

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

PRINTED: 04/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2015
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NAME OF PROVIDER OR SUPPLIER RIDGEWAY NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 406 WYOMING ROAD OWINGSVILLE, KY 40360
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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 Recertification Survey was initiated on 04/07/15 and concluded on 04/09/15, with deficiencies cited at the highest Scope and Severity of an "F".	F 000		
F 371 SS=F	483.35(l) 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 condltions 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 store food under sanitary conditions as evidenced by food products not labeled or dated stored in the freezer and refrigerator. The findings include: Review of the facility's policy titled, "Refrigerated Storage", not dated, revealed all foods were to be properly wrapped and stored in sealed containers, dated and labeled. Review of the facility's policy titled, "Proper Food Handling Pasteurtized Eggs", not dated, revealed pasteurized eggs should be used by the	F 371	It is and was on the day of survey the policy of Ridgeway Nursing and Rehabilitation to store, prepare and serve food under sanitary conditions. 1. No residents were affected by the unlabeled or dated pasteurized eggs No GI outbreaks were noted in the facility. 2. All unprepared foods are stored with a date and description of product in all refrigerated areas. 3. Daily, the Dietary Manager will monitor all refrigerated areas in the Dietary department to ensure foods are labeled and dated properly. Monthly the dietician will audit all refrigerated areas of food storage and labeling. This practice will continue for 60 days and if no further issues the Dietician will monitor monthly. All Dietary staff were in-serviced on 04-17-15 by the Dietary Manager covering food storage, thawing procedures and dating of food items. 4. As part of the facility's Quality Assurance Program the review of the food storage daily and the dietician's report will be made part to the Quality Assurance Committee for the next six month.	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bally Bax TITLE: Administrators (X6) DATE: 06-05-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	<p>Continued From page 1</p> <p>expiration date on the container and discarded when outdated. Per the Policy, pasteurized eggs should be handled as a potentially hazardous food.</p> <p>Observation on 04/07/15 at 10:45 AM, revealed four (4) packages of food products, in the walk-in freezer, not in the original container, sealed in clear plastic which were undated and unlabeled to indicate what the food product was.</p> <p>Observation on 04/08/15 at 9:00 AM, revealed two (2) packages of a yellow liquid substance sealed in clear plastic, located in the reach-in refrigerator, and not in the original container, which were undated and unlabeled to indicate what the food product was.</p> <p>Interview, on 04/09/15 at 11:25 AM, with Cook #1 revealed all foods should be labeled and dated for proper rotation of foods, and to prevent bacteria growth.</p> <p>Interview, on 04/09/15 at 11:15 AM, with the Dietary Manager revealed all food products should be labeled and dated with a use by date. The Dietary Manager revealed the yellow liquid substance was pasteurized eggs which should have been labeled and dated for safe consumption by the residents.</p> <p>Interview, on 04/09/15 at 5:00 PM, Administrator revealed all foods not kept in their original containers needed to be labeled and dated. Per interview, all other food products, stored in the original container, were also to be labeled and dated.</p>	F 371	5.05-01-15	
F 441	483.65 INFECTION CONTROL, PREVENT	F 441		

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F 441 SS=D	Continued From page 2 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 hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	F 441 It is and was on the day of survey the policy of Ridgeway Nursing and Rehabilitation to provide a safe, sanitary and comfortable environment to prevent the development and transmission of disease and infection. All employees who enter the kitchen area are to wear a hair net. 1. No residents were affected by the employee who entered the kitchen thru the dish room without a hair net. No GI outbreaks have been noted in the facility. 2. All staff entering the kitchen area will wear a hair net when entering. All staff (dietary and housekeeping) were inserviced on 05-01-15 by the department managers discussing infection control practices and protective garments were discussed. 3. Hair nets have been strategically placed at the entrance of the kitchen to ensure they are used when entering the kitchen area.		

