

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER The Pavilion at Kenton		STREET ADDRESS, CITY, STATE, ZIP CODE 401 East 20th Street Covington, KY 41014	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>44396</p> <p>Based on observation, interview, review of the Food and Drug Administration article, and review of the facility's policy, the facility failed to ensure appropriate storage of residents' oral and topical medications, with multiple medications that were in use but exceeded the labeled expiration date. This occurred in 5 of 6 medication and treatment carts.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled Medication Labeling and Storage, originally dated 2001 MED-PASS, revealed the facility stored all medications and biologicals in locked compartments under proper temperature, humidity, and light controls, and only authorized personnel had access to keys. Further review revealed the nursing staff was responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. Continued review revealed if the facility had discontinued, outdated, or deteriorated medications or biologicals, the dispensing pharmacy was contacted for instructions regarding returning or destroying these items.</p> <p>Review of the Food and Drug Administration (FDA) article Pharmaceutical Quality Resources, Expiration Dates - Questions and Answers, dated 01/21/2025, Expiration Dates - Questions and Answers FDA revealed drug expiration dates reflected the period of time in which the medication was known to remain stable. Further review revealed the stability meant the medication retained strength, quality, and purity when it was stored according to its labeled storage conditions. Continued review revealed there were potential harms that could occur if expired medications were taken, including the medication not providing the intended benefit because it had less strength than intended. Additional review revealed when a drug degraded, it could yield toxic compounds that could cause unintended side effects.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation of Medication Cart 1 and Medication Cart 2 on the Honor Unit on 02/26/2025 at 5:20 PM revealed the following expired medications: 1. ibuprofen 600 milligrams (mg), Resident (R) 34, expired 01/08/2025; 2. acetaminophen 500 mg, R39, expired 12/13/2024; 3. midodrine 10 mg, R16, expired 02/06/2025; 4. loperamide 2 mg, R13, ordered every 4 hours as needed for diarrhea for 3 days, dispensed 12/07/2023, no expiration date noted on blister card; 5. ondansetron 4 mg, R34, expired 01/11/2025; 6. Tab-a-Vite, R39, expired 11/05/2024; 7. magnesium citrate, R39, expired 12/05/2024; 8. naloxone 4 mg, R68, expired 02/08/2025; 9. olanzapine 5 mg, R22, expired 02/15/2025; 10. pantoprazole 20 mg, R33, expired 10/10/2024; 11. Almacone 15 milliliters (ml), R8, expired 2/12/2025; 12. polyethylene glycol 17 grams, R51, dispensed 10/30/2023, no expiration date found but marked good for one year from date dispensed; and 13. polyethylene glycol 17 grams, R11, expired 12/26/2024.</p> <p>Observation of Medication Cart 1 on the Purpose Unit on 02/27/2025 at 3:00 PM revealed the following expired medications: 1. Refresh lubricant eye drops, R59, expired 01/07/2025; 2. vitamin D3 5000 units, R6, expired 01/06/2025; and 3. Milk of Magnesia 30 ml, R6, expired 02/25/2025.</p> <p>Observation of Medication Cart 1, Medication Cart 2, and the Treatment Cart on the Providence Unit on 02/27/2025 at 3:35 PM revealed the following expired medications: 1. polyethylene glycol 17 grams, R43, expired 11/11/2024 per pharmacy sticker but commercial bottle marked expiration date 03/2026; 2. polyethylene glycol 17 grams, R53, expired 02/06/2025 per pharmacy sticker but commercial bottle marked expiration date 05/2026; 3. Tylenol, R53, expired 02/15/2025; 4. Senna 8.6 mg, R43, expired 01/05/2025; 5. nitroglycerin 0.4 mg, R53, expired 02/06/2025; 6. Tylenol 500 mg, R22, expired 02/06/2025; 7. ibuprofen 600 mg, R70, expired 12/20/2024; 8. Prostat 30 ml, R17, expired 10/25/2024; 9. polyethylene glycol 17 grams, R29, expired 06/05/2024; 10. polyethylene glycol 17 grams, R17, use by 12/04/2024; 11. ketoconazole cream topical, R62, expired 1/30/2025; and 12. Minerin Cream topical, unidentified resident, name marked out, expired 12/29/2024.</p> <p>During interview with Licensed Practical Nurse (LPN) 2 on 02/27/2025 at 3:40 PM, she stated expired medications must be discarded because they might not be as effective after that much time.</p> <p>During interview with LPN1 on 02/28/2025 at 11:17 AM, she stated staff went through medications usually before they expire. She also stated the nurses should be looking at medications and if not used in 30 to 60 days, they should call the physician. She stated she was not aware of anyone being assigned to audit carts on a regular basis.</p> <p>During interview with Registered Nurse (RN) 4 on 02/26/2025 at 5:05 PM, she stated usually the night shift nurses audited the carts for expired medications or those that were discontinued. In further interview she stated staff collected those in purple bags, and the pharmacy retrieved the purple bags when they made the next run.