

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>185146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain Circle Care & Rehabilitation Center                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>200 Glenway Road<br>Winchester, KY 40391 |                                                 |
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| F 0559<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review, and review of the facility's policy, the facility failed to ensure residents were permitted to share a room with their spouse when both residents resided in the facility and both consented, for 2 of 2 sampled residents reviewed for roommate change, Resident (R)2 and R77. Although R2 and R77 had been married for 66 years and expressed the desire to reside together, there was no documented evidence the facility made reasonable efforts to accommodate the married couple's request prior to the Surveyor's intervention. This failure resulted in prolonged separation and psychosocial distress for both residents. The findings include: Review of the facility's policy titled Resident Rights, last review dated 01/2026, revealed residents have the right to share a room with their spouse when both spouses reside in the facility and both consent. Review of the facility's policy titled Room/ Roommate Change Notification Policy, last review dated 01/31/2026, revealed intra-facility transfers may be initiated if requested by the resident, and the interdisciplinary team (IDT) will participate in making all resident room location decisions. 1. During concurrent observation and interview, on 04/27/2026 at 10:08 AM, R2 was noted to reside in room [ROOM NUMBER]. R2 became tearful and with a shaky voice stated, My wife is here, and they are supposed to put us in a room together. We are supposed to spend the rest of our lives here, and we should be able to room together. R2 further stated, I worry about my wife and would be happier with her in my room. In continued interview, R2 stated the facility had previously offered him a room change; however, because the room was not with his wife, he declined the transfer. Review of R2's Face Sheet, located in the Electronic Medical Record (EMR), revealed the facility admitted the resident on 02/19/2026 with diagnoses including acute kidney failure, and major depressive disorder. Review of R2's Resident Progress Notes, dated 02/25/2026 at 9:36 AM, written by the Social Worker, revealed during a care conference, R2 stated his wife would be moving in soon and he would like to share a room with her. Review of R2's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/26/2026, revealed the facility assessed R2 as having a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R2 was cognitively intact. Review of R2's Comprehensive Care Plan, dated 03/11/2026, revealed the resident exhibited depression, including sadness, tearfulness, and self-isolation, and was identified as at risk for decline in psychosocial well-being. Interventions included allowing the resident to express feelings, involving social services, and monitoring for psychosocial changes. However, there was no documented evidence the facility care planned the resident's preference to reside with his spouse. Review of R2's Resident Progress Notes, dated 03/29/2026 at 6:37 PM, written by the Nurse Practitioner (NP), revealed R2 and R 77 had been married for 66 years, and resided together at their home before entering long-term care. Further review of R2's EMR, revealed no documented evidence the facility addressed R2's request to room (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0559<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>with his spouse (R77), or attempted to accommodate or offer a shared room after R2's spouse was admitted on [DATE]. Additionally, there was no documented evidence the Interdisciplinary Team (IDT) participated in decision-making regarding the request. Also, there was no documented evidence R2 declined to share a room with R77.2.During concurrent observation and interview, on 04/28/2026 at 9:20 AM, R77 was noted to reside in room [ROOM NUMBER]. She stated, I want to be with my husband. We have been married 66 years, and it is hard to be apart. R77 further stated she believed her husband would be emotionally better if they were able to share a room.Review of R77's Face Sheet, located in the EMR, revealed the facility admitted the resident on 03/05/2026 with diagnoses including generalized anxiety disorder, major depressive disorder, unspecified mood disorder, and paradoxical insomnia.Review of R77's admission MDS with an ARD of 03/12/2026, revealed the facility assessed the resident as having a BIMS score of 14 out of 15, indicating intact cognition.Review of R77's Comprehensive Care Plan, dated 03/25/2026, revealed the resident exhibited altered mood state, including sadness, anxiety, and decreased interest in activities. Further review revealed the resident was identified as at risk for decline in psychosocial well-being. Interventions included encouraging social engagement, contact with family, and providing emotional support. However, there was no documented evidence the facility care planned the resident's preference to reside with her spouse (R2).Review of R77's Resident Progress Notes, dated 04/22/2026 at 11:00 PM, written by the Licensed Clinical Social Worker (LCSW), revealed R77 came to the facility to be closer to her husband, who was also a resident at the facility. Per the Note, R77's plan was for them to move into a room together once one became available. Additional review revealed the resident was experiencing significant anxiety, distress, poor sleep, and poor appetite related to concerns involving her living situation and her husband being unhappy at the facility. R77 was concerned that R2 wanted to go home, and she felt compelled to leave with him, despite recognizing she would be unable to care for him.Further review of R77's EMR, revealed there was no documented evidence the Interdisciplinary Team (IDT) participated in decision-making regarding the request for R77 to share a room with her husband (R2). Continued review of R77's EMR, revealed there was no documented evidence R77 declined to share a room with R2.During an interview with the Social Worker, on 04/28/2026 at 9:30 AM, she stated R77 voiced she was fine waiting on an available room. However, R2 had made multiple requests to share a room with spouse (R77), and had become upset with the delay, including threatening to leave the facility. The Social worker was questioned about the lack of documentation related to the residents' request to share a room, in the Interdisciplinary Team (IDT) notes. She stated since the facility was actively working on the room change and R77 was fine waiting for a room change, the IDT did not feel the need to address the situation in the IDT notes. During continued interview with the Social Worker, on 04/28/2026 at 9:30 AM, she stated the facility had not been able to accommodate the request due to census and room configurations with shared restrooms, and it was difficult to ask other residents to move rooms if they did not want to relocate. During continued interview she stated it would likely be several more weeks before the married couple could reside together. However, observation on 04/28/2026 at 10:30 AM, revealed staff were preparing to move R2 and R77 into a shared room. This was approximately one hour after the Surveyor's inquiry regarding R2 and R77's request to reside in the same room.Review of R2's Resident Progress Note, dated 04/28/2026 at 10:36 AM, written by the Social Worker, revealed the son of R2 and R77 was notified of the planned room change so the married couple could reside together. The documentation did not indicate the family representative voiced concerns or objections about the couple sharing a room.Review of R77's Resident Progress Note, dated 04/28/2026 at 12:42 PM, written by Licensed Practical Nurse (LPN) 1, revealed R77 was in (continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0559</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>                                                   | <p>positive spirits regarding moving to reside with her husband. During observation on 04/28/2026 at 2:30 PM, R2 and R77 were noted to be residing together in the same room. Interview was conducted with both residents at the time of observation. R2 stated he was upset with the room size and further stated, I thought the semi-private rooms would be bigger. Additionally, R2 stated the facility asked him to remove his recliner because it was too large for the room and the situation made him want to return home and take his wife with him. R77 stated she got tore up easily and further stated her husband's frustration with the facility and desire to return home caused her chest pain. However, R77 stated she could not care for R2 at home and believed remaining at the facility was the best decision for both residents. The State Survey Agency (SSA) Representative immediately notified nursing staff regarding R77's complaints of chest pain. Review of R2's Resident Progress Note, dated 04/29/2026 