STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185065	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Lancaster Rehabilitation and Nursing C	308 West Maple Avenue Lancaster, KY 40444

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and review of the facility's policies and the Centers for Disease Control and Prevention (CDC) related to transmission-based precautions (TBP), the facility failed to follow CDC infection-prevention guidelines for droplet precautions by not ensuring doors to resident rooms on droplet precautions remained closed. This deficient practice had the potential to place all residents, staff, and visitors at risk for transmission of infectious respiratory pathogens. 1. Multiple observations on 12/03/2025 at 9:30 AM, 10:04 AM, 10:11 AM, and 10:30 AM, revealed the door to R88's room, identified as droplet precaution rooms, was open at least half way. CDC droplet precautions signage instructions indicated the room doors must remain closed. 3. Observation on 12/03/2025 at 10:35 AM, revealed State Trained Nurse Aide (STNA) 3 entered R88's room (a droplet precautions isolation room) only wearing a surgical mask. 2. Further observation on 12/04/2025 at 1:35 PM revealed the door to Room E16 was wide open and the resident on droplet precautions for COVID-19 was seated in a wheelchair at the room's threshold, talking with staff. The resident was not wearing a mask. The findings include: Review of the CDC Guidelines titled, Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 04/12/2024, revealed staff should ensure the proper selection and use of personal protective equipment (PPE) based on the isolation precautions and potential for exposure respiratory secretions and infectious materials. Review of CDC signage titled, Special Droplet/Contact Precautions, no date, revealed everyone entering the room should clean hands when entering and leaving the room, wear a mask, wear eye protection, and don (put on) a gown and gloves at the door. According to the CDC, the door to a droplet isolation room must remain closed. Review of the facility's policy titled, Clinical Protocol for SARS-CoV-2, updated 05/15/2023, revealed staff who enter the room of a resident with suspected or confirmed SARS-CoV-2 infection should use an approved respirator with N95 filters, gown, gloves, and eye protection. Review of the facility's policy titled, Transmission-Based Precautions [TBP], reviewed 10/24/2022, revealed TBP include droplet precautions. TBPs were initiated when a resident developed signs and symptoms of a transmissible infection or had laboratory confirmed infection and was at risk for transmitting the infection to other residents. According to the policy staff who enter the room of a resident under droplet isolation should wear a mask, gloves, gown, goggles/face shield. The policy stated further staff should remove the PPE before exiting the room and perform hand hygiene. Review of the admission Record found in R34's electronic health record (EHR) revealed the facility admitted the resident on 04/29/2025 with diagnoses to include chronic obstructive pulmonary disease (COPD), arthritis, and schizophrenia. Review of the quarterly Minimum Data Set [MDS], found in R34's EHR with an assessment reference date (ARD) of 10/22/2025, revealed the resident had a Brief Interview for Mental Status (BIMS) score of three out of 15 indicating the resident was severely impaired. Review of the Order Summary Report, dated 09/2025, and found in R34's EHR, revealed on 12/01/2025 the physician ordered the resident be in droplet isolation for diagnosis of COVID-19. Review of the Comprehensive Care Plan [CCP], no date, and found in R34's EHR, revealed the resident was care planned 11/29/2025 for testing positive for COVID-19 and requiring droplet isolation precautions. The Residents Care Plan directed staff to implement droplet isolation precautions each shift for 10 days. On 12/02/2025, the care plan (continued on next page)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	instructed staff to encourage the resident to remain in his room. A revision dated 12/03/2025 continued to direct staff to encourage the resident to stay in the room and added the residents should be encouraged to wear masks prior to leaving the room. The 12/03/2025 revision also indicated the room door may be left open due to safety concerns. Review of the admission Record found in R86's EHR, revealed the facility admitted the resident on 09/11/2023 with diagnoses to include hemiplegia of non-dominant side, memory deficient following cerebral infarction, and immunodeficiency. Review of R86's quarterly MDS, with an ARD of 10/28/2025, revealed the resident had a BIMS score of 12 out of 15 indicating the resident was moderately impaired Review of the Order Summary Report, dated 09/2025, and found in R86's EHR, revealed on 12/01/2025 the physician ordered the resident be in droplet isolation for diagnosis of COVID-19. Review of the CCP, no date, and found in R86's EHR, revealed the resident was care planned 11/29/2025 for testing positive for COVID-19 and requiring droplet isolation precautions. The care plan directed staff to initiate droplet isolation precautions each shift for 10 days. On 12/02/2025, the care plan instructed staff to encourage the resident to remain in his room. A revision dated 12/03/2025 continued to direct staff to encourage the resident to stay in the room and added the residents should be encouraged to wear masks prior to leaving the room. The 12/03/2025 revision also