

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185461		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - GLEN RIDGE... B. WING		(X3) DATE SURVEY COMPLETED 06/17/2026	
NAME OF PROVIDER OR SUPPLIER Glen Ridge Health Campus				STREET ADDRESS, CITY, STATE, ZIP CODE 6415 Calm River Way , Louisville, Kentucky, 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
K0000 Bldg. 01	INITIAL COMMENTS 42 CFR 483.90(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 2006 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: One (1) story, (2006), Type V (111), protected combustible construction with seven (7) smoke compartments and a complete automatic wet sprinkler system. A Life Safety Code Recertification Survey was initiated on 06/17/2026 and concluded on 06/17/2026, in accordance with 42 Code of Federal Regulations (CFR), Subpart 483:90(a) Requirements for Long Term Care Facilities. During this Recertification Glen Ridge Health Campus was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.			K0000			07/16/2026
K0712 SS = F Bldg. 01	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility			K0712	What corrective action(s) will be accomplished for those residents/participants found to have been affected by the deficient practice? An Ad hoc 3rd shift fire drill was performed 6/29/2026 at 11:00pm. To ensure continued compliance the Director of Plant Operations will perform the following fore drills to reset the drill schedule...3rd shift Fire Drill-7/15/2026, 2nd shift Fire Drill-7/14/2026, 1st shift Fire Drill-7/16/2026. How will you identify other staff members/residents having the potential to be affected by the same deficient practice? The Director of Plant Operations was educated by the Executive Director on NFPA 101 Life Safety Code (2012) 19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers and administrative staff) with the signals and emergency action required under varied conditions.		07/16/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K0712 SS = F Bldg. 01	Continued from page 1 failed to ensure fire drills were conducted quarterly for each shift in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice had the potential to affect all staff and all residents. The facility had the capacity for 70 beds with a census of 38 on the day of the survey. The findings include: Record review, of the facility's fire drill records for the 12-month period prior to the survey on 06/17/2026 at 10:38 AM, revealed the facility failed to provide fire drill documentation for the third (3rd) shift during the second quarter of 2025 and the second (2nd) shift fourth (4th) quarter of 2025. Interview, on 06/17/2026 at 10:39 AM with the Director of Plant Operations, revealed the facility was unaware they did not have the fire drill documentation. The finding was verified by the Director of Plant Operations at the time of observation and the Administrator at the exit conference on 06/17/2026. Actual NFPA Standard: NFPA 101 Life Safety Code, (2012) 19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.	K0712	Continued from page 1 What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur? The Director of Plant Operations will audit/review each fire drill monthly with Executive Director x 3 months. How the facility plans to monitor its performance to ensure that solutions are sustained? Results of this audit/review will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been met. The deficient practice affected eight(8) of eight(8) smoke compartments, staff and all residents. Date of Compliance 7/16/2026	07/16/2026
K0372 SS = E Bldg. 01	Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS.	K0372	What corrective action(s) will be accomplished for those residents/participants found to have been affected by the deficient practice? The Director of Plant Operations has patched and or added an approved fire caulking to the following areas, 1) A four inch hole around piping passing through the smoke barrier near 300 hall, close to the courtyard and dumpster. 2) A two inch hole around piping and all unsealed seams on the smoke barrier located near resident room 301. 3) A three inch hole with unsealed conduit in the smoke barrier located near the entrance to River Ridge Way. 4) A three inch hole and an unsealed pipe in the smoke barrier located near the health club and living room. 5) A two inch pipe sleeve located by resident room 201. How will you identify other staff members/residents having the potential to be affected by the same deficient practice? All staff employed by facility and residents living in facility had the potential to be	07/16/2026

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K0372 SS = E Bldg. 01	Continued from page 2 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to maintain smoke barriers in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice had the potential to affect five (5) of 7 smoke barriers, staff, and 25 residents. The facility had the capacity for 70 beds with a census of 38 on the day of the survey. The findings include: 1. Observation, during the building inspection tour on 06/17/2026 at 11:06 AM, revealed a four (4) inch hole with unsealed piping passing through the hole located near 300 Hall, close to the courtyard with the dumpster. Interview, on 06/17/2026 at 11:06 AM with the Director of Plant Operations, revealed the facility was unaware of the unsealed hole in the smoke barrier. 2. Observation, during the building inspection tour on 06/17/2026 at 11:15 AM, revealed a two (2) inch hole with unsealed piping passing through the hole and unsealed seams throughout the smoke barrier, located by room 301. Interview, on 06/17/2026 at 11:16 AM with the Director of Plant Operations, revealed the facility was unaware of the unsealed hole and unsealed seams in the smoke barrier. 3. Observation, during the building inspection tour on 06/17/2026 at 11:25 AM, revealed a three (3) inch hole with unsealed conduit lines passing through the hole located near the entrance to River Ridge Way. Interview, on 06/17/2026 at 11:26 AM with the Director of Plant Operations, revealed the facility was unaware of the unsealed hole in the smoke barrier. 4. Observation, during the building inspection tour on 06/17/2026 at 11:29 AM, revealed a three (3) inch hole with an unsealed pipe passing through the hole located near the Health Club and Living Room. Interview, on 06/17/2026 at 11:30 AM with the Director of Plant Operations, revealed the facility was unaware of the unsealed hole in the smoke barrier. 5. Observation, during the building inspection tour on 06/17/2026 at 11:36 AM, revealed a two (2) inch			K0372	Continued from page 2 affected. The Director of Plant Operations was educated by Executive Director on NFPA 101 Life Safety Code (2012) 19.3.7.3 any required smoke barrier shall be constructed in accordance with section 8.5 and shall have a minimum 1-2 hour fire resistance rating. 8.5.6.2 penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires and similar items to accommodate electrical, mechanical, plumbing and communications systems that pass through a wall, floor, or floor/ceiling, assembly constructed as a smoke barrier assembly, shall be protected by a system or material capable of restricting the transfer of smoke. What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur? The Director of Plant Operations will perform a one-time inspection of all smoke barriers in the facility checking for proper seal. Any penetration found deficient will be repaired/sealed. This inspection will be followed by an audit of penetration at smoke barriers for proper seal 1 x month x 3 months. Quarterly moving forward. How the facility plans to monitor its performance to ensure that solutions are sustained? Results of this audit will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. The deficient practice affected five(5) of seven(7) smoke compartments, staff and 25 residents. Date of Compliance 7/16/2026		07/16/2026

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K0372 SS = E Bldg. 01	Continued from page 3 unsealed pipe sleeve located by Resident Room 201. Interview, on 06/17/2026 at 11:37 AM with the Director of Plant Operations, revealed the facility was unaware of the unsealed hole in the smoke barrier. The findings were verified by the Director of Plant Operations at the time of observations and the Administrator at the exit conference on 06/17/2026. Actual NFPA Standard: NFPA 101 Life Safety Code , (2012) 19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.5 and shall have a minimum 1/2-hour fire resistance rating, unless otherwise permitted by one of the following: 8.5.6 Penetrations. 8.5.6.2 Penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of the roof/ceiling of a smoke barrier assembly, shall be protected by a system or material capable of restricting the transfer of smoke.			K0372			07/16/2026

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

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E0000	Initial Comments 42 CFR 483.73 Type of Structure: One (1) story, (2006), Type V (111), protected combustible construction with seven (7) smoke compartments and a complete automatic wet sprinkler system. An Emergency Preparedness Recertification Survey was conducted on 06/17/2026, 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, Glen Ridge Health Campus was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.			E0000			07/16/2026

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