STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastway Health & Rehabilitation	1155 Eastern Parkway Louisville, KY 40217

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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 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview, record review, and facility policy review, the facility failed to fully develop and implement the comprehensive person-centered care plan for one of 49 sampled residents, Resident (R)17. Resident 17 had a history of falls and was care planned for staff to place the Resident in a common area when she became restless. The care plan, however, was not fully developed with interventions to include supervision and monitoring while in the common area. While staff were in the nurses' station, the Resident was left unattended and fell in the common area, fracturing her hip. This caused actual harm to the Resident. The findings include: Review of the facility's policy titled, Care planning – Comprehensive Person – Centered, undated, revealed the comprehensive care plan was to promote patient (resident) safety, and reflect currently recognized standards of practice. Review of R17's Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 09/18/2024, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of 12/15, indicating intact cognition. Review of the MDS Assessment, with an ARD of 12/19/2024, revealed the facility assessed R17 to have a BIMS score of 8/15, indicating moderate cognitive impairment. Review of R17's care plan for fall risk revealed an intervention dated 08/28/2024, to place the resident in the common area to address her restlessness. However, further review of the care plan intervention revealed it did not specify staff were to monitor R17 after placing her in the common area. Review of the Nurses' Notes and Change of Condition Notes revealed on 07/29/2025, staff implemented R17's intervention to place her in the common area for anxious behavior. Review further revealed however, staff left R17 unattended after implementing the intervention which resulted in the resident sustaining a fall with hip fracture. In interview on 07/31/2025 at 12:20 PM, State Registered Nurse Aide (SRNA) 4 stated R17 had been restless on 07/25/2025; however, her medications had started to kick in. She reported they took R17 to the common area and sat her there while they all went to the nurses' station to chart. The SRNA said while charting they heard a thump and left the nurses' station and found R17 lying on the floor. She further stated the people present in the nurses' station at the time of R17's fall had been SRNA 5, Licensed Practical Nurse (LPN) 5, and Kentucky Medication Aide (KMA) 1. In interview on 07/31/2025 at 12:40 PM, LPN 5 stated R17 had been restless all night and had gotten up out of bed. She said so staff sat R17 in the common area as she was care planned, so they could keep an eye on her while they were charting. LPN 5 reported while charting at the nurses' station (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 0656 Level of Harm - Actual harm Residents Affected - Few	staff heard a thump, and found R17 lying on the floor in front of the elevators in the common area. She further stated she agreed with SRNA 4's statement that everyone had been in the nurse's station charting. In interview on 08/01/2025 at 10:07 AM, LPN 3 stated for R17's care plan intervention to place the resident in the common area, she expected staff would be in close proximity to the resident. She additionally stated it would not have been appropriate for all the staff on the floor to be in the nurse's station while R17 was in the common area alone. In interview on 08/04/2025 at 2:19 PM, the MDS Coordinator stated when implementing R17's care plan intervention of placing the resident in the common area, it was expected staff would be monitoring the resident and the area for the resident's safety.

