

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1245 American Greeting Card Road Corbin, KY 40701	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50491</p> <p>Based on observation, interview, record review, and review of the facility's policies, the facility failed to provide a safe, clean, comfortable, and homelike environment for two of nine sampled residents (Resident (R)8, and R42).</p> <p>Observations revealed the shared bathrooms in rooms 226, 228, 227, 221, and 223 had strong urine odor and two sampled residents complained of urine odors in their bathrooms.</p> <p>The findings include:</p> <p>Review of the facility's Protocol for Housekeeping Services (PHS) policy, not dated, revealed the housekeeping and maintenance services would ensure to maintain a sanitary, orderly, and comfortable interior environment.</p> <p>Review of the facility's Resident Rights (RR) policy, not dated, revealed residents had a right to share concerns regarding their stay at the facility.</p> <p>During observation on 08/14/2024, at 9:13 AM, room [ROOM NUMBER]'s bathroom presented with a strong urine odor. The private bathroom had a commode and shower, with a strong urine odor.</p> <p>During observation on 08/16/2024, at 9:15 AM, room [ROOM NUMBER]'s bathroom presented with a strong urine odor. Residents in room [ROOM NUMBER] shared a bathroom with residents in room [ROOM NUMBER]. Resident's in room [ROOM NUMBER] shared a bathroom with residents in room [ROOM NUMBER] and the bathroom presented with a strong urine odor.</p> <p>Record review revealed Resident(R)8 was admitted to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease, vascular dementia, anxiety and osteoarthritis.</p> <p>Record review of R8's brief interview of mental status (BIMS) was 15/15, indicating no cognitive impairment.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/16/2024 at 10:20 AM, with R8, she stated that her bathroom smelled bad. R8 stated she had reported the smell to housekeeping and the aides. R8 continued to state that housekeeping would come every day to clean the bathroom, but it still smelled bad. She further stated the bathroom stinks, and it had smelled bad for months. She rated the smell a ten on a scale of one to ten with ten being the worst she had ever smelled.</p> <p>Record review revealed R42 had been admitted to the facility on [DATE], with diagnoses of gout, dementia, hypertension, adjustment disorder for depression after the passing of his wife.</p> <p>Record review of R42's BIMS was 15/15 indicating no cognitive impairment.</p> <p>During interview on 08/13/2204 at 10:12 AM, with R42 he stated that he used the bathroom all the time and the bathroom smelled. He further stated he was used to the smell. He stated housekeeping cleaned every day and the bathroom still smelled of urine.</p> <p>On 08/15/2024 at 2:54 PM, during the interview with housekeeping/ laundry supervisor (HLS) she stated she was aware of the urine odors coming from the bathrooms. During further interview she stated she would try to find the cause of odors and address them, because she knew the strong urine smell would make residents uncomfortable and they would complain. HLS further stated urinals cause a lot of odors and were discarded as needed. She further stated other causes of urine odor could be the high-rise commode may need changed to a low rise commode, a commode seal might leak, or a high-rise screw on top commode extender may need changed. HLS continued to state that she was responsible to take any issue she had with needed repairs to the Administrator and the Administrator would let maintenance know to do needed repairs. She further stated there was no cleaning log, she went through and checked the rooms herself and would re-clean the rooms if she found odors. However, she further stated it could be hard to get rid of the urine odor despite trying several cleaning and disinfecting chemicals.</p> <p>08/15/2024 at 3:25 PM, interview with Maintenance Director (MD) he stated he had replaced the seals, with a rubber gasket on the commode in room [ROOM NUMBER] last week, and when a seal leaked it would smell of urine. He further stated that HLS would let the Administrator know when a commode seal would need replaced and then the Administrator would let him know to replace it.</p> <p>08/16/2024 at 10:30 AM interview with Administrator she stated she would visit residents but did not usually go into the restrooms and was not aware of the odors. The Administrator was taken to the bathrooms with odors, and she stated the bathrooms had a strong urine odor. She further stated her expectations were to have a homelike environment free of urine odors.