STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185127	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Danville Centre for Health & Rehabilitation	642 North Third Street Danville, KY 40422

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. The facility failed to ensure staff followed infection prevention and control practices during wound care for 2 of 3 residents (Resident 8 and Resident 6) of 22 sampled residents reviewed for wound care. Based on observation, interview, record review, and review of facility policy, the facility failed to implement its infection prevention and control program by not ensuring licensed nurses performed required hand hygiene and glove changes during wound care. This deficient practice placed 2 of 21 sampled residents (Residents R6 and R8) at risk for cross-contamination, wound deterioration, and increased infection.The findings include:Review of the facility's Hand Hygiene Policy, dated 06/27/2025, revealed that staff were to perform hand hygiene before and after resident contact, before performing aseptic tasks, after removing gloves, and whenever hands were visibly soiled. The policy further revealed that proper hand hygiene was required to minimize transmission of infectious agents and reduce healthcare-associated infections.Review of the facility's Skin Integrity Policy, dated 06/09/2022 and last revised 01/31/2025, revealed that a resident with impaired skin integrity must receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection, and prevent avoidable skin integrity issues from developing.1. Review of R8's admission Face Sheet revealed the facility admitted the resident on 03/13/2025, with diagnoses that included: Respiratory failure, muscle wasting and atrophy, anoxic brain damage, anxiety disorder, and complications of colostomy.Review of R8's Treatment Administration Record (08/01/2025 - 08/21/2025) directed staff to cleanse the left ischium wound with wound cleanser, pat dry, apply Santyl to the wound bed, and cover with brown foam dressing. Orders required wound care every shift,On 08/20/2025 at 11:10 AM, Licensed Practical Nurse (LPN) 4 was observed providing wound treatment to Resident R8. LPN 4 removed the resident's soiled dressing and failed to change gloves or wash hands before cleansing the wound.During the interview on 08/20/2025 at 2:40 PM, LPN 4 stated, I know better, but I was nervous that someone was watching me. I should have changed my gloves and washed my hands to prevent infections.2. Review of R6's admission Face Sheet revealed the facility admitted the resident on 03/07/2025, with diagnoses that included: Essential hypertension, osteoporosis, muscle weakness, unspecified protein-calorie malnutrition, muscle wasting and atrophy, and terminal/end-of-life skin failure.Review of R6's Treatment Administration Record dated 08/01/2025 - 08/21/2025 directed staff to cleanse the left buttock wound every shift, pat dry, apply calcium alginate with silver to the wound bed, apply triad cream to peri-wound, and cover with an appropriate dressing secured with an ABD pad. Orders required this wound care every shift.During observation on 08/20/2025 at 2:40 PM, LPN 3 removed R6's soiled dressing and failed to change gloves or wash hands before cleaning the buttock wound.During the interview on 08/20/2025 at 2:40 PM, Licensed Practical Nurse (LPN) 3 stated, I should have disposed of my dirty gloves and cleaned my hands before cleaning R6's wound to prevent germs from the old dressing spreading to her open wound. During an interview on 08/21/2025 at 12:31 PM with the Staff Development Coordinator, she stated the facility provided a skills fair in 06/2025, and all staff attended it. She confirmed the fair covered wound care and handwashing; however, the facility has failed to perform handwashing audits since the skills fair. She further explained that staff are expected to wash their hands and change gloves to prevent contamination and the spread of germs.During an interview with the Director (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of Nursing on 08/21/2025 at 11:20 AM, she stated that staff are expected to wash their hands and change gloves according to facility policy to prevent the spread of infection.During an interview with the Administrator on 08/21/2025 at 1:48 PM, he stated he expected staff to follow facility policy to prevent the spread of infection.

