Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100190	A. BUILDING: _____ B. WING _____	R-C 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISONVILLE REST HOME I LLC	140 GIVENS STREET MADISONVILLE, KY 42431

(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) COMPLETE DATE
(P 000)	Initial Comments Based upon implementation of the acceptable Plan of Correction (PoC), the facility was deemed to be in compliance on 10/30/2024.	(P 000)		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

RECEIVED

NOV 6 2024

Office of Inspector General
Division of Health Care - WB
Received by: LL

PRINTED: 10/15/2024
FORM
APPROVED

Office of Ins ector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100190	B. WING	C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISONVILLE REST HOME I LLC	140 GIVENS STREET MADISONVILLE, KY 42431

PREFIX	SUMUARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

Jessica Darnell - admin
11-6-24

Office of Ins ector General

P 000 Initial Commentsp 000

A Complaint Survey investigating KY00043651 , KY00042440, KY00042200, and KY00042377 was intimated on 09/23/2024 and concluded on 09/26/2024. There was no deficient practice identified with KY00043651 , KY00042440, and KY00042200. However, deficient practice was indentified with KY00042377 and a deficiency was cited.

P 330 902 KAR 20:036 Section 5. Provision ofP 330
Services

Section 5. Provision of Services.
(3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services:

(b) Housekeeping and maintenance services.

3. Safety. The condition of the overall environment shall be maintained to ensure the safety and well-being of residents, personnel, and visitors.

This requirement is not met as evidenced by:
Based on observation, interview, record review, and facility job descriptions, it was determined the facility failed to ensure the condition of the overall environment was to be maintained in such a manner that the safety and well-being of residents, personnel, and visitors was assured.

Observation of the facility, on 09/24/2024 through 09/26/2024, revealed the facility had soiled floors through the halls. The bathrooms had strong urine odors, broken tile, and overflowing trash cans. Continued observation revealed resident rooms and the activity area were cluttered, and

Floors will be swept and mopped per shift or as needed: On 10/04/2024 floors in hallways were swept and mopped. POC Completion date 10/6/2024
The administrator will ensure this is being done by making random walk throughs daily

Bathrooms will be checked and cleaned every 2 hours and as needed. On 10/04/2024 bathrooms were cleaned and checked for cleanliness and cleaned if needed. POC completion date 10/4/2024
The administrator will ensure this is being done by making random daily walk throughs

Trash will be taken out from all bathrooms, hallways and rooms every shift or as needed
Trash was taken out from all areas. POC completion date 10/4/2024

Resident rooms will be systemized and cleaned weekly and daily as needed
Resident's rooms were organized and cleaned on 10/4/2024. POC completion date 10/4/2024

Aides are responsible to ensure the cleanliness of the bathrooms, floors, resident rooms and the garbage is taken out daily or as needed.

All aides were educated on 10/22/2024 on the importance of the cleanliness and the task each is responsible for

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jessica Darnell | TITLE: Administrator | (X6) DATE: 11-6-24

STATE FORM 34FC11 If continuation sheet 2 of 4

Office of Ins ector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	0(2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100190	A. BUILDING _____ B. WING _____	C 0912612024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZP CODE
MADISONVILLE REST HOME I LLC	140 GIVENS STREET MADISONVILLE, KY 42431

(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

Jessica Darnell - admin
11-6-24

P 330 Continued From page 1 P 330

had strong odors. Further, the facility was missing tight fixtures, light switch covers, and an unsecured piece of plywood was hanging from the ceiling.

The findings include:

Review of the facility's job description titled, "Maintenance", undated, revealed responsibilities included performing general maintenance and repairs of building and grounds and provide preventative maintenance of equipment.

Review of the facility's policy titled, "Housekeeping/Environmental Policy', revision dated 07/1997, revealed the purpose of procedure I was to remove litter, dust, and soil from the floors as a daily maintenance procedure. Further review revealed procedure III included providing clean, hygienic, and attractive surroundings, and to prevent and control infectious germs.

Review of the facilitys document titled, "To-Do List", undated, revealed staff would perform these duties at each shift which included sweeping/mopping hallways floors, cleaning alf restrooms, taking out trash, and making beds with clean linens.

