

Office Inspector General					
STATE OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/22/2023	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE				
HEALTH OF ASHLAND	3000 CENTRAL AVENUE ASHLAND, KY 41101				
(X4) IF 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 COR (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)	ACTION COULD BE APPROPRIATE	(X5) COMPLETE DATE
P 072	Continued From page 84 This requirement is not met as evidenced by: Based on observation, interview, and review of the facility's state license, it was determined the facility failed to ensure the total area set aside for resident dining, television viewing, and recreation was not less than thirty (30) square feet per bed for the first fifty (50) beds. This affected all of the twenty (20) residents currently residing in the facility. The findings include: Review of the facility's state license posted in the Administrator's office, dated 10/01/2021, revealed the facility was licensed for twenty-two (22) beds. Therefore, according to this regulation, which required thirty (30) square feet per bed requirement, the total area set aside for resident dining, television viewing, and recreation for this twenty-two (22) bed facility should measure six-hundred and sixty (660) square feet. In an interview with the Assistant Administrator (AA) on 09/15/2023 at 10:30 AM, he stated the residents' rooms for dining, television, and any activities were the front room and the dining/television room. Observation on 09/21/2023 at 10:00 AM, revealed the front room measured approximately twelve (12) feet by ten (10) feet or one hundred twenty (120) square feet. The dining/television room measured approximately twenty-three (23) feet by fifteen and a half (15.5) feet or three hundred sixty-five and a half (365.5) square feet. Therefore, the total square footage for both rooms was approximately four hundred and eighty-five and a half (485.5) square feet. This square footage from both rooms was what was available for resident dining, television viewing,	P 072			

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NAME: PROVIDER OR SUPPLIER GENE: HEALTH OF ASHLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 CENTRAL AVENUE ASHLAND, KY 41101			
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P 0	Continued From page 85 and recreation, which was one hundred and seventy-four and a half (174.5) square feet short of the required six hundred and sixty (660) square foot requirement. The State Survey Agency (SSA) Surveyor measured these rooms with the Assistant Administrator and the Administrator in attendance. Additionally, it was observed there were four (4) round tables in the dining area sufficient to seat four (4) residents at each table or sixteen (16) residents total. There were only thirteen (13) chairs available for the twenty (20) residents currently residing at the facility. In an interview with the Administrator on 09/15/2023 at 10:55 AM, after the SSA Surveyor informed her of the square footage requirements for the dining/community spaces for each resident, she stated residents could use the TV/dining room and the front room for guests and activities anytime but did not comment on the square footage. In an interview with the Owner on 09/22/2023 at 11:00 AM, after the State Surveyor informed her of the square footage requirements for the dining/community spaces for each resident, she stated the facility was licensed for twenty-two (22) beds and that was how many beds it had. She stated she was not aware of any community space requirements for the residents.	P 072			
P 11	902 KAR 20:031-14(5)(a) Section 14. Mechanical Requirements (5) Hot water heaters and tanks. (a) The hot water heating equipment shall have sufficient capacity to supply the water at the	P 147	P147 1st shift will be doing DAILY WATER Temperature checks		

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F 1	Continued From page 86 temperature and amounts indicated below: <table border="1"> <thead> <tr> <th></th> <th>Resident</th> <th>Dishwasher</th> <th>Laundry</th> </tr> </thead> <tbody> <tr> <td>Gal/hr/bed</td> <td>6 1/2</td> <td>4</td> <td>4 1/2</td> </tr> <tr> <td>Temp. F.</td> <td>100-110</td> <td>180*</td> <td>140-180**</td> </tr> </tbody> </table> * Temperature may be reduced to 140 if chloritizer is used. ** If the temperature used is below 180 the home shall utilize detergents and other additives to insure that the linens be adequately cleaned. This requirement is not met as evidenced by: Based on observation, interview, review of the facility's policy, it was determined the facility failed to ensure the hot water heating equipment had sufficient capacity to supply the water at temperatures between one hundred and one hundred ten (100 and 110) degrees Fahrenheit in resident care areas for two (2) of four (4) tested faucets. The two faucets were in the bathroom sink off Room #111 and the bathroom sink off Room #2. The findings include: Review of the facility's policy titled, "Policy on Hot Water Temperature", undated, revealed the purpose of checking water temperatures was so residents would not get burned. It stated water temperature should be checked on Saturday and posted. Per the policy, the temperature range for Dietary was one hundred forty to one hundred eighty (140-180) degrees Fahrenheit and in resident care areas was one hundred to one hundred ten (100-110) degrees Fahrenheit.		Resident	Dishwasher	Laundry	Gal/hr/bed	6 1/2	4	4 1/2	Temp. F.	100-110	180*	140-180**	P 147	Temperature will be dated and logged with reading of the water Dietary & Residential To ensure the safety of temp not to hot for Residents for showers/Baths		
	Resident	Dishwasher	Laundry														
Gal/hr/bed	6 1/2	4	4 1/2														
Temp. F.	100-110	180*	140-180**														

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STATE OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/22/2023	
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P 14	Continued From page 87 Observation on 09/08/2023 at 11:55 AM revealed the hot water flowing from the bathroom sink in Room #111 where Resident #11 resided measured one hundred twenty (120) degrees Fahrenheit. Observation on 09/08/2023 at 5:54 PM revealed the hot water flowing from the bathroom sink in Room #2 measured one hundred twenty (120) degrees Fahrenheit, and steam was rising from the water. In an interview on 09/08/2023 at 5:55 PM, Resident #9 who resided in Room #2, stated he/she knew the water got too hot. Resident #9 stated he/she knew how to adjust the water to keep from getting burned. In an interview with the Administrator on 09/08/2023 at 5:58 PM, she stated she did not know if the facility had a policy on hot water, but she believed the hot water temperature should be between one hundred (100) and one hundred ten (110) degrees Fahrenheit. She stated her process for testing the hot water was to put her hand under the running water and feel it. She stated she had done that yesterday. The Administrator stated she understood if the water was too hot the residents could get burned.	P 147			08-26-23
FILE	KRS 216.520(1) PATIENTS' RIGHTS - FACILITY ACTIONS	R 826	Resident rights, respon bills have been posted in dining room, nurses station and stairs		10-8-23

B025

EACH STAFF AND NEW HIRES WILL HAVE A T.B
SKIN TEST COMPLETED BEFORE HIRING AND EACH
PREVIOUS STAFF AS WELL YEARLY. ALL EMPLOYEES
HAVE BEEN EDUCATED ABOUT T.B SKIN PROCESS
YES ADMIN AND ASS. + ADMIN HAVE BEEN
EDUCATED AND WILL CONTINUE PROCESS