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interviews, and a review of facility policies, it was determined that the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. The findings include: Review of the facility's policy titled Resident Rights, last revision 01/31/2025, revealed all residents will be treated in a manner and in an environment that promotes maintenance or enhancement of quality of life. Review of the facility's policy titled Safe Environment, last revision 06/17/2025, revealed the facility will ensure in-house maintenance, housekeeping, and laundry services are provided daily to maintain a safe, comfortable, and clean environment for its residents, stakeholders, and visitors. Observations on 08/19/2025 at 12:50 PM in resident common areas revealed peeling paint on the walls, peeling paint on the ceiling, rust on ceiling vents, the door to the Reflections Unit severely scuffed and scratched, baseboards throughout the facility scuffed and scratched, handrails throughout the facility scuffed and chipped, and paint bubbling and chipping on walls. Observations on 08/19/2025 at 2:20 PM revealed all resident rooms in the Reflections Unit had scuffed walls and dressers.Observations on 08/21/2025 at 10:55 AM revealed a mold-like substance in mini-split units (heating and cooling systems that consist of an outdoor unit and one or more indoor air handlers connected by a narrow conduit containing power and refrigerant lines) on the Reflections Unit.Observations on 08/21/2025 at 1:48 PM in Resident (R) 29's room revealed rust on the doorframe to the room and to the bathroom, unpainted plaster on the walls, and scuff marks on the doors, walls, and dresser.Observations, on 08/21/2025 at 2:00 PM, in R51's room revealed chipped paint and rust on the doorframe and walls.In an interview on 08/21/2025 at 1:48 PM, Resident (R) 29 stated his room and the facility did not feel homelike to him, and there were a lot of environmental concerns that needed to be addressed. R29 stated that the facility staff had placed a sheet around the toilet in his room to absorb water that was leaking from the pipes and seeping through the tiled floor, adding that staff would clean up the water but had not attempted to fix the issue. R29 continued to state that he had been in the facility for over 5 years, in the same room, and the scuffs and rust on the doors and door frames had been there the entire time. In an interview on 08/21/2025 at 2:00 PM, R51 stated that the maintenance department had never addressed the chipped paint or scratches on the door and door frame while he has been a resident of the facility. In an interview on 08/21/2025 at 3:10 PM, Family Member (FM) 4 stated the air conditioning unit in her family member's room leaks water all the time, and when she came to visit on 08/19/2025, there were several soaking wet towels on the resident's floor to dry the leaking water from the floor. FM4 continued to state that the air conditioner's leaking has been an issue for six to eight months. In an interview on 08/21/2025 at 8:30 AM, the Environmental Services Manager stated staff would overlook certain things and address more important issues in the facility, and that it was easy to see things like missing and chipped paint and scuffs on doors and handrails and overlook them. In an interview on 08/21/2025 at 9:55 AM, the Maintenance Director stated he did not have an effective system to keep the walls in the facility painted. The Maintenance Director continued to state that paint hanging from a common area ceiling had been there for maybe two weeks, and it was not a priority for him to fix. The Maintenance Director stated that the facility had so many direct care concerns arising that he did not have time to address things like paint or scuffed areas in the facility. In an interview on 08/21/2025 at 10:10 AM, Licensed Practical Nurse (LPN) 6 stated if the facility were her home, she would not be happy with the physical environment. She stated that she would not be happy with rust on door frames or vents, chipped and missing paint, or black paint smeared on white walls. LPN 6 continued to state that she has tunnel vision and has not noticed any of these concerns until she walked through the facility, with the State Surveyor and now realized it is an issue. Additionally, LPN 6 stated she believed more environmental areas could have been addressed if the facility had more maintenance staff. In an interview on 08/21/2025 at 11:21 AM, the Director of Nursing (DON) stated it was important the mini (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	split units were inspected for cleanliness, but she was not aware of any staff being assigned to check them. After observing the mold-like substance in the mini split units on the Reflections Unit, the DON stated that it was concerning to her for the safety of residents. In an interview on 08/21/2025 at 1:19 PM, the Administrator stated he had to prioritize tasks based on importance, and things like chipped paint and scuffed baseboards would have to wait to be addressed. In continued interview, the Administrator stated that he had additional help in the facility during the survey process, and it made it easier to attend to the areas that would normally have to wait. The Administrator stated that it was his expectation for residents to feel like they were at home in the facility, and the facility staff would maintain their homelike environment.