at 1:28 PM, written by the Social Worker revealed R2 expressed dissatisfaction with the room setup following the room change; however, R2 stated he was staying where his wife was. An interview with the son of R2 and R77, was conducted on 04/29/2026 at 2:35 PM, while R2 and R77 were residing together in the same room. The son voiced concerns about the room layout and whether the arrangement would adequately meet R2's preferences. However, he did not state the married couple should remain separated. Review of R77's Resident Progress Note, dated 04/29/2026, at 6:30 PM, written by LPN 1, revealed the facility sent R77 to the local Emergency Department due to chest pain related to issues with her husband. It further revealed R77 was diagnosed with a urinary tract infection and returned to the facility. Review of R77's Resident Progress Note, dated 04/30/2026 at 9:14 AM, written by the Social Worker, revealed both R2 and R77 expressed a desire to continue residing together in the same room. Review of R77's Resident Progress Notes, dated 04/30/2026 at 7:37 PM, written by the Social Worker, revealed R77 stated she would like to give another try to stay in the room with her husband. During an interview with State Registered Nurse Aide (SRNA)8, on 04/29/2026 at 11:00 AM, she stated R2 had visited his wife daily while they were in separate rooms and had made multiple requests since R77's admission to the facility to share a room with his wife. During an interview with LPN8, on 04/29/2026 at 11:50 AM, she stated R2 and R77 visited each other daily while in separate rooms, and both had requested, since R77's admission to the facility, to share a room. Further, R2 had stated in the past that he would go home if the facility did not allow him and his spouse to live together. During an interview on 04/29/2026 at 3:00 PM, the Unit Manager stated R2 and R77 requested to share a room together and visited each other daily while waiting for a room. During an interview with the Administrator, on 04/29/2026 at 2:50 PM, he stated it was not right to ask another resident to move rooms to accommodate R2 and R77 sharing a room, even though they were married. The Administrator further stated R77 had made no request to share a room with R2 and he did not think R77 wanted to reside with her spouse. In an interview with the Administrator, on 04/30/2026 at 1:00 PM, he stated the Director of Nursing and Nurse Practitioner who cared for R2 and R77 were off on extended leave and unable to be interviewed at this time. During an interview with the Medical Director, on 04/30/2026 at 2:46 PM, he stated that, unless a married couple had a medical or safety contraindication, the facility should accommodate the residents' request to reside together.</p> |                                                                                       |                                                 |

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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | Provide safe, appropriate pain management for a resident who requires such services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility's policy, the facility failed to ensure pain management was provided consistently with professional standards of practice for 1 of 4 sampled residents reviewed for pain management, Resident (R)152.The facility failed to assess, monitor, and timely intervene for uncontrolled post-surgical pain following R152's admission to the facility on [DATE] after surgical repair of a right distal femur fracture. These failures resulted in R152 experiencing uncontrolled pain requiring Emergency Medical Services (EMS) transfer to the hospital Emergency Department (ED) for further evaluation and treatment.Additionally, R152 sustained a fall on 02/16/2026 and the Nurse Practitioner (NP) ordered an MRI of the lumbar and thoracic area due to increased pain. However, after learning R152's insurance would not pay for the MRI, the NP discontinued the MRI order. R152 continued to experience increased back pain which was not tolerable with the ordered analgesics. However, the facility did not intervene timely and R152's family member had to request the resident be transferred to the hospital ED due to increased back pain on 02/17/2026.The MRI at the hospital revealed the resident had a new fracture that required her to be at the hospital from [DATE] until 03/04/2026 for therapy. The findings include:Review of the facility's policy titled, admission Criteria, revised 10/31/2025, revealed the facility will admit residents who can adequately and safely be cared for and whose medical and psychological needs can be met. The policy further revealed the facility will address concerns of residents and families during the admission process. Additionally, the policy stated the facility will address concerns of residents and families during the admission process and will receive appropriate medical and financial records before or upon the resident's admission.Review of the facility's policy titled, Pain Management, revised 02/03/2025, revealed the facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. Further review of the policy, revealed upon admission and re-admission, a pain evaluation would be completed for each resident. The facility would provide pain management interventions to a resident experiencing pain, provide pain management that meets professional standards of practice, and provide pain management that follows the resident's comprehensive care plan.Review of the facility policy titled, Medication Administration - General Guidelines, dated 09/2018, revealed when PRN (as needed) medications are administered, staff would document the date and time of administration, complaints or symptoms for which the medication was given, results achieved from the medication, and the time results were noted. The policy further stated staff would observe residents for medication actions/reactions and record them in the nurse's notes as appropriate.In accordance with the Kentucky Revised Status (KRS) 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individual's educational preparation and current clinical competence in nursing and require licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the Kentucky Nursing Laws, established standards of practice, and be evidence-based.Review of R152's Face Sheet, located in the Electronic Medical Record (EMR), revealed the facility admitted the resident on 02/13/2026 with diagnoses including periprosthetic fracture around the internal prosthetic right hip joint, other fracture of the lower end of the right femur with routine healing, encounter for orthopedic aftercare following surgical repair of the right femur fracture, chronic pain syndrome, and age-related osteoporosis.Review of R152's Care Plan, created on 02/13/2026, upon admit, identified the resident had complaints of right leg pain. Interventions (continued on next page) |                                                                                       |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain Circle Care & Rehabilitation Center                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>200 Glenway Road<br>Winchester, KY 40391 |                                                 |
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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>included administering medications as ordered; encouraging the resident to request pain medication; observing for nonverbal signs and symptoms of pain; repositioning for comfort, and notifying the physician as needed when pain management was ineffective. Review of R152's Baseline 48-hour care plan, dated 02/14/2026, identified a pain goal for the resident: have pain at a tolerable level. The care plan identified that the resident verbalized or exhibited signs of pain related to a surgical wound to the right leg. Interventions included assessing and observing for signs and symptoms of pain; elevating the affected area; repositioning for comfort; administering analgesics per physician order; assessing and observing the effectiveness of pain approaches; and notifying the physician if pain approaches were ineffective in maintaining the resident's pain at a tolerable level. Review of R152's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/14/2026, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating intact cognition and ability to communicate needs and concerns. Review of R152's hospital Discharge summary, dated [DATE] at 1:25 PM, revealed the resident required intravenous (IV) Dilaudid (a potent opioid medication used to treat moderate to severe pain) during the hospitalization for management of acute post-surgical pain following surgical repair of a right periprosthetic distal femur fracture. The summary revealed IV Dilaudid was discontinued before discharge. Review of the discharge medications revealed ongoing pain management orders including Acetaminophen 1000 milligrams (fever reducer and pain reliever for mild/moderate pain) every 6 hours; Gabapentin 200 milligrams (used as anti-convulsant or to treat nerve pain) every 8 hours; Methocarbamol 1000 milligrams (skeletal muscle