

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

PRINTED: 09/09/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/03/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGEWOOD TERRACE NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>425 ISLAND FORD ROAD MADISONVILLE, KY 42431</b>		
(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 was conducted on 09/01/15 through 09/03/15 with no deficiencies cited.	F 000			

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

TITLE

(X6) DATE

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>09/22/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIDGEWOOD TERRACE NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425 ISLAND FORD ROAD MADISONVILLE, KY 42431</b>
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{K 000}	<p><b>INITIAL COMMENTS</b></p> <p>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance 09/22/15, as alleged.</p>	{K 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 185306	(Y2) Multiple Construction A. Building 01 - MAIN BUILDING 01 B. Wing	(Y3) Date of Revisit 9/22/2015
Name of Facility RIDGWOOD TERRACE NURSING HOME		Street Address, City, State, Zip Code 425 ISLAND FORD ROAD MADISONVILLE, KY 42431

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix _____ Reg. # NFPA 101 LSC K0029	Correction Completed 09/22/2015	ID Prefix _____ Reg. # NFPA 101 LSC K0045	Correction Completed 09/22/2015	ID Prefix _____ Reg. # NFPA 101 LSC K0062	Correction Completed 09/22/2015
ID Prefix _____ Reg. # NFPA 101 LSC K0072	Correction Completed 09/22/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By <i>DH</i>	Date: <i>09/24/15</i>	Signature of Surveyor: <i>Deborah C. Heidman RN, NCS, RQ</i>	Date: <i>09/24/15</i>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 9/1/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD TERRACE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1972</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (200)</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with thirty-nine (39) smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is natural gas.</p> <p>A Recertification Life Safety Code Survey was conducted on 09/01/15. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for one-hundred ten (110) beds with a census of one hundred eight (108) on the day of the survey.</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	<p>Preparation and execution of this plan of correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared and executed solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge the alleged deficiencies below is not an admission that the alleged facts occurred as presented in the statements.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

Administrator

9/18/15

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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NAME OF PROVIDER OR SUPPLIER  RIDGWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 428 ISLAND FORD ROAD MADISONVILLE, KY 42431	
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K 000	Continued From page 1	K 000		
K 029 SS=D	<p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to meet the requirements for Protection of Hazards, in accordance with the National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred ten (110) beds and at the time of the survey, the census was one-hundred eight (108).</p> <p>The findings include:</p> <p>Observation, on 09/01/15 at 3:22 PM, with the Maintenance Director revealed sixteen (16) cardboard boxes were being stored in the Front</p>	K 029	<p><b><u>K 029 (D) Self Closing Doors/Protection of Hazards</u></b></p> <p><i>Corrective Action for Residents Found to Have Been Affected</i> The 16 cardboard boxes in the front office and the 10 cardboard boxes in the Director of Nursing office were removed on 9-2-2015. A self-closing device has been installed on the Front Office door on 9-10-2015. The new self-closing doors meet the requirements specified in K 029.</p> <p><i>Identification of Other Residents Having the Potential to be Affected</i> All residents have the potential to be affected and correction is specified above in the Corrective Action for Residents Found to have been Affected.</p> <p><i>Measures or Systemic Changes Made to Avoid Reoccurrence</i> The Administrator educated the Maintenance Director on the requirements related to self-closing doors and the protection of hazards including the storage of flammable materials on 9-2-2015. Beginning 9-20-2015 the Maintenance Director will conduct monthly audits of the facility to assure that the storage of flammable</p>	

