

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2026
NAME OF PROVIDER OR SUPPLIER  Hazard Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  390 Park Avenue Hazard, KY 41702	
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review, and review of facility policies, the facility failed to ensure residents had the right to privacy in their use of electronic social [NAME] communication for 1 of 41 residents (Resident (R)151). The findings include: Review of the facility's, Resident Rights packet (provided by the Kentucky State Long-Term Care Ombudsman Program to the facility), copyright 2022, revealed residents had a right to privacy and confidentiality including the right to privacy in using electronic communications. Review of R151's admission Record Sheet revealed the facility admitted the resident on 06/09/2021, with diagnoses which included diabetes, cerebral infarction, major depressive disorder, hemiplegia and hemiparesis, and anxiety. Review of the facility's Quarterly Minimum Data Set (MDS) Assessment revealed the facility assessed R151 as having a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated intact cognition. Review of the Social Service Note for R151, dated 02/09/2026 as a late entry for 01/20/2026, documented by the Social Services Director (SSD), revealed per administration's request, she (SSD) encouraged R151 to consider removing a personal social media post. Further review revealed R151 pulled (took down) the social media post up on her phone and the SSD assisted the resident in deleting the post. During interview, on 02/25/2026 at 3:48 PM, the SSD stated she had been asked by the Administrator and Regional Nurse to speak to R151 regarding a social media post she made regarding concerns about a fall the resident sustained in the facility. She said she did not really look at it (the post); however, had spoken to R151 regarding the facility's concerns with the post. The SSD reported she was unsure what the Administrator's concerns had been about the post, except for appearances since people know where she lives. She stated R151 showed her the post and said she wanted to delete it if it was causing problems and asked the her (SSD) to show her how to delete it. Additionally, she further stated R151 held her phone the entire time while she (the SSD) assisted her (the resident) in deleting the post. During interview, on 02/25/2026 at 4:10 PM, R151 stated she had made a social media post of herself after a fall in January 2026. She said the SSD, along with other staff, asked her to remove the post, and she told them she did not know how to delete a post; R151 stated the SSD deleted the post for her. She reported the post was only of her own face and did not show any other residents or the name of the facility in the post. R151 further stated she had felt pressured to delete the post by several staff members coming into her room and asking her to do so. During interview, on 02/25/2026 at 4:20 PM, the Director of Nursing (DON) stated she had been in R151's room when the SSD discussed a social media post with the resident. She said however, she could not recall what was stated to R151 or what the post was concerning. The DON told the State Survey Agency (SSA) Surveyor to talk with the Administrator as that was who asked the SSD to take down the post. She further stated, if it's not a big deal, I don't put a lot of thought into it. During interview, on 02/26/2026 at 11:40 AM, the Administrator stated she had discussed R151's social media post with the SSD because the resident posted some concerns regarding the care she was</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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