relaxer) every 6 hours, and Oxycodone 10 milligrams (powerful opioid medication used to treat severe pain) every 4 hours as needed for severe pain for up to 3 days. Review of R152's Hospital After Visit Summary, dated 02/13/2026 at 2:30 PM, revealed the resident received her last dose of Oxycodone 10 milligrams on 02/13/2026 at 11:31 AM. Review of R152's Admission/re-admission Report Sheet, dated 02/13/2026, at 2:30 PM, written by Licensed Practical Nurse (LPN)9, revealed R152 received Oxycodone 15 milligrams before transfer to the facility. The report further revealed the resident rated pain at a 10 out of 10 (meaning the highest level of pain) at the hospital. Review of R152's Resident Progress Note, dated 02/13/2026 at 6:55 PM, written by LPN9, revealed approximately 17 minutes after admission, the resident complained of pain rated at 9/10. The note revealed LPN9 contacted the after-hours physician and obtained a one-time dose of Oxycodone 5 milligrams from the emergency kit. Review of the [Facility Name] Narc Box updated 04/29/2024, revealed the facility had 6 Oxycodone/APAP 5/325mg Tablets in their emergency kit. Further, the document revealed that on 02/13/2026, a tablet was removed for R152. However, review of R152's Medication Administration History for 02/01/2026-02/28/2026, revealed the facility failed to document a follow-up pain assessment after administering the one-time order for Oxycodone 5mg on 02/13/2026 at 6:37 PM to indicate if the medication was effective for pain control. Review of R152's admission Pain Assessment, dated 02/13/2026 at 7:14 PM, revealed the resident reported pain frequently, rated pain 9/10, and reported pain interfered with therapy participation and day-to-day activities. This assessment occurred approximately 37 minutes after administration of PRN (as needed) Oxycodone 5 milligrams. Interview with LPN9, on 04/30/2026 at 3:54 PM, confirmed R152 was experiencing leg pain upon admission to the facility. LPN9 stated the pharmacy had not yet delivered R152's medication; therefore, she contacted the chronic pain management physician, who ordered Oxycodone 5 mg, which was one-half of the Oxycodone 10 mg dose ordered upon admission. LPN9 confirmed the only intervention implemented at that time was administering the reduced dose of pain medication. During an interview, on 04/29/2026 at 1:00 PM, LPN6 stated on 02/13/2026, the nurse from the previous shift reported administering PRN pain (continued on next page)</p> |                                                                                       |                                                 |

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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>medication to R152 before shift change. LPN6 stated R152 continued to complain of pain; however, she did not complete a follow-up pain assessment and did not notify the physician the PRN pain medication was ineffective. LPN6 verified the resident's pain medications had not arrived during her busy shift, and she did not have the medications sent stat because the nurse on the previous shift had already sent the order in for the medications. During an interview, on 04/30/2026 at 5:44 PM, the Chronic Pain Physician stated R152 was admitted to the facility from the hospital and experienced pain upon admission. The Physician stated facility staff contacted him to request an emergency box (E-box) order for pain medication because the pharmacy had not yet delivered the resident's prescribed medications. He stated he understood R152 had received intravenous (IV) pain medication at the hospital before transfer; however, because he was unsure which pain medication the resident had previously received, he ordered Oxycodone 5 mg. When questioned what staff should do if a resident continued to experience pain after receiving pain medication, the physician stated staff should re-evaluate the resident and notify the physician if the medication was ineffective. An audio review of the 911 call placed on 02/13/2026 at 8:49 PM, revealed R152's family member called and reported the resident was in extreme pain, the facility did not have the resident's prescribed medications, and reported the medications would not be at the facility until after midnight. The family member stated, I can't leave her here in pain like this. Review of the hospital Emergency Department (ED) Discharge summary, dated [DATE] at 9:37 PM, revealed R152 presented via EMS with complaints of right leg pain following recent surgical repair of a femur fracture. Per the Summary, the resident stated she had not received pain medication from approximately noon until arrival at the facility and reported the facility was not managing her pain. Further, the resident reported her right leg was in tremendous pain from missing multiple doses of pain medication. Continued review of the hospital Summary, revealed nursing staff contacted the facility and confirmed R152's medications would not be available until approximately 2:00 AM. Review of the ED orders, revealed R152 received Fentanyl 50 micrograms intravenously (IV) at 9:42 PM (Fentanyl is a powerful synthetic opioid for use as an analgesic), Methocarbamol 500 milligrams by mouth at 10:19 PM, Gabapentin 300 milligrams by mouth at 10:19 PM, an additional dose of Fentanyl 50 micrograms IV at 10:42 PM, and Percocet 5/325 milligrams by mouth at 12:12 AM for pain management before return to the facility on [DATE] at 12:45 AM. In an interview with R152, on 04/29/2026 at 9:00 AM, she stated she was admitted to the facility following hospitalization for a femur fracture and experienced significant pain upon admission. R152 stated she requested pain medication shortly after arrival, and LPN 3 informed her the medication had not yet arrived from the pharmacy. R152 further stated nursing staff obtained one pain pill from the emergency kit; however, the medication did not adequately control her pain. In continued interview, R152 stated she was informed by nursing staff that additional medication would not arrive until later that night, and she could go home or take herself to the ED. R152 stated her family ultimately called 911 due to her uncontrolled pain. In an interview on 04/29/2026 at 8:45 AM, Family Member (FM)1 stated when R152 arrived at the facility on 02/13/2026, she was in extreme pain and had no pain medication available at the facility. FM1 stated nursing staff contacted the physician and administered Oxycodone 5 mg; however, it was not even close to the pain medication regimen the resident had previously received at the hospital. FM1 further stated R152 was crying in tears from pain, and the nursing staff informed the family the resident's medications would not arrive until 02/14/2026 at approximately 1:00 AM, and the medication carrier delivered medications to the facility every 12 hours. In continued interview, FM1 staff informed them that if they did not like the care provided, they could take the resident home or to the hospital ED. FM1 stated he, and FM2, decided to send the resident to the hospital ED due to uncontrolled pain. During an interview, on 04/28/2026 at (continued on next page)</p> |                                                                                       |                                                 |

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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>2:34 PM, the Unit Manager stated residents' medications called in as a STAT order had a four-hour turnaround time; however, the facility failed to order R152's medications as STAT on admission. The Unit Manager further stated staff should have completed a follow-up pain assessment one hour after R152 received pain medication to evaluate the effectiveness of the PRN Oxycodone 5 milligrams dose given on 02/13/2026 at 6:37 PM. Additionally, the Unit Manager stated staff should have notified the Nurse Practitioner (NP) or physician if R152 continued to experience pain or received no relief after pain medication administration. During an interview with the Pharmacist, on 04/30/2026 at approximately 4:00 PM, he stated R152's medications were not processed as stat orders on 02/13/2026. The Pharmacist stated STAT medication orders generally had an approximate four-hour turnaround time; however, R152's medications were not ordered STAT and were delivered sometime between approximately 2:00 AM and 5:00 AM on 02/14/2026. Further, the Pharmacist stated the exact delivery time could not be determined because the facility did not document the time medications were received. However, he believed delivery likely occurred closer to the later timeframe. The Pharmacist confirmed with this delivery R152 received Tylenol, Gabapentin, Robaxin, and Oxycodone 10 mg. The Pharmacist further confirmed Oxycodone 5 mg was removed from the emergency box on 02/13/2026, at approximately 6:37 PM. During an interview with the Administrator, on 04/28/2026 at 2:17 PM, he stated the facility attempted to ensure residents had the necessary medications and equipment before admission and relied on the hospital to administer the resident's last scheduled medication of the day before discharge. The Administrator stated nursing staff had administered pain medication to R152, and the resident continued to complain of pain. Further, the Administrator explained R152 could not receive additional medication at that time, and the resident or family subsequently called 911. During an interview, on 04/30/2026 at 2:50 PM, with the Medical Director, he stated transportation and transfer processes often increased a resident's pain level and residents were frequently in more pain after transfer than before discharge from the hospital. He stated he would have attempted to provide a pain medication dose equivalent to the resident's admitting ordered dose on 02/13/2026. The Medical Director further stated staff should have contacted the physician or Nurse Practitioner to discuss additional interventions when the resident continued to experience pain after medication administration. The Medical Director stated he would have sent the resident back to the hospital for further evaluation and treatment. Additionally, the Medical Director stated he would not want a situation like this for his patients or his own loved ones.