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F 441	<p>Continued From page 3</p> <p>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 ensure a safe and sanitary environment as per the Infection Control Program, as evidenced by an Environmental Employee who entered the kitchen without a hair covering during the dinner meal service.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Infection Prevention Program Overview", undated, revealed the goals of the facility's Infection Control Program included to decrease the risk of infections for residents and staff. Per the Policy, the "major activities of the program" included staff education which focused on risk of infection and practices to decrease the risk.</p> <p>Review of the facility's policy titled, "Control of Traffic In Dietary Areas", not dated, revealed employees and other authorized personnel in the dietary area, should use effective hair restraints to prevent the contamination of food or food contact surfaces.</p> <p>Observation, on 04/07/15 at 5:05 PM, revealed Environmental Employee #1 entered the dietary area, from the dish room and walked through the kitchen, passing the dinner meal tray line to go to the linen closet near the Dietary Manager's Office, with no hair covering in place.</p> <p>Interview, on 04/09/15 at 10:55 AM, with</p>	F 441	<p>4. Daily the Dietary Supervisor will monitor any staff member who enters the kitchen to ensure they are utilizing hair nets. The cook will be responsible after hours and on weekends. Monthly the Dietary Manager will bring results of the above monitoring to the monthly CQI meeting for the next six months.</p> <p>5. 05-04-15</p>	
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F 441	<p>Continued From page 4</p> <p>Environmental Employee #1 revealed she was in a hurry, on 04/07/15 at the time of observation, and should have worn a hair net to keep any hairs from getting into the food and drinks which could contaminate the food.</p> <p>Interview, on 04/09/15 at 10:50 AM, with the Environmental Services Housekeeping/Laundry Supervisor revealed Environmental Employee #1 should have worn a hair net when she entered the kitchen through the dish room, to prevent possible food contamination issues.</p> <p>Interview, on 04/09/15 at 11:15 AM, with the Dietary Manager revealed no employees were allowed to enter through the dish room and into the kitchen without wearing a hair net, to prevent food contamination. Per Interview, the facility's policy stated all employees were to wear a hair net when entering the kitchen.</p> <p>Interview, on 04/09/15 at 4:45 PM, with the Director of Nursing (DON) who was also responsible for the facility's Infection Control Program, revealed staff were to follow policies and procedures related to infection control.</p> <p>Interview, on 04/09/15 at 5:00 PM, with the Administrator revealed employees were not to walk through the kitchen without a hair net.</p>	F 441		
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K 000 INITIAL COMMENTS

CFR: 42 CFR 483.70(a)
 Building: 02
 Plan Approval: 03/06/12
 Survey under: NFPA 101 (2000 edition)
 Facility type: SNF/NF
 Type of structure: Type (111)
 Smoke Compartment: One (1)
 Fire Alarm: Complete fire alarm (New)
 Sprinkler System: Complete sprinkler system (New)
 Generator: Type II (New)

A Standard Life Safety Code Survey was conducted on 04/07/15. The facility's new construction wing was found to be in compliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire) requirements for participation in Medicare and Medicaid. The census on the day of the survey was eighty-nine (89). The facility is licensed for ninety-nine (99) beds.

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 BY: _____

K 000 Ridgeway Nursing and Rehabilitation does not believe nor does the facility admit that any deficiencies exist.

Ridgeway Nursing and Rehabilitation reserves all rights to contest the survey findings through informal disputes resolution, legal appeal proceedings or any administrative or legal proceeding. 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 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 potentially applicable peer review, quality assurance or self critical examination privileges which Ridgeway Nursing and Rehabilitation does not waive, and reserve the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Ridgeway Nursing and Rehabilitation offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to resident.

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

Sally Barts RN

TITLE

Administrator 06-0515

(X6) DATE

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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>Building: 01</p> <p>Survey under: NFPA 101 (2000 Edition)</p> <p>Plan approval: 1978</p> <p>Facility type: SNF/NF</p> <p>Type of structure: Type III unprotected</p> <p>Smoke Compartments: Three (3)</p> <p>Fire Alarm: Fire alarm installed in 1978 Smoke detectors in corridors Heat detectors in kitchen/attic</p> <p>Sprinkler System: Complete sprinkler system (dry) installed 1978</p> <p>Generator: Natural gas installed 2005</p> <p>A Standard Life Safety Code Survey was conducted on 04/14/15. The facility (existing construction) was found not to be in compliance with the requirements for participation in Medicare and Medicaid Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire) requirements for participation in Medicare and Medicaid. The census on the day of the survey was eighty-nine (89). The facility is licensed for ninety-nine (99) beds.</p> <p>Deficiencies were cited with the highest deficiency of a Scope and Severity at a "D" level.</p>	K 000		
K 056	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sally Beut PN TITLE: Administrator (X6) DATE: 06-05-15

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K 056
SS=D

Continued From page 1

If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5

This STANDARD is not met as evidenced by: Based on observation and Interview, it was determined the facility failed to ensure complete coverage of the automatic sprinkler system, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of five (5) smoke compartments, one (1) resident, staff and visitors.

