STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185146	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fountain Circle Care & Rehabilitation Center	200 Glenway Road Winchester, KY 40391

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure residents have reasonable access to and privacy in their use of communication methods. 44001 Based on interview and review of the facility's policy, the facility failed to ensure residents had the right to receive mail delivered to the facility on Saturdays. This affected all 125 current residents in the facility. During a group interview on 03/05/2025 the Resident Council members stated they did not receive mail on Saturdays. In an interview with the Assistant Business Office Manager (ABOM) and the Administrator on 03/06/2025, it was confirmed that mail delivered from the Post Office to the facility on Saturday after 5:00 PM was not sorted or delivered by staff until the following Monday. The findings include: Review of the facility's policy titled, Resident Rights, revised 01/31/2025, revealed the facility was responsible to ensure residents were treated with respect and dignity. Furthermore, the policy stated the facility ensured the residents' right to privacy in sending and receiving mail. During an interview with Resident (R) 3, R28, R43, R61, R64, R75, R82, and R107 on 03/05/2025 at 11:00 AM, at the Resident Council meeting, the State Survey Agency (SSA) Surveyor interviewed residents as to whether they received mail at the facility, including on Saturdays. All eight residents present stated they did not receive mail on Saturdays, except for special package deliveries from delivery services. R61 stated mail was delivered from the Post Office on Saturdays. However, R61 stated if mail was delivered to the facility after 4:30 PM, it would not be sorted and delivered to the residents. R61 further stated during the week, the Social Services Director (SSD) sorted the mail, and he (R61) then distributed it to the residents. However, R61 stated the SSD and other front office staff were unavailable to sort mail on weekends, which prevented him from delivering it. During an interview with the ABOM on 03/06/2025 on 5:13 PM, she stated mail was delivered from the Post Office on Saturdays. She stated there had been times when the mail had not been delivered to the facility on a Saturday. The ABOM stated she had contacted the Post Office and discussed the issue with the local Postmaster. She further stated if mail was delivered after 5:00 PM, there was no one in the Business Office who was able to sort resident mail from facility mail. She stated the facility should possibly consider ensuring mail delivery on Saturday because it was the residents' right to receive communication from outside the facility. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with the Administrator on 03/06/2025 at 5:13 PM, she stated mail was delivered from the Post Office most Saturdays. However, she stated there had been instances where no mail delivery occurred. She stated the facility was one of the last stops on the postal carrier's route, resulting in mail arriving after 5:00 PM on Saturdays. She stated she did not have front office staff available after 5:00 PM on Saturdays. The Administrator stated she would contact the local Postmaster to discuss their concerns. The Administrator stated it was the residents' right to receive mail on Saturdays. She stated it was essential for their well-being and quality of life.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 46710 Based on interview, record review, and facility document and policy review, the facility failed to notify the resident and/or the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood as soon as practicable. The facility further failed to ensure the notice included the reason, date, and location for the transfer, as well as a statement of the resident's appeal rights, and the contact information for the state Long-Term Care Ombudsman. The deficient practice was identified for 4 of 5 residents investigated for hospitalization s, Resident (R) 25, R47, R90, and R110. The findings include: Review of the facility's policy titled, Transfer/Discharge Notice, dated 02/03/2025, revealed the facility was to ensure appropriate notices and documentation were provided for all transfers. Further review revealed the facility was to respect residents' rights while complying with federal and state regulations related to transfers. Review of the facility's blank document Notice of Transfer or Discharge, not dated, revealed the form contained spaces for staff to fill in relevant resident information, as well as the reasons for transfer/discharge, contact information for the state agency responsible for appeals, and contact information for the state ombudsman. 