</p> <p>2. Review of R152's Resident Progress Notes, dated 02/16/2026 at 12:43 AM, written by LPN6, revealed scheduled Robaxin, Gabapentin, and Tylenol were effective for pain. Review of R152's Resident Progress Notes, dated 02/16/2026 at 8:00 AM, written by LPN8, revealed the resident was found on the floor after attempting to get up independently and complained of lower back pain. Per the note, the facility's Nurse Practitioner (NP) ordered lumbar and thoracic x-rays following the incident. Review of R152's Physical Medicine and Rehabilitation Initial Evaluation, dated 02/16/2026 at 11:54 AM, written by the Chronic Pain Management Physician, revealed R152 was experiencing pretty significant pain upon admission due to the pharmacy's failure to deliver medications. The physician further documented the resident was at high risk for functional impairment, contractures, pressure ulcers, poor healing, or additional falls without adequate therapy and pain control. The Physician documented the resident had a fall that morning and voiced a little bit of back pain. He further documented R152's pain appeared relatively well controlled at that time and recommended staff continue to monitor pain and adjust as necessary during the rehabilitation process. Review of R152's Resident Progress Note, dated 02/17/2026 at 10:57 AM, written by LPN 3, revealed the lumbar and thoracic spine x-ray results were received and identified as abnormal. The note revealed the NP (continued on next page)</p> |                                                                                       |                                                 |

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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>received notification of R152's abnormal results and ordered an MRI (Magnetic Resonance Imaging-medical imaging technique using strong magnetic fields and radio waves to generate detailed 3D images of soft tissues, organs and bones) of the lumbar and thoracic area. Review of the Resident Progress Note, written by LPN3, on 02/17/2026 at 1:26 PM, revealed LPN3 contacted the NP regarding R152's insurance not covering the payment for MRI of the lumbar and thoracic area. The note further revealed the NP discontinued the MRI order and instructed staff to observe for worsening symptoms. During an interview on 04/29/2026 at 3:34 AM, the Unit Manager stated R152's insurance would not cover the cost of the MRI; therefore, the NP canceled the order and entered a new order to monitor the resident for worsening symptoms. Review of the Physical Therapy Treatment Encounter Note, dated 02/17/2026, at 5:34 PM, revealed R152's X-rays identified an L1 compression deformity following the resident's fall. The note revealed R152 appeared depressed, declined further participation in therapy, requested to remain in bed, and was tearful with increased lower back pain. During an interview on 04/29/2026 at 2:00 PM, the Physical Therapy Assistant (PTA) stated minimal therapy was completed with Resident 152 on 02/17/2026 due to back pain. The PTA further stated Resident 152 was having a lot of pain. R152's Controlled Medication Administration Record, reflected PRN (as needed) pain medication administration following the resident's fall on 02/16/2026. Oxycodone 10 milligrams was administered on 02/16/2026 at 8:45 AM; at 1:42 PM; and 8:25 PM; on 02/17/2026 at 4:00 AM; on 8:03 AM; and 1:13 PM (Resident transferred to the hospital ED on 02/17/2026; but received PRN pain medication three times prior to being transferred on that date). However, further review of the EMR, revealed additional intervention for pain management did not occur until FM2 requested the resident be transferred to the ER for further evaluation due to increased back pain. Review of R152's Resident Progress Note, written by the NP, on 02/17/2026 at 10:12 PM, revealed thoracic spine x-rays identified compression deformity, and lumbar spine x-rays identified significant compression deformity at the L1 vertebrae. Per the note, R152 continued to report increased low back pain. The NP explained the L1 compression deformity indicated loss of vertebral height due to compressive force, and imaging could not determine whether the injury was new or old. The note further revealed FM2 requested the resident be sent to the hospital ED for further imaging due to increased back pain. Review of the hospital Emergency Department Discharge records, dated 02/17/2026, revealed the patient (R152) continued to complain of persistent back pain following the fall at the facility. Additional imaging identified a T1 compression fracture and T5 superior endplate fracture, and trauma surgery admitted the resident for pain control and further evaluation. Review of R152's hospital Discharge Summary, revealed the hospital admitted the resident on 02/17/2026 and discharged her on 03/04/2026. Hospital documentation further revealed R152 expressed emotional distress related to her experience at the rehabilitation facility and the fall. Further review revealed R152 completed rehabilitation services in the hospital setting following hospitalization. R152 requested rehabilitation in the hospital setting due to concerns related to the resident's previous rehabilitation experience and the trauma reportedly experienced during the prior rehabilitation stay. During an interview on 04/29/2026 at 11:50 AM, LPN8 stated she cared for Resident 152 on 02/16/2026, the day the resident sustained the fall. LPN8 stated R152 attempted to ambulate alone in the room and fell. She stated after the fall, R152 experienced anxiety and verbalized increased lower back pain that required more frequent prn pain medication. LPN 8 further stated FM2 called and requested R152 be transferred to the hospital ED for further evaluation due to increased back pain. During an interview on 04/29/2026 at 8:45 AM, FM1 stated he contacted the local emergency department and provided details regarding R152's fall and new onset of back pain, at which time the emergency department staff suggested the resident come to the hospital for further (continued on next page)</p> |                                                                                       |                                                 |

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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>evaluation. FM1 further stated FM2 contacted the NP regarding concerns with R152's increased back pain. During interview with R152, on 04/29/2026 at 9:00 AM, she stated following the fall on 02/16/2026, she developed worsening back pain, had increased difficulty getting out of bed, and she experienced increased pain with movement. She stated the medication regimen was no longer effective, and she required more frequent Oxycodone administration, which temporarily relieved the pain. However, she stated the pain returned quickly. In further interview, R152 stated she felt staff failed to acknowledge her complaints of pain, which made her feel unseen and unheard. R152 further stated she felt staff perceived her as only wanting pain pills. During an interview on 04/28/2026, the Administrator stated the facility was responsible for payment of medical services not covered by the resident's insurance, which would include an MRI. Further interview revealed the NP agreed to send R152 to the ER following the family's request for an additional evaluation, at which time the resident ultimately received the MRI.