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>44974</p> <p>Based on observation, interview, record review and facility policy review, the facility failed to label and store drugs and biologicals in accordance with accepted principles. Observations, on 08/13/2024 at 3:49 PM, 08/14/2024 at 3:39 PM, 3:43 PM, and 4:05 PM, revealed a medication cart on the [NAME] Hall unlocked during medication pass. Residents, staff and visitors were observed passing by the cart. Additional observation, on 08/14/2024, revealed a medication cart on the [NAME] Hall with multi-dose bottles without an open date.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Medication Storage in the Facility, dated June 2023 revealed medications and biologicals were to be stored safely, securely, and properly, following the manufacturer's recommendations or those of the supplier. The medication supply should be accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>Observation on 08/13/2024 at 3:49 PM, on 08/14/2024 at 3:39 PM, 3:43 PM, and 4:05 PM noted a medication cart on the [NAME] Hall, unlocked and unattended by staff during medication pass. Residents, staff, and visitors were observed to be passing by the medication cart. Licensed Practical Nurse #1 (LPN1) was noted to be responsible for the medication cart.</p> <p>Observation of the medication cart on 08/13/2024 at 9:23 AM on the [NAME] Back Hall revealed Simply Thick an easy mix (a thickener) without an open date, Lactulose (a laxative) 10g/15mL (10 gram/15 milliliter) 32-ounce bottle opened without an open date; and, a 10g/15mL 16-ounce bottle opened without an open date. Further observation revealed Lidocaine Gel (an oral numbing gel) not labeled with a resident's name or open date.</p> <p>Observation of the medication room on 08/14/2024 at 2:29 PM on the East Hall revealed viral transport tubes/swabs dated 06/02/2024; 3 central line dressing kits dated 09/30/2019; 24-gauge intravenous (IV) with an expiration date of 06/03/2023; and, 1 sixteen ounce bottle of hydrogen peroxide, with an expiration date of 11/2023.</p> <p>During interview with Licensed Practical Nurse #1 (LPN1) on 08/14/2024 at 5:33 PM, she stated she realized she had failed to lock the medication cart. She further stated she did not realize she left the medication cart unlocked 4 times. LPN1 stated that failing to lock the medication cart could allow someone to get the medications from the cart (residents, staff, and/or visitors) and could cause harm if they took the medications. She further stated not labeling medications when opened could possibly cause harm to residents by giving expired medications. LPN1 stated that multi-dose medications could only be kept for thirty days after opening.</p> <p>Interview on 08/14/2024 at 5:55 PM with Nurse Consultant 1, she stated the facility did not have a policy for multi-dose bottle storage, but they should always be dated when opened.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with RN3 on 08/15/2024 at 2:29 PM she stated she was not sure who was responsible for ensuring medical supplies were discarded when expired. She stated the supplies may not be as effective for use if expired.</p> <p>During interview with the Director of Nursing (DON) on 08/16/2024 at 4:47 PM, she stated it was very important for all medication and treatment carts to be locked when unattended due to the risk of a resident getting into the cart and getting medications which they could be allergic to and cause them harm. The DON further stated it was important to not use expired products as it also cause harm. She stated she expected anything opened to have a date on it so other staff knew when it had been opened to prevent harm to the residents. The DON stated she expected all nurses to lock the carts when unattended.</p> <p>During interview with the Administrator on 08/16/2024 at 5:16 PM, she stated she expected all staff to date medications or supplements when opened to prevent risks to the residents. The Administrator stated she expected all nurses to lock medication carts when they leave the cart to prevent residents, other staff, or visitors from getting into the medication carts. The Administrator stated she expected all nursing staff to look at the expiration dates on supplies and to discard any expired supplies due to the possibility of the supplies not being sterile. She further stated it could cause harm if residents, staff, and/or visitors got into unlocked medication carts.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44974</p> <p>Based on observation, interview, record review and facility policy, the facility failed to maintain proper infection control to prevent the development and transmission of communicable diseases and infections.