1. Review of R47's Resident Face Sheet revealed the facility admitted the resident on 12/18/2024 with diagnoses including acute and chronic respiratory failure, dependence on renal dialysis, and type 2 diabetes. Review of R47's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/31/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating the resident was cognitively intact. Review of R47's Progress Note, dated 02/20/2025, revealed the facility transferred R47 to the hospital on that date due to a critically elevated potassium level. Further review revealed the facility documented they sent all appropriate paperwork to the resident and her representative. Review of R47's medical record revealed no evidence she received the Notice of Transfer or Discharge form. During interview on 03/06/2025 at 1:37 PM, R47 stated she did not recognize the blank transfer form the State Survey Agency (SSA) Surveyor showed her. She further stated her husband handled all her paperwork. Interview was attempted with R47's husband via telephone on 03/06/2025 at 1:44 PM. However, he did not answer either of the two numbers listed, no voicemail was available, and he did not return the SSA Surveyor's call. (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	44001 2. Review of R90's Resident Face Sheet revealed the facility admitted the resident on 08/02/2021 with diagnoses including colitis (inflammation of the large intestine), unspecified dementia, and hemiplegia (paralysis of one side) following a cerebral vascular accident (stroke). Review of R90's quarterly MDS, with an ARD of 01/24/2025, revealed the facility assessed the resident to have a BIMS score of 15 out of 15, indicating the resident was cognitively intact. Review of R90's Progress Note, dated 02/20/2025, revealed the facility transferred R90 to the hospital on that date due to continued complaint of pain of the left hip following a fall reported on 06/22/2024. Further review revealed the facility documented they sent all appropriate paperwork to the resident and her representative. Review of R90's medical record revealed no evidence R90 received a completed Notice of Transfer or Discharge form, with notification of appeal rights or that the appeal rights were discussed with the resident. During interview with R90 on 03/06/2025 at 11:45 AM, she stated she did not recognize the blank Notice of Transfer or Discharge form the SSA Surveyor showed her. 3. Review of R110's Resident Face Sheet revealed the facility admitted the resident on 10/31/2024 with diagnoses including cerebral infarction (stroke), aphasia (difficulty speaking, writing, or understanding written words), and congestive heart failure. Review of R110's quarterly MDS, with an ARD of 02/28/2025, revealed the facility assessed the resident to have a BIMS score of 5 out of 15, indicating the resident had severe cognitive impairment. Review of R110's Progress Note, dated 03/03/2025, revealed the facility transferred R110 to the hospital on that date due to a critically low potassium level. Further review revealed the facility documented they sent all appropriate paperwork to the resident and her representative. Review of R110's medical record revealed no evidence R110, or his Resident Representative (RR) received a completed Notice of Transfer or Discharge form or that the transfer or discharge notice, with notification of appeal rights, was discussed with the resident or RR. R110 was not interviewable due to mental cognition. Interview by telephone was attempted with R110's wife on 03/06/2025 at 3:28 PM. However, she did not answer the call, and no voicemail was available. R110's wife did not return the SSA Surveyor's call. 4. Review of R25's Resident Face Sheet revealed the facility admitted the resident on 07/05/2023 with diagnoses of depression, anxiety disorder, and dementia. Review of the facility's document Census, revealed R25 was sent to the hospital on 02/09/2025. However, there was no documentation by the facility stating a completed Notice of Transfer or Discharge form was sent to R25's responsible party. (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview with R25's RR on 03/04/2025 at 4:23 PM, she stated the facility did not mail or provide her with a Notification of Transfer or Discharge form when R25 was sent to the hospital on 02/09/2025. During interview with Licensed Practical Nurse (LPN) 1 on 03/06/2025 at 1:30 PM, he stated he had never seen a Notice of Transfer or Discharge form nor provided it to any resident transferred to the hospital. During interview on 03/06/2025 at 11:52 AM, Registered Nurse (RN) 3 stated she had never seen the form, Notice of Transfer or Discharge, and had not provided that form to any resident she transferred to the hospital. She further stated the only paperwork she completed when she sent a resident to the hospital was a transfer form of clinical information for the receiving facility and a bed hold policy form for the resident. During interview with RN6 on 03/06/2025 at 1:30 PM, she stated she had never seen a Notice of Transfer or Discharge form nor provided it to any resident transferred to the hospital. She stated the only paperwork she completed was the inter-hospital transfer form with relevant