</p> <p>During interview with RN3 on 02/27/2025 at 3:00 PM, he stated he tried to keep up with expiring or discontinued medications as he worked. In further interview, he stated he was not sure if there was a protocol for anyone else to do it. He stated the reason for discarding expired medications was that they might not be as effective.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview with Pharmacist 1 on 02/27/2025 at 11:12 AM, he stated they provided monthly visits, and they reviewed over the counter medications also, and removed those that were within 30 days of expiration. He stated the reviews were spot checks, that flipped through blister packs for those nearing expiration, not every card. In further interview, he stated the expectation was facility staff would audit medication carts for discontinued or expiring medications. He also stated he noted any expired medications in report notes, which were sent to the Director of Nursing (DON) or other corporate personnel that wanted them.</p> <p>During interview with the DON on 02/26/2025 at 4:58 PM, she stated the expectation was that cart audits would occur on night shift every week to remove discontinued or expiring medications or those belonging to residents who had discharged .</p> <p>During additional interview with the DON on 02/28/2025 at 2:08 PM, she stated she expected nursing staff to conduct cart audits in order to capture medications that needed to be removed from the cart for any reason, especially expiration. She stated the reason for checking expiration dates was so they did not give medications to residents that was ineffective or to make someone sick. She stated an example of giving a resident an expired medication was that it might not work, and the resident would have seizures.</p> <p>During interview with the Administrator on 02/28/2025 at 12:12 PM, she stated staff should be storing medication appropriately so they did not go bad, and staff did not give medication out of date, so it was safe for the resident. She stated medication could potentially be less potent if it was out of date and potentially could not work as well. She stated nurses should be checking medications for expiration on a regular basis. She also stated for quality assurance managers should be doing audits on a regular basis, at least weekly. She stated this would provide extra eyes for removing out-of-date medications from the carts.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32635</p> <p>Based on observation, interview, review of the facility's documents, and review of the facility's policy, the facility failed to store food safely as determined by observations in the kitchen on 02/25/2025 at 10:30 AM and 02/27/2025 at 10:30 AM. The lunch tray carts contained pre-plated foods and drinks, which were not under refrigeration. Further, during the lunch meal service on 02/25/2025 at 12:12 PM Dietary staff touched different surfaces, but did not change gloves or wash hands.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Handwashing/Hand Hygiene, dated 10/2023, revealed the facility considered hand hygiene the primary means to prevent the spread of healthcare-associated infections. Per the policy, the use of gloves did not replace hand washing/hand hygiene. The policy stated hand hygiene was indicated immediately after glove removal and after touching the resident's environment.</p> <p>Review of the facility's document Meal Delivery Times, not dated, revealed lunch service for the Providence and Honor/Mental Disabilities Units was from 12:05 PM to 12:15 PM and 12:15 PM to 12:40 PM, respectively.</p> <p>Review of the facility's document Food Guide 2013 Food Code Cooking Temperature and Holding Times, dated 2013, revealed cold food was held at 41 degrees Fahrenheit (F) or less.</p> <p>Observation during the initial kitchen tour on 02/25/2025 at 10:32 AM with the Certified Dietary Manager (CDM) revealed the food carts for the lunch set-up before the lunch meal revealed the carts contained juice, tossed salads, and cheese plates not stored in refrigeration. The tray carts were observed sitting in the kitchen from 10:32 AM and per interview would remain out of refrigeration until 11:45 AM.</p> <p>In an interview with the CDM on 02/25/2025 at 10:40 AM, the CDM stated the carts were set-up prior to meal service at 12:00 PM for lunch. The CDM stated the food carts were put into refrigeration 15 minutes before mealtime to get the food cold.</p> <p>Observation on 02/25/2025 at 12:12 PM revealed the Dietary staff set-up the tray line and served from both sides of the steam table to fill the room cart quickly. Observation of Dietary staff members revealed they wore gloves and touched other items with gloved hands as they served. One Dietary staff touched the cabinet handles, and one Dietary staff touched the nurse's desk, as she talked with the nursing staff and delivered the first cart with gloved hands. She returned to the dining room to continue serving wearing the same gloves.