

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 Fern Valley Road Louisville, KY 40219	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, and review of the facility's policy, the facility failed to ensure residents received care to prevent pressure ulcers from developing for one of three residents reviewed for pressure ulcers (Resident (R) 8).</p> <p>The findings include:</p> <p>Review of facility policy, Guidelines for Weekly Skin Observation, reviewed 12/17/2024 revealed a purpose statement, to monitor the effectiveness of intervention for pressure reduction, identify areas of skin impairment in the early development stage and implement other preventative and/or treatment measures as indicated. Further review revealed item #6 stated, In addition to the Weekly Observation by the licensed nurse, the nursing assistant shall observe the skin for areas of impairment with bathing and daily dressing and pericare and notify the nurse if an area is identified.</p> <p>Review of facility policy, Turning and Repositioning, reviewed 12/16/2024 revealed an overview statement indicating, those requiring assistance to reposition while in bed and assist with turning and repositioning as needed to maintain skin integrity.</p> <p>Review of R8's Resident Face sheet, revealed the facility admitted the resident on 12/09/2022 with a diagnoses including covid-19 using contact isolation precautions, malignant neoplasm of prostate, rectum and bone. Further, R8 also had a colostomy, foley catheter and weakness.</p> <p>Review of R8's Comprehensive Care Plan, dated 12/19/2022 revealed the facility identified the resident as at risk for skin breakdown and pressure ulcers. Further review revealed the facility listed interventions including conducting weekly skin assessments. Encourage and assist to turn and reposition for comfort and as needed. Float heels as needed with the overall goal of resident's skin will remain intact.</p> <p>Further review of the resident's record revealed a Wound Care assessment dated [DATE] from an area acute care facility, one day prior to R8's admission to facility, revealed the sacrum intact with no redness. Additionally, R8's groin was noted intact and there was no mention of R8's heels.</p> <p>Review of facility Progress Notes, dated 12/12/2022, revealed the facility assessed R8 with a Brief Interview for Mental Status (BIMS) score of 8, indicating moderate 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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 Fern Valley Road Louisville, KY 40219	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Progress Notes dated 12/13/2022, by facility Nurse Practitioner (NP) 1, indicated the NP was unable to visualize buttocks due to resident up in chair and requires a mechanical lift. Further review revealed R8 with generalized weakness, unable to sit on side of bed because he/she was unable to hold self up, and unable to stand and put weight on legs.</p> <p>Review of Progress Notes dated 12/16/2022 by NP 2 revealed R8 would come out of covid-19 isolation tomorrow [12/17/2022].</p> <p>Review of Progress Notes dated 12/19/2022 by the Assistant Director of Health Services (ADHS) revealed a sacral deep tissue injury with possible abscess, a right heel deep tissue injury, and a penis deep tissue injury due to medical device with wound care orders initiated.</p> <p>Review of Physical Therapy notes, dated 12/19/2022, revealed the Physical Therapist assessed R8's heels bilaterally for softening due to concerns for skin integrity from prolonged periods of time in bed.</p> <p>Review of Progress Notes dated 12/20/2022, revealed a first meeting related to wounds, and orders for a low air loss mattress, antibiotic, doxycycline (an antibiotic that treats bacterial infections) 100 milligrams (mg) for seven days, and nutritional supplements ordered.</p> <p>Review of Progress Notes dated 01/03/2023 revealed the facility transferred R8 to an acute care facility for evaluation related to non-healing coccyx wound despite oral antibiotics for two weeks, and laboratory values still indicated infection with likely source being wounds.</p> <p>Review of daily skin assessments from documented between 12/10/2022-01/03/2023 revealed all were marked as clear/none of the above, indicating to current skin concerns.</p> <p>Review of a facility wound management report, dated 12/28/2022, revealed an unstageable-deep tissue with necrotic tissue on R8's coccyx; penile anterior shaft of penis revealed an unstageable-deep tissue with epithelial tissue; and the right heel revealed unstageable-deep tissue with epithelial tissue.</p> <p>In interview with NP 1, at 10:13 AM on 06/10/2025, she stated she relied on nursing staff to perform skin assessments at times when she was unable.</p> <p>In an interview with Licensed Practical Nurse (LPN) 1, at 1:26 PM on 06/10/2025 revealed she performed resident wound care regular. She stated she would take an hour at a time to care for multiple wounds and skin tears on R8, whose skin tore easily. She stated wound care was being done from the beginning on the resident's coccyx. LPN 1 stated the nurse's role for new admissions included a skin assessment, from head to toe, rolling the resident over in bed, if necessary, and if seated in a chair, get a Hoyer lift to do the skin assessment. LPN 1 stated skin assessments were important because if the resident had a wound documentation and treatment were necessary.</p> <p>In an interview at 1:40 PM on 06/10/2025, with Certified Nursing Assistant (CNA) 1, she stated her role assisted with resident hygiene and she looked at residents' backs for skin issues. She also cleaned the urinary catheter with each brief change and reported any changes to the nurse. CNA1 stated if she observed a wound on a resident she documented it as an open wound.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 Fern Valley Road Louisville, KY 40219	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview at 2:13 PM with Registered Nurse (RN) 1, on 06/10/2025, she stated as nurse her role with resident admissions included a skin assessment, and obtaining/entering orders into the computer system. She checked residents' skin on shower days and twice weekly and documented those skin assessments in the progress notes. If performing a head-to-toe assessment, would use a mechanical lift to check the backside of a resident if the resident was unable to turn. RN1 stated the process was the same for residents in isolation precautions.</p> <p>In an interview at 2:34 PM with CNA2 on 06/10/2025 she stated the nurse performed head to toe assessments upon admission. She stated if she noticed a change in a resident's skin she notified the nurse.</p> <p>In an interview with the Director of Nursing at 3:49 PM she stated the expectation was for nurses to complete a head to toe skin assessments of residents upon admission. Additionally, a weekly skin assessment was completed by a nurse. She stated the importance of skin assessments was to identify skin issues upon admission and obtain orders to treat.</p> <p>Executive Director not available for interview.</p>