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NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 428 ISLAND FORD ROAD MADISONVILLE, KY 42431		
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K 029	<p>Continued From page 2</p> <p>Office with had a roll down type door that was not self-closing.</p> <p>Interview, on 09/01/15 at 3:23 PM, with the Maintenance Director revealed he was not aware of the requirements for protection from hazards.</p> <p>Observation, on 09/01/15 at 3:24 PM, with the Maintenance Director revealed ten (10) cardboard boxes were being stored in the Director of Nursing Office which did not have a self-closing device installed on the door.</p> <p>Interview, on 09/01/15 at 3:25 PM, with the Maintenance Director revealed he was not aware of the requirements for protection from hazards.</p> <p>The census of one-hundred eight (108) was verified by the Administrator on 09/01/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 09/01/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition) 19.3.2 Protection from Hazards.</p> <p>Reference: NFPA 101 (2000 Edition) 9.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or</p>	K 029	<p>materials, and, in particular, cardboard boxes does not occur in areas where self-closing devices are not installed on doors. Self-closing doors will be installed when necessary. These monthly audits will be submitted to the Administrator.</p> <p><b>Plans to Monitor Performance for Sustained Solutions</b></p> <p>The Administrator will submit the audits completed by the Maintenance Director to the Quality Assurance Committee monthly for review, recommendations and follow-up. The Quality Assurance Committee consists of the Administrator, Director of Nursing, Medical Director, the Quality Assurance Nurse and any other team member necessary.</p>	9-22-2015	

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K 029	<p>Continued From page 3</p> <p>automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:</p> <p>(1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft<sup>2</sup> (9.3 m<sup>2</sup>) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft<sup>2</sup> (4.6 m<sup>2</sup>), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.</p> <p>Reference: NFPA 101 (2000 Edition) 7.2.1.8 Self-Closing Devices.</p> <p>Reference: NFPA 101 (2000 Edition) 7.2.1.8.1* A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2.</p> <p>Reference: NFPA 101 (2000 Edition) 7.2.1.8.2 In any building of low or ordinary hazard contents,</p>	K 029		

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K 029	Continued From page 4 as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, doors shall be permitted to be automatic-closing, provided that the following criteria are met: (1) Upon release of the hold-open mechanism, the door becomes self-closing. (2) The release device is designed so that the door instantly releases manually and upon release becomes self-closing, or the door can be readily closed. (3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door release service in NFPA 72, National Fire Alarm Code®. (4) Upon loss of power to the hold-open device, the hold-open mechanism is released and the door becomes self-closing. (5) The release by means of smoke detection of one door in a stair enclosure results in closing all doors serving that stair.	K 029			
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure egress lighting was maintained in accordance with National Fire Protection Association (NFPA)	K 045	<u>K 045 (D) Illumination of Means of Egress</u>  <i>Corrective Action for Residents Found to Have Been Affected</i> A multiple lighting fixture was installed at the point of egress at the Therapy Department on 9-14-2015. All other points of egress were inspected and determined to be in compliance.		

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K 045	<p>Continued From page 5</p> <p>standards. The deficient practice has the potential to affect one (1) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred ten (110) beds and at the time of the survey, the census was one-hundred eight (108).</p> <p>The findings include:</p> <p>Observation, on 09/01/15 at 3:42 PM, with the Maintenance Director revealed the Therapy Exit did not have a light fixture installed outside to provide the required illumination for egress leading to the public way.</p> <p>Interview, on 09/01/15 at 3:43 PM, with the Maintenance Director revealed he was not aware the Therapy Exit did not have illumination as required.</p> <p>The census of one-hundred eight (108) was verified by the Administrator on 09/01/15. The survey findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 09/01/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition) 7.8 ILLUMINATION OF MEANS OF EGRESS 7.8.1 General. 7.8.1.1* Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 42. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and</p>	K 045	<p><i>Identification of Other Residents Having the Potential to be Affected</i> All other points of egress for the facility were inspected on 9-14-2015. All other points of egress are in compliance with K 045.</p> <p><i>Measures or Systemic Changes Made to Avoid Reoccurrence</i> The Administrator educated the Maintenance Director on the requirements of K 045 on 9-2-2015 to include the non-use of single lighting fixtures. The Maintenance Director will add the inspection of egress lighting to the routine maintenance rounds completed daily to ensure that lights are functioning properly and according to K 045.</p> <p><i>Plans to Monitor Performance for Sustained Solutions</i> The Administrator will submit the audits completed by the Maintenance Director to the Quality Assurance Committee monthly for review, recommendations and follow-up. The Quality Assurance Committee consists of the Administrator, Director of Nursing, Medical Director, the Quality Assurance Nurse and any other team member necessary.</p>	9-22-2015

