STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185076	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bradford Heights Nursing & Rehabilitation	950 Highpoint Drive Hopkinsville, KY 42240

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 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 review, the facility failed to ensure that medications with expired or post discard dates were not available for resident use for one of four sampled residents (Resident (R) 1). Observation on 04/08/2026 revealed an intravenous (IV) antibiotic (Meropenem) container hanging on an IV pole in R1's room labeled with directions to discard the medication after 03/03/2026.The findings include: Review of the facility's policy titled, Medication Storage last revision date of 02/01/2026, revealed A. Expiration dates (beyond-use date) of dispensed medications shall be determined by the pharmacist at the time of dispensing. B. Drugs dispensed in the manufacturer's original container will be labeled with the manufacturer's expiration date. The policy failed to include directions for staff on how to appropriately address medications past their discard date. Review of R1's Resident Face Sheet found in facility's electronic medical record revealed the facility admitted the resident on 03/23/2026 with diagnoses of acute osteomyelitis, renal abscess, and perinephric abscess. Observation on 04/08/2026 at 11:15 AM, revealed a full unadministered IV antibiotic, Meropenem, 1gram/100mililiters of normal saline container was hanging on an IV pole in R1's room. The label included a discard date with directions to discard after 03/03/2026. Review of R1's Physician Order Report dated 04/08/2026 revealed she had the antibiotic Meropenem 1 gram to be reconstituted in 100 milliliters of normal saline, to be given every 8 hours until 04/22/2026, prescribed for acute osteomyelitis. Review of Resident Progress Notes dated 04/08/2026 at 2:05 PM revealed the facility Nurse Practitioner documented R1's Peripheral Inserted Central Catheter (PICC) would not flush and staff were unable to administer the antibiotic during night shift on 04/08/2026. Continued review revealed day shift staff inserted a new peripheral intravenous catheter to administer IV medications. During an interview with Licensed Practical Nurse, LPN1 on 04/08/2026 at 1:34 PM, she stated during the nightshift on 04/08/2026, prior to attempting to flush and determine the patency of R1's PICC to administer IV medications, she set up the antibiotic Meropenem for R1. LPN1 stated she did not notice that the label on the Meropenem included a discard date of 03/03/2026. She stated when she was unable to flush the PICC, she left the antibiotic on the IV pole and notified the provider that she was unable to administer R1's scheduled antibiotic. She stated she would have double checked the medication label prior to administering. Further, LPN1 stated she usually worked on another unit and the expired medication should not have been in medication room for her to obtain. LPN1 continued that unit managers and charge nurses are supposed to go through products in the medication room to ensure there are no expired medications or products. LPN1 stated she received education on the five rights to medication administration. During an interview with Director of Nursing, (DON) on 04/08/2026 at 2:00 PM, she stated a licensed nurse should go through the medication rooms daily to ensure there are no expired medications or products. The DON stated that it does not seem to be working, but she expected staff to perform double checks of label information prior to medication administration. During an interview with Administrator on 04/10/2026 at 12:34 PM, she stated her expectations of adhering to proper medication storage was for staff to be mindful of expiration dates, check before administering, send (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185076	A. Building B. Wing	04/10/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	expired medications back to pharmacy or dispose of them. The Administrator continued that nurses on the floor or unit managers are to ensure that medications are not expired in the medication rooms. She stated she is not sure how often that should be done. The Administrator continued that there was a risk of a medication error if an expired medication was administered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER Bradford Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 950 Highpoint Drive Hopkinsville, KY 42240	

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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and facility policy review, the facility failed to ensure all staff properly adhered to infection control and personal protective equipment (PPE) regulations in accordance with professional standards for one of four sampled residents (Resident (R) 1) for enhanced barrier isolation. Observation on 04/08/2026 revealed a staff member entered a R1's room, who was on enhanced barrier precautions and performed direct resident care without donning the appropriate PPE. The findings include: Review of facility's policy titled, Infection Prevention and Control Program, last revision date 01/20/2026, revealed the facility had established and maintained 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. Further review of the policy revealed 16. Staff Education: A. All staff shall receive training, relevant to their specific roles and responsibilities, regarding the facility's infection prevention and control program, including policies and procedures related to their job function. B. All staff shall demonstrate competence in relevant infection control practices. C. Direct care staff shall demonstrate competence in resident care procedures established by our facility Review of Resident (R) 1's Resident Face Sheet in the facility's electronic health record revealed the facility admitted R1 on 03/23/2026 with diagnoses of acute osteomyelitis, renal abscess, and perinephric abscess requiring intravenous antibiotic per physician order. Review of R1's Care Plan revealed she was on enhanced barrier precautions related to intravenous access. An intervention listed on the care plan included isolation per medical doctor's order on 03/31/2026. Review of R1's Resident Physician Orders revealed wound care was ordered on 04/03/2026 and was to be completed twice daily. The wound care order directed staff to cleanse the spine area with normal saline or wound cleanser, pat dry, to skin prep surrounding tissue or peri-wound and cover with sterile dressing with adhesive border. Additionally, an order dated 03/23/2026 directed staff to observe the IV site routinely for signs and symptoms of infiltration or extravasation, every shift. Observation on 04/08/2026 at 11:15 AM revealed Resident (R)1 did not have signage outside her doorway to indicate she was on enhanced barrier precautions. Additionally, during observation of R1's wound care treatment performed by the Assistant Director of Nursing (ADON), a PPE gown was not donned prior to performing R1's wound care treatment. During an interview on 04/10/2026 at 12:28 PM, the ADON stated she completely forgot to don a PPE gown prior to performing R1's wound care During an interview with Director of Nursing (DON) on 04/08/2026 at 2:00 PM she stated the precaution signs hung outside resident rooms are hung with tape and R1's must have fallen off. In a follow-up interview on 04/10/2026 at 11:48 AM with DON, she stated her expectation was for staff to adhere to infection control signage for enhanced barrier protection and to follow the policy. During an interview with Administrator on 04/10/2026 at 12:34 PM, she stated her expectations was for staff to follow infection control signage and to adhere to the precautions prior to entering a resident's room. She continued that a risk of not following precautions could lead to a resident developing a possible infection.