indicated the room door may be left open due to safety concerns. Review of the admission Record found in R88's EHR, revealed the facility admitted the resident on 05/05/2025 with diagnoses to include Alzheimer's disease, immunodeficiency, and cognitive communication deficit. Review of R88's quarterly MDS, with an ARD of 09/28/2025, revealed a BIMS assessment was not conducted. Staff assessment for mental status revealed R88 had short and long memory problems, had no memory recall ability, and was severely impaired related to cognitive skills for decision making. Review of the Order Summary Report, dated 09/2025, and found in R88's EHR, revealed on 12/02/2025 the physician ordered the resident be in droplet isolation for diagnosis of COVID-19. Review of the CCP, no date, and found in R88's EHR, revealed the resident was care planned 12/02/2025 for testing positive for COVID-19 and requiring droplet isolation precautions. The care plan directed staff to initiate droplet isolation precautions each shift for 10 days, and to encourage resident to stay in room. A revision dated 12/03/2025 continued to direct staff to encourage the resident to stay in the room and added the residents should be encouraged to wear masks prior to leaving the room. The 12/03/2025 revision also indicated the room door may be left open due to safety concerns. During an interview with STNA3 on 12/03/2025 at 10:35 AM, she stated she had received training on standard and TBP and was aware R88 was on droplet precautions for COVID-19. When asked by the State Survey Agency (SSA) about the facilities policy for donning PPE prior to entering an isolation room, SRNA3 stated she entered the room just to peek in and did not don PPE because she did not provide care. When asked by the SSA what the CDC signs required, we reviewed the signage, and the signage directed staff to don a gown, gloves, mask and eye protection. During an interview on 12/03/2025 at 1:50 PM with LPN8, she stated she was aware R34, R86, and R88 were on droplet precautions for COVID-19. When asked by the SSA about the requirements for droplet precautions, she stated staff must follow the instructions posted on the TBP signs outside of the isolation room. LPN8 stated staff were required to wear an N95 respirator, face shield or goggles, gown, and gloves while in a droplet precaution room. When asked if the resident's door should remain closed while on droplet precautions, LPN8 stated according to CDC guidelines and TBP signage, the door should be kept closed. During an interview with the Assistant Director of Nursing (ADON)/Infection Preventionist (IP) on 12/03/2025 at 11:35 AM, she stated all employees received infection prevention and control (IPCP) education and training, including hand hygiene, personal protective equipment, and transmission-based precautions. The ADON/IP stated staff complete a post-education test to assess understanding and participate in an annual skills workshop to ensure competencies were maintained. When informed by the SSA the doors to R86 and R88 rooms (both on droplet precautions) were observed open, and that R86 was seated at the threshold without a mask, the ADON/IP stated this was not consistent with facility expectations. A continued interview with the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	ADON/IP on 12/04/2025 at 11:37 AM, revealed R86 did not like the door closed and frequently came to the doorway to look out. The ADON/IP stated R86 had been educated regarding his COVID-19 diagnosis and instructed to wear a mask when within six feet of the doorway; however, she stated R86 was sometimes noncompliant and would refuse to wear a mask, though staff were expected to redirect him. The ADON/IP stated she was unsure why, at the time of the observation, R86's door was open, and the resident was unmasked at the threshold without staff intervention. The ADON/IP stated this practice was not in accordance with facility policy. Furthermore, the ADON/IP stated staff should know and follow IPCP one hundred percent of the time, including awareness of the resident's condition and adherence to posted CDC signage. The ADON/IP stated it was her expectation that staff follow the facility's infection prevention and control policies and procedures. The ADON/IP stated these practices were necessary to protect the safety and welfare of residents, staff, and visitors. During an interview with the Director of Nursing (DON) on 12/04/2025 at 11:14 AM, she stated the required PPE before entering the room for residents with COVID-19 included a gown, gloves, and an N95 respirator. The DON stated all staff were fit tested upon hire and were expected to change their mask upon exiting a resident's room. The DON stated staff receive education on caring for residents with COVID-19. When asked why the doors to the droplet precaution rooms were observed open, the DON stated R88 and R86 were identified as fall risks and stated safety was the priority. The DON stated, safety trump's everything. The DON stated staff try to keep doors closed for residents on precautions but may leave the door cracked if a resident requests it. However, the DON stated staff continue to reinforce facility infection control policy and expectations. When asked about the safety of other residents, staff and visitors related to potential exposures to infection and disease, the DON stated the facility fights the battle the best we can. The DON stated when residents were noncompliant with masking or staying in their rooms, the staff attempt to keep the resident at least six feet away from other residents and reinforce infection control practices. The DON further stated that if the door was to remain open, the resident should be care planned accordingly. The DON stated it was her expectation that all staff follow the infection prevention and control policy and procedures for the safety of residents and staff and to prevent the spread of infectious diseases. During an interview with the Administrator on 12/04/2025 at 11:25 AM, she stated it was her expectation staff adhere to facility policy related to infection control. The Administrator stated the facility followed the recommendation of the Local Health Department (LHD) and the CDC for PPE use and isolation precautions. The Administrator stated it was important to ensure the safety and health of the residents.