

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

PRINTED: 10/21/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD ESTATES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>195 BERRYMAN ROAD FRENCHBURG, KY 40322</b>
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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	<p>INITIAL COMMENTS</p> <p>A standard health survey was conducted on 05/06-08/14. The facility was in compliance with certification requirements with no deficient practice identified.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		05/22/2014

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 SERVICESPRINTED: 06/22/2014  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186423	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  05/07/2014
NAME OF PROVIDER OR SUPPLIER  EDGEWOOD ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 196 BERRYMAN ROAD FRENCHBURG, KY 40322		
(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  SURVEY UNDER: NFPA 101 (2000 edition)  PLAN APPROVAL: 1997  FACILITY TYPE: SNF/NF  TYPE OF STRUCTURE: One story, Type V (111)  SMOKE COMPARTMENTS: Three (3)  FIRE ALARM: Complete automatic fire alarm system.  SPRINKLER SYSTEM: Complete automatic (dry) sprinkler system.  GENERATOR: Type II, fuel source is Natural Gas.  A life safety code survey was initiated on 05/06/14 and concluded on 05/07/14, for compliance with Title 42, Code of Federal Regulations, 483.70(a) and found the facility to not be in compliance with NFPA 101 Life Safety Code, 2000 Edition.  The following demonstrates noncompliance with Title 42, Code of Federal Regulations, 483.70(a). Deficient practice was cited with the highest deficiency identified at "D" level.	K 000	K038 NFPA 101 LIFE SAFETY CODE STANDARD  <i>The facility has ensured the following corrective action:</i>  <ul style="list-style-type: none"> <li>The exit discharge at the southwest door is to be extended with a concrete sidewalk that leads to the public way.</li> </ul> <i>The facility has taken the following action to prevent this practice from affecting other residents:</i>  <ul style="list-style-type: none"> <li>The sidewalk will be usable during inclement weather and has adequate lighting.</li> <li>The discharge shall remain free of impediments.</li> </ul> <i>The facility has initiated the following systemic changes to prevent this practice from recurring:</i>  <ul style="list-style-type: none"> <li>All other discharges leading from exit doors in the facility lead to the public way.</li> </ul> <i>The facility will sustain performance through the following monitoring practice:</i>  <ul style="list-style-type: none"> <li>The Environmental Services Director shall monitor the sidewalk condition as part of the department's monthly Quality Assurance monitors.</li> </ul>		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with 7.1.	K 038	K038 Projected Completion Date: 6/20/14		

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

*Anne Kelly, NHA*

TITLE

*Administrator*

(X6) DATE

*5/29/14*

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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EDGEWOOD ESTATES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185429	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  05/07/2014
NAME OF PROVIDER OR SUPPLIER  EDGEWOOD ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 185 BERRYMAN ROAD FRENCHBURG, KY 40322	
(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 038	<p>Continued From page 1 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure exits had a hard surface to the public way, according to National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, twenty-four (24) residents, staff, and visitors. The facility had a census of 52 residents on the day of the visit.</p> <p>The findings include:</p> <p>Observation on 05/06/14 at 2:00 PM, with the Maintenance Director, revealed the South Hall did not have a hard surface leading to a public way. The exit discharge terminated into a fenced yard approximately 50 feet from the building and was not connected to a public way. Interview with the Maintenance Director revealed the sidewalk had been built according to plans submitted to Kentucky Building and Housing when the building was constructed in the 1990's and he thought the building was built according to National Fire Protection Association standards.</p> <p>Review of architectural plans on 05/06/14 at 2:20 PM, with the Maintenance Director, revealed the facility had been constructed according to plans submitted to Kentucky Building and Housing.</p> <p>The census of 52 was acknowledged by the Administrator.</p> <p>Reference: NFPA 101 (2000 Edition).</p>	K 038		

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NAME OF PROVIDER OR SUPPLIER  EDGEWOOD ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 196 BERRYMAN ROAD FRENCHBURG, KY 40322		
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K 038	Continued From page 2  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. 7.5.1.1 Exits shall be located and exit access shall be arranged so that exits are readily accessible at all times. 7.7.1* Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. Exception No. 1: This requirement shall not apply to interior exit discharge as otherwise provided in 7.7.2. Exception No. 2: This requirement shall not apply to rooftop exit discharge as otherwise provided in 7.7.6. Exception No. 3: Means of egress shall be permitted to terminate in an exterior area of refuge as provided in Chapters 22 and 23.  CMS S&C letter 5-38	K 038			