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview, record review, and review of facility policy, the facility failed to ensure each resident received adequate supervision to prevent injury for 1 out of 29 sampled residents, Resident (R)17. Resident 17 had a history of falls and was care planned to place the resident in a common area when she became restless. Staff implemented the resident's care plan by placing the resident in the common area; however, failed to ensure the resident was supervised while in the area. While staff were in the nurses' station, the Resident fell while in the common area unsupervised and sustained a fractured hip, which caused actual harm to the resident. The findings include: During an interview with the Director of Nursing (DON) on 08/05/2025 at 3:57 PM, she stated it was her expectation that staff would provide supervision to the residents. Review of Resident (R)17's medical record revealed the facility admitted the resident on 03/04/2025, with diagnoses that included Congestive Heart Failure, Alzheimer's unspecified, chronic obstructive pulmonary disease, and repeated falls. Review of R17's Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 09/18/2024, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of 12, indicating intact cognition. Review of the MDS Assessment, with an ARD of 12/19/2024, revealed the facility assessed R17 to have a BIMS score of 8/15, indicating moderate cognitive impairment. Review of the medical record for R17 revealed a history of wandering when anxious and the resident had sustained previous unwitnessed falls. Continued review of R17's medical record revealed the facility performed a Falls Assessment on admission, and when the resident sustained a fall on 07/28/2025, an assessment was completed after each fall, with new interventions developed after the falls. Review revealed the Interdisciplinary Team (IDT) met after each fall to conduct a root cause analysis. Record review revealed the facility developed a care plan intervention to place R17 in the common area when experiencing restlessness, in order to address unwitnessed falls. Further record review revealed on 07/29/2025, R17 was placed in the common area where the resident was not monitored, and sustained a fall, which resulted in a fractured hip. During interview with State Registered Nurse Aide (SRNA) 4 on 07/31/2025 at 12:20 PM, she stated R17 had been restless on 07/28/2025, but her medications were beginning to take effect. She said they sat R17 in the common area and everyone working on the unit went to the nurses' station to chart, which included herself, Licensed Practical Nurse (LPN) 5, SRNA 5, and Kentucky Medication Aide (KMA) 1. SRNA 4 reported while they were all in the nurses' station, they heard a thump, and left the nurses' station and found R17 lying on the floor. During interview on 07/31/2025 at 12:40 PM, LPN 5 stated that R17 had been restless all night and had gotten up out of bed. She said they sat R17 in the common area as care planned so they could keep an eye on her while they were charting. The LPN reported they heard a thump, and R17 had fallen in front of the elevators in the common area. She said all staff were in the nurses' station charting at the time of R17's fall. During interview with LPN 3 on 08/01/2025 at 10:07 AM, she stated her expectation was for staff to be in close proximity to a resident placed in the common area for restlessness. She stated it was not appropriate for all staff on the floor to be in the nurses' station while the resident was alone in the common area. During interview on 08/04/2025 at 2:19 PM, the MDS Coordinator stated when staff implemented R17's care plan intervention for placing the resident in the common area it was expected they would monitor the resident in that area for safety. She reported when placing a resident who wandered or was anxious in the common area, that intervention relied on the common area being a heavily trafficked area. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview with the Director of Nursing (DON) on 08/05/2025 at 3:57 PM, she stated it was her expectation that staff would provide supervision to the residents.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, record review, and review of facility policies, the facility failed to provide a safe, clean, comfortable and homelike environment. This had the potential to affect all residents residing in the facility. The findings include: Review of the facility's undated policy titled, Pests Control, revealed the facility should maintain an effective pests control program to ensure the building was kept free of insects and rodents. Review of the facility's policy titled, Environmental Services Quality Control, dated 10/01/2021, revealed housekeeping and laundry departments had developed a quality control program that measured the level of the quality of services provided by those departments.1) Observation on 07/29/2025 at 10:27 AM, revealed R170's side of the room was cluttered with clothing, books, a couple of boxes, and magazines. Continued observation revealed R170's overbed table was also cluttered with cups. a. Observation on 07/29/2025 at 10:40 AM, revealed R153's and R115's room floor was sticky and dirty looking. Additional observation on 07/30/2025 at 1:35 PM, revealed the floor in the room in which R153 and R115 resided remained sticky and dirty. b. Observation on 07/29/2025 at 10:45 AM, revealed R80's room had dirty linens lying on the floor. c. Observation of the lunch meal service on 07/29/2025 at 12:10 PM in the fifth-floor dining room revealed one table had a red substance that was sticky spilled on it. Residents were observed to sit at the table to eat their lunch and were served their lunch trays without the table being cleaned. Further observation revealed the dining room floor had old food debris observed in several areas. d. Observation on 07/30/2025 at 10:20 AM, during the morning activity in the main dining room on the first floor, revealed the tablecloths were stained with spilled liquids. Further observation revealed the residents attending the activity were asked to sit at the tables with the stained tablecloths. e. In interview on 07/30/2025 at 1:20 PM, R43 stated housekeeping did come in his room every day, though the floor was still dirty and sticky after they were in. When the SSA Surveyor asked R43 how he felt about living at the facility, the resident stated, I have been in a lot of places since I had my amputations, and this is the worst place I have ever been. f. In telephone interview on 08/01/2025 at 8:35 AM, R44's Family member (FM) stated she had sent in pictures and a letter to corroborate how dirty the Resident's room was with linens lying on the floor with feces on them; soiled briefs left in the garbage can; and not taken out, and the floor dirty and sticky. She reported R44's room had a serious roach problem before; however, she had seen a pest control company in the room and the roach problem had been resolved. R44's FM said there was still a big problem with gnats in the Resident's room, though. She stated the floors in the facility were dirty and sticky every time she visited. The FM stated she saw housekeeping on the Resident's unit but never saw them in the Resident's room when she was visiting. She reported R44's room was often without paper towels to dry her hands with, so she had been bringing paper towels in for the Resident to use. R44's FM stated the Resident's room was also frequently out of toilet paper. g. In interview on 07/29/2025 at 10:05 AM, R143 stated, It's awful here. She reported having seen roaches in her room about a month ago and said, we shouldn't have to live like that. In an additional interview on 08/04/2025 at 3:00PM, R143 stated there was often a bad smell in the hallway. She stated, It just smells like shit up here all the time. The resident further stated her linens got changed, not very often, maybe once a month and sometimes her dirty linens just got left lying on the floor. 2. Observation on 07/30/2025 at 1:35 PM, revealed two flies and several gnats were flying about R153's and R115's room. Observation on 07/30/2025 at 1:50 PM, revealed R115's room had two flies and several gnats observed in it. a. In telephone interview on 08/01/2025 at 8:51 AM, R115's FM, stated gnats were a problem, all the time. He reported seeing the gnats all around R115's food and all around him in his bed. R115's FM stated the resident's trash was overflowing any time he came to visit the Resident, and there was even trash lying on the floor of the room. He explained it bothered him that R115's urinal was always sitting on the table right by his meal tray. b. In interview on 07/31/2025 at 9:35 AM, (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R170 stated he had seen a lot of cockroaches in his room and had reported that information to staff. R170 further stated a contract pest control agency had been in here (referring to his room) spraying a couple of times; however, the resident said he still saw roaches at night. R170 stated housekeeping was supposed to come every day but lately it's been only about every two days. I think that's just because they are short-staffed. The resident further stated his bed linens got changed most every day.In interview on 07/30/2025 at 2:05 PM, Medical Technician (MT) 1 stated she had seen gnats sometimes and had heard residents complain about the gnats. She said she thought the gnats were due to uncovered food and drink she saw in residents' rooms and gnats were drawn to that. MT 1 reported housekeeping was only here in the day shift hours so after night shift she saw a lot of crumbs and food debris and sometimes spilled drink and food. She further stated she thought having housekeeping staying later in the evening might help the gnat situation. In interview on 08/03/2025 at 12:20 PM, Certified Nursing Assistant (CNA) 12 revealed she had heard residents' complaints about pests and had also seen for herself the facility's issues with pests. She reported she had seen roaches and gnats mostly, and that the situation had gotten bad. CNA 12 further stated she had seen a pest control company coming out to the facility a lot. Interview with Licensed Practical Nurse (LPN) 11 on 08/03/2025 at 12:56 PM revealed that she has seen a good bit of gnats and has had some residents complain of gnats. The LPN stated that she had observed the pest control people coming out. In interview on 08/05/2025 at 3:23 PM, the Director of Nursing (DON) stated her expectation was for residents' bed linens to be changed on bath days and any time they needed to be changed. In interview on 08/05/2025 at 4:17 PM, the Administrator, who just started work at the facility the previous week, stated she expected the Guardian Angels to be making note of issues like pests, dirty environment, soiled linens, and odors on their rounds. She further stated if the pests' issues continued, she would have to change vendors from the current pest control company to another company that could get the issue under control.

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** AMENDEDBased on observation, interview, record review, and review of facility policies, the facility failed to provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional needs, taking into consideration the preferences of each resident. Resident (R)44 had a known allergy to watermelon; however, staff continued to serve the Resident watermelon during her meal service. Additionally, R150's dietary order documented the resident should have no pork; however, this was not documented on the Resident's meal ticket and interview with R150 revealed staff continued to serve her pork which made her feel terrible. Further, the facility failed to ensure the Residents with allergies or specialized diets were care planned with appropriate interventions to address their needs. Lastly, interview with the Resident Council and R143 revealed the facility did not provide substitutes or alternatives to their meals or offer enough to eat which caused the Residents emotional distress making statements of being anxious, sad, and hangry. The findings include:Review of the facility policy titled, Specialized Diets, dated 10/01/2021, revealed residents' meals were to be prepared and served according to the prescribed diet. Per review, the menu card or tool that included the diet order, any restrictions, precautions, and resident preferences/dislikes was to be used by staff preparing and delivering food to the resident.1a.) Review of R44's Electronic Medical Record (EMR) revealed the facility admitted R44 on 11/27/2017. Resident's diagnoses included Multiple Sclerosis, Type II Diabetes Mellitus, Vascular Dementia, Essential (Primary) Hypertension, and Major Depressive Disorder. Further review of the clinical record revealed R44's allergies included: nuts, peanuts, and watermelon. Record review revealed that R44 had an allergy to nuts, peanuts, and watermelon documented on her EMR face sheet. These allergies were listed on the Allergies box on page one of her care plan. Her care plan also reflected planning for these allergies with one intervention listed, Monitor dietary card prior to serving for any food allergies. Review of R44's meal tray ticket and observation, on 07/31/2025 at 12:50 PM, revealed the resident had allergies to nuts, peanuts, and watermelon. However, observation revealed R44 was served watermelon on her tray.During interview with R44's Family Member, on 08/01/2025 at 8:35 AM, she stated she had a big concern that R44 was served watermelon as she was allergic to watermelon. Further, she stated she had observed watermelon on the resident's tray on several occasions, despite R44 having a documented allergy to watermelon.b. Review of R150 Electronic Medical Record revealed the facility admitted R150 on 06/21/2023 with diagnoses including cerebral palsy, malnutrition, and schizophrenia. The facility assessed R150 with a BIMS exam score of 14, indicating intact cognition. Additional record review revealed the resident had a dietary order for no pork. Review of the resident's meal tray ticket on 08/01/2025 at 3:00PM revealed no mention of this order. In an in interview with R150 on 08/04/2025 at 3:08 PM, the Resident stated that she was often served pork and stated that it made her feel terrible. Further, she stated that this continued to happen.Additionally, the facility failed to ensure the Residents with allergies or specialized diets were care planned with appropriate interventions. were care planned for their allergies and/or specialized diet. 2 a) Record review revealed the facility admitted R25 on 04/19/2022 with diagnoses including diabetes mellitus, renal insufficiency and a history of cerebral vascular accident (CVA). On 06/17/2025 the facility assessed R25 with a BIMS exam score of 15, indicating intact cognition. Additional review revealed R25 had a lactose intolerance documented on his face sheet. Review of the Resident's meal ticket revealed the resident was documented to be lactose intolerant. Review of his care plan revealed that while his lactose intolerance was listed on the first page of his care plan, there was no focus, goal, and interventions related to his lactose intolerance. b. Review of the clinical record under the face sheet revealed R52 had an allergy to shellfish. Review of the Resident's meal ticket revealed the resident was documented to have an allergy to shellfish. Review of the resident's (continued on next page)

