

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Brighton Cornerstone Group, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 55 East North Street Madisonville, KY 42431	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47567</p> <p>Based on interview, record review, and review of the facility staffing schedules, it was determined the facility failed to ensure the services of a Registered Nurse (RN) were utilized for at least 8 consecutive hours a day, 7 days a week as required.</p> <p>Review of the facility's staffing schedules revealed the facility failed to provide eight consecutive hours of RN coverage for 15 days between 07/27/2024 and 09/29/2024. This failure affected all persons residing in the facility during those 15 days.</p> <p>The findings include:</p> <p>Review of the facility's, Facility Assessment Tool: Staffing Plan dated 11/01/2022, revealed the facility should have one Registered Nurse (RN) as the Director of Nursing (DON) full-time days, and at least one RN or Licensed Practical Nurse (LPN) for each shift. Continued review revealed the Facility Assessment Tool further noted if more than one new (resident) admit or readmit occurred on a shift, then the facility should consider bringing in another licensed nurse for at least four hours of a shift to assist.</p> <p>Review of the facility's Payroll-Based Journal (PBJ) Staffing Data Report, dated 07/01/2024 through 09/30/2024, revealed there was no RN coverage documented for eight consecutive hours for the following 15 dates: 07/27/2024, 07/28/2024, 08/03/2024, 08/04/2024, 08/11/2024, 08/18/2024, 08/24/2024, 08/25/2024, 08/31/2024, 09/01/2024, 09/07/2024, 09/08/2024, 09/15/2024, 09/28/2024, and 09/29/2024.</p> <p>In interview with the Director of Nursing (DON) on 03/06/2025 at 4:30 PM, she stated she came in and worked for the eight hour RN coverage. She said she was not aware of what the facility's PBJ Report noted and would have to find out who was responsible for submitting the information for the report. The DON reported she was aware of the Federal Regulations and to the best of her knowledge the facility had a RN working eight hours a day, seven days a week. She said she did not know why the facility's PBJ Report was not reflecting that. She further stated she worked the past weekend both Saturday (03/01/2025), and Sunday (03/02/2025) for eight hours each day.</p> <p>(continued on next page)</p>

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 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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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In interview with the Cooperate Account Specialist (CAS) on 03/06/2025 at 5:02 PM, she stated at that time, she was the person responsible for submitting the facility's PBJ Report data. She stated she obtained the data from the facility's payroll system which kept up with the employee's time. The CAS said the data came across downloaded into a text file, and she did have access to the reports. She explained she would have to go back to the employee timecards and look at those specific dates to verify whether they had RN's working on those days. The CAS reported there might have been something she had missed that should have come over to tell her that information. She stated if the employees were salaried then she had to hand key those hours into the system. The CAS said she was not 100% sure she had any safeguards in place to ensure the correct data was entered for the facility's PBJ Report. She further stated she just took the data she had and entered it in the system.</p> <p>In interview with the Administrator on 03/06/2025 at 5:28 PM, she stated the CAS, who was over all of Human Resources (HR) for the facility's parent company, was responsible for doing the PBJ reporting right now. The Administrator stated she was supposed to learn how to do the PBJ reporting but she had not started training for that yet due to her training the new DON and other new staff at the current moment. She reported she, along with the DON, were salaried employees, and that information was put in manually since they did not clock in or out. The Administrator said when they (Administrator and DON) worked it would not show on the PBJ Report. She further stated they sent her the facility's daily census sheets and the dailies so she could see who was working and where they were working. She additionally stated she expected the facility's PBJ data to be submitted accurately and on time.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>35748</p> <p>Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure all drugs were labeled in accordance with professional standards.</p> <p>Observation of the front hall medication room revealed a vial of Tubersol solution (an injectable medication used to test for tuberculosis) was not properly stored in the medication refrigerator.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Storage of Medications, revised 2007, revealed the facility would store all drugs, and biological's in a safe, secure, and orderly manner. Continued review of the policy revealed the facility would not use discontinued, outdated, or deteriorated drugs or biological's. Further review revealed all such drugs were to be returned to the dispensing pharmacy or destroyed.</p> <p>Observation on 03/05/2025 at 9:47 AM, of the front hall medication room refrigerator, revealed one opened vial of Tubersol available for use, with an opened date of 01/30/2025.</p> <p>During interview with Licensed Practical Nurse (LPN) 1, on 03/05/2025 at 9:52 AM, she stated night shift nursing staff checked the medication refrigerators and discarded any expired items. She further stated once opened the vial of Tubersol expired after 30 days and should have been discarded and not used.