</p> <p>Observation on 02/25/2025 at 4:40 PM revealed the main Dining Room counter contained crumbs of food located under the clean stacked dishes, the lids, and plate holders for the plates. A brown dried substance was in the hand sink located on the counter.</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 - Some</p>	<p>Observation on 02/26/2025 at 9:40 AM revealed the main Dining Room counter contained crumbs of food located under the clean stacked dishes, the lids, and plate holders for the plates.</p> <p>In additional interview with the CDM on 02/27/2025 at 10:30 AM, she stated her expectations for staff was to not touch cabinet pulls or the nurse's desk during meal service because of the potential for cross-contamination. She stated the food prepared on the tray carts for meals should be held in the refrigerator before meal service to prevent bacterial growth. She also stated the counter behind the steam table must be wiped off after the meal service.</p> <p>In an interview with the Director of Nursing (DON)/Infection Control on 02/27/2025 at 3:54 PM, she stated she expected Dietary staff to follow infection control guidelines and change gloves after touching other surfaces. She stated staff should remove gloves and use soap and water because bacteria live on all surfaces. After meals, she stated, the counter should be cleaned and standard precautions used even if it did not appear soiled. She stated if cold food was not kept at the proper temperature with refrigeration, bacteria could grow in the food.</p> <p>In an interview with the Administrator on 02/28/2025 at 8:33 AM, the Administrator stated preparation of cold food before the meal must be kept at the correct and safe temperature. The Administrator stated Dietary staff who changed tasks or touched other surfaces during meal service should remove their gloves, wash their hands, and put on new gloves. The Administrator stated there should be no crumbs on the counter left under the dishes, and the dishes should come up off the counter to use for meal service.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44396</p> <p>Based on observation, interview, record review, and review of the facility's policies and isolation signage, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 5 of 18 sampled residents, Residents (R) 43, R58, R64, R68, and R78.</p> <p>Observation also revealed State Trained Nurse Aide (STNA) 1, STNA2, and STNA3 gave out lunch trays to residents without performing appropriate hand hygiene.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program [IPCP], dated 12/2023, revealed members of the IPCP committee performed surveillance of staff adherence to IPCP practices. The policy stated the IPCP provided a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases, with the responsibility of coordination and oversight by the Infection Preventionist (IP). Further review revealed infection prevention included educating staff members and ensuring they adhered to proper techniques and procedures for Enhanced Barrier Precautions (EBP) and Transmission-Based Precautions (TBP).</p> <p>Review of facility's policy titled, Standard Precautions, revised date 09/2022, revealed standard precautions were used in the care of all residents. The policy stated hand hygiene should be performed after contact with the resident, before performing an aseptic task, and after contact with items in a resident's room. Further review revealed gloves should be removed promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident. The policy stated, after glove removal, hands should be washed or sanitized immediately to avoid transfer of microorganisms to other residents or environments.</p> <p>Review of the facility's policy titled, Handwashing/Hand Hygiene, dated 10/2023, revealed all staff were trained and regularly in-serviced on the importance of hand hygiene. Per the policy, all staff was expected to adhere to hand hygiene policies and practices, and hand hygiene was indicated after touching a resident's environment. Further review of the policy revealed the use of gloves did not replace hand washing/hand hygiene.</p> <p>Review of the facility's policy titled, Isolation-Initiating Transmission-Based Precautions [TBP], most recently revised 08/2019, revealed TBP were initiated when signs and symptoms of infection developed, the resident arrived on admission with symptoms of infection, or the resident had a laboratory confirmed infection and was at risk of transmitting to other residents. Further review revealed the Infection Preventionist (IP) or their designee posted appropriate signage at the door of the resident's room. Per the policy, the signage informed the staff of the type of Centers for Disease Control and Prevention (CDC) precautions, instructions for use of personal protective equipment (PPE), and/or instructions to see a nurse before entering the room. The policy stated the IP ensured PPE was maintained outside the resident's room, so anyone entering the room could apply the appropriate PPE. The policy also stated the precautions would remain in effect until either the IP or attending physician discontinued them based on specific criteria.