</p> |                                                                                       |                                                 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of the facility's policy, the facility failed to prepare and serve food in accordance with professional standards for food service safety. This had the potential to affect all residents who consume food from the kitchen. The findings include: Review of the facility's policy untitled and undated revealed all aprons were to be worn in kitchens while prepping food. Further review of the untitled and undated policy revealed aprons were not to be worn in halls, outside, and/or bathrooms at any time. Observation on 04/28/2026 at 3:40 PM, revealed [NAME] 1 was exiting the restroom wearing an apron. Observation of the same restroom in which Cook1 had exited, on 04/28/2026 to 3:42 PM, revealed there was no hanger on the back of the restroom door. During an interview, located in the facility's kitchen, with [NAME] 1, on 04/28/2026 at 3:44 PM and at 3:52 PM, he stated he took his apron off and hung it on the back of the door. In continued interview, he stated he should have taken the apron off prior to entering the restroom as there was the potential for cross contamination. During an interview with the Dietary Manager, on 04/28/2026 at 3:52 PM, he stated it was against policy to wear aprons into the restroom. He further stated there was the potential for cross contamination if a staff member failed to remove an apron prior to entering a restroom. During an interview with the Infection Preventionist (IP)/Staff Development Coordinator (IP/SDC), on 04/29/2026 at 1:47 PM, she stated it was an infection control issue and there was the potential for cross contamination if wearing an apron into the restroom. During an interview with the Director of Nursing (DON), on 04/30/2026 at 10:44 AM, she stated it was her expectation for staff to follow facility policies. During an interview with the Administrator, on 04/29/2026 at 3:55 PM, he stated due to the potential for cross contamination, aprons should not be worn into public rest rooms. He further stated this was an infection control issue.</p> |                                                                                       |                                                 |

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| <p>F 0867</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review, review of the facility's policies, review of the Quality Assurance/Quality Assurance and Performance Improvement (QA/QAPI) Committee minutes, and review of the facility's Plan of Correction (PoC), the facility failed to maintain a QA/QAPI Program that developed and implemented appropriate plans of action to correct quality deficiencies. This was evidenced by repeat deficiencies related to the facility's failure to ensure there was an effective pain management program and infection control program. The facility failed to thoroughly perform an audit process, and the QAPI Committee failed to provide effective oversight and follow-up of identified concerns. This deficient practice limited the facility's ability to ensure pain management was provided to residents who required such services and limited the ability to identify and correct problems related to infection control practices that had the potential to affect all residents. Therefore, the facility failed to have an effective functioning QAPI/QAA monitoring and governance system. The findings include: Review of the facility's policy titled Quality Assurance and Performance Improvement [QA/QAPI], undated, revealed the facility would develop, implement, and maintain an ongoing facility-wide QA/QAPI program designed to pursue quality of care actively. Review of the facility's PoC submitted for the 04/30/2026 Recertification Survey revealed the Facility Consultant re-educated the Administrator, Director of Nursing (DON), Unit Managers (UM), and the Infection Preventionist/Staff Development Coordinator (IP/SDC) on the Pain Management Policy and Medication Administration Policy. Review of the facility's PoC, dated 05/14/2026, indicated the DON or Unit Managers would assess five randomly selected residents to ensure pain was managed and all as-needed (PRN) pain medication administration was received, with follow-up to ensure effectiveness. The audits were weekly for four weeks, then every other week for four weeks, and then monthly for one month. Results of the audits were presented to the QA/QAPI Committee for review. Review of the facility's PoC, submitted for the 04/30/2026 Recertification Survey, revealed the Facility Consultant re-educated the Administrator, DON, Unit Managers (UMs), and IP/SDC on the Infection Control Policy and Enhanced Barrier Precautions Policy. Review of the facility's PoC, dated 05/14/2026, indicated the DON or IP/SDC would ensure ongoing monitoring of infection control practices once a week for four weeks, then once a month for two months. The audit results were referred to the QA/QAPI Committee to determine whether additional actions were needed. The QA/QAPI Committee included: the Administrator, Medical Director, DON, Assistant Director of Nursing (ADON), IP/SDC, Plant Operations Director (POD), Social Services Director (SSD), Activity Director (AD), Therapy Director (PT), Minimum Data Set Coordinator (MDS), and Business Office Manager (BOM). Further review of the facility's PoC, dated 05/14/2026, revealed starting on 05/15/2026, the Administrator would hold a weekly QA/QAPI meeting for four weeks, then monthly, to provide recommendations and further follow-up regarding the PoC. Initial audits would be reviewed during the QA/QAPI meeting on 05/22/2026 to ensure 100 percent compliance, and then at each QA/QAPI meeting for three months. Additional review of the PoC, dated 05/14/2026, revealed starting on 05/15/2026, the Administrator would hold a weekly QA/QAPI meeting for four weeks, then monthly, to provide recommendations and further follow-up regarding the PoC. Initial Infection Control and Pain audits would be reviewed during the QA/QAPI meeting on 05/22/2026 to ensure 100 percent compliance, and then at each QA/QAPI meeting for three months. Review of the QA/QAPI Committee meeting sign-in sheet and minutes, dated 05/15/2026, for an ad hoc QA/QAPI meeting, revealed the (continued on next page)</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>185146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain Circle Care & Rehabilitation Center                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>200 Glenway Road<br>Winchester, KY 40391 |                                                 |
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| <p>F 0867</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Medical Director, Interim Administrator, Interim DON, SCC, Director of Regulatory Compliance, UMs, and Advanced Practice Registered Nurse (APRN) were in attendance. The agenda included a discussion of the Infection Control and Pain Management PoCs. Review of the QA/QAPI Committee meeting sign-in sheet and minutes for a meeting held on 05/22/2026, revealed the Medical Director, Interim Administrator, Interim DON, SSD, BOM, and MDS Coordinator were in attendance. The agenda included a discussion on the PoC and related Infection Control and Pain Management audits. Review of the QA/QAPI Committee meeting sign-in sheet and minutes for a meeting held on 05/29/2026, revealed the Interim Administrator, SSD, Maintenance Director, and MDS Coordinator were in attendance. The agenda included a discussion on the PoC and related Infection Control and Pain Management audits. Review of the QA/QAPI Committee meeting sign-in sheet and minutes for a meeting held on 06/05/2026, revealed the Interim Administrator, Interim DON, SSD, and SCC were in attendance. The agenda included a discussion on the PoC and related Infection Control and Pain Management audits. During the On-site Revisit Survey concluded on 06/12/2026, the following deficient practice was identified: 1a. The facility failed to assess, monitor, and timely intervene for uncontrolled post-surgical pain after R310's admission to the facility on [DATE], after a closed right fracture of the shaft of the fibula. Although pain medication was ordered, nursing staff failed to obtain the medication from the available emergency medication resources [Facility Name] Narc Box (E-box), to provide timely pain relief. Consequently, R310 did not receive prescribed pain medication until approximately 8 hours and 40 minutes after admission. 1b. The facility failed to assess, monitor, and timely intervene for uncontrolled post-surgical pain after R301's admission to the facility on [DATE] after bilateral knee replacement with septic arthritis with bilateral wound vac placement, multiple lower extremity abscesses, and osteomyelitis. Although pain medication was ordered, the nursing staff failed to obtain the medication from the available E-box to provide timely pain relief. Consequently, R301 did not receive prescribed pain medication until approximately 9 hours after admission. 1c. The facility failed to assess, monitor, and timely intervene for uncontrolled post-surgical pain after R302's admission to the facility on [DATE], after an open reduction internal fixation of the left ankle and tibia/fibula fracture of the left leg. Although pain medication was ordered, the nursing staff failed to obtain the medication from the available E-box to provide timely pain relief. Consequently, R302 did not receive prescribed pain medication until approximately 21 hours and 37 minutes after admission. 