

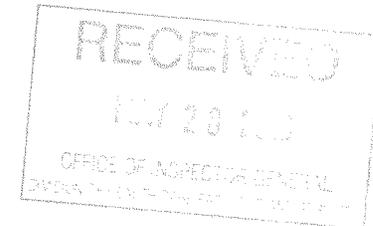
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185461	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2013
NAME OF PROVIDER OR SUPPLIER GLEN RIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 6415 CALM RIVER WAY LOUISVILLE, KY 40289	
(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 An abbreviated survey was conducted on 05/14/13 to investigate KY20140. The Division of Health Care substantiated the allegation as verified by the evidence with a deficiency cited.	F 000		
F 253 SS-D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. 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 perform needed preventive maintenance on two (2) of eleven (11) rooms. (Rooms 402 and 403) The findings include: Review of the facility's policy regarding Preventive Maintenance Procedures, effective date 01/01/08, revealed the goal was for the campus team to work together detecting and correcting minor defects prior to becoming serious issues. Observation on 05/14/13 of the resident rooms during the initial tour at 8:30 AM, during the environmental tour at 12:10 PM, and during the tour with the Executive Director at 2:45 PM, revealed the following: Room 402 interior wall had gouges with chipped paint and loose, rough edges. Room 403 A and B footboards are chipped,	F 253	1. No residents affected by cited deficiency. The walls in Room 402 with gouges and chipped paint were repaired and painted on 05/15/2013. Chipped headboards and footboards in Room 403 were replaced on 05/14/2013. by Plant Operations Director.	06/01/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Yicki Barron RN TITLE
Exec. Dir. (X6) DATE
5-24-13

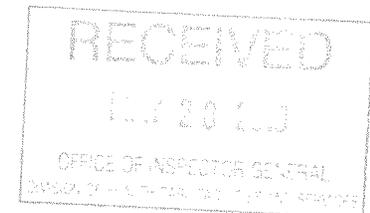
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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 GLEN RIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 8415 CALM RIVER WAY LOUISVILLE, KY 40299		
(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 253	<p>Continued From page 1</p> <p>warped with loose edges that exposed the particle board underneath.</p> <p>Phone interview with Resident #1's family, on 05/14/13 at 8:00 AM, revealed the family voiced concerns upon admission regarding the physical condition of the bed in room 403. The family stated the concerns were relayed to License Practical Nurse (LPN) #3. They continued to state nothing was done to resolve the condition of the bed.</p> <p>Phone interview with LPN #3, on 05/14/13 at 1:45 PM, revealed Resident #1's family verbalized concerns regarding the exterior condition of the bed. She continued to state she did not address the concerns because the operational system of the bed was working. She further stated Maintenance was not notified about the exterior condition of the bed.</p> <p>Interview with CNA #1, on 05/14/13 at 10:00 AM, revealed a work order was provided to maintenance to repair such items as call light cords or a light needing to be replaced. She further stated being trained if a resident or family member verbalized concerns about the room, Maintenance was notified immediately. She Stated she did not fill out a work order to have the footboards replaced.</p> <p>Interview with LPN #2, on 05/014/13 at 10:35 AM, revealed if a concern arose with a resident's physical equipment, a work order was filled out for Maintenance. She continued to state if the concern needed immediate attention Maintenance was on call.</p>	F 253	<p>2. All resident rooms were inspected by Divisional Plant Operations Support on 05/16/2013 to determine any rooms out of compliance. As a result of this inspection, 30 footboards and headboards were ordered on 05/24/2013. All will be replaced upon delivery of supplies. Rooms identified that needed wall repair and/or painting will be completed by 05/31/2013.</p> <p>3. Plant Operations Director was educated on 05/16/2013 by Divisional Plant Operations Support related to Preventive Maintenance policies and follow up of identified issues. Staff were reminded of work order protocol when identifying repair issues in rooms or as identified by residents and/or families. Plant Operations Director was also counseled by Executive Director on 05/21/2013 for failing to perform needed preventive maintenance.</p>		



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NAME OF PROVIDER OR SUPPLIER GLEN RIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 6415 CALM RIVER WAY LOUISVILLE, KY 40299		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
F 253	<p>Continued From page 2</p> <p>Interview with the Director of Plant Operation during the 400 unit walk thru, on 05/14/13 at 1:55 PM, revealed he was responsible for maintaining the physical environment of the resident's room. He continued to state he performed consistent preventive maintenance inspections of residents' room. The preventive maintenance was designed to detect and correct minor defects. He continued by stating the wall in room 402 was in need of painting and repair and the footboards in room 403 needed to be replaced. He further stated the April preventive maintenance inspection had been performed on room 402 and 403, but no corrective actions were taken.</p> <p>Interview and Observation with the Executive Director, during the 400 unit walk thru on 05/14/13 at 2:55 PM, revealed room 402's wall had chipped and scratched paint with deep gouges and rough edges. Further observations of the 400 unit revealed room 403's footboards were warped, chipped and had loose edges that exposed the particle board underneath. She continued to state the loose edges could cause a skin tear to a resident.</p> <p>Review of the Resident Room Preventive Maintenance Inspection Sheets revealed on 4/2 and 4/5, room 402 was inspected and in need of touch up painting. Continued review of the preventive maintenance inspection sheet revealed on 4/8 and 4/17 room 403 had chipped furniture.</p>	F 253	<p>4. Ongoing monitoring for compliance will be achieved by Plant Operations and Executive Director during routine rounds to assess resident room conditions. These rounds will occur weekly until such time that Quality Assurance Committee determines that substantial compliance is achieved. Divisional Plant Operations Support will also monitor as part of routine visits. Prior to a resident moving into a room, Guest Services and Housekeeping Supervisor will inspect room to insure that rooms are in condition for service. All work orders will be followed up timely by Plant Operations with Executive Director reviewing copies of completed work orders. Monitoring will also take place during monthly QA meetings and through Home office Peer Review Process.</p>		