</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 - Many</p>	<p>Review of the facility's signage used for EBP placed outside of a residents room when indicated, revealed everyone must clean their hands before entering and when leaving the room and staff must wear gloves and gown for high contact resident care activities such as bathing, dressing, providing hygiene, and device or wound care. It also stated staff should not wear the same gown and gloves for more than one resident.</p> <p>Review of the facility's signage used for Contact Precautions (TBP) placed outside a resident's room when indicated, revealed everyone must clean their hands before entering and when leaving the room; staff must put on gloves and gown before entry and remove before exit; staff must not wear the same gown and gloves for the care of more than one resident; and staff must use dedicated or disposable equipment, and clean and disinfect reusable equipment before use on another person.</p> <p>Review of the facility's policy, Catheter Care, Urinary, original date 2001 from MED-PASS Inc, and revised August 2022, revealed the purpose of the procedure was to prevent urinary catheter associated complications, including urinary tract infections. Further review revealed, for infection control, to be sure the catheter tubing and drainage bag were kept off the floor. Per the policy, to prevent unobstructed urine flow, position the drainage bag lower than the bladder at all times to prevent urine from flowing back into the urinary bladder.</p> <p>1. Observation on 02/25/2025 at 10:21 AM revealed no TBP signage was present on R78's door to instruct staff/guests before entering the room. However, a bin had been placed outside of R78's room that contained PPE. Continued observation revealed R78 had an indwelling catheter and pressure ulcers (wounds).</p> <p>Observation made on 02/27/2025 at 1:41 PM revealed a Contact Precautions sign had been placed on R78's door, and a bin of PPE was located outside the room. Further observation revealed staff providing care to R78 was wearing gown and gloves while providing care.</p> <p>Review of R78's Admission Record revealed the facility admitted the resident on 01/03/2025 with diagnoses of paraplegia, methicillin resistant staphylococcus aureus infection (MRSA), and pressure ulcer.</p> <p>Review of R78's Physician Orders, dated 01/16/2025, revealed an order was placed for Contact Precautions with no end date given. Further review revealed an order for an indwelling urinary catheter, dated 01/04/2025, and an order for wound care for pressure ulcers, dated 02/20/2025.</p> <p>Review of the facility's Resident Matrix, dated 02/25/2025, revealed R78 was not identified as having TBP.</p> <p>During an interview with R78 on 02/27/2025 at 8:40 AM, she stated since being admitted to the facility she could not recall staff wearing gowns when providing hygiene care but did recall staff wearing gloves.</p> <p>During an interview with the Director of Nursing (DON) on 02/27/2025 at 4:15 PM, she stated she was not sure why Contact Precautions signage was not in place for R78 as ordered.</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 - Many</p>	<p>2. Observation on 02/25/2025 at 10:30 AM revealed Registered Nurse (RN) 1 was providing a bolus tube feed to R68, who was in EBP. The EBP signage was in place, and PPE was available outside the door. However, RN1 was wearing gloves, but no gown.</p> <p>Review of R68's Physician Orders, dated 06/11/2024, revealed R68 had an order for EBP because of the presence of a urinary catheter, G-tube, wound, and colostomy.</p> <p>3. a. Observation on 02/25/2025 at 10:57 AM revealed there was EBP signage on R64's door.</p> <p>Observation on 02/27/2025 at 8:50 AM revealed a Contact Precautions sign had been placed on R64's door and above R64's bed. Then, at 9:00 AM, State Trained Nurse Aide (STNA) 9 removed both Contact Precautions signs.</p> <p>Observation on 02/27/2025 at 2:00 PM revealed a Contact Precautions sign again had been placed on R64's door and above R64's bed.</p> <p>Review of R64's Physician Orders, dated 12/20/2024, revealed an order was placed for Contact Precautions, with gown and gloves to be used for all direct contact and care, and with no end date given.</p> <p>Review of the facility's Resident Matrix, dated 02/25/2025 revealed R64 was not identified as having TBP.</p> <p>During a interview with STNA9 on 02/27/2025 at 9:00 AM, she stated after an inquiry made by the State Survey Agency (SSA) Surveyor about the Contact Precautions sign on R64's door, she spoke to the Assistant Director of Nursing (ADON) about the signage and was told it was an error, she could remove the sign, and she did remove the TBP signage.</p> <p>During an interview with the ADON on 02/27/2025 at 9:09 AM, she stated STNA9 asked her about the reason for the Contact Precautions sign because she was asked by the SSA, and she instructed STNA9 that the sign was likely placed in error and to remove the signage. The ADON stated the Director of Nursing (DON) was the IP and in charge of placing residents in TBP.