

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>185061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/10/2025</b>
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NAME OF PROVIDER OR SUPPLIER <b>KENWOOD HEALTH AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>130 MEADOWLARK DRIVE , RICHMOND, Kentucky, 40475</b>
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F0000	<p>INITIAL COMMENTS</p> <p>A Recertification Survey initiated on 07/07/2025 and concluded on 07/10/2025, with no deficiencies cited.</p> <p>The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the Centers for Medicare &amp; Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p>	F0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185061	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE , RICHMOND, Kentucky, 40475	
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K0000  Bldg. 01	INITIAL COMMENTS  Based on the acceptable Plan of Correction (POC) and the onsite revisit survey initiated and concluded on 08/21/2025, it was determined the facility had achieved substantial compliance with Life Safety Code on 07/31/2025.	K0000		09/04/2025

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<b>NAME OF PROVIDER OR SUPPLIER</b> KENWOOD HEALTH AND REHABILITATION CENTER				<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b> 130 MEADOWLARK DRIVE , RICHMOND, Kentucky, 40475			
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E0000	<p>Initial Comments</p> <p>Type of Structure: One (1) story, (1976, 1985), Type III (200), unprotected ordinary construction with six (6) smoke compartments and a complete automatic wet and dry sprinkler system.</p> <p>An Emergency Preparedness Recertification Survey was conducted on 07/09/2025, in accordance with 42 Code of Federal Regulations, Subpart 483.73 (a)(3): (emergency preparedness) Requirements for Long Term Care Facilities. During this Recertification Survey, Kenwood Health and Rehabilitation Center was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p>	E0000					

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NAME OF PROVIDER OR SUPPLIER <b>KENWOOD HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>130 MEADOWLARK DRIVE , RICHMOND, Kentucky, 40475</b>	
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K0000	<p>INITIAL COMMENTS</p> <p>42 CFR 483.90(a)</p> <p>K3 BUILDING: 0101</p> <p>K6 PLAN APPROVAL: 1976, 1985</p> <p>K7 SURVEY UNDER: 2012 Existing</p> <p>K8 SNF/NF</p> <p>Type of Structure: One (1) story, (1976, 1985), Type III (200), unprotected ordinary construction with six (6) smoke compartments and a complete automatic wet and dry sprinkler system.</p> <p>A Life Safety Recertification Survey was initiated on 07/09/2025 and concluded on 07/09/2025, in accordance with 42 Code of Federal Regulations (CFR), Subpart 483:90(a) Requirements for Long Term Care Facilities. During this Recertification Survey, Kenwood Health and Rehabilitation Center was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The requirement at 42 CFR, Subpart 483.90(a) is NOT MET as evidenced by:</p>	K0000		
K0321 SS = D	<p>Hazardous Areas - Enclosure</p> <p>CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure</p> <p>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p>	K0321	<p>Automatic self-closing devices were installed on the Therapy Storage room door and Life Enrichment Director office door on 7/30/25 by Maintenance Director and Maintenance Assistant.</p> <p>On 7/23/25, the Administrator and Maintenance Director completed a walkthrough of facility rooms to verify there were no other issues of rooms with stored combustibles without appropriate automatic or self-closing doors. No other issues were identified.</p> <p>The Administrator provided education to the Maintenance staff on the regulatory intent of K321 and in conjunction with NFPA (National Fire Protection Association) standards, the facility must ensure separation of hazardous areas from other areas in the facility. This includes, but is not limited to,</p>	07/31/2025

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K0321 SS = D	<p>Continued from page 1</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.</p> <p>19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide separation of hazardous areas from other areas in the facility in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice had the potential to affect two (2) rooms, staff, and three (3) Residents. The facility had the capacity for 93 beds with a census of 86 on the day of the survey.</p> <p>The findings include:</p> <p>1). Observation, during the building inspection tour on 07/09/2025 at 12:27 PM, revealed the Therapy Storage Room was over 50 square feet, being used to store combustible materials, and was not equipped with an automatic or self-closing device. Interview, on 07/09/2025 at 12:28 PM with the Maintenance Director, revealed the facility was not aware the room was being used to store combustible materials.</p> <p>2). Observation, during the building inspection tour on 07/09/2025 at 12:45 PM, revealed the Life Enrichment</p>	K0321	<p>Continued from page 1</p> <p>combustible materials may not be stored in a room without an automatic or self-closing device. This was completed on 7/23/25.</p> <p>Beginning 7/30/25, the Administrator and Maintenance Director will complete a weekly walkthrough of the facility to verify there are no office spaces being used to store combustibles without appropriate self-closing door closures x 12 weeks. Any identified concern will be addressed at the time of discovery. Results of the audits will be reviewed by the Administrator at the monthly Quality Assurance Process Improvement (QAPI) committee meeting for review and recommendation. The QAPI committee consists of, but is not limited to, the Administrator, Director of Nursing, Unit Managers, Dietary Manager, Social Services, Therapy Director, Infection Preventionist, and the Medical Director.</p> <p>Compliance date: 7/31/2025</p>	