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	care plan revealed her care plan had this allergy listed in the Allergies box on page one. However, there was no focus, goal, and interventions related to her shellfish allergy. c. Record review revealed the facility admitted R59 on 06/27/2019, with diagnoses including diabetes mellitus, dementia, and bipolar disorder. On 06/19/2025 the facility assessed R59 with a BIMS exam score of 8, indicating moderately impaired cognition. Continued review revealed a fish allergy was correctly documented on the face sheet in the EMR. Review of the Resident's meal ticket revealed he had an allergy to fish. However, his care plan stated that this resident had no allergies. d. Record review revealed the facility admitted R82 on 03/06/2025 with diagnoses including heart failure, dementia, and malnutrition. Review of the quarterly assessment dated [DATE] revealed the facility assessed R82 with a BIMS exam score of 15 indicating intact cognition. Continued review revealed R82's allergies to bananas and strawberries were correctly listed on her face sheet in the EMR. These allergies were listed on page one of her care plan in the box marked Allergies. However, there was no care planning in place for this resident's allergies. e. Record review for R101 revealed that his shellfish allergy was correctly documented in the EMR on his face sheet. This allergy was appropriately listed on page one of his care plan under the Allergies box. However, there was no focus, goal, or interventions in place for this allergy. In interview with Dietary Aide (DA) 1 on 08/01/2025 at 3:00 PM, he stated the purpose of the meal tray ticket was to ensure every resident receives the right diet meals. He further stated, someone could be allergic to seafood, for example.In interview with DA 2 on 08/01/2025 at 3:25 PM, he stated the meal tray ticket's purpose was to tell you the resident's diet. When the State Survey Agency (SSA) Surveyor asked DA 2 about the section on the tray ticket labeled allergies, he stated, It is the only way we would know what a resident was allergic to.In interview with the Regional Dietary Manager (RDM) on 08/02/2025 at 3:47 PM, she stated the tray ticket was a tool that instructed dietary staff on how to serve the resident meals. She reported it outlined the resident's diet, their consistency needs, dislikes, and allergies. In interview, the RDM emphasized the importance of the tray ticket for meeting residents' needs and to ensure we do not harm them. She stated, in regards to how she was made aware of residents' dietary orders, the dietary management software she used to print tray tickets was synchronized with Point Click Care (PCC, a cloud-based healthcare software provider) so any dietary orders inputted by clinical staff automatically synchs with her system.In interview on 08/05/2025 at 11:40 AM, the Director of Nursing (DON) stated PCC was intended to be integrated with the kitchen's dietary management software. She said when dietary orders were entered into the facility's PCC system, they were sent to the dietary manager. The DON reported her expectation was that residents' tray tickets matched the dietary orders documented in PCC. She stated however, the facility began using its current dietary management system approximately two to three weeks ago and noticed right away it was not integrated. The DON stated as a result, she had been manually entering any changes made to residents' dietary orders, as well as all dietary orders for any new admissions. Per interview, the DON stated she had only recently become aware the integration issue had not been limited to updates. She said she had learned the integration issue also affected pre-existing dietary orders. She further stated the facility was now manually auditing all residents' meal tray tickets; however, the process was currently incomplete.Review of the facility's policy, titled, Resident's Right to Make Personal Dietary, Food, and Meal Choices, dated 10/01/2021 and revised 05/22, revealed that the resident's diet order will be determined by the physician/practitioner with the resident and/or resident representative in accordance with his/her informed choices, goals, beliefs, and preferences, rather than exclusively by diagnosis and recommendations from the interdisciplinary team and the facility will offer alternate food choice, should the primary menus not meet the resident's choice or preference. 3) In an interview with the Resident Council with 10 residents present, on 07/31/2025 at 1:35 PM, revealed R30, R151, R150, R112, R19, R113, R70, R3, R173, and R7 stated they did not know who the dietician was and that they have attempted to get the dietician invited to Resident Council, but they have gotten no response. The residents further agreed in unison, they wanted their diets to be addressed by the dietician. Resident (continued on next page)

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	30 stated that on 07/27/2025 she was served raw hamburger and four pieces of pasta for dinner. She stated that she reported this, and staff called the kitchen, but the kitchen had no food to provide as a substitute. 4) Review of facility record revealed the facility admitted R143 on 08/10/2022 with diagnoses including diabetes mellitus, CVA, and depression. On 06/24/2025 the facility assessed R143 with a BIMS score of 14 indicating intact cognition. In an interview with R143 on 08/04/2025 at 3:00 PM, she stated the food was cold most of the time when it was served. She said the food was not good, and that there was not enough food on the meal trays. R143 stated, a lot of times I go to bed hungry. She stated that this made her feel hangry, but it also makes me sad and anxious. In an interview with CNA12 on 08/03/2025 at 12:20 PM, she stated that she has had residents complain after a meal. Per the interview, she stated many of the residents have stated that they were still hungry after a meal. The CNA stated she has observed the residents' portion sizes to be too small and that, it never matches the slip, referring to the dietary ticket and what the portion size was supposed to be. Further, she stated she has had residents whose trays were not delivered to their units and were, forgotten and did not get a tray at all and when she had called down to the kitchen, she stated she was told all the food had already been thrown away and the resident had to eat a sandwich for that meal. In an interview with CNA13 on 08/03/2025 at 1:06 PM, she stated the residents complained about still being hungry after meals. Further, she stated, their portion sizes are not enough for a toddler. The CNA stated that she has reported this to the kitchen staff and has been ignored. Further, she stated she has witnessed the portions sizes being very small. The CNA stated at times, she would go to the kitchen and bug them until they gave her sandwiches or chips to take to the residents who were hungry. In interview with LPN12 on 08/03/2025 at 1:20 PM, she stated that she does hear complaints about residents still being hungry after meals. She stated that she has seen the portion sizes, and they were not sufficient in her opinion. In an interview with the Director of Nursing (DON) on 08/05/2025 at 11:49 AM, she stated that communication of dietary preferences should interface from information entered into Point Click Care to Dietary Manager. She stated that the dietary tickets should correctly reflect the allergies and food preferences of each resident. Further, she stated that any changes in residents' preferences would have to be manually entered by her. Per the interview, the DON stated that risk that would occur by not following a resident's diet preferences could restrict resident's intake and lead to weight loss. The DON stated that this was being done by the interim Administrator and was started when the previous Dietary Manager left approximately 1 month prior to this survey.