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, record review, and facility policy, the facility failed to store drugs and biologicals in the proper storage conditions given by product instructions for 1 of 1 sampled resident, Resident (R)10. The findings include:Review of facility's policy titled Medication Storage no date given, revealed the facility shall store all drugs and biologicals in a safe, secure, and orderly manner, and nursing staff shall be responsible for maintaining medication storage. Added review revealed the facility shall not use deteriorated drugs or biologicals and discontinued medications shall not be used and returned to pharmacy. Further review revealed medications requiring refrigeration must be stored in a refrigerator in the drug room. On 10/01/2025 at 1:32 PM medication refrigerator for Hall HSC was observed to have a box of Formoterol Fumarate Inhalation Solution, (bronchodilator used to treat COPD), 20 MCG per 2 milliliters (ml) vials (nebulizers) stored in freezer of medication refrigerator. Added observation revealed the box was labeled with R10's name and a sticker was observed on the box saying, Do Not Freeze. Further observation revealed when the box was opened there was a buildup of frost and ice on the inside of the box and lid; and on the vials. Additional observation revealed the label indicated the supply was one hundred twenty (120) vials in box before opening. A count was performed by Licensed Practical Nurse (LPN)6 and the State Survey Agent (SSA), and fifty- eight (58) vials remained in box. There was no thermometer observed in the medication refrigerator/freezer. Review of R10's admission Record revealed the facility admitted R10 on 07/08/2025 and he passed away on 10/20/2025. Review of R 10's diagnoses included chronic obstructive pulmonary disease (COPD) (lung diseases causing breathing difficulties from restricted air flow), diabetes, and chronic respiratory failure with hypoxia (low oxygen). Review of R10's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 10/06/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 14 out of 15, indicating intact cognition. However, the resident was no longer at the facility and was not interviewed.Review of R10's order set revealed a physicians' order placed on 06/18/2025 for Formoterol Fumarate Inhalation Nebulizer Solution twenty (20) MCG per 2 ml, inhale orally via nebulizer two times a day for COPD. Further review revealed the nebulizers were discontinued on 07/04/2025. Review of R10's Comprehensive Care Plan (CCP) revealed a focus which included R10 being a risk for respiratory infection related to COPD, shortness of air, and decreased oxygen saturation. Added review of R10's CCP revealed interventions placed on 12/29/2023 to include to administer nebulizer treatments per Medical Doctor (MD) order. During an interview with the facility Pharmacist on 12/04/2025 at 11:05AM, she stated the nebulizers should be store in the refrigerator and not in freezer. The Pharmacist stated the reason they should not be stored in the freezer was that the solution will freeze. When asked why that would be a concern, the Pharmacist stated the efficacy was affected once the solution thawed and the medication was not effective. During an interview with LPN6 during the observation of the medication refrigerator on 10/01/2025 at 1:32PM, LPN6 stated she did not know why the nebulizers were in the freezer since they had a label saying, Do Not Freeze and LPN6 was not sure how long they had been in the freezer. When asked why they shouldn't be in the freezer LPN6 stated, they may not work if frozen. During an interview with the Director of Nursing (DON) on 12/04/2025 at 11:30AM the DON stated her expectations of staff was to store medications per manufactures instructions. The DON stated staff should be following the facility policy and procedure for storing medications. When asked what concern she had regarding the nebulizers being stored in the freezer, the DON stated the medicine may not work. The DON stated she thought the nebulizers had been discontinued and if so, they should have been disposed of or returned properly to the pharmacy.During an interview on 12/04/2025 at 10:20 AM the Administrator stated her expectations of staff when it came to medication storage was staff were to follow (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	policy/procedures and manufacturer's instructions for the storage of medications. The Administrator stated her concern was that if medications were not stored per manufacturers' instructions, the medications may not work. The Administrator stated she thought the freezer may be used to store items that needed to be thrown away.