Review of the facilitys document titled, "Daily Room Cleaning", undated, revealed a weekly schedule for cleaning in the facility. Further review revealed resident rooms were divided between Monday-Thursday with cleaning instruction and other areas to be cleaned in the facility were scheduled the rest of the week.

Observation of Hall 100, on 09/24/2024 at 1:00 PM, revealed Resident (R) #3's bedroom floor

The missing light fixtures were repaired on 10-21-24 by maintenance. All light switch covers have been replaced on 10-22-24. Plywood hanging from ceiling in 200 hall has been fixed on 10-29-24. POC completion date 10-30-24

All Maintenance issues will be brought to the attention of the administrator and the administrator will ensure each issue is addressed in a timely manner. On 10/22/24 all staff were educated on the importance of reporting issues to administration in a correct and timely manner. POC completion 10/22/24

Jessica Darnell - adm
11-6-24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100190	A. BUILDING _____ B. WING _____	C 0912612024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISONVILLE REST HOME I LLC	140 GIVENS STREET MADISONVILLE, KY 42431

PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
P 330	Continued From page 2 was covered with a wet black substance on atl areas of the floor and was tracked throughout the room. Door facings were soiled with a dried brown substance on them. Continued observation revealed Hall 100 had coffee spills dried on the floor outside of another room. Further observation revealed Hall 100 women's bathroom had strong urine odors, numerous gnats flying around, and the garbage can was filled with soiled briefs. A second observation of Hall 1 00, on 09/26/2024 at 2:30 PM, revealed floors were sticky and smeared with grime. Men ' s bathroom on Hatl 100 was soiled and had strong musty odors, one sink was covered with a black substance. Observation of Hall 200 revealed floors were sticky and smeared with grime. Hall 200 bathroom #1 was soiled and grimy, and trash can was overfilled with trash. Sink and mirror were soiled with a splattered brown substance. Hall 200 bathroom #2 was locked and out of order on 09/24/2024, but open on 09/26/2024 and had strong musty odors. Further observation of Hall 200 short hall bathroom #3 revealed trash was overfilled, floor was soiled with grime, sink cabinet was missing a door and under the sink was soiled with black substance, and the bathroom had strong musty odors. In an interview with Resident Aide (RA) #1 , on 09/24/2024 at 12:40 PM, she stated she was performing more housekeeping duties. She stated all RAs were required to assist resident and complete housekeeping tasks, but felt that there was not enough staff cleaning to keep the environment clean and sanitized. She further stated the resident deserved to live in a facility	p 330	Floors will be swept and mopped per shift or as needed Floors have been swept and mopped. POC completion 10/4/24 All sinks will be cleaned every 2 hours or as needed. Administrator will make random walk throughs daily. POC Date 10/4/2024 all sinks were cleaned. 200 hall bathroom has been repaired and is in working order. POC completion date 10/4/2024 bathroom was checked to ensure repairs were completed Cabinet door in short hall has been repaired. POC Completion date 10/4/2024 Housekeepers and RA have been re-in serviced on their job responsibilities on 10/22/2024	

Jessica Darnell-admin
11-6-24

that was safe and comfortable as this was their home.	Administrator will ensure these tasks are being done and completed by random walk throughs daily. POC completion date 10/4/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100192	A. BUILDING: _____ B. WING _____	C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISONVILLE REST HOME I LLC	140 GIVENS STREET MADISONVILLE, KY 42431

Jessica Darnell - admin
10-6-24

Office of Ins ector General

PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN ES (EACH DEFICIENCY MUST BE PRE DED BY FULLPREF REGULATORY OR LSC IDENTIFYING FORMATION)TAG	PROVIDERS PLAN OF CORRECTION IEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
	p 330 Continued From page 3 330 In an interview with Administra or, on 09/25/2024 at 10:00 AM, she st ed that all RAs were required to assist with hou ekeeping duties as the facility only had on hired housekeeper. She stated the sta had followed a cleaning schedule, but it had been difficult with short staff to keep the facil y clean. She stated she had not believed the acility was clean and sanitized the way it sh ould be. Further she stated she and the taff would need to do better job to ensure the re idents were comfortable and had a clean ho e-like environment.	All staff has been re-in serviced on the importance of the cleanliness of the building. Staff re-in serviced on 10/22/2024. POC COMPLETION DATE 10/22/2024 Jessica Darnell-adr 11-6-24	