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K 045	Continued From page 6 passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way. 7.8.1.2 Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be employed at such locations and for such periods of time as required to maintain the illumination to the minimum criteria values herein specified. Exception: Automatic, motion sensor-type lighting switches shall be permitted within the means of egress, provided that the switch controllers are equipped for fail-safe operation, the illumination timers are set for a minimum 15-minute duration, and the motion sensor is activated by any occupant movement in the area served by the lighting units. 7.8.1.3* The floors and other walking surfaces within an exit and within the portions of the exit access and exit discharge designated in 7.8.1.1 shall be illuminated to values of at least 1 ft-candle (10 lux) measured at the floor. Exception No. 1: In assembly occupancies, the illumination of the floors of exit access shall be at least 0.2 ft-candle (2 lux) during periods of performances or projections involving directed light. Exception No. 2*: This requirement shall not apply where operations or processes require low lighting levels. 7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2	K 045			

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K 045	Continued From page 7 ft-candle (2 lux) in any designated area. 7.8.1.5 The equipment or units installed to meet the requirements of Section 7.10 also shall be permitted to serve the function of illumination of means of egress, provided that all requirements of Section 7.8 for such illumination are met. 7.8.2 Sources of illumination. 7.8.2.1* Illumination of means of egress shall be from a source considered reliable by the authority having jurisdiction. 7.8.2.2 Battery-operated electric lights and other types of portable lamps or lanterns shall not be used for primary illumination of means of egress. Battery-operated electric lights shall be permitted to be used as an emergency source to the extent permitted under Section 7.9.	K 045			
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to maintain electronic supervision (tamper switches) for a water supply control valve installed on the sprinkler system in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect four (4) of four (4) smoke compartments, residents,	K 062	<u>K 062 (F) Automatic Sprinkler System/Electronic Supervision (tamper switches).</u>  <i>Corrective Action for Residents Found to Have Been Affected</i> On 9/2/2015 the tamper switch was adjusted to assure operating order by the maintenance director to assure that the water supply control valve on the east sprinkler system is electronically supervised. A test was performed by the maintenance director on 9/2/15, 9/3/15 and 9/4/15, to further ensure that the tamper switch is electronically supervising the water supply control valve. On 9/18/15 a certified sprinkler contractor inspected the control valve on the east side and made further adjustments to ensure the systems was working properly.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2015
NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431	
(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	<p>Continued From page 8</p> <p>staff and visitors. The facility has the capacity for one-hundred ten (110) beds and at the time of the survey, the census was one-hundred eight (108).</p> <p>The findings include:</p> <p>Observation, on 09/01/15 at 4:17 PM, with the Maintenance Director revealed the east sprinkler system main valve tamper switch failed to sound an alarm to indicate the valve was closed.</p> <p>Interview on 09/01/15 at 4:18 PM, with the Maintenance Director revealed he depended on the sprinkler contractor to keep the tamper switch working as required.</p> <p>The census of one-hundred eight (108) was verified by the Administrator on 09/01/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 09/01/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition) 19.3.5 Extinguishment Requirements. 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered.</p>	K 062	<p><i>Identification of Other Residents Having the Potential to be Affected</i> All residents have the potential to be affected by K 062. See correction above for Residents Found to have been affected.</p> <p><i>Measures or Systemic Changes Made to Avoid Reoccurrence</i> On 9-6-2015 the Maintenance Director added the inspection of tamper switches to the weekly round audits and will assure that quarterly sprinkler inspections by a certified sprinkler contractor includes the tamper switches for electronically supervising the water supply control valve.</p> <p><i>Plans to Monitor Performance for Sustained Solutions</i> The Administrator will submit the audits completed by the Maintenance Director to the Quality Assurance Committee monthly for review, recommendations and follow-up. The Quality Assurance Committee consists of the Administrator, Director of Nursing, Medical Director, the Quality Assurance Nurse and any other team member necessary.</p>	9-22-2015

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NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431	
(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	Continued From page 9 19.3.5.2* Where this Code permits exceptions for fully sprinklered buildings or smoke compartments, the sprinkler system shall meet the following criteria: (1) It shall be in accordance with Section 9.7. (2) It shall be electrically connected to the fire alarm system. (3) It shall be fully supervised. Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered.  Reference: NFPA 101 (2000 Edition) 9.7.2.1*. Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure, and air pressure on dry-pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.	K 062		
K 072 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 072		