clinical information and a bed hold policy form. During interview on 03/06/2025 at 2:30 PM, the A Hall Unit Manager (AHUM) stated her expectations for nurses sending residents to the hospital was that they would complete a bed hold policy form to give to the resident and a transfer communication form to provide to Emergency Medical Services (EMS) and the receiving facility. During interview with the Business Office Manager (BOM) on 03/06/2025 at 10:46 AM, she stated she was responsible for sending residents and their representatives the bed hold agreement but did not send the Notice of Transfer or Discharge form outlining the resident's appeal rights. During interview with the Administrative/Corporate Consultant on 03/06/2025 at 10:51 AM, she stated that the facility was required to send a Notice of Transfer or Discharge form with residents transferred or discharged to the hospital. Per interview, this form included the resident's rights and the contact information for state agencies in case the facility did not readmit them. Additionally, the Administrative Consultant stated she could not provide evidence that the facility had given the correct form to residents who were transferred or discharged to the hospital. During interview with the acting Director of Nursing (DON) on 03/06/2025 at 3:57 PM, she stated she initially believed the facility needed to provide the bed hold form to the resident and the inter-hospital transfer form to the receiving facility. However, she stated after speaking with the Administrative/Corporate Consultant, she was made aware of the Notice of Transfer or Discharge form, which informed residents of their appeal rights, which was also required. She stated staff education on utilizing the Notice of Transfer or Discharge form for all transfers had begun and would continue. (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview with the Administrator on 03/06/2025 at 5:06 PM, she stated the facility's practice regarding resident transfer notices prior to today were the resident was provided with a bed hold agreement, and the receiving facility was sent pertinent clinical information on an inter-hospital transfer form. She stated she had been advised by the Administrative/Corporate Consultant earlier that staff was required to discuss and complete the Notice of Transfer or Discharge form with the resident or resident's representative. She further stated she would implement the correct procedure moving forward. 50990

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 44001 Based on observation, interview, review of the Centers for Disease Control and Prevention's (CDC) document, review of the website www.drugs.com, review of medication package inserts, and review of the facility's policy, the facility failed to ensure drugs, biologicals, and vaccines were stored per currently accepted professional principles and failed to ensure appropriate environmental controls were used to preserve their integrity. This deficient practice was found in 3 out of 3 medication refrigerators, and 2 out of 5 medications carts, affecting 25 residents, Resident (R) 17, R11, R17, R19, R21, R23, R25, R36, R37, R38, R45, R46, R47, R52, R58, R61, R62, R68, R79, R92, R98, R117, R229, R230, and R231. Observation of the A, B, and D Hall Units' medication refrigerators revealed multiple vials of Flucelvax and Fluzone (influenza vaccines) and Spikevax (COVID-19 vaccine), multiple multidose vials of Tubersol purified protein derivative (PPD) (diagnostic tuberculin skin test), and resident medications were stored in the medication refrigerators, outside of the recommended temperature parameters. Additionally, all three of the units' medication refrigerators were overcrowded, limiting proper airflow. Observation of D Hall Unit's Medication Cart revealed staff failed to discard expired medication. Observation of the B Hall Unit's Medication Cart revealed staff failed to date opened medications, failed to properly store insulin, failed to discard items with compromised packaging, and failed to dispose of expired medications or medications with specific expired dates after opening. The findings include: Review of the CDC's document, Vaccine Storage and Handling, updated 03/29/2024, revealed proper vaccine storage and handling played critical roles in efforts to prevent vaccine-preventable diseases. Per the document, vaccines exposed to storage temperatures outside the recommended ranges could have decreased efficacy, creating limited protection; and exposure to temperatures 32 degrees Fahrenheit (F) or colder could destroy its potency. Review of the facility's policy titled, Medication Storage, dated January 2025, revealed medications and biologicals must be stored according to the manufacturers' guidelines or pharmacy recommendations to ensure their integrity and to facilitate safe and effective administration. Per the policy, those medications that required refrigeration or must be kept at temperatures between 36 to 46 degrees F should be placed in a refrigerator equipped with a thermometer for monitoring purposes. The policy state the temperatures of any refrigerator storing vaccines should be checked and recorded twice daily. Per the policy, outdated, contaminated, or deteriorated (cracked, soiled, or without closers) medications were removed from stock. Review of the A, B, and D Hall Unit's Medication Temperature Logs, for March 2025, revealed all documented temperatures were between 36 to 46 degrees F. