

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

PRINTED: 07/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/05/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-NORTHFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 6000 HUNTING RD. LOUISVILLE, KY 40222
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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

An abbreviated health survey was initiated on 07/02/12 and concluded on 07/05/12 to investigate KY18656 and KY18669. The Division of Health Care unsubstantiated the allegation for KY18656 with no regulatory violations noted. The Division of Health Care substantiated the allegation for KY18669 with deficiencies cited.

F 469 SS=D 483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM

The facility must maintain an effective pest control program so that the facility is free of pests and rodents.

This REQUIREMENT is not met as evidenced by:
Based on observations and interviews, it was determined the facility failed to maintain an effective program to eradicate common household pests in the room of two (2) residents of the four (4) sampled residents. Resident #1 and #2.

The findings include:
Observations, on 07/05/12 at 1:15 PM, revealed a gnat was seen on the wall in the room of Resident's #1 and #2. There were no other flying insects seen. Tour, on 07/05/12 at 1:30 PM, of the resident rooms on the twenty-nine (29) and forty-seven (47) hallways revealed no flying insects.

Observations during tour, on 07/03/12 at 10:55

F 000 This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

F 469 8/10/12

- 1) The Maintenance Supervisor and the contracted pest control company eradicated gnats from Resident #1 and 2's room.
- 2) All resident rooms, common and dietary areas were checked for gnats and / or other pest by the contracted pest control company and Maintenance Supervisor.
- 3) The Staff Development Coordinator will include information of the facility pest control program in the orientation of new personnel. The Maintenance Supervisor and the Administrator will review the current pest control program and implement corrective measures if indicated. The Maintenance Supervisor, Assistant Maintenance, or Executive Director will conduct daily rounds (Monday - Friday) to ensure that the facility is free of pests

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>C. Dennis Skiff</i>	TITLE Executive Director	(X6) DATE 7/27/12
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A 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 180 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.

AUG 10 2012
Office of Inspector General
Northern Enforcement Branch

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F 469	<p>Continued From page 1</p> <p>PM, of the kitchen revealed no flying insects in any of the kitchen area's.</p> <p>Observations of room twenty-nine, on 07/05/12 at 1:15 PM, revealed a fly in the room and the window was partially open. The window screen was not sealed on the upper left hand corner.</p> <p>Interview, on 07/05/12 at 8:15 AM, with Resident #2 revealed he/she had gnats in his/her food and gnats had been flying in the room.</p> <p>Interview with Resident's #2's daughter, on 07/03/12 at 10:05 AM, revealed she had seen gnats flying around in the room (room 29).</p> <p>Interview with the Administrator, on 07/05/12 at 10:05 AM, revealed OPC made regular visits to the facility and they would spray when appropriate. The administrator further stated, the OPC Tech told him, unless OPC sees something, they will not spray a room.</p> <p>Interviews, on 07/05/12 at 9:10 AM with Resident #3 and at 9:25 AM with Resident #4, revealed they had seen no flying insects in their rooms.</p>	F 469	<p>4) The Maintenance Supervisor Assistant Maintenance, or Executive Director will monitor through direct observation on a daily basis (Monday - Friday) to assure that the facility has an effective pest control program. The data will be reviewed and analyzed monthly for three months and then quarterly thereafter at the Performance Improvement Committee meeting with a subsequent plan of action developed and implemented as indicated. The Executive Director is responsible for overall compliance.</p>	