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	185122	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. AMENDEDBased on observation, interview, and review of the facility's policy, the facility failed to ensure menus were prepared to meet the nutritional needs of residents in accordance with established national guidelines for 8 of 15 sampled residents of the total sample of 49 residents, (Resident (R)67, R88, R118, R115, R43, R70, R143, and R170). Interviews with the residents revealed they were often hungry and anxious as they were served small portions of food. Additionally, facility staff stated they did not have enough snacks to give to all the residents. The findings include:Review of the facility's policy titled, Kitchen Weights and Measures, dated 10/01/2021 revealed Food Services staff were to be trained in proper use of cooking and serving measurements to maintain portion control. Further review revealed the Food Service Supervisor was to ensure cooks prepared the appropriate amount of food for the number of servings required. 1) Observation of the lunch meal on 07/29/2025 at 12:10 PM revealed residents' portions were small. Per review of R88's meal ticket the resident was supposed to receive double portions. However, observation of R88's portions on the meal tray revealed the resident had received food that amounted to one serving. This lunch tray included a roll, a serving of cooked vegetables that consisted of one large piece of cauliflower, one large size and three small pieces of carrot, and approximately 10 small pieces of broccoli stalks and a cup of chicken and dumplings. When the resident placed his spoon into the chicken and dumplings, the chicken and dumplings did not cover the bowl of the spoon.In interview with R88 on 07/29/2025 at 1:25 PM, the resident stated his food was warm but complained that he felt like his portions were not sufficient. 2) In interview with R43 on 07/29/2025 at 9:45 AM, the resident stated his food was bad and cold and there was not enough food. R43 stated on 07/30/2025, he did not think the food at meals was enough. He stated the facility did not give the residents snacks. On this date, this resident received the same meal of a roll, cooked vegetables, and chicken and dumplings. His portions were consistent with that of R88. During the interview on 08/04/2025 at 3:38 PM, R43 stated, I am hungry most of the time because I don't eat because it is horrible. They do not offer snacks at night; I didn't even know they had them [snacks]. 3) In interview with R143 on 08/04/2025 at 3:00 PM, the resident stated the food was cold most of the time when it gets served. She stated the food was not good, and there was not enough food on the meal trays. R143 stated A lot of times I go to bed hungry. She stated that made her feel hangry, but it also makes me sad and anxious. The resident explained that the facility did not provide snacks in the evenings. She stated, they used to [provide snacks] sometimes but they haven't in a long time. R443 stated, I guess it costs too much for them to give us snack. You have to buy your own stuff if you want a snack here. 4) In interview with R115 on 07/29/2025 at 10:40 AM and on 07/30/2025 at 1:35 PM, the resident stated there was never enough food served at each meal, and he was often hungry after meals. He stated he had snacks in his room that his family/friends brought in to him. R115 stated the facility did not provide snacks to residents without the residents having to ask for them. 5) In interview with R70 on 07/31/2025 at 9:35 AM, the resident stated the portion sizes at meals were not nearly enough. He stated he was supposed to get double portions at meals but that was still not enough. 6) In interview with R170 on 08/04/2025 at 2:35 PM, the resident stated she did not feel like the meal trays contained enough food. She stated, I'm always hungry, that's why I got that refrigerator so I can have my own snacks. R170 stated when she was still hungry after meals, it made her feel anxious. 7) In interview with R67 on 07/29/2025 at 11:35 AM, the resident stated he did not get enough to eat as the serving sizes did not satisfy him and so he was hungry most of the time. He stated when he asked staff for more food, they told him there was no more. R67 stated he was not offered snacks, and when he requested a snack, staff told him they did not have any to give him. 8) In interview with R118 on 07/29/2025 at 3:53 PM, the resident stated he did not feel he got enough food to eat. R118 stated after meals he was still hungry, and staff did not offer him any snacks. Observation of the tray line on 07/31/2025 at 11:15 AM during the (continued on next page)

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	185122	A. Building B. Wing	08/27/2025

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	lunch service, revealed the Regional Dietary Manager (RDM) had to instruct the Dietary Aide (DA) who was plating meals to fill the scoop completely. Further observation revealed the RDM explained to the DA that the initial portion she (the DA) plated had not met the required serving size. In interview with Certified Nursing Assistant (CNA) 12 on 08/03/2025 at 12:20 PM, she stated she had residents complain after a meal that they were still hungry. She stated she heard residents, especially those who were on a pureed diet, say they were hungry between meals. CNA 12 stated she had observed the portion sizes on residents' meal trays being too small. She stated, It never matches the slip referring to the dietary ticket and what the portion size was supposed to be. CNA 12 explained that dietary did not send up enough snacks for each resident in the evenings. She stated the snacks were usually PB&J (peanut butter and jelly) that were sent up on the dinner tray cart. The CNA stated, It's never enough for everyone. She stated she had residents who had been forgotten and had not received a meal tray at all. CNA 12 stated when she called down to the kitchen, she was told all the food that had been served had already been thrown away, so the resident had to eat a sandwich for that meal. In interview with CNA 13 on 08/03/2025 at 1:06 PM, she stated she had residents complain about still being hungry after meals. She stated, their portion sizes are not enough for a toddler. CNA 13 explained she had reported that information to the kitchen but had been ignored. She stated she had witnessed the portions sizes being very small. The CNA stated, Sometimes we get snacks and sometimes we don't. She stated when snacks were sent up from the kitchen, there was not enough snacks for every resident on the floor. CNA 13 stated she went to the kitchen and would bug them until they gave her sandwiches or chips to take to the residents who were hungry. In interview with Medication Technician (MT) 1 on 07/30/2025 at 2:05 PM, she stated she did hear residents complaining about not having enough food at meals. She stated she had observed that the portions were very small and seemed insufficient to her. MT 1 stated she would take sandwiches and snack items off of the cart when meals were served. She explained she then labeled and dated the sandwiches and snacks and placed them in the fridge so she had something to feed residents if they complained of still being hungry. However, MT 1 stated there was not enough of those sandwiches and snacks for each resident to have some. In interview with Licensed Practical Nurse (LPN) 7 on 07/31/2025 at 4:54 PM, she stated she had heard residents complaining of still being hungry after meals because they did not get enough food at meals. She stated the residents had been complaining of small portion sizes. LPN 7 stated she had visualized portions on residents' meal trays that were too small. In interview with Licensed Practical Nurse (LPN) 11 on 08/03/2025 at 12:56 PM, she stated she had witnessed some of the residents' meal trays and felt the portion sizes were not sufficient. She stated she had reported that to the kitchen and was told that, they would do better. LPN 11 stated dietary did not send up snacks for each resident in the evenings. She further stated dietary sent up a tray of snacks on the dinner cart; however, that was not enough for each of the residents to have a snack. In interview with LPN 12 on 08/03/2025 at 1:20 PM, she stated she did hear complaints about residents still being hungry after meals. She stated she had seen the portion sizes, and they were not sufficient in her opinion. LPN 12 stated the kitchen sent up sandwiches and snacks and she thinks there was enough for all residents. In interview with Dietary Aide (DA) 1 on 08/01/2025 at 3:00 PM, he stated he had gotten a lot of feedback from residents and staff regarding food portions. He stated there was one resident specifically who was supposed to get double portions, and he complained he still did not feel it was enough food. In interview on 08/01/2025 at 3:47 PM, the Regional Dietary Services Manager (RDSM) stated the cook was the person who chose the scoop for serving the residents' food. She stated she was going to get a color-coded chart that listed each scoop and the amount the scoop served and post it in the kitchen for staff to reference. In interview with the Regional Registered Dietician (RRD) on 08/05/2025 at 11:25 AM, she stated prior to switching menu companies a month ago she was aware of portion size concerns. The RRD stated she thought that was an ordering process issue.In interview with the Director of Nursing (DON) on 08/05/2025 at 11:49 AM, she stated she had not seen any issues herself with the residents' portion (continued on next page)