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of PPD's package insert/product label revealed it was used as an aid in the detection of infection with mycobacterium. Further review revealed a multi-dose vial of PPD, which had been opened and used, should be discarded after 30 days. Review of Fluzone's package insert/product label revealed Fluzone was a vaccine indicated for active immunization for the prevention of influenza. Further review revealed Fluzone should be stored between use at temperatures between 35 to 46 degrees F, and it should be discarded if the vaccine was frozen. Additionally, product labeling indicated not to use after the expiration date. Review of the website www.drugs.com revealed Flucelvax was a vaccine indicated for active immunization for the prevention of influenza. Further review revealed Flucelvax should be stored between use at temperatures between 35 to 46 degrees F, and it should be discarded if the vaccine was frozen. Additionally, product labeling indicated not to use after the expiration date. Review of the website www.drugs.com revealed Spikevax was a vaccine indicated for active immunization to prevent COVID-19. Further review revealed Spikevax should be stored frozen between minus 58 to 5 degrees F. Continued review revealed after thawing, Spikevax could be stored refrigerated between 36 to 46 degrees F for up to 60 days or up to the expiration date printed on the carton, whichever came first. According to the manufacturer's instructions, Spikevax should not refreeze once thawed. Review of the website www.drugs.com for insulins revealed opened (in-use) vials and injection pens, stored at room temperature, should be discarded after 28 days. Further review revealed unopened insulin lispro injections should be stored in the refrigerator at 36 to 46 degrees F until the first use. The unopened multidose vials and prefilled pen would be good until the expiration date on the package if they remained refrigerated until use. 1. Observation of the D Hall Unit's Medication Storage Room on 03/05/2025 at 8:45 AM, revealed a small medication storage refrigerator was on the floor between the shelving system. The temperature reading of the thermometer inside of the refrigerator was at 32 degrees F. Additionally, the refrigerator was over-packed with very little room for proper airflow. Medications and biologicals found in the refrigerator at below acceptable levels included: seven intravenous (IV) bags of R38's daptomycin (antibiotic) 500 milligram (mg)/50 milliliter (mL); five IV bags of R38's cefepime (antibiotic) 2 gm (grams)/50 mL, one IV bag of R23's cefepime 1 gm/50 mL, seven IV bags of R21's cefazolin (antibiotic) 2 gm/50 mL; R98's Ozempic pen (semaglutide); one vial of Risperdal (anti-psychotic) 12 mg; one house stock multidose vial of Fluzone 0.5 mL with an expiration date of 06/2025; two vials of insulin glargine 100 units (u) for R21 and R25; one house stock multidose vial of PPD; three of R52's Trulicity 0.75 mg/0.5 mL pens (dulaglutide); R23's Wegovy 0.5 mg/0.5 mL pen (semaglutide); R17's Wegovy 0.25mg/0.5mL pen; 12 IV bags of R92's daptomycin 300 mg/100 mL; and 13 IV bags of R23's cefepime 1 g/50 mL. 2. Observation of D Hall Unit's Medication (Cart 1) on 03/05/2025 at 9:00 AM, revealed 24 famotidine (stomach acid reducer) 20 mg tablets and 18 pravastatin (statin) 40 mg tablets for R37 with an expiration date 03/01/2025. Additionally, R58's fluoxetine (anti-depressant) 20 mg tablets had expired on 03/01/2025. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During interview with the D Hall Unit Manager (DHUM) on 03/05/2025 at 9:10 AM, she stated the refrigerator was checked at least daily, and temperatures were recorded on the Medication Refrigerator Temperature Log by Central Supply during the week and by nursing staff on weekends. The DHUM further stated the nursing staff was responsible for ensuring medications were labeled according to the facility process, which was to record the date opened on the medication package when the medication had been opened. Furthermore, she stated if an item was found to be expired, not labeled, or stored improperly, the nursing staff was responsible to discard the medication according to policy. The DHUM further stated the importance of that was to ensure the safety of all residents. During interview with the Administrative/Corporate Consultant (CC) on 03/05/2025 at 9:23 AM, she stated the Medication Storage Room for D Hall shared space in a small room with the facility's computer server and wiring equipment. The CC further stated expired medications should not be kept in the medication cart. She stated nursing staff should adhere to facility policy regarding the removal of expired medications, as this was important for resident safety. Additionally, the CC stated medications past their expiration date lost their effectiveness. 