</p> <p>During interview on 03/06/2025 at 4:39 PM, with the Director of Nursing (DON), she stated the nurses and med-techs (medication technicians) should check the medication refrigerator daily on all shifts and discard any expired medications. She stated the vial of Tubersol might have just gotten overlooked. The DON further stated using the Tubersol after the expiration date of 30 days could result in an inaccurate tuberculosis reading.</p> <p>In interview with the Administrator on 03/06/2025 at 5:28 PM, she stated nursing staff should properly discard any expired medications including Tubersol. She said it was nursing's responsibility to check medications for possible expiration dates prior to administration. The Administrator further stated if the expired Tubersol was given it could produce an inaccurate result.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45914</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to cover, store and serve food in accordance with professional standards for food service safety which had the potential to affect 36 of the facility's 36 residents who consumed food from the kitchen.</p> <p>Observation of the kitchen revealed food items stored in the refrigerator and freezers that were not covered and exposed to air, and which were outdated and not rotated to ensure older items were used first. Further observation of the dry pantry storage revealed two large bins, one filled with cornmeal and a second filled with flour which were undated to indicate when they were opened or when the items should be discarded.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Food Receiving and Storage, revised ,d+[DATE], revealed foods were to be received and stored in a manner that complied with safe food handling practices. Continued review revealed dry foods in storage bins were to be removed from original packaging, labeled and dated with the use by date, and be rotated using the first in-first out (FIFO) system. Further review revealed all foods stored in the refrigerator or freezer were to be covered, labeled, and dated with a use by date.</p> <p>Observation of the kitchen, on [DATE] at 11:42 AM, revealed refrigerator 1 had an opened box of cream cheese that was not covered and was exposed to air. Per observation, two unopened bags of broccoli and one opened bag of broccoli with expiration dates of [DATE], and the opened bag of broccoli was unsealed and exposed to air. Continued observation revealed a large package of salad lettuce with an expiration date of [DATE], located behind another package of salad lettuce with a newer used by date which indicated the products had not been rotated.</p> <p>Observation of freezer 1 revealed one box of ground beef patties that were uncovered and exposed to the air. Observation of refrigerator 2 revealed a box of sausage patties not covered and exposed to air. Continued observation of freezer 2 revealed a box of oatmeal raisin frozen cookie dough uncovered and exposed to air.</p> <p>Observation of the dry pantry storage area revealed two large bins, one filled with cornmeal and a second filled with flour, which were both undated.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In interview with [NAME] 2 on [DATE] at 11:25 AM, he stated he was aware of how to store foods items. He said new products were dated with a received date and stored; however, if a product was opened then an opened date was to be marked on the product package. [NAME] 2 stated most food items were discarded after three days. He reported if the package had an expiration date that preceded the facility's use by date, then staff used the product expiration date and discarded it. The [NAME] said all food items should be rotated to ensure older food items were used first and should be covered to prevent exposure to air contaminants. He stated it was the responsibility of all staff to ensure those guidelines were being followed as in the facility policy. Additionally, he reported if staff did not follow those guidelines residents could be exposed to E.coli (Escherichia coli) or salmonella (common bacteria that can cause food poisoning). [NAME] 2 further stated if the residents were served food that was contaminated, they could become very sick.</p> <p>In interview with [NAME] 1 on [DATE] at 11:25 AM, she stated food items were to be dated, covered properly, and stored. She stated new food items were marked with the received date. The [NAME] reported when opened foods were to be covered, either in the original container or placed into a sealed container. She said opened food items were to be dated with an opened date for staff to know when to discard those items. [NAME] 1 stated all staff had the responsibility to follow the facility's policy and procedures regarding food safety to ensure residents were not being served contaminated or freezer burned foods that might cause sickness. She further stated she believed the facility should be serving residents good quality food.</p> <p>In interview with the Dietary Manager (DM) on [DATE] at 11:35 AM, she stated her expectations for all dietary staff was for them to ensure they were following policies and procedures regarding food safety. She stated if there were concerns with staff not following those guidelines an in-service would be provided. The DM reported food safety was to include covering food items when stored and ensuring the items were dated. She said food safety also included checking the use by or expiration dates to ensure staff were rotating the old and new food items and discarding those that had expired. The DM explained residents could experience sickness, food poisoning, and it was the facility's responsibility to serve food that was nutritious and palatable. Additionally, she further stated the facility was the resident's home and they should be provided quality care.