2a. During an observation on 06/09/2026 at 9:10 AM, in the A-Wing, the Assistant Business Office Manager (ABOM) walked into Resident (R) 300's room to pass ice. The resident was on Contact Isolation precautions for Extended-Spectrum Beta-Lactamases (ESBL) in a wound. The ABOM failed to don (put on) the required personal protective equipment (PPE) prior to entering the room. The ABOM picked up R300's water pitcher, exited the room with R300's water pitcher in her hand, did not perform hand hygiene, and went directly to the shared ice bin, where she opened the lid and handled the ice scoop to obtain ice. 2b. During an observation on 06/09/2026 at 9:19 AM, LPN9 entered room [ROOM NUMBER] and obtained vital signs and then administered medications to R36. No hand hygiene was observed prior to resident contact. LPN9 then failed to perform hand hygiene prior to proceeding directly to R127, who was on EBP. She donned gloves but did not don a gown before she assessed vital signs, performed a blood glucose check, and administered medications to R127. Following completion of care, the LPN exited the room without sanitizing the vital sign equipment. 2c. During an observation on 06/09/2026 at 10:10 AM, LPN9 was observed inside an EBP room providing direct care to R83, who was on EBP for a wound. The LPN donned gloves but was not wearing a gown. LPN9 obtained vital signs, performed a blood glucose check, and administered medications to R83. 2d. During an observation on 06/09/2026 at 12:02 PM, (continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0867</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>LPN9 performed a fingerstick on R73, who was on EBP for a wound. LPN9 then failed to clean and disinfect R73's glucometer according to facility policy and the cleaning product's manufacturer's recommendations. LPN9 also failed to clean and disinfect a contaminated timer after use.2e. During an observation on 06/10/2026 at 9:10 AM, Physical Therapy Assistant (PTA)1 provided direct care in the Physical Therapy Department to R300, who was on contact isolation precautions for ESBL in a wound. PTA1 was not wearing any PPE. PTA1 was working with R300 using a resistance band, maintaining direct physical contact with the resident. At one point, the resistance band fell onto the floor. The PTA then picked it up and continued using it on the resident without first cleaning and disinfecting the band.During an interview on 06/10/2026 at 3:51 PM, Unit Manager (UM) 1 and UM2 each stated they provided nursing staff and State Tested Nursing Assistants (STNAs) infection control education, including EBPs, Transmission Based Precautions (TBPs), and hand hygiene. However, UM1 and UM2 both stated they did not complete formal infection control audits.During a telephone interview with the IP/SDC, on 06/11/2026 at 6:24 PM, she stated she participated in the development of the facility's PoC, including reviewing infection control deficiencies, developing corrective actions, and preparing staff education plans and post-tests. The IP/SDC stated the facility conducted weekly ad hoc meetings related to the PoC, which she attended.During continued telephone interview with the IP/SDC, on 06/11/2026 at 6:24 PM, she stated infection prevention and control education was provided to all staff, including licensed nurses, STNAs, physical therapy staff, housekeeping staff, the business office staff, and other ancillary departments. The IP/SDC stated education included hand hygiene, PPE use, TBP, EBP, and isolation signage. The IP/SDC stated staff completed post-tests and were re-educated if they did not demonstrate competency.The IP/SDC further stated she conducted direct observation audits of the facility's nursing staff, STNAs, and therapy staff to ensure compliance with PPE use, hand hygiene, and IPC practices. The IP/SDC stated she did not audit ancillary staff due to limited opportunities to enter resident rooms and was unable to observe business office personnel entering resident rooms during the audit periods. Furthermore, she stated no breaks in IPC practices were identified during the audits.During an interview, on 06/12/2026 at 1:00 PM, with the Interim DON, she stated she provided staff in-service training on EBP and isolation precautions. She stated staff was instructed to read and follow posted isolation signage, and she used examples of different isolation signs during the education to demonstrate the differences between them. She further stated she expected the staff to follow the instructions on the signs. Additionally, she stated she and the Unit Managers completed the nursing audits. She also stated the Staff Development Coordinator conducted audits but was primarily involved in staff training and education activities.During additional interview, on 06/12/2026 at 1:00 PM, with the Interim DON, she stated she attended QA/QAPI Committee meetings on 05/15/2026, 05/22/2026, and 06/05/2026. She stated discussions during those meetings included the facility's PoC and ongoing audits. The Interim DON stated no concerns regarding audit findings were identified or discussed during the meetings.During an interview, with the Medical Director, on 06/12/2026 at 1:20 PM, he stated he participated in discussions with facility leadership about the PoC following the previous Recertification Survey. He stated the deficiencies and concerns identified during the survey were reviewed in QA/QAPI meetings, where the team discussed strategies to achieve compliance. The Medical Director stated he attended all meetings either in person or by phone. The Medical Director further stated the QA/QAPI Committee's recent discussions focused on deficiencies in pain management and infection control. In addition, during the meetings they reviewed existing processes, identified opportunities for improvement, and developed interventions to address survey concerns.Further, the Medical Director stated the purpose of the QA/QAPI program was to identify (continued on next page)</p> |                                                                                       |                                                 |

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| F 0867<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>areas needing improvement, review quality concerns, and implement corrective actions to enhance resident care. During additional interview with the Medical Director, on 06/12/2026 at 1:20 PM, he stated the QA/QAPI team members were responsible for communicating information from meetings to their respective departments and for monitoring compliance through observation and follow-up, including ensuring staff received appropriate education, understood expectations, and had the resources needed to comply with facility policies and procedures. He stated staff was expected to understand practices such as transmission-based precautions, proper donning and doffing of personal protective equipment, and the significance of isolation signage. He further stated staff should not only follow posted signs, but also understand the rationale behind them, noting additional education, demonstrations, and role-playing activities might be necessary to ensure competency. Furthermore, during continued interview with the Medical Director, on 06/12/2026 at 1:20 PM, he stated the QA/QAPI processes should ensure staff was educated and supported in making appropriate clinical decisions related to pain management. He stated he expected staff to promptly assess and treat pain using available resources to obtain medications when needed. The Medical Director further stated delays in pain management should be identified through the QA/QAPI process and addressed through corrective actions, staff education, and ongoing performance improvement efforts. During an interview with the Interim Administrator, on 06/12/2026 at 1:47 PM, he stated he attended all QA/QAPI Committee meetings and was involved in monitoring the PoC dated 05/14/2026. He stated he reviewed audits related to pain management and infection prevention and control. The Interim Administrator stated he had no concerns regarding the QA/QAPI process, education, or audits regarding the PoC. During further interview with the Interim Administrator, on 06/12/2026 at 1:47 PM, he acknowledged ongoing infection control concerns and stated QA/QAPI should evaluate whether audits, education, and interventions had been effective. Additionally, the Interim Administrator acknowledged concerns related to pain management and pharmacy delivery delays. He stated these concerns should have been evaluated through the QA/QAPI process by reviewing current practices, identifying process breakdowns, and implementing corrective actions when systems were ineffective. During additional interview with the Interim Administrator, on 06/12/2026 at 1:47 PM, the department leaders were expected to communicate QA/QAPI decisions to their staff and ensure corrective actions were implemented. When concerns were identified, leadership should determine the root cause to determine whether staff received adequate education, had the necessary resources, and understood expectations. He acknowledged drive-by training was ineffective and stated staff may require demonstrations, return demonstrations, and role-play to ensure competency.