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K0321 SS = D	<p>Continued from page 2 Director Office was over 50 square feet, being used to store combustible materials, and was not equipped with an automatic or self-closing device. Interview, on 07/09/2025 at 12:46 PM with the Maintenance Director, revealed the facility was not aware the room was being used to store combustible materials.</p> <p>The findings were verified by the Maintenance Director at the time of observations and the Administrator at the exit conference on 07/09/2025.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code, (2012)</p> <p>19.3.2.1 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 8.7.1</p> <p>19.3.2.1.3 The doors shall be self-closing or automatic closing.</p> <p>19.3.2.1.5</p> <p>Hazardous areas shall include, but shall not be restricted to, the following:</p> <p>(1.) Boiler and fuel-fired heater rooms</p> <p>(2.) Central/bulk laundries larger than 100 ft2 (9.3 m2)</p> <p>(3.) Paint shop.</p> <p>(4) Repair shops</p> <p>(5) Rooms with soiled linen in volume exceeding 64 gal (242 L)</p> <p>(6) Rooms with collected trash in volume exceeding 64 gal (242 L)</p> <p>(7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction</p> <p>(8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard</p>	K0321		
K0920 SS = D Bldg_01	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K0920	The power strip being used for personal electronics was removed from room B5 on 7/9/25 by Maintenance Director. A four-prong receptacle was added to the resident's	07/31/2025

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K0920 SS = D Bldg. 01	<p>Continued from page 3</p> <p>Electrical Equipment - Power Cords and Extension Cords</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain power strips in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice had the potential to affect one (1) Resident Room, staff, and two (2) residents. The facility had the capacity for 93 beds with a census of 86 on the day of the survey.</p> <p>The findings include:</p> <p>Observation, during the building inspection tour on 07/09/2025 at 11:54 AM, revealed an unlisted power strip within the patient care vicinity being used for personal electronics in Resident Room B5.</p> <p>Interview, on 07/09/2025 at 11:55 AM with the Maintenance Director, revealed the facility was not aware of the power strip being in use.</p> <p>The finding was verified by the Maintenance Director at the time of observation and the Administrator at the exit conference on 07/09/2025.</p> <p>Actual NFPA Standard: NFPA 99 Health Care Facilities Code, (2012)</p> <p>10.2.3.6 Multiple Outlet Connection. Two or more power</p>	K0920	<p>Continued from page 3</p> <p>room on 7/23/25 by Maintenance Director and Maintenance Assistant.</p> <p>On 7/23/25, the Administrator and Maintenance Director completed a walkthrough of the facility to look for any other potential issues of personal electronics plugged into unlisted power strips. No additional issues were identified.</p> <p>The Administrator provided education to the maintenance staff on the regulatory intent of K920 and in conjunction with NFPA standards, that personal electronics may not be plugged into unrated power strips. This was completed on 7/23/25.</p> <p>Beginning 7/30/25, the Administrator and Maintenance Director will complete a weekly walkthrough of the facility x 12 weeks to ensure that personal electronics are not plugged into an unlisted power strip. Any identified concern will be addressed at the time of discovery. Results of the audits will be reviewed by the Administrator at the monthly Quality Assurance Process Improvement (QAPI) committee meeting for review and recommendation. The QAPI committee consists of, but is not limited to, the Administrator, Director of Nursing, Unit Managers, Dietary Manager, Social Services, Therapy Director, Infection Preventionist, and the Medical Director.</p> <p>Compliance date: 7/31/2025</p>	

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K0920 SS = D Bldg. 01	Continued from page 4 receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack-, table-, pedestal-, or cart mounted, provided that all of the following conditions are met:  (1) The receptacles are permanently attached to the equipment assembly.  (2)*The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets.  (3) The ampacity of the flexible cord is in accordance with NFPA 70, National Electrical Code.  (4)*The electrical and mechanical integrity of the assembly is regularly verified and documented.	K0920		