallway _____

SOUTH WING

125 _____
127 _____
129 _____
124 _____
131 _____
126 _____
133 _____
128 _____
135 _____
130 _____
201 _____
202 _____
203 _____

Hallway _____

NEW WING

1 _____ 12 _____
2 _____ 13 _____
3 _____ 14 _____
4 _____ 15 _____
5 _____ 16 _____
6 _____ 17 _____
7 _____ 18 _____
8 _____ 19 _____
9 _____ 20 _____
10 _____ 21 _____
11 _____ 22 _____

Hallway _____

STERLING PLACE

204 _____
205 _____
206 _____
207 _____

208 _____
209 _____
213 _____
210 _____

215 _____
214 _____
217 _____
216 _____

Hallway _____

Signature: _____

Date: _____