

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 08/22/2025
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and facility document review, the facility failed to ensure 2 of 3 (Resident #42 and Resident #56) sampled residents received nail care to promote their personal hygiene. Findings included: An undated facility document titled, Protocol for Nail Care indicated, Nail care for all residents that do not have a diagnosis of Diabetes will have nail care provided as needed with AM [morning] care.1. An admission Record indicated the facility admitted Resident #42 on 09/27/2022. According to the admission Record, the resident had a medical history that included dementia and anxiety disorder.A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/16/2025, revealed Resident #42 was severely impaired for daily decision making and had short-term or long-term memory problem per a staff assessment of mental status (SAMS). The MDS indicated Resident #42 required supervision or touch assistance for personal hygiene.Resident #42's Care Plan Report included a focus area initiated on 02/21/2024 that indicated the resident was unable to meet or maintain activities of daily living (ADLs) due to diagnosis of Alzheimer's dementia with impaired cognitive and aging process. Interventions directed staff to assist with grooming daily as needed.During an observation on 08/18/2025 at 3:04 PM, Resident #42 was observed to have long, dirty fingernails.During an observation on 08/19/2025 at 8:05 AM, Resident #42 was observed to have long, dirty fingernails.During an interview on 08/20/2025 at 9:50 AM, Registered Nurse (RN) #7 said that staff were to trim and/or clean fingernails as part of their bath/showers or as needed. RN #7 stated he was not aware that Resident #42 had long, dirty fingernails. RN #7 stated staff should be trimming the residents' nails on their shower/bath days and as needed.During an interview on 08/20/2025 at 10:01 AM, State Registered Nurse Assistant (SRNA) #8 stated staff were to trim or clean the residents' fingernails with every bath/shower and as needed. SRNA #8 stated Resident #42 did like to pick at the sore on their nose, and their fingernails needed to be trimmed and cleaned. SRNA #8 stated she had no reason why she did not trim or clean Resident #42's fingernails.During an observation on 08/21/2025 at 11:35 AM with SRNA #9, she confirmed Resident #42 had long, dirty fingernails.During an interview on 08/21/2025 at 11:40 AM, SRNA #9 said that part of a resident's ADL care was trimming the resident's fingernails. SRNA #9 stated she knew that Resident #42 had long, dirty fingernails that needed to be trimmed and cleaned, but she had not offered to trim Resident #42's fingernails.An observation on 08/21/2025 at 4:05 PM revealed Resident #42 continued to have long, dirty fingernails.During a telephone interview on 08/22/2025 at 8:56 AM, Resident #42's family member (resident representative) #12 stated she did want staff to keep Resident #42's fingernails trimmed and cleaned as needed. She stated that keeping Resident #42's fingernails clean and trimmed could minimize the risk of infections and also could minimize the damage to the resident's nose.During an interview on 08/22/2025 at 2:59 PM, the Director of Nursing (DON) stated the staff knew they had to keep the residents' nails trimmed. The DON stated the staff had been in-serviced to trim/clean the residents' fingernails on their bath/shower days.During an interview on 08/22/2025 at 3:35 PM, the Administrator stated she expected the staff to cut and clean the residents' fingernails.2. An admission Record indicated the facility admitted Resident #56 on 12/01/2015. According to the admission Record, the resident had a medical history that included muscle weakness, age-related nuclear cataract, other lack of coordination, and anxiety disorder.An (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 08/22/2025
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/18/2025, revealed Resident #56 had severe impairment in cognitive skills for daily decision-making and short-term and long-term memory problem per a staff assessment of mental status (SAMS). The MDS indicated the resident was dependent on staff with all activities of daily living (ADLs).Resident #56's Care Plan included a focus area initiated on 01/30/2024 that indicated the resident was unable to meet/maintain ADLs due to cognitive/physical deficits. Interventions directed staff to assist for grooming/personal hygiene and required total assist for all ADLs.During an observation on 08/18/2025 at 11:14 AM, Resident #56 had long fingernails on both hands.During an interview on 08/20/2025 at 9:50 AM, RN #7 stated staff were to trim and clean the residents' fingernails on their bath/shower days or as needed. RN #7 stated he was not aware that Resident #56 had long fingernails. RN #7 stated that Resident #56 did have contracted hands and that their nails did need to be clean and trimmed to prevent them from going into the palm of their hands.An observation on 08/21/2025 at 10:31 AM revealed Resident #56 had long fingernails.During an interview on 08/21/2025 at 11:17 AM, MDS Coordinator (MDS) #10 stated she was told by the Administrator that Resident #56's fingernails needed to be trimmed; she said they did trim Resident #56's fingernails. MDS #10 confirmed Resident #56's fingernails were jagged, long, and needed to be trimmed.During an interview on 08/21/2025 at 11:21 AM, MDS #11 stated Resident #56's fingernails were jagged and long and needed to be trimmed. MDS #11 stated she came to trim the resident's fingernails after the Administrator told them the surveyor had mentioned the resident's fingernails.During an interview on 08/21/2025 at 11:40 AM, State Registered Nurse Assistant (SRNA) #9 stated trimming fingernails was part of providing ADL care to the residents on their shower days or as needed. SRNA #9 stated Resident #56 had long fingernails. SRNA #9 stated she had not offered to trim Resident #56's fingernails.During a telephone interview on 08/22/2025 at 9:10 AM, Resident #56's guardian, RP #13, said she wanted the staff to monitor the resident's fingernails and keep them trimmed.During an interview on 08/22/2025 at 2:59 PM, the Director of Nursing (DON) stated the staff knew they had to keep the residents' nails trimmed. The DON stated the staff had been in-serviced to trim/clean the residents' fingernails on their bath/shower days.During an interview on 08/22/2025 at 3:35 PM, the Administrator stated she expected the staff to cut and clean the residents' fingernails.		