3. Observation of B Hall Unit's Medication Cart 1 on 03/05/2025 at 9:25 AM revealed one packaged Zofran (for nausea) tablet without a resident label in the top drawer of the cart. Additionally, the following medications or items were found to be without an opened date, improperly stored, or expired: one open bottle of Sprite cola, half full, in the bottom of the medication cart; one bottle of ProHeal concentrated liquid protein was found with an uncovered drilled hole in the protective cap, causing the product to spill out onto the sides of the bottle; three opened packages of albuterol nebulizer solution 2.5 mg/0.5 mL (bronchodilator) not in the original pharmacy packaging and not protected from light; R46's iprat/albuterol 0.5 3(2.5) mg/3 mL (bronchodilator) inside a foil package that was not dated, opened, and exposed to light; R36's bottle of generic mouthwash was opened with the date of 8/12/2022; and R68's Bion Tears (ocular lubricant) with an opened date of 01/21/2025. During interview with the B Hall Unit Manager (BHUM) on 03/05/2025 at 9:25 AM, he stated the nursing staff was responsible for ensuring medication were dated when opened. The BHUM stated that expired, incorrectly labeled, or improperly stored items should be discarded. He stated the medication storage refrigerator was checked daily, with temperatures recorded on the Medication Refrigerator Temperature Log by Central Supply during the week and by nursing staff on weekends. He stated those measures were vital for ensuring medication potency and resident safety. 4. Observation of B Hall Unit's Medication Storage Refrigerator on 03/06/2025 at 9:15 AM revealed a small refrigerator that had very little room for proper airflow. The temperature reading of the thermometer inside of the refrigerator was 50 degrees F. Further observation revealed medications and biologicals inside the refrigerator included: one house stock multidose vial of PPD stored in the door of the refrigerator; R79's Ozempic 4 mg/3 mL, Ozempic 2 mg/3 mL, and Ozempic 8 mg/3 mL pens; one vial of R36's Semglee (insulin glargine) 100 units/mL; R11's Trulicity 0.75/0.5 mL pen, Lantus 1.5/0.5 pen, and a vial of insulin lispro 100 units/mL; two of R7's Trulicity 0.75/0.5 mL pens, and one vial of R19's Lantus 100 units/mL. 5. Observation of A Hall Unit's medication storage room on 03/06/2025 at 9:15 AM revealed two milk crates full of expired or discontinued residents' medications. These crates were unlabeled and available for use. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During interview with the CC on 03/06/2025 at 9:15 AM, she stated during an audit of the A Hall Unit's Medication Cart on 03/05/2025, she pulled the medications from the cart. She stated according to facility policy, medication carts and storage areas were monitored on a regular basis. She further stated the pharmacy picked up expired and discontinued medications regularly. 6. Observation of A Hall Unit's Medication Storage Refrigerator, revealed it was a small refrigerator located on the floor that had very little room for proper airflow. The temperature reading of the thermometer inside of the refrigerator was 28 degrees F. Medications and biologicals inside the refrigerator included: one vial of R47's insulin glargine 100 units/mL; one vial of R61's insulin lispro 100 units/mL; three bags of R229's IV daptomycin 700 mg/100 mL; six bags of R92's daptomycin 300 mg/114 mL; R230's acidophilus (probiotic); one vial of R21's insulin glargine 100 units/mL; one vial of R62's Novolog (insulin aspart) 100 units/mL; R98's Ozempic 0.25/0.5 pen; two vials of R117's Risperdal 12 mg; R45's hydrocortisone 25 mg suppository (for hemorrhoids); one tube of lidocaine for R231; R17's Wegovy 0.5 mg/0.5 mL pen; one multidose vial Fluzone (house stock); three multidose vials of PPD (house stock); 16 vials of Flucelvax with an expiration date of 06/02/2025 (house stock); eight vials of Flucelvax with an expiration date of 06/13/2025; and 30 vials of Spikevax 2024-2025 (house stock). During interview with Licensed Practical Nurse (LPN) 2 on 03/06/2025 at 9:59 AM, she stated medication storage refrigerators should be kept between 36 to 46 degrees F. LPN2 stated she did not know why the refrigerator was at 28 degrees F. She stated nursing staff only checked the medication refrigerator temperatures on weekends. During interview with the Infection Preventionist/Staff Development Coordinator (IP/SDC) on 03/06/2025 at 3:32 PM, she stated it was the responsibility of the nurse to monitor the medication storage refrigerators like any other medication. She stated the facility should follow manufacturer's guidelines for proper temperature storage. She stated it was