STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185131	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jordan Rehabilitation and Healthcare Center	270 E Clayton Lane Louisa, KY 41230

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 0656 Level of Harm - Minimal harm or potential for 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 observation, interview, record review, and review of the facility's policy it was determined the facility failed to follow the care plans for 1 of 3 sampled residents, Resident (R) 4. Resident 4 was identified as requiring a mechanical lift for transfers on her care plan. On 05/21/2026, during interview with Licensed Practical Nurse (LPN) 1, she stated CNA8 and CNA9 transferred R4 to the bed without using a mechanical lift on 05/08/2026.The findings include:Review of the facility's policy titled, Comprehensive Care Plans, 2025 revision, revealed it was the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and services that were identified in the resident's comprehensive assessment and meet professional standards of quality.Review of R4's admission Record revealed the facility admitted the resident on 01/16/2023 with diagnoses to include dementia, stroke, and reduced mobility. The facility assessed R4 to have a BIMS score of five out of 15, indicating the resident was severely cognitively impaired.Review of R4's Care Plan, initiated on 12/04/2025, revealed the resident was assessed for reduced mobility. Also, the resident was totally dependent on two staff for transferring with use of the mechanical lift (a device used to transfer residents from one surface to another).During an interview with Licensed Practical Nurse (LPN) 1 on 05/21/2026 at 4:38 PM, she stated on 05/08/2026, CNA8 and CNA9 were attempting to get R4 back to bed, and she was fighting the two CNAs. She stated CNAs called her to the room. LPN1 stated as she entered the room, CNA8 and CNA9 were attempting to assist R4 to bed, and R4 was swinging her arms and hitting the CNAs. She also stated she did not know R4 required a mechanical lift for transfers. During an interview with the Director of Nursing (DON) on 05/22/2026 at 8:44 AM, she stated R4 was care planned for use of mechanical lift for transfers. She further stated a mechanical lift was not used when R4 was transferred to the bed on 05/08/2026 by CNA8 and CNA9. She stated she expected staff to follow the care plan and use a machinal lift for resident transfers when it was listed as an intervention in the care plan. During an interview with the Administrator on 05/22/2026 at 8:45 AM, he stated he expected staff to follow the care plan for all residents concerning transfers.

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