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	185122	A. Building B. Wing	08/27/2025

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	185122	A. Building B. Wing	08/27/2025

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on interview, record review, and review of the facility's policy, the facility failed to ensure each resident was provided a nourishing snack at bedtime. This had the potential to affect all residents receiving snacks from the facility's kitchen. The findings include:Review of the facility's policy titled, Between Meal and Bedtime Snacks, dated 10/01/2021 revealed, the purpose of this procedure is to provide the resident with adequate nutrition. This policy further stated, review the resident's care plan and provide for any special needs of the resident, check the tray before serving the snack to be sure that it is the correct diet ordered and that the food consistency is appropriate to the resident's ability to chew and swallow. It also stated, the person performing this procedure should record the following information in the resident's medical record: date and time the snack was served, name and title of the individual who served the snack, amount of snack eaten by the resident (i.e. 50%m 75%, etc.). Finally, this policy stated, notify the licensed nurse if the resident refused the snack and the reason why and the intervention taken.1 a. Interview with Resident Council, in the afternoon of 07/31/2025, revealed the residents stated that they did not get snacks, especially since the new people took over. Per the interview, the residents stated, yesterday they [facility staff] did give out peanut butter and jelly sandwiches, but they [the residents] only received that due to state or corporate being in the building b. R70 stated (during the Resident Council meeting) that when the last company was in charge, he had arranged for snacks to be sent up on lunch and dinner trays but when the new company took over the snacks stopped.c. Observation of the refrigerator on the second floor on 08/01/2025 at 10:40 AM revealed there were four sandwiches contained in plastic wrap. Only one of the sandwiches was dated, and the date was 07/30. On 08/01/2025 at 10:53 AM observation of the residents' refrigerator located on the fourth floor held three sandwiches contained in plastic wrap and none of the sandwiches were labeled or dated. There were also seven packets of Goldfish crackers. Further observation on 08/01/2025 beginning at 12:15 PM revealed there were no longer any snacks in the second-floor residents' refrigerator, there were five peanut butter and jelly sandwiches and seven packet of Goldfish crackers in the fourth-floor residents' refrigerator. There were no snacks in the residents' refrigerators on the fifth, sixth, and seventh floors. d. Interview with R43 on 07/29/2025 at 9:45 AM revealed the facility did not give the residents snacks. During interview with R43 on 08/04/2025 at 3:38 PM he stated, They do not offer snacks at night; I didn't even know they had them. e. During interview with R8 on 07/29/2025 at 10:18 AM, the resident stated the facility did not offer snacks. f. R99 stated on 07/29/2025 at 10:38 AM that the facility did not offer any snacks. He stated that he orders snacks from Amazon, and his family/friends bring him food because otherwise he would be hungry. g. During interviews with R115 on 07/29/2025 at 10:40 AM and on 07/30/2025 at 1:35 PM, he stated that there was never enough food served at each meal, and he was often hungry after meals. R115 stated that he has snacks in his room that his family/friends bring him. He stated the facility did not provide snacks to residents without the resident having to ask. h. During interview with R67 on 07/29/2025 at 11:35 AM, he stated he was not offered snacks. R67 stated that when he requested a snack, staff told him that they did not have any to give. i. During Interview with R118 on 07/29/2025 at 3:53 PM, he stated he did not feel as though he got enough to eat. R118 stated that after meals he was still hungry and that staff did not offer him any snacks. j. During interview with R143 on 08/04/2025 at 3:00 PM, she stated the facility did not provide snacks each evening. The Resident stated, they used to sometimes, but they haven't in a long time. She stated, I guess it costs too much for them to give us snacks and You have to buy your own stuff if you want a snack here. In an interview with CNA 13 on 08/03/2025 at 1:06 PM, she stated that when snacks were sent up from the kitchen, there were not enough snacks for every resident on the floor. She stated that she would go to the kitchen and bug them until they gave her sandwiches or chips to (continued on next page)

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	185122	A. Building B. Wing	08/27/2025

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	take to the residents who were hungry. During interview with Medical Technician (MT) 1 on 07/30/2025 at 2:05 PM, she stated she has heard the residents complain about not having enough food. Further, she stated the facility did not have enough for each resident to receive a snack. During interview with LPN11 on 08/03/2025 at 12:56 PM, she stated that dietary did not send up snacks for each resident in the evenings. She stated, They do send up on the dinner cart a tray of snacks. However, she stated that this was not enough for each resident. During interview with LPN12 on 08/03/2025 at 1:20 PM she stated that she had heard residents complain about still being hungry after meals. She stated that she had seen the portion sizes, and they were not sufficient in her opinion. LPN12 stated that the kitchen sends up sandwiches and snacks and that she thinks it was not enough for all residents. During the interview with the Regional Registered Dietician on 08/05/2025 at 11:25 AM, she stated that she thought this was an ordering process issue. However, stated she was not intimately involved in the process. During interview with the DON on 08/05/2025 at 11:49 she stated that she expected residents to have a nourishing snack whenever they want. She stated, I want them to have enough but I would have to get with the dietician to find out what constitutes a nourishing snack. The DON stated that her expectation was that there should be enough snacks provided for every resident and that staff should hand out a snack to each resident. She stated that the CNAs should document in the Electronic Medical Record whether or not the resident accepted or refused snacks, how much of the snack they consumed, and that the N/A (low sodium) option would only apply to residents with g-tubes. The DON stated that the facility was required to provide a nutritious snack at bedtime.

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	185122	A. Building B. Wing	08/27/2025