important because prolonged exposure outside of the correct medication temperature range could affect efficacy. She further stated medications and vaccines could not be stored in the refrigerator door as temperatures could fluctuate from the inside of the refrigerator. Additionally, the IP/SDC stated medications should be stored in such a way as to ensure proper airflow to ensure consistent temperatures. She stated all medications should be dated when opened. According to the IP/SDC, she stated each medication cart had a cheat sheet that listed frequently used medications and insulins, along with their storage requirements. The IP/SDC she expected that the nursing staff be familiar with the cheat sheet. During continued interview with the IP/SDC on 03/06/2025 at 3:32 PM, she stated that Central Supply monitored the refrigerators throughout the week, while nurses were responsible for conducting checks on weekends. She stated staff members were expected to verify that temperatures remained within the acceptable range. When the State Survey Agency (SSA) Surveyor inquired about the frequency of nursing leadership audits for the medication carts and refrigerators, the IP/SDC stated, I have taken medications out of the cart. I have not found anything in the refrigerators, but I have only checked twice. The IP/SDC stated all medications should be dated when opened, and staff must adhere to the facility's policies concerning medication storage. She stated expired medications could pose a risk if administered, raising safety concerns. She further stated it was important to follow physician's orders and monitor medication storage to maintain the health and well-being of the residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185146	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fountain Circle Care & Rehabilitation Center	200 Glenway Road Winchester, KY 40391

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

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During interview with the acting Director of Nursing (DON) on 03/06/2025 at 3:57 PM, she stated she expected the nurses to discard expired medications. She stated nursing staff was educated on medication administration and storage during their orientation upon hire. The DON stated it was her expectation that medications and vaccines were stored according to currently accepted professional standards and under the appropriate environmental controls to protect the efficacy of the medication and vaccines for the safety of the residents. During interview with the Administrator on 03/06/2025 at 5:06 PM, she stated it was her expectation that medications and vaccines were stored according to the facility's policy to protect the efficacy of medications and vaccines for the safety of the residents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 44000 Based on observation, interview, review of a Centers for Medicare and Medicaid Services (CMS) memorandum, review of a Centers for Disease Control and Prevention (CDC) document, and review of the facility's policies, the facility failed to establish and maintain an infection prevention and control program (IPCP) designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 40 residents reviewed for infection control, Resident (R) 68 and R45. The facility also failed to conduct an annual review of their IPCP. Observation of R68's wound care revealed Registered Nurse (RN) 1 failed to wear a gown while performing it, and the resident's door did not have an Enhanced Barrier Sign (EBP) sign posted. Observation of R45's room revealed it had a Contact Precautions sign posted, but State Registered Nurse Aide (SRNA) 3 pushed a mechanical lift out of the room and entered another resident's room without performing hand hygiene prior to exiting R45's room and before entering the other resident's room. The findings include: Review of the facility's policy titled, Infection Control, effective date 01/23/2024, revealed the facility's policies and practices were intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. However, there was no documentation the policy was reviewed or updated annually. Review of the facility's policy titled, Enhanced Barrier Precautions Policy, last revised 03/25/2024, revealed if a resident was placed on Enhanced Barrier Precautions (EBP), appropriate signage was placed at the room entrance so that personnel and visitors were aware of the need for and the type of precautions. Review of the Centers for Medicare and Medicaid Services (CMS) memorandum from its Center for Clinical Standards and Quality/Quality, Safety & Oversight Group, QSO-24-08-NH, dated 03/20/2024, revealed EBP were used in conjunction with standard precautions and expanded the use of personal protective equipment (PPE) to donning (putting on) of gown and gloves during high-contact resident care activities such as wound care. Review of the Centers for Disease Control and Prevention (CDC) document C. diff: Facts for Clinicians | C. diff | CDC, dated 03/05/2024, revealed clostridium difficile (C. diff, a bacteria that caused severe diarrhea) spores could transfer to residents from the hands of healthcare personnel who had touched a contaminated surface or item; an alcohol based hand sanitizer was not effective against C. diff; and washing hands with soap and water was required for hand hygiene. 