</p> <p>The facility failed to use enhanced barrier precautions when providing personal resident care and wound care. Staff failed to clean shared resident equipment. In addition, the facility failed to ensure residents' urinals were stored in a clean matter to prevent contamination.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled Protocol for Enhanced Barrier Precautions, revised 03/2024, revealed enhanced barrier precautions (EBP) were indicated for nursing home residents who have an infection or known colonization with a multi-drug resistant organism (MDRO) when contact precautions did not otherwise apply. Continued review of the policy revealed EBP included the use of a gown and gloves during high-contact resident care activities, including dressing, bathing or showering, performing transfers, changing linens, providing hygiene, changing a resident's brief or assisting them with toileting, direct care of an indwelling medical device, such as a central line, urinary catheter, feeding tube, or tracheostomy, and when performing wound care on any skin opening that requires a dressing.</p> <p>1. Observation on 08/16/2024 at 9:12 AM of R1's wound care, by Licensed Practical Nurse (LPN) 2 revealed no gown was donned (put on) during the wound care. Continued observation revealed State Registered Nursing Assistant #12 (SRNA12) provided urinary catheter care without donning a gown. Further observation revealed SRNA13 assisted with turning and repositioning the resident during care without donning a gown.</p> <p>During an interview on 08/16/2024 at 9:42 AM, with SRNA12, she stated she realized immediately that she forgot to wear a gown and I was nervous. SRNA12 stated she had been trained on infection control by the Infection Preventionist (IP) and knew that a gown was required with any contact care being provided to a resident in enhanced barrier precautions. She stated by not following precautions she could contaminate other residents, and the reason for precautions was to keep residents and staff safe.</p> <p>During an interview on 08/16/2024 at 9:49 AM with LPN 2 who provided the wound care, she stated she had been trained on EBP, by the Infection Preventionist. She stated she was aware she should have worn a gown while providing hands on care to a resident in EBP, as well as gloves. She stated that they were very nervous with State Survey Agency (SSA) observing and forgot to gown. LPN2 stated she had been trained by the IP on all infection control precautions. She stated they must follow precautions to prevent cross contamination to other residents and or staff.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/16/2024 at 4:00 PM with the Infection Preventionist (IP), she stated staff were aware that a yellow tag by the name on the door alerted them that the resident was on EBP precautions and Personal Protective Equipment (PPE) was on the backside of door, which included gowns and gloves. The IP stated staff had been educated that for hands on care for residents in EBP they must use a gown and gloves. She stated EBP were implemented when a resident had a Foley (brand of indwelling catheter) wound, and/or a gastrostomy tube, or essentially any artificial opening or wound of the skin. The IP stated she provided in-services quarterly and/or as needed. She stated she did not have any formal audits in place and if she was rounding on the floor and saw an infection control issue she addressed it verbally at that time. The IP stated she made rounds when she had the opportunity, but there was no set time. She stated that her expectation was for the staff to always follow infection control measures. The IP stated she did track infections using the McGreer (is a set of guidelines used to identify infections in long term care facilities) criteria and tracks antibiotics. She further stated she was responsible for oversight for infection prevention, including education, tracking of antibiotic use, and cleaning of reusable equipment. She stated that by not following appropriate infection control it could cause a risk to the residents by cross contamination.</p> <p>2. During an interview with Administrator on 08/16/2024 at 5:17 PM she stated the facility did not have a policy outlining the protocol for cleaning residents' care items after use.</p> <p>Observation on 08/13/2024 at 3:05 PM of SRNA5 (State Registered Nurse Aide) 5 and SRNA 6 removing the Hoyer (brand of mechanical lift) from the nurse's station on the 100 Hall and moving it into R83's room to assist the resident from the bed to the wheelchair. Observation revealed staff did not clean the Hoyer lift prior to use. After transferring the resident to his wheelchair, SRNA5 removed Hoyer lift from R 83's room and rolled it back to the 100 Hall nurse's station. The SRNA placed it next to the armoire and walked away from the Hoyer lift without cleaning the equipment.