The findings include:

Observation on 04/07/15 at 1:55 PM, with the Maintenance Director, revealed a mechanical room in the C Hall shower room was not protected by the Automatic Sprinkler System. Interview, with the Maintenance Director at the time of observation, revealed the facility relied on an outside contractor to ensure all areas of the facility were protected by the automatic sprinkler system.

K 056! K 056

It is and was on the day of survey the policy of Ridgeway Nursing and Rehabilitation to ensure complete coverage with the automatic sprinkler system, according to National Fire Protection Association standards. The mechanical room in the C Hall shower room is part of the original building and a sprinkler head had never been required in the thirty plus years of operation.

1. A sprinkler head was installed in the mechanical room on 05-07-15

2. All smoke compartments will have complete sprinkler head coverage.

3. An in-service was conducted by the Administrator with the Maintenance Supervisor concerning requirements for sprinkler coverage.

4. All sprinkler heads and systems are checked on a routine basis (quarterly) by a contract company. As part of the Continuous Quality Assurance program the maintenance supervisor will audit all areas of the facility per Life Safety Code requirements and submit this to the Quality Assurance committee for review.

5. 05-08-15

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K 056 Continued From page 2
The findings were confirmed with the Administrator during the exit conference.

Reference: NFPA 101 (2000 Edition)
19.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 19.1.6.2. (See 8.2.1.)
Exception: Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met:

- (a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings.
- (b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill.
- (c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system.

K 056

Table 19.1.6.2 Construction Type Limitations

Construction Type	Stories			
	1	2	3	4
I(443)	X	X	X	X
I(332)	X	X	X	X
II(222)	X	X	X	X
II(111)	X	X*	X*	NP
II(000)	X*	X*	NP	NP
III(211)	X*	X*	NP	NP
III(200)	X*	NP	NP	NP
IV(2HH)	X*	X*	NP	NP

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K 056	<p>Continued From page 3</p> <p>V(111) X* X* NP NP</p> <p>V(000) X* NP NP NP</p> <p>X: Permitted type of construction. NP: Not permitted. *Building requires automatic sprinkler protection. (See 19.3.5.1.)</p> <p>Center for Medicare/Medicaid Survey and Certification letter 13-55-LSC</p> <p>K 069 NFPA 101 LIFE SAFETY CODE STANDARD SS=D</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on interview and review of the facility's fire extinguishing system inspections, it was determined the facility failed to ensure the fire extinguishing system located in the kitchen hood was inspected, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of five (5) smoke compartments and kitchen staff.</p> <p>The findings include:</p> <p>Review, on 04/14/15 at 3:00 PM, of the inspections for the fire extinguishing system located in the kitchen hood, revealed the last inspection was conducted on 10/02/14 by an outside contractor. Interview, at time of the review, with the Maintenance Director revealed</p>	K 056	<p>K 069</p> <p>It is and was on the day of survey the policy of Ridgeway Nursing and Rehabilitation to ensure the fire extinguishing system inspection is conducted every six months. It was the facility's understanding that the system was inspected on October 2, 2014 and that the facility had until the end of April to again have the system checked. At the time of the survey the system was scheduled to be check 04-08 -15.</p> <ol style="list-style-type: none"> 1. The kitchen's range hood fire suppression system was inspected 04-08-15. 2. All inspections are current and up to date. 3. The Administrator will track the inspection dates for the kitchen range hood suppression system. 4. As part of the facility's monthly Quality Assurance Program inspection reports will be made part of the meeting minutes and tracked for 6 months or less inspection dates. <p>5. 04-09-15</p>	
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185254	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER RIDGEWAY NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 406 WYOMING ROAD 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 069	Continued From page 4 an inspection was scheduled, but he was unaware the inspection could not be greater than six (6) months. The findings were confirmed by the Administrator during the exit conference. Reference: NFPA 96 (1998 Edition) 8-2* Inspection. An inspection and servicing of the fire- extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons.	K 069		