STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185112	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breathitt Health & Rehabilitation	420 Jett Drive Jackson, KY 41339

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview, record review, facility policy review and review of the Resident Assessment Instrument (RAI) Manual guidelines, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) for two of 41 sampled residents (R) R1 and R5).Findings included: A facility policy titled Certifying Accuracy of the Resident Assessment, dated 01/05/2025, indicated, Any person completing a portion of the Minimum Data Set/MDS (Resident Assessment Instrument) must sign and certify the accuracy of that portion of the assessment. The policy further indicated 3. The information captured on the assessment reflects the status of the resident during the observation (look-back) period for that assessment. The Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2025, indicated, section K0520: Nutritional Approaches and provided coding instructions for K0520A, parenteral/IV [intravenous] feeding. The RAI manual further indicated, Coding Tips for K0520A and included, Parenteral/IV feeding - The following fluids may be included when there is supporting documentation that reflects the needs for additional fluid intake specifically addressing a nutrition or hydration need. The list included, IV fluids can be coded in K5020A if needed to prevent dehydration if the additional fluid intake is specifically needed for nutrition and/or hydration. Prevention of dehydration should be clinically indicated and supporting documentation should be provided in the medical record. The following items are NOT to be coded in K0520A: - IV Medications - Code these when appropriate in O0110H, IV Medications. - IV fluids used to reconstitute and/or dilute medications for IV administration. - IV fluids administered as a routine part of an operative or diagnostic procedure or recovery room stay. - IV fluids administered solely as flushes. 1. An admission Record revealed the facility admitted Resident 1 on 01/07/2020. According to the admission record, the resident had a medical history that included diagnoses of Alzheimer's disease, congestive heart failure, protein-calorie malnutrition, and neuropathy. A quarterly MDS, with an Assessment Reference Date (ARD) of 12/31/2025, indicated, under section K0520, that Resident #1 had received Parenteral/IV feeding within the past seven days while a resident of the facility. Resident 1's Order Recap [Recapitulation] Report contained an order for ceftriaxone sodium solution reconstituted 1 gram intravenously every 24 hours for infection for five days with a start date of 12/28/2025. The physician orders did not include an order for IV fluids or IV nutrition. Resident 1's Medication Administration Record (MAR) for the timeframe from 12/01/2025 through 12/31/2025 revealed no documented evidence of the administration of IV fluids or IV nutrition. Resident 1's Care Plan Report revealed no documented evidence of IV fluids or IV nutrition. During an interview on 03/18/2026 at 11:31 AM, the MDS Coordinator (MDS 1) stated Resident 1 received an IV antibiotic during the MDS observation period. MDS 1 stated when a resident received IV antibiotics, she coded it in section O and in section K0520A of the MDS. MDS 1 stated she did not know why the IV hydration and nutrition was coded for Resident 1. 2. An admission Record revealed the facility admitted Resident 5 on 08/07/2023. According to the admission Record, the resident had a medical history that included diagnoses of protein-calorie malnutrition, dysphagia, and dementia. An annual MDS, with an Assessment Reference Date (ARD) of 12/31/2025, indicated, under section K0520, that Resident 5 had received Parenteral/IV feeding, within the past seven days while a resident of the facility. Resident 5's Order Recap [Recapitulation] Report contained an order for (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
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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	meropenem intravenous solution reconstituted 1 gram intravenously every 8 hours for osteomyelitis until 02/02/2026 with a start date of 12/28/2025. The physician orders also contained an order for normal saline flush intravenous solution 10 milliliters for peripherally inserted central catheter (PICC) maintenance. The physician orders did not include an order for IV fluids or IV nutrition. Resident 5's Medication Administration Record (MAR) for the timeframe from 12/01/2025 through 12/31/2025 revealed no documented evidence of the administration of IV fluids or IV nutrition. Resident 5's Care Plan Report revealed no documented evidence of IV fluids or IV nutrition. During an interview on 03/18/2026 at 11:31 AM, MDS 1 stated Resident 5 received IV antibiotics during the MDS observation period. MDS 1 stated when a resident received IV antibiotics, she coded it in section O and section K0520A of the MDS. MDS 1 stated that was how she had been told to do it. MDS 1 reviewed the RAI manual and stated that she had misread the instructions, and the IV antibiotics should not have been coded in section K of the MDS. During an interview on 03/18/2026 at 11:50 AM, the Restorative and MDS Nurse (MDS 2) stated that a resident should be coded for IV nutrition in section K of the MDS if they received IV fluids. MDS 2 stated IV antibiotics would be coded under section O, not section K. MDS 2 reviewed the electronic health record for Resident 1 and confirmed that Resident 1 had not received IV fluids during the MDS observation period. MDS 2 stated that the IV nutrition and hydration was coded in error. MDS 2 reviewed R5's electronic health record and confirmed that R5 had not received IV fluids during the MDS observation period, and it was coded in error. During an interview on 03/18/2026 at 12:34 PM, the Director of Nursing (DON) stated she expected the MDS assessments to be completed according to the RAI manual guidelines. The DON stated she did not think that IV antibiotics would be coded as IV nutrition and hydration. During an interview on 03/18/2026 at 12:37 PM, the MDS consultant stated IV antibiotics should be coded under section O, not under section K. During an interview on 03/18/2026 at 12:41 PM, the Administrator stated her expectation was that the MDS should be coded correctly following the policy and the RAI manual.