</p> |                                                                                       |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 8 sampled residents reviewed for infection control, Resident (R)71. The findings include:Review of the facility policy titled Enhanced Barrier Precautions, revised 03/25/2024, revealed This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The policy further revealed EBP are indicated for residents who have chronic wounds and or indwelling medical devices regardless of MDRO [multidrug-resistant organisms] statusReview of R71's Face sheet, located in the Electronic Medical Record (EMR), revealed the facility admitted the resident on 04/09/2026 with a diagnosis of end stage renal disease and dependence on renal dialysis.Observation on 04/27/2026 at 10:15 AM, revealed R71 had a dialysis catheter; however, there was no EBP signage posted on the door or the wall outside the resident's room to alert staff, visitors and other residents of the need for gown and glove use during high contact activities.During an interview on 04/27/2026 at 10:35 AM, with Licensed Practical Nurse (LPN) 4, she stated R71 should be in EBP. She stated all residents requiring hemodialysis who have external access should be in EBP to prevent the spread of germs.Review of R71's Care Plan, revealed the resident was care planned for requiring EBP related to dialysis catheter on 04/27/2026. Interventions, dated 04/27/2026, included: attempt to maintain environment cleanliness; disinfect high touch surfaces as able, PRN (as needed), PPE (personal protective equipment) as indicated; and report to physician signs and symptoms of infection as needed.However, R71 was not care planned for EBP until 04/27/2026, the date of State Survey Agency (SSA) entry.Review of R71's Orders, revealed an order for EBP was entered on 04/27/2026 at 3:36 PM. These orders were written the date of SSA entry.During an interview on 04/29/2026 at 2:27 PM, with LPN5, he stated he checked the resident's profile and signage and diagnosis to determine what PPE should be used when caring for a resident. He stated everyone should be checking for infection prevention and control to keep the residents and the staff free from infection. He further stated he thought R71 had EBP signage on the door all along.During an interview on 04/30/2026 at 9:25 AM, with the Infection Preventionist/Staff Development Coordinator (IP/SDC), she stated she was responsible for ensuring the resident had the correct precautions signs in place, and she followed an isolation grid and Centers for Disease Control and Prevention (CDC) guidelines. She stated anyone with a chronic wound, line or drain not natural to their body, or multidrug-resistant organism required EBP. She stated R71 should have been in EBP on admission as this was important to protect the residents and others.During an interview on 04/30/2026 at 10:35 AM, with the Interim Director of Nursing (DON), she stated it was her expectation for signage to be posted related to residents in EBP and for staff to wear the appropriate PPE when caring for residents with EBP. She stated this was important for infection control. Further, she stated to her knowledge, any resident with a foreign device should be in EBP.During an interview on 04/30/2026 at 10:45 AM, with the Administrator, he stated precaution signs should be hung when needed including appropriate signage for a resident with a dialysis catheter and signage should be followed to decrease the risk of infections.</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>185146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain Circle Care & Rehabilitation Center                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>200 Glenway Road<br>Winchester, KY 40391 |                                                 |
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| <p>F 0561</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on observation, interview, and review of the facility's policy, the facility failed to promote and facilitate resident self-determination through support of resident's choice related to getting out of bed for 1 of 3 sampled residents investigated for resident choices, Resident (R) 7. The findings include: Review of the facility's policy titled, Resident Rights, revised 01/31/2025, revealed All residents have the right to be treated with respect and dignity. These rights will be promoted and protected by the facility. All residents will be treated in a manner and in an environment that promotes maintenance or enhancement of quality of life. When providing care and services, the stakeholders will respect the resident's individuality and value their input by providing them a dignified existence, through self-determination and communication with and access to persons and services inside and outside the facility. Review of R7's Face Sheet, located in the Electronic Medical Record (EMR), revealed the facility admitted the resident on 10/25/2024 with diagnoses of muscle weakness, difficulty walking, lymphedema, need for assistance with personal care, depression, and anxiety. Observation of R7 on 04/27/2026 at 10:18 AM; 04/28/2026 at 12:40 PM; 04/29/2026 at 8:57 AM; and 04/30/2026 at 9:00 AM, revealed the resident was in bed. Interview with R7 during these observations, revealed he had not been offered assistance to get out of bed. During further interview with R7, on 04/29/2026 at 8:57 AM, he stated, it would be nice to get offered to get up, not that I would want to everyday, but I would like to have the option. R7 stated he was very seldom asked if he wanted to get out of bed. He further stated he was not offered Monday (04/27/2026), Tuesday (04/28/2026), or Wednesday (04/29/2026). Review of R7's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) 02/20/2026, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating intact cognition. Review of R7's Comprehensive Care Plan, dated 11/14/2024, revealed the resident was at risk for social isolation. Interventions included invite or encourage to attend activity groups or choice as tolerated; provide activity opportunities that meet the resident's interests; and provide assistance to/from activities of choice as needed (all interventions dated 11/14/2024). Review of R7's Physical Therapy Treatment Encounter Note, dated 12/11/2025, revealed the mechanical lift continued to be used for out of bed transfers. During interview, on 04/29/2026 at 9:00 AM, with State Registered Nurse Aide (SRNA) 7, she stated she was the aide assigned to R7 this shift, and she had not offered to assist the resident up during this shift. She stated the SRNAs were given a list of residents to assist up for the day and R7 was not on this list. When asked who provided the list, she stated it was passed on from the previous shift and she thought the Unit Manager was the one who made the list. She stated SRNAs should ask all residents if they would like to get up each day. During an interview, on 04/29/2026 at 10:25 AM, with SRNA1, he stated he was made aware of which residents to assist up out of bed by the nurses or the aides from the previous shift. He stated he also had a list of which residents to assist out of bed. SRNA1 further stated he assisted the residents who were on the list up out of bed, but did not offer to assist all the residents out of bed. Further, he stated he had not assisted R7 out of bed. During an interview, on 04/29/2026 at 10:41 AM, with SRNA10, she stated she was given a list of residents to get up and that was who she would assist out of bed. She stated LPN5 would make the list. Additionally, she stated if any other residents asked to get up, then she would get them up upon their requests. SRNA10 stated she did not ask R7 if he wanted to get up and did not know the reason. During an interview, on 04/29/2026 at 2:15 PM, with LPN7, she stated residents should be offered to be assisted up and out of bed every day because they should always be (continued on next page)</p> |                                                                                       |                                                 |