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of the facility's policies, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety which had the potential to affect all residents consuming meals from the kitchen. The findings include:Review of facility policy titled, Dishwashing Machine Use, undated, revealed high temperature sanitation dishwashing machines hot water sanitation rinse temperatures may not be more than 194 degrees ( ) Fahrenheit (F), or less than 165 F for stationary rack, single temperature machines and 180 for all other machines. Review of the instructions provided on the facility's document titled, Dish Machine Log - Low Temp, dated 2019, revealed staff were to, Record wash temperature and sanitizer PPM (Parts Per Million) provide initials, three times per day.Review of the facility's May 2025 dishwashing records revealed staff were documenting on a form titled, Dish Machine Log - Low Temp, dated 2019, which instructed staff to record wash temperature and sanitizer PPM three times per day and to notify supervisor immediately if sanitizer PPM is not within acceptable range of 50-100. Per review, the form was intended for a low-temperature dishwasher utilizing chemical sanitizer.Review of the May 2025 low-temperature log revealed staff had been recording temperatures in both the wash and PPM columns rather than an actual sanitizer concentration. Further review revealed the recordings noted under the PPM column appeared to be temperatures for the rinse cycle.1.Observation of the kitchen on 07/29/2025 at 8:36 AM, during the initial tour, of the dish machine log temperatures revealed the last recorded temperatures noted for all three meals was on 05/31/2025. Per review, there was no record of temperatures recorded for the dish machine in the month of June 2025. The facility never provided a June log as per the request. Continued review of the dish machine logs revealed for the month of July, a Dish Machine Temperature Log, had been initiated and included a space for recording wash temperatures, final rinse temperatures, and utensil surface temperature. Further review revealed the July 2025, Dish Machine Temperature Log had only been completed for days 1 through 10; however, temperatures had only been recorded for the breakfast and lunch time periods. Additional observation on 07/30/2025 at 10:25 AM, and on 07/31/2025 at 11:12 AM, revealed no recorded temperatures for either of those days. Further observation on 08/01/2025 at 2:50 PM, revealed a new log with recordings starting on that day. In interview with Dietary Aide 2 on 08/01/2025 at 3:25 PM, he stated dishwasher temps are recorded by aides. In interview on 07/30/2025 at 10:25 AM, the Dietary Manager stated she became aware the dishwasher had not been reaching the appropriate temperature for sanitization. She stated the facility had switched to chemical sanitization as of that day. However, she stated due to the lack of accurate and complete dish machine temperature logs since 07/10/2025, it could not be determined how long the dishwasher had been operating below the required sanitization temperatures. She stated they did not know whether dishes used for meal service between 07/10/2025 and 07/29/2025, had been properly sanitized in accordance with food safety standards. During initial tour and interview with the Regional Dietary Manager (RDM) on 07/29/2025, which began at 8:36 AM, the Regional Dietary Manager stated the facility had a high-temperature dishwasher, which did not use chemical sanitizer and required documentation of the final rinse temperature. The RDM stated she had been made aware of the incomplete logs for the dish machine. She stated, We are going to start fresh in August. In a follow-up interview on 08/22/2025 at 4:35 PM, the RDM stated dishwasher temperatures should be done after each meal-breakfast, lunch, and dinner-and confirmed this was the responsibility of the dietary aide working in the dishwashing room. Regarding the risks posed by failure to maintain dishwasher temperature logs, she stated, there could be bacteria on the plates and that could cause illness; if the logs aren't done, we won't catch it. It is preventative.In an interview with the Director of Nursing (DON) at 4:22 PM on 08/22/2025, she stated her expectation was that the logs be up-to-date and accurate. Regarding the risks posed by failure to maintain temperature logs, she stated, the logs (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	confirm temps are correct. Incorrect temps could lead to improper sanitation of the dishes, which could result in illness.Per review of the facility's policy titled, Refrigerators and Freezers, dated 10/01/2021, revealed, All food will be properly dated to ensure proper rotation by expiration dates. Per review, received dates (date of delivery) were to be marked on cases and on the individual items removed from the case for storage. Continued review revealed the use by dates might be completed with expiration dates on all prepared food in the refrigerators. Further review revealed expiration dates on unopened food were to be observed and the use by dates indicated once food was opened. In addition, supervisors/designees were responsible for ensuring food items in the pantry, refrigerators, and freezers were not expired or past perish dates.2a). Observation on 07/29/2025 at 8:30 AM, of the walk-in freezer revealed: two boxes of sweet potato fries that expired on 03/06/2025; a box of hashbrowns that expired on 02/14/2025; and a box of fries that expired on 05/2025. Per observation, the spice shelf, located at the back of the kitchen, contained multiple expired and undated items that included: basil leaves expired 08/07/2024; ground cloves expired 03/17/2024; ground allspice expired 07/10/2024; dill weed expired 11/2024; ground cinnamon with no expiration date; another ground cinnamon expired 07/14/2025; ground sage with no expiration date but labeled opened 9/11; and a box of chicken flavor base with no date. Continued observation revealed the following: burgundy kitchen wine expired 09/01/2024; red wine vinegar expired 01/20/2025; and an opened container of soy sauce stored unrefrigerated despite labeling that stated, refrigerate after opening. Additionally, observation on 07/29/2025 at 8:30 AM, of the dry storage room revealed: one box contained six cartons of thickened dairy drink, honey consistency, expired 06/12/2024; another box containing 12 cartons expired 08/24/2024; and a third box with seven cartons expired 06/12/2024. Observation also revealed a separate box containing six cartons of thickened dairy drink, nectar consistency, expired 10/04/2024, and another box contained two cartons expired 10/03/2024; and two boxes of thickened tea packets (one expired 11/08/2024 and the other expired 03/09/2025). Further observation of the dry storage room revealed: a white carton of unidentified liquid with no label or date; a bag of shredded coconut expired 07/10/2025; an unmarked, opened bag of brown sugar; two boxes of rice pilaf with no dates; and a box of 24 cans of diced sweet red peppers with no visible date.In interview with Dietary Aide (DA) 1 on 08/01/2025 at 3:00 PM, he stated, basically everyone is responsible for removing expired items from the kitchen, adding, We all look at dates. He stated, some of my coworkers don't know the process, like how the first items in should be the first used. He stated he was often the one who stocked the delivery of dry goods, and he dated the food upon arrival.In interview with the Dietary Manager (DM) on 08/05/2025 at 3:47 PM, she stated she was training staff to label food with the date it was received. The DM stated that she and the cooks were responsible for ensuring expired food was disposed of as required. She stated, typically the morning cook will do a sweep as she preps, the same with the PM cook. The DM stated her expectation was for the cook to take responsibility for it, but I also do it as I do my weekly inventory checks.In an interview with the DON at 4:22 PM on 08/22/2025, she reported her expectation was that there would be no food present in the kitchen past the expiration date. Regarding the potential risks of residents consuming expired food, she stated, residents could become sick.(b). Observation on 08/01/2025 at 10:40 AM, of the residents' refrigerator on the second floor revealed four sandwiches wrapped in plastic, of which only one was dated (07/30/2025). Per observation, a shopping bag in the refrigerator drawer held an energy drink and peanut M&Ms that were unlabeled and undated. Observation of the freezer section of the residents' refrigerator revealed it held a blue fabric shopping bag tied shut and bound with rubber bands, which was not labeled nor dated. Observation on 08/01/2025 at 10:53 AM, of the fourth-floor resident refrigerator revealed it contained three sandwiches wrapped in plastic, none of which were labeled or dated. Observation on 08/01/2025 at 11:05 AM, of the seventh-floor resident refrigerator revealed it contained two boxes of pizzas that were unlabeled and undated.In interview with Certified Nursing Assistant (CNA) 9 on 08/01/2025 at 11:06 AM, she stated all items in the residents' refrigerators, located on each unit, must have the date the item was put in the fridge, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastway Health & Rehabilitation	1155 Eastern Parkway Louisville, KY 40217