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NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 428 ISLAND FORD ROAD MADISONVILLE, KY 42431	
(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 072	<p>Continued From page 10</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain exit access in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect four (4) of four (4) smoke compartments, residents, staff and visitors. The facility has the capacity for one-hundred seventy-two (110) beds and at the time of the survey, the census was one-hundred fifty (108).</p> <p>The findings include:</p> <p>Observation on 09/01/15 at 3:39 PM with the Maintenance Director revealed one (1) linen cart was being stored in the egress path of the 100 Hall.</p> <p>Interview, on 09/01/15 at 3:40 PM with the Maintenance Director revealed the items were routinely stored in this location.</p> <p>Observation on 09/01/15 at 3:50 PM with the Maintenance Director revealed one (1) linen cart was being stored in the egress path of the 200 Hall.</p> <p>Interview, on 09/01/15 at 3:51 PM with the</p>	K 072	<p><b><u>K 072 (F) Egress Maintained Free of all Obstructions</u></b></p> <p><b><i>Corrective Action for Residents Found to Have Been Affected</i></b></p> <p>The linen cart stored in the egress path of the 100 Hall was removed on 9-2-2016. The linen cart in the egress path of the 200 Hall was removed on 9-2-2015. The linen cart in the egress path of the 300 Hall was removed on 9-2-2015. The linen cart and Hoyer lift in the egress path of the 400 Hall was removed on 9-2-2015. The linen cart in the egress path of the 500 Hall was removed on 9-2-2015.</p> <p><b><i>Identification of Other Residents Having the Potential to be Affected</i></b></p> <p>All residents have the potential to be affected. See Corrective Action for Residents Found to Have Been Affected. All paths of egress were evaluated on 9-2-2015 for any obstructions or impediments. There were none noted.</p> <p><b><i>Measures or Systemic Changes Made to Avoid Reoccurrence</i></b></p> <p>An in-service was provided to all staff on 9-14-15 through 9-20-2015 regarding egress paths being maintained free of obstructions and impediments. This in-service included the correct storage of linen carts and Hoyer lifts. The Maintenance Director will conduct daily rounds to include checking all paths of egress.</p>	

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NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431	
(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 072	<p>Continued From page 11</p> <p>Maintenance Director revealed the items were routinely stored in this location.</p> <p>Observation, on 09/01/15 at 4:02 PM with the Maintenance Director revealed one (1) linen cart was being stored in the egress path of the 300 Hall.</p> <p>Interview on 09/01/15 at 4:03 PM with the Maintenance Director revealed the linen cart was routinely stored in this location.</p> <p>Observation on 09/01/15 at 4:36 PM with the Maintenance Director revealed one (1) linen cart and one (1) Hoyer lift were being stored in the egress path of the 400 Hall.</p> <p>Interview on 09/01/15 at 4:37 PM with the Maintenance Director revealed the linen cart was routinely stored in this location.</p> <p>Observation on 09/01/15 at 4:38 PM with the Maintenance Director revealed one (1) linen cart was being stored in the egress path of the 500 Hall.</p> <p>Interview on 09/01/15 at 4:39 PM with the Maintenance Director revealed the linen cart was routinely stored in this location.</p> <p>The census of one-hundred eight (108) was verified by the Administrator on 09/01/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 09/01/15.</p> <p>Actual NFPA Standard:</p>	K 072	<p><i>Plans to Monitor Performance for Sustained Solutions</i></p> <p>The Administrator will submit the audits completed by the Maintenance Director to the Quality Assurance Committee monthly for review, recommendations and follow-up. The Quality Assurance Committee consists of the Administrator, Director of Nursing, Medical Director, the Quality Assurance Nurse and any other team member necessary.</p>	9-22-2015

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NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431		
(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 072	<p>Continued From page 12</p> <p>Reference: NFPA 101 (2000 Edition) Means of Egress Reliability 7.1.10.1 Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>Reference: NFPA 101 (200 Edition) 7.3.2* Measurement of Means of Egress. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 3 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below.</p> <p>Reference: S&amp;C-12-21-LSC</p>	K 072			