</p> <p>In interview with the Administrator on [DATE] at 5:20 PM, she stated her expectations for the dietary staff was for them to follow the facility's policies and guidelines related to food safety. She stated she expected staff to ensure food items were being stored per safe food practices. The Administrator said safe food practices included covering and dating opened food items before they were stored in the refrigerator or freezers. She reported she would expect the staff to have knowledge of expiration dates and how to rotate old and new products before opening new products as that was part of their job duties. She further stated she would never want to serve residents foods that were unsafe or unacceptable per safety guidelines.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52158</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to establish and maintain a proper infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases.</p> <p>Observation during wound care on 03/06/2025 at 9:50 AM, revealed Licensed Practical Nurse (LPN) 3 failed to clean the bedside table or place a barrier device to cover it, prior to placing the residents' clean wound dressing supplies on the table for 2 of 14 sampled residents (Resident (R)3 and R11).</p> <p>The findings include:</p> <p>Review of the facility's policy, Infection Control Policy undated, revealed the facility's objectives for its infection control policy included prevention of infection achieved through proper infection control procedures. Per review, the proper infection control procedures included, but were not limited to, handwashing; use of Personal Protective Equipment (PPE); isolation practices, and cleaning and disinfecting of equipment.</p> <p>Review of the facility's policy, Skin Care Management, revised 07/01/2019, revealed its purpose is to prevent the development of avoidable pressure injuries or ulcers. The policy further stated staff were to follow body substance isolation precautions and policies and procedures for dressing changes in regards to infection control.</p> <p>1. Review of R3's Face Sheet revealed the facility admitted the resident on 04/08/2016, with diagnoses which included Cellulitis, Peripheral Venous Insufficiency, and Type 2 Diabetes Mellitus. Review of R3's medical record revealed the resident had a wound to the coccyx.</p> <p>Review of R3's Treatment Administration Record (TAR) revealed orders which included to cleanse the coccyx with wound cleanser, pat dry, apply MediHoney Ointment and Xeroform (a type of dressing) then cover with a Border Gauze dressing daily.</p> <p>Observation of R3's coccyx wound care on 03/06/2025 at 9:50 AM, revealed LPN 3 failed to clean the bedside table or cover it with a protective barrier prior to placing R3's wound care supplies on it.</p> <p>In an interview with Licensed Practical Nurse (LPN) 3 on 03/06/2025 at 2:18 PM, she stated there are not many places to put things in a resident's room when you are performing a dressing change. She further stated she should have wiped off the bedside table before she placed anything on it.</p> <p>In an interview with the Director of Nursing (DON) on 03/06/2025 at 4:30 PM, she stated typically the charge nurse is responsible for providing wound care to the resident. She further stated that her expectations would be for the the nurse performing wound care to clean the bedside table and place a barrier down before putting wound care supplies onto the table.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Administrator on 03/06/2025 at 5:28 PM, she stated that her expectations are that staff perform wound care correctly, on time, and follow the infection control procedures of the facility.</p> <p>2. Review of R11's Face Sheet revealed the facility admitted the resident on 07/02/2012, with diagnoses which included [NAME] Insufficiency, Lymphedema, and Type 2 Diabetes. Review of R11's medical record revealed additional diagnoses that included: [NAME] Ulcer to Right Plantar Foot; Unspecified Open Wound, Right Foot, Subsequent Encounter.</p> <p>Review of R11's Physician's orders and Treatment Administration Record (TAR) revealed the resident's wound care orders included: to continue cleaning areas with soap and water, apply Gentlan [NAME] (an antiseptic solution) to toes daily with Opticell ag rope (an antimicrobial wound dressing) and Kerlix (wrap dressing) to right plantar foot. Change twice daily.</p> <p>Observation on 03/06/2025 at 9:00 AM, of R11's right plantar foot and toes wound care revealed after removing the old dressing, LPN 3 failed to place a clean pad or protective barrier under the resident's right foot prior to providing the wound care. Per observation, LPN 3 failed to clean R11's wound bed prior to applying the new dressing. Continued observation revealed LPN 3 was wearing several items of jewelry on her bilateral hands which caused a tear in her gloves; however, the LPN failed to get a new pair of gloves prior to initiating R11's wound care procedure.</p> <p>In interview on 03/06/2025 at 2:18 PM, LPN 3 stated she received Infection Control Training in the facility which was provided at least annually. LPN 3 said she felt there were not many places for to place her stuff in the residents' rooms. She stated she should have wiped off the bedside table before placing the wound supplies on it. The LPN reported she should have gotten new gloves when her's tore, as those gloves didn't fit at all. She further stated it was important to clean surfaces where wound care supplies were to be placed to aid in prevention of the spread of infection.</p> <p>In interview on 03/06/2025 at 4:49 PM, the Director of Nursing (DON) stated she expected her nursing staff to perform residents' wound care orders as ordered by physician while following the facility's Infection Control Policy guidelines. She further stated she expected all staff to perform proper handwashing technique and use proper PPE, including gloves, to prevent the spread of infection between residents.</p> <p>In interview on 03/06/2025 at 5:15 PM, the Administrator stated she expected all staff to follow the facility's Infection Control Policy guidelines during wound care treatment to aid in prevention of spread of infection from one resident to another resident.</p> <p>47567</p>		