</p> <p>During continued interview with the DON on 02/27/2025 at 4:15 PM, she stated she was the IP for the facility, but she and the ADON had been sharing responsibilities since 01/13/2025. She stated the ADON would have been responsible for ensuring the proper signage was placed on resident rooms for TBP, but she had placed the order for Contact Precautions. The DON stated as the IP she was responsible for auditing, which was done every Wednesday, which consisted of running a report, ensuring that the current rooms had the correct signage posted, and PPE was available. The DON/IP stated she was responsible for placing the orders into the system and discontinuing them once the isolation period had ended. She stated she did not know why Contact Precautions signage was not in place for R64 as ordered, as the expectation would be the sign should have been in place since the order date. The DON stated it was important to follow the proper TBP to ensure infections were not spread to staff and other residents, and staff should verify with her or the nurse if they were unsure of which resident was on precautions. She stated it was important for protecting self and residents.</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 - Many</p>	<p>b. Observation of R64's room on 02/27/2025 at 11:51 AM revealed his room had posted signage for Contact Precautions that outlined the required PPE, and PPE supplies were stocked by the door. Further observation revealed the Environmental Services (EVS) Supervisor entered the room to restock paper towels in the bathroom and did not don (put on) a gown or gloves.</p> <p>During an interview with the EVS Supervisor on 02/27/2025 at 11:53 AM when she exited R64's room, she stated she did not have to don PPE since she was not providing contact care. She also stated she only had to use PPE if a resident was on isolation. She stated she did not realize contact precautions were isolation. She stated the reason for donning PPE was to prevent spreading infection.</p> <p>During an interview with RN3 on 02/27/2025 at 12:05 PM, immediately after administering insulin to R64, he stated the Contact Precautions for R64 were relatively new. When asked by the SSA Surveyor whether R64 had experienced staff donning PPE, he stated, Honestly? Probably not.</p> <p>During an interview with Licensed Practical Nurse (LPN) 1 on 02/28/2025 at 10:15 AM, she stated all staff should don the prescribed PPE if entering a room on Contact Precautions, regardless of why they were entering.</p> <p>During an interview with the Central Supply Manager on 02/28/2025 at 9:51 AM, he stated he was expected to gown up as directed with rooms that had Contact Precautions to prevent spread of an infection.</p> <p>During additional interview with the DON on 02/28/2025 at 2:08 PM, she stated her expectation was when staff entered a room that was under Contact Precautions, they would don PPE per CDC guidelines. She stated for Contact Precautions, that included gown and gloves, plus eye protection if providing wound care.</p> <p>During interview with the Administrator on 02/28/2025 at 12:12 PM, she stated for residents who were under Contact Precautions, she expected staff to gown as directed, regardless of the reason they entered. She further stated the importance of that was to prevent the spread of infection.</p> <p>4. Observation on 02/25/2025 at 11:05 AM revealed R58 was resting in a low bed with a fall mat on one side, and her indwelling urinary catheter bag was resting on the floor. There was no Contact Precautions signage posted.</p> <p>Observation on 02/26/2025 at 4:23 PM revealed R58's urinary catheter bag was off the floor, but R58 was now on Contact Precautions.</p> <p>Review of R58's Physician Orders, dated 02/20/2025, revealed an order for Contact Precautions for the presence of escherichia coli in the urine.</p> <p>During additional interview with STNA9 on 02/25/2025 at 11:32 AM, she stated R58's catheter bag was on the floor because the bed was in low position. She stated the reason it should not be on the floor was for infection prevention.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER The Pavilion at Kenton		STREET ADDRESS, CITY, STATE, ZIP CODE 401 East 20th Street Covington, KY 41014	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During additional interview with LPN1 on 02/25/2025 at 11:32 AM, she confirmed the catheter bag should not be on the floor and stated it had to be hung so that it could drain by gravity. She also stated keeping the catheter bag off the floor and in a position so the catheter could drain by gravity would help to prevent a urinary tract infection (UTI).</p> <p>During an interview with STNA2 on 02/26/2025 at 4:23 PM, she stated the Contact Precaution signage just went up today, and she understood it was secondary to extended-spectrum beta-lactamase (ESBL) in her urine. She also stated she thought if the urine was contained in the catheter bag, Contact Precautions were not required, but she donned a gown and gloves before entering the room for personal care.