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	as well as the initials of the resident if it was an item specifically for that resident. She stated, in regard to whose responsibility it was to ensure refrigerators were maintained as required night shift cleaned them out every night.In interview with CNA (Certified Nurse Aide) 10 on 08/01/2025 at 11:33 AM, she stated all items in the residents' refrigerators were required to be marked with the resident's name and dated. CNA 10 stated, CNAs are responsible for them, and they should be checking them daily.3(a). Review of the facility's policy titled, Refrigerators and Freezers, dated 10/01/2021, revealed the acceptable temperature range for freezers was less than zero degrees.Observation on 07/29/2025 at 8:30 AM, of the walk-in freezer revealed a temperature of 7 F. Observation on 07/30/2025 at 10:25 AM, revealed the walk-in freezer remained at 7 F. In interview on 08/05/2025, the Regional Dietary Manager (RDM) stated freezers were to be maintained at two degrees or less. The RDM stated the freezer would have been out of compliance at 7 F. She stated she was unaware the policy required a temperature of less than zero degrees F. In an interview with the DON at 4:22 PM on 08/22/2025, she reported her expectation was for freezer temperatures to be at the required range. Regarding the risks posed by out-of-range freezer temperatures, she stated, food could spoil, which could make residents ill.(b). Further review of the facility's policy titled, Refrigerators and Freezers, dated 10/01/2021, revealed, Food Service Supervisors or designated employees will check and record refrigerator and freezer temperatures daily with first opening and closing in the evening. Further policy review revealed the Supervisor, or designee was to take immediate action if temperatures were out of range. Observation on 07/29/2025 at 8:30 AM, of the walk-in refrigerator revealed no temperature log in place. Continued observation revealed a temperature log posted on the door; however, the last recorded temperature was on 06/30/2025. Observation on 07/29/2025 at 8:42 AM, revealed reach-in freezer number three had a log posted, with the most recent temperature recorded on 07/22/2025. Additional observation on 07/30/2025 at 10:18 AM and on 07/31/2025 at 11:17 AM, revealed no changes to the temperature logs on the walk-in refrigerator and walk-in freezer. In interview on 08/01/2025 at 3:00 PM, DA 1, who was responsible for maintaining temperature logs for the refrigerators and freezers in the kitchen, stated, I believe it is the cook that does that. In interview on 8/01/2025 at 3:25 PM, DA 2 stated the cooks were responsible for recording the refrigerator and freezer temperatures.In interview on 08/05/2025 at 3:47 PM, the RDM stated logging refrigerator and freezer temperatures was the responsibility of the cooks. She stated she was ultimately responsible for making sure that happens. In an interview with the DON at 4:22 PM on 08/22/2025, she reported her expectation was for refrigerator and freezer temperature logs to be completed according to policy and procedure, and to be up to date and accurate. Regarding the risks posed by temperature logs not being maintained, she stated, food could spoil, and residents could become ill if they consume expired food.Review of the facility's policy titled, Food Preparation and Service, undated, revealed under the section, Specific Procedures/Guidance of the Food Preparation Area, noted food preparation staff were to adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness. Further review revealed under the section titled, Food Service/Distribution, revealed, Gloves are worn when handling food directly and changed between tasks.4. During lunch observation on 07/30/2025 at 12:15 PM, the dietary aide (DA) responsible for plating food was observed to stop serving food, wipe sweat from her forehead and face with a paper towel with her gloves still on, then placed the soiled paper towel on the counter behind her. However, she did not wash her hands before continuing to serve food. The RDM was present overseeing the tray line at the time and observed the DA's action but did not provide redirection. Continued observation at 12:30 PM, revealed the same DA left the tray line, walked to the back of the kitchen, got a replacement dish of peas and carrots, and once again resumed plating food without replacing her gloves. The RDM observed the DA's actions but did not prompt the DA to perform hand hygiene. Further observation at 12:45 PM, revealed another dietary staff member left her workstation, where she had been placing napkins with silverware together, to go assist on the tray line. Additionally, observation revealed that staff member retrieved hamburger buns and patties needed to make (continued on next page)

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	185122	A. Building B. Wing	08/27/2025

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	hamburgers for the tray line without washing her hands between the tasks. In interview on 08/01/2025 at 3:00 PM, DA 1 stated, Every time you step out of the kitchen; anytime you switch gloves, go to a different workstation, handle trash, or touch your clothes, hand hygiene was to be performed. DA 1 stated if there was a break in task while plating food, you should Wash your hands and put on new gloves. He further stated, You are touching new things when performing the new task, such as retrieving an item from elsewhere in the kitchen, and that could cause cross-contamination.In interview with DA 2 on 08/01/2025 at 3:25 PM, he stated staff should wash their hands and put on new gloves if they needed to take a break from plating food to obtain something elsewhere in the kitchen. DA 2 stated, Switch gloves; you have to do this anytime you touch something different or do something different.In interview with the RDM on 08/05/2025 at 3:47 PM, she stated staff needed to wash their hands and re-glove if they go to grab something or walk off the tray line.In an interview with the DON at 4:22 PM on 08/22/2025, she reported her expectation was for staff to follow hand washing policies. Regarding the risks posed by improper hand hygiene, she stated, bacteria that could cause illness.

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	185122	A. Building B. Wing	08/27/2025

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, policy review and record review, the facility failed to provide a bed hold notification for 2 out of 5 sampled residents (Resident (R)46 and R18) when an emergent transfer to the hospital was necessary.The findings include:Review of the facility's policy titled, Bed Hold undated, revealed that if it is an emergency transfer, a written bed hold notice must be given to patient or patient representative within 24 hours. Per the policy, the each family is provided information on the bed hold policy at the time of admission as well for transfers planned or emergent.1. Review of Resident (R)46 Electronic Medical Record (EMR) revealed the resident was sent to the emergency room on [DATE] and 07/11/2025 and there was no documentation of a bed hold notification given to the resident or her representative in the electronic or paper chart. The facility was unable to produce copies of the bed hold notifications for these hospital visits.During an interview with R46 on 08/01/2025, she stated she does not recall ever being given a bed hold notice. 2. Review of R18's EMR revealed she was sent to the emergency room on [DATE] and there was no documentation of a bed notification given to the resident or her representative in the electronic or paper chart. The facility was unable to produce copies of bed hold notifications for these hospital visits. During an interview on 08/04/2025 at 1:20 PM Licensed Practical Nurse (LPN) 3 the unit seven manager, stated that at one time the nurses on the floor gave the bed hold notices to the residents but that it was the business office that would complete the bed hold notifications now.During an interview with the current Business Office Manager (BoM) on 08/04/2025 at 1:35 PM, she stated that the nurses on the floor were responsible for issuing a bed hold notifications for all emergent hospital visits.During an interview on 08/04/2025 at 2:41 PM with the Human Resources1(HR1), the prior BoM, stated that bed hold notifications were given by the nurses on the unit in the case of emergent situations.During an interview with LPN 13 on 08/04/2025 at 2:49 PM, she stated that when a resident was sent out in an emergency, the nurses on the floor give the bed hold notification to the resident or the resident representative.During an interview with the Director of Nursing (DON) on 08/04/2025 at 3:20 PM, she stated the facility policy and expectation was that each resident would be given a bed hold notification before transfer to the hospital, and that it was the responsibility of the floor nurses to ensure the resident or resident representative was given the form.