1. Observation of R68's door on 03/03/2025 at 4:48 PM revealed there was no EBP sign on the door. Observation on 03/03/2025 at 4:50 PM revealed RN1 performed wound care to R68's left hip. RN1 was not wearing a gown. While cleaning the wound, RN1 laid her arm on the bed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview with RN1 right after the wound care, she stated she forgot all about the gown. She further stated it was important to wear a gown during wound care to prevent the spread of germs. During interview with the Assistant Director of Nursing (ADON) on 03/05/2025 at 3:33 PM, she stated when a resident had a wound, the staff was to wear a gown and gloves. She stated nurses put precaution signs on the residents' doors. She stated she performed rounds to assure staff was wearing the appropriate PPE. When questioned what could occur if a staff member did not wear a gown and performed wound care, she stated she could not answer to that. During interview with the Director of Nursing (DON) on 03/05/2025 at 3:24 PM, she stated she was the interim DON. She further stated she had been at the facility for about two months. She stated she had a meeting with the staff at different times, educating staff on infection control. She stated at those meetings she educated on EBP, what it was needed for and what the precaution signs stated. When questioned about the incident, she stated RN1 might have been nervous because a State Survey Agency (SSA) Surveyor was observing. She further stated because there was not an EBP sign on the door, that could have contributed to the problem. She stated, after the incident, a sign was placed on the door, and RN1 was reeducated on EBP. She further stated if a staff member was not wearing a gown while providing wound care, it could have caused a spread of infection. During interview with the Administrator on 03/06/2025 at 10:44 AM, she stated, I guess the infection control policies should be updated yearly. She further stated corporate updated the policies and sent them to her by e-mail. She stated she then educated the staff on the policy updates. She stated she was on the floor often, monitoring staff to assure they were following the IPCP. She stated if she saw a staff member not following the policy, she educated immediately and might send the staff for training. She also stated if staff did not follow the IPCP, that could contribute to the spread of an infection. During interview with the corporate [NAME] President of Clinical Operations on 03/06/2025 at 3:14 PM, she stated the clinical department was responsible to assure the policies were up-to-date and accurate. She stated the [NAME] Presidents of each department and the Chief Nursing Officer met as a team and reviewed the policies. She stated the compliance department put policies in a Web based program, and the old policies were archived. 46710 2. Review of R47's Resident Face Sheet revealed the facility admitted the resident on 02/03/2025 with diagnoses including clostridium difficile (C. diff). Review of R47's Comprehensive Care Plan (CCP) revealed the facility identified the resident required contact precautions for C. diff; however, the care plan did not specify interventions related to hand hygiene. Observation on 03/05/2025 at 8:51 AM revealed R45's room had a Contact Precautions with Special Enteric Guidance sign posted on the door. The sign instructed staff to wash hands with soap and water before leaving the room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Continued observation on 03/05/2025 at 8:51 AM revealed SRNA3 pushed a mechanical lift out of R45's room but failed to perform hand hygiene prior to exiting. Further observation revealed SRNA3 exited R45's room and entered R130's room without performing hand hygiene. During interview on 03/05/2025 at 8:59 AM, SRNA3 stated she failed to wash her hands with soap and water after removing the mechanical lift from R45's room. During interview on 03/06/2025 at 3:57 PM, the interim DON stated she expected staff to wash their hands with soap and water prior to exiting a room in contact precautions with enteric instructions due to clostridium difficile. She further stated she had reeducated SRNA3 that she needed to perform hand hygiene with soap and water, even if she had not performed incontinence care for R47 because clostridium difficile spores live on surfaces in the resident's room. In an interview on 03/06/2025 at 5:06 PM, the Administrator stated she expected staff to wash their hands with soap and water prior to exiting a room when the resident had clostridium difficile. She further stated proper hand hygiene was important to prevent the spread of the bacteria.