</p> <p>During an interview with the Physician Assistant-Certified (PA-C) on 02/28/2025 at 11:46 AM, she stated the catheter bag must hang lower than bladder but also off the floor to prevent infection. She stated R58 was prone to infections, and the propensity was likely due to being colonized due to a chronic catheter. She stated her expectation was staff should be following TBP as long as an infection was contagious. She stated as long as the resident was symptomatic and had not completed antibiotics, staff should be following the precautions, but she was not sure of the protocol beyond that time.</p> <p>During continued interview with the DON on 02/28/2025 at 2:08 PM, she stated it was not ever acceptable for a catheter bag to be resting on the floor. She further stated when a resident had a catheter and was in a low bed, the staff needed to find a way to prevent contact between the catheter bag and the floor. She stated if that was a problem, they should come to a leader for help.</p> <p>During continued interview with the Administrator on 02/28/2025 at 12:12 PM, she stated catheters should be hanging so the collection bag was not touching the floor, and that was important due to infection control.</p> <p>5. Observation made on 02/25/2025 at 12:42 PM revealed lunch trays were given out by STNA1 while wearing gloves. Further observation revealed STNA1 wore the same gloves throughout tray pass and did not practice hand hygiene between trays, including two resident rooms with EBP signage in place.</p> <p>During an interview with STNA1 on 02/25/2025 at 12:50 PM, she stated she was not required to wear gloves, but wore them out of preference due to trays having moisture on them and not liking her hands wet. STNA1 stated she wore the same pair of gloves for all of the tray pass and did not change them or practice hand hygiene because she did not have time to change between every room. When asked about concerns for wearing the same gloves into a EBP room, she stated it was not a concern for EBP residents because she had gloves on.</p> <p>During continued interview with the DON on 02/27/2025 at 4:15 PM, she stated all staff attended training on hire that included infection prevention, hand washing, transmission-based precautions (TBP), and personal protective equipment. The DON stated it was her expectation that all staff would be performing hand hygiene between each tray being passed to residents, and if a resident was on a specific TBP, then it was expected that staff would adhere to the specific requirements.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER The Pavilion at Kenton		STREET ADDRESS, CITY, STATE, ZIP CODE 401 East 20th Street Covington, KY 41014	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. Observation on 02/25/2025 at 12:45 PM revealed STNA2 was giving out lunch trays and never performed hand hygiene. STNA2 then began to assist R58, who was in contact isolation for extended spectrum beta-lactamase (ESBL) in the urine, without performing hand hygiene or donning PPE. Signage was posted on R58's door, and PPE was available outside the room. Further observation revealed STNA3 was also passing lunch trays without performing hand hygiene and began to feed R43, who was on EBP, without performing hand hygiene and without donning PPE. Signage was posted on R43's door, and PPE was available outside the room.</p> <p>Review of R43's Physician Orders, dated 02/10/2025, revealed an order for EBP for wounds.</p> <p>51155</p> <p>During an interview on 02/26/2025 at 4:16 PM with STNA8, she stated aides were made aware of which residents were on Contact Precautions by reviewing their Kardex's (aide care plans for residents).</p> <p>During an interview on 02/26/2025 at 4:22 PM with STNA7, she stated that Kardex's were used to communicate care of residents. She stated signage was also used to communicate what PPE should be used.</p> <p>During an interview on 02/28/2025 at 10:56 AM with STNA5, she stated she was told in report which residents required precautions and at what level. She stated if she did not know, she asked the nurse. She stated for EBP, PPE should be donned with any direct resident contact. STNA5 stated precautions being followed was important for infection control. She stated, it's the right thing to do to keep people from getting sick, and we don't want to spread things.</p> <p>During an interview on 02/28/2025 at 10:53 AM with RN2, she stated she knew what precautions to use by following the sign that was posted on the resident's door. RN2 stated if there was no sign on the door, then she would not know the resident required precautions. RN2 stated the facility implemented a new system this week to use stickers next to the name on the nameplates outside of the door so staff would know which resident in the room required precautions. RN2 stated it was important to know which precautions to use to prevent the spread of infection to other residents as well as staff.</p> <p>During an interview with the Administrator on 02/28/2025 at 11:00 AM, she stated the expectation was for all staff to adhere to the IPCP policies and protocols for TBP at all times to prevent the spread of infection, and the IP was ultimately responsible for ensuring policies and protocols were current and being followed.</p>		