</p> <p>During an interview on 08/13/2024 at 3:31 PM with SRNA6 he stated the policy for cleaning equipment was to wipe down with Purple Top wipes after each use</p> <p>Observation on 08/13/2024 at 3:42 PM of SRNA 7 and SRNA 8 using the In-Bed scale to weigh R 16 in her bed. The IN-Bed scale was brought into R 16's room. A mat was removed from the side of the scale and was placed under R 16 without cleaning prior to use. SRNA 7 and SRNA 8 weighed R 16, returned her to her bed, removed the mat from underneath her, rolled the mat up without cleaning it, and placed it back onto the mobile bed scale. The scale was then removed from R 16's room and place in the 100 Hall nurse's station, behind the Hoyer lift. SRNA 7 and SRNA 8 went to assist another resident without cleaning the In-Bed scale.</p> <p>During an interview on 08/13/2024 at 4:09 PM with SRNA 7, she stated she was not aware of a policy that required staff to clean the In-Bed scale after each use. She stated, I have only been working here a month. They may have talked about it during orientation. I can go and ask someone, if you need me to. She stated if the mat gets soiled, we will wipe it down before placing it on the scale. She also stated by not cleaning the mat and equipment, it would not keep residents safe.</p> <p>Observation on 08/16/2024 at 10:12 AM revealed SRNA14 and SRNA2 taking the Hoyer lift from the nurse's station on the 100 Hall, assisting a resident, and returning the lift to the nurse's station without cleaning it.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/16/2024 at 10:34 AM with SRNA14 she stated she had only been working at the facility for a couple of weeks. She stated she did not know about a policy for cleaning the Hoyer lift or In-Bed scale either before or after use.</p> <p>During an interview on 08/16/2024 at 2:37 PM with the Infection Control (IP)/Staff Development Coordinator (SDC) she stated, We do not provide training for staff on cleaning the Hoyer lift or the In-Bed scale. She stated to her knowledge, the facility did not have a policy for cleaning the Hoyer lift or In-Bed scale. The IP/SDC stated there was not a cleaning schedule for equipment. She stated the lack of cleaning could put residents at risk for becoming exposed to infectious organisms. The IP/SDC stated employees were required to pass a skills test before providing resident care. She stated competency skills were assessed yearly.</p> <p>During an interview on 08/16/2024 at 4:45 PM with the Director of Nursing (DON) she stated the facility did not have a policy for cleaning the Hoyer lift of In-Bed scale currently. She stated she has discussed this with the Administrator, and they are working to develop an equipment cleaning policy.</p> <p>During an interview on 08/16/2024 at 5:17 PM with the Administrator, she stated her expectation of staff using Hoyer lifts and In-Bed scale would be they properly use them to assist residents and the equipment was properly cleaned after use with each resident. She also stated the implications of staff not properly cleaning equipment could endanger residents to possible germs and bacteria. She stated the facility did not currently have a cleaning policy for the Hoyer lift or In-Bed scale.</p> <p>3. During initial tour of the facility on 08/13/2024, observations of bathrooms in rooms [ROOM NUMBERS] revealed unbagged bedpans and urinals sitting on the floor with no names on the devices. Continued tour of the facility on 08/13/2024 revealed the bathroom in room [ROOM NUMBER] had 2 unbagged urinals with dark color urine hanging on the rail.</p> <p>During an interview with the Director of Nursing (DON) on 08/16/2024 at 4:47 PM, she stated it was very important for the residents to have a homelike environment. The DON stated the bedpans and urinals should be cleaned after each use and changed at least weekly. The DON stated bedpans and urinals should be in a bag and not stored on the floor as the risk for the residents could be the spread of bacteria.</p> <p>During an interview with the Administrator on 08/16/2024 at 5:16 PM, she stated she expected any bedpans or urinals would be stored in a bag and not on the floor. She stated the risk would be the spreading of bacteria. The Administrator stated she expectation was if a bedpan or urinal was on the floor, then the staff would throw that item away and get another one.</p> <p>49050</p> <p>49360</p>		