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	185122	A. Building B. Wing	08/27/2025

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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 review, the facility failed to ensure all drugs and medical supplies were stored in accordance with professional standards including expired medications and products. This affected 1 of 3 treatment carts.The findings include:Review of the facility's policy titled, Medication Storage, not dated, revealed, The facility shall not use discontinued, outdated, or deteriorated drugs or biologics. All such drugs shall be returned to the dispensing pharmacy or destroyed. In addition, Medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurses' station or other secured location. Medications must be stored separately from food and must be labeled accordingly. As well as Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologics shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others. During an observation on 07/31/2025 at 9:03 AM of the seventh-floor treatment cart revealed one roll labeled, Unna Rite boot with zinc. This item expired 05/2024. Further observation revealed one Comprilan bandage 10 cm (centimeter) x 5cm; expiration date of 07/14/2025; and one bottle of Sodium Chloride Irrigation which expired 07/19/2024. During an interview on 07/31/2025 at 9:11 AM, with the unit manager/Licensed Practical Nurse (LPN) 3, she stated that there were not any expired items in the treatment cart, she had gone through it herself. She stated the nurses were responsible for ensuring treatment items stored inside the cart were maintained with current dates. She stated she was the unit manager and ultimately it was her responsibility. She stated it was an oversite on her part. During an observation on 07/31/2025 at 9:31 AM of the first-floor employee medication refrigerator located in a room used for new employee orientation revealed the room was without a lock. Further observation revealed one bottle of hot sauce stored with one bottle of flu vaccine and one bottle of Tuberculin testing. During an interview on 08/01/2025 at 1:49 PM with the Director of Nursing (DON), she stated the nurses on each unit were responsible for proper maintenance of the treatment carts. She stated her expectation for expired products was that they would be discarded. She stated that the facility had an orientation class for new hires in the room with the unlocked refrigerator that stored the employees' flu vaccines and Tuberculin testing. The DON stated she believed one of the staff had placed the bottle of hot sauce in the refrigerator. During an interview on 08/05/2025 at 1:49 PM with the Administrator, she stated she was not aware who specifically managed the treatment carts, but it should be a nurse. She stated each shift a nurse should ensure that treatment carts did not have any expired medications or products. The Administrator stated she did not know who oversees the maintenance of the medication refrigerators. She stated someone in nurse management should ensure that items like a bottle of hot sauce were not stored in the medication refrigerators.

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	185122	A. Building B. Wing	08/27/2025

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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 review of the facility's policies and procedures, the facility failed to implement appropriate transmission-based precautions for 3 of 49 sampled residents, Resident (R)183, R184, and R70. This failure had the potential to result in the transmission of a communicable disease to other residents, staff, and visitors.The findings include:Review of the facility's policy titled, Infection Control Program, no revision date listed, revealed the facility was responsible for, Development isolation precaution protocols for when control of an infectious or communicable disease or disease risk is required in accordance with current Centers for Disease Control and Prevention (CDC) guidelines and recommendations.Review of the facility's policy titled, Infection Prevention and Control Committee, no revision date listed, revealed duties of the Infection Preventionist and/or committee included, Review, and revise, if necessary, isolation precaution techniques and procedures to help ensure personnel, residents, and visitors follow established procedures/precautions. Further review revealed training, and education should include standard and transmission-based precautions as well as types of personal protective equipment (PPE) that were to be used when performing tasks that may involve exposure to blood/bodily fluids and the procedures to follow when PPE was used. 1.Review of R183's Electronic Medical Record (EMR) under the physician's orders, dated 07/28/2025 at 7:00 PM, revealed, Contact/Droplet Precautions due to Covid +.Observation on 07/29/2025 at 10:34 AM, revealed R183's door had a sign that indicated she was on enhanced barrier precautions. PPE was observed in a cart outside R183's door. Observation on 07/29/2025 at 11:21 AM, revealed the sign on the outside of R183's door had been changed to indicate the resident was on droplet precautions. Interview with Licensed Practical Nurse 1 (LPN1) on 07/29/2025 at 10:34 AM, revealed R183 had a diagnosis of COVID-19. Further interview with LPN1 revealed R183 should be in transmission-based precautions, she was unsure if it should be contact or droplet. During interview with LPN1 on 07/29/2025 at 10:34 AM, she stated if anyone went into R183's room without donning (putting on) the appropriate PPE. She stated they could potentially be infected with COVID-19 and spread it throughout the facility. LPN1 stated having the correct sign on R183's door with the correct transmission-based precautions listed was very important.2. Review of R184's electronic medical record (EMR) under Orders revealed there was an order for R184 to be on enhanced barrier precautions. Observation on 07/31/2025 at 8:17 AM revealed Medication Technician 3 (Med Tech 3) removed the enhanced barrier precautions sign from R184's door. Further observation revealed Med Tech 3 entered the room without donning personal protective equipment (PPE).Observation on 07/31/2025 at 8:23 AM revealed Licensed Practical Nurse (LPN) 3 approached Med Tech 3 and informed Med Tech 3 that R184 was supposed to be on enhanced barrier precautions. LPN 3 stated the signage should still be on R184's door, even though the PPE container was not sitting outside R184's room. During interview with Med Tech 3 on 07/31/2025 at 8:17 AM, she stated R184 should not be on transmission-based precautions. Med Tech 3 stated on 07/31/2025 at 9:52 AM, that the way staff were informed of a resident being on transmission-based precautions or on enhanced barrier precautions was when there was .a bin with PPE gear near the resident's room to alert staff that the resident is on enhanced barrier precautions. Med Tech 3 stated, I should have verified with the nurse, for the safety of the resident and the safety of staff.During interview with LPN 3 on 07/31/2025 at 10:04 AM, she stated she expected staff to keep the enhanced barrier precautions sign posted on R184's door, and Make sure there is a bin in front of the resident's door with enhanced barrier precautions. LPN 3 stated that if there was a PPE container in the vicinity of the resident's room, that was acceptable. 3. Review of R70's Electronic Medical Record (EMR) under Orders revealed a physician's order for transmission-based precautions of Contact Isolation. The order was dated 07/04/2025. Observation on 07/29/2025 at 10:50 AM revealed R70 had an enhanced barrier precautions sign outside the door as well as PPE. Observation on 07/30/2025 at 9:20 AM revealed R70's door still had a sign for enhanced barrier precautions outside R70's door, as well as (continued on next page)

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	185122	A. Building B. Wing	08/27/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PPE. Observation on 07/30/2025 at 1:45 PM revealed R70's signage on his door had been changed to transmission-based precautions of Contact Isolation. During an interview with the Infection Preventionist (IP) on 08/01/2025 at 10:07 AM, she stated residents would be in enhanced barrier precautions when they had any organic opening in the body, such as a gastrostomy tube (G-tube/feeding tube), an indwelling catheter, or an intravenous catheter (IV). The IP stated precaution orders were communicated between staff by the CARDEX and in each resident's care plan. She stated the nurse could discern that a resident needed to be in transmission-based precautions, specifically droplet isolation, and was able to implement these precautions prior to the physician entering orders into the EMR. The IP stated the resident required transmission-based precautions of droplet isolation for COVID-19.During an interview with the Director of Nursing (DON) on 08/05/2025 at 3:20 PM, she stated she expected an order to be in the resident's EMR, the precautions placed in the resident's care plan, a sign on the door, and PPE to be outside the room for any resident on transmission-based precautions. The DON stated if a resident was admitted with COVID-19, she expected staff to go ahead and have the resident placed in contact or droplet isolation precautions, prior to the physician giving the order. The DON stated when a resident was in enhanced barrier precaution, staff only needed to don PPE if they provided direct care to the resident. The DON stated when a resident was in transmission-based precautions of contact isolation, staff should don PPE prior to entering the resident's room.