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| F 0561<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>given an option, and if they refused then their refusal should be documented. During an interview, on 04/29/2026 at 9:10 AM, with Licensed Practical Nurse (LPN)5/Unit Manager, he stated R7 should be offered to be assisted up out of bed every day because all residents should have this choice. He stated it was his expectation that staff would document resident's refusals to get out of bed. He further stated he came in for his shifts in the mornings and rounded on all the residents to make a list of who wanted to get up out of bed. LPN5 stated R7 usually chose not to get out of bed, and this should be documented. However, review of R7's ADL (Activities of Daily Living): Transfers found under POC (Point of Care) RESPONSES in R7's EMR, revealed for the months of January, February, March, and April 2026, the majority of responses were documented as Activity did not occur, and only nine total refusals were documented (six in January, two in February, none in March, and one in April). During an interview, on 04/29/2026 at 12:05 PM, with the Rehab Manager, she stated physical therapy last saw R7 in December 2025 and would evaluate him again today or tomorrow, stating they completed the evaluations quarterly and as needed. She stated R7 could be transferred via mechanical lift. During an interview, on 04/30/2026 at 9:25 AM, with the Infection Preventionist/Staff Development Coordinator (IP/SDC), she stated all residents should be offered the chance to get up out of bed and if they refused then it should be documented that they refused. She stated residents should be given a choice and an opportunity to refuse. During an interview, on 04/30/2026 at 10:35 AM, with the Interim Director of Nursing (DON), she stated this was her first week in the facility as interim DON and she was learning the residents and the facility processes, but it was her expectation that all residents were offered assistance to get up and out of bed. She further stated they did have the right to refuse. She stated refusals should be documented and care planned appropriately. During an interview, on 04/30/2026 at 10:45 AM, with the Administrator, he stated all residents should be offered to get out of bed for socialization and quality of life.</p> |                                                                                       |                                                 |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, record review, and review of the facility's policy, the facility failed to provide services to dependent residents to maintain good personal hygiene for 1 of 25 sampled residents investigated for activities of daily living (ADL's) care, Resident (R) 6. The findings include: Review of the facility's policy titled, Activities of Daily Living [ADL's], dated 09/15/2023, revealed direct healthcare staff will support and encourage the resident to maintain adequate ADL's while attempting to allow the resident to be able to maintain as much independence as possible with their ADL's such as the following: bathing, grooming, eating, toileting, bed mobility, and transfers. Further review of the policy revealed, For residents unable to perform their own ADL's, the facility will provide the assistance needed for completion of care. Review of R6's admission Record, revealed the facility admitted the resident on 09/19/2025 with diagnoses including acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia, acute and chronic respiratory failure with hypoxia, muscle weakness (generalized), difficulty in walking, and need for assistance with personal care. Review of R6's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/20/2026, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating moderate cognitive impairment. Review of R6's Comprehensive Care Plan, dated 10/07/2025, revealed the resident had a self-care deficit related to impaired physical functioning and medical conditions as evidenced by the need for staff assistance for adequate completion of ADL care. Observation on 04/27/2026 at 10:22 AM; at 11:30 AM; at 2:35 PM; and at 4:00 PM, revealed R6's toenails extended well beyond the tip of the toe and multiple toenails appeared jagged and rough. In an interview, on 04/27/2026 at 11:30 AM, R6 stated on multiple occasions she had requested staff to please trim her toenails because they were snagging on the sheets. She stated, staff tell me they will be back to complete this, but they will never come back. She further stated she was very upset because she did not feel they would want their toenails that long and jagged. R6 proceeded to move her feet back and forth under the bed sheet to demonstrate how her toenails snagged on the sheet. Observation on 04/28/2026 at 9:14 AM; at 11:06 AM; and at 2:49 PM, revealed R6's toenails extended well beyond the tip of the toe and multiple toenails appeared jagged and rough. Observation on 04/29/2026 at 1:30 PM, revealed R6 had just returned to her room from receiving her shower and nail care had not been performed. In an interview, on 04/28/2026 at 2:05 PM, with State Registered Nurse Aide (SRNA) 11, she stated she assessed residents' toenails each shift and would perform nail care either based on her observation or on the patient's [resident's] request. She stated this was typically done during the residents' showers but could be performed at any time. In an interview, on 04/29/2026 at 9:03 AM, with SRNA5, she stated when bathing a resident, staff washed the resident's hair, body, and perineum area, and provided nail care to residents if it was needed or if the resident asked for it. When asked why SRNA staff may or may not perform nail care on a resident, she stated, if the resident is diabetic then podiatry will come to the facility to perform nail care, but a RN [Registered Nurse] is allowed to trim them too. If a resident is not a diabetic, anyone can do it. SRNA5 could not explain why nail care was not performed on R6 and stated, it should have been completed at her request or during her last shower. She further stated toenails should be assessed by all staff every shift. In an interview, on 04/29/2026 at 1:52 PM, SRNA7 stated shower schedules should always be followed and any SRNA could trim nails for all non-diabetic residents, and their nails were checked often. She stated nail care was usually performed when a resident was in the shower. When asked if she performed the shower for R6 today, she stated she did. She further stated she could not give any reason nail care was not performed during R6's shower. In (continued on next page)</p> |                                                                                       |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0677<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | an interview, on 04/29/2026 at 2:15 PM, with Licensed Practical Nurse (LPN) 7, she stated everyone caring for the residents was responsible for nailcare, and it was not just assigned to one person. In an interview, on 04/29/2026 at 2:27 PM, with LPN5/Unit Manager, he stated it was the responsibility of everyone providing care to the residents to assess and perform nail care. He stated nail assessments should be performed on each shift. In an interview, on 04/30/2026 at 9:25 AM, with the Infection Preventionist (IP)/ Staff Development Coordinator (IP/SDC), she stated resident nails should be checked daily and trimmed when needed or if the resident wanted them trimmed. In an interview, on 04/30/2026 at 10:35 AM, with the Interim Director of Nursing (DON), she stated it was her expectation for all staff to follow the policies on ADL's as well as patient care plans. In an interview, on 04/30/2026 at 10:45 AM, with the Administrator, he stated staff should always assess resident's nails during the shower schedule if not every shift. |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>185146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain Circle Care & Rehabilitation Center                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>200 Glenway Road<br>Winchester, KY 40391 |                                                 |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, record review, and review of the facility's policy, the facility failed to ensure that a resident who needed respiratory care was provided with such care, consistent with the physician's orders and professional standards of practice for 2 out of 4 sampled residents investigated for respiratory care, Resident (R) 6 and R48. The findings include: Review of the facility's policy titled, Oxygen Administration, dated 10/23/2020, revealed the purpose of the policy was for oxygen therapy to be administered as ordered by a physician. The policy stated the nurse should check the residents' medical record to confirm the presence of complete and appropriate physician's orders, determine the appropriate oxygen source and equipment needed for the physician's orders, gather appropriate supplies, and change the O2 (oxygen) tubing monthly and PRN (as needed). 1. Review of R48's admission Record, revealed the facility admitted the resident on 07/24/2025 with diagnoses to include acute kidney failure, unspecified-acute kidney injury, chronic obstructive pulmonary disease (COPD), emphysema, chronic respiratory failure, and acute respiratory disease. Review of R48's Physician's Orders, dated 07/24/2025, revealed orders for O2 tubing to be changed monthly. Review of R48's Physicians Orders, dated 07/24/2025, revealed orders for humidification to be checked every shift, and changed when empty. Review of R48's Comprehensive Care Plan (CCP), dated 08/12/2025, revealed the resident required the use of oxygen and a Continuous Positive Airway Pressure (CPAP) machine related to a diagnosis of COPD, emphysema, and chronic respiratory failure. Further review of the CCP revealed interventions included to change the resident's oxygen tubing monthly and as needed. Continued interventions revealed to check the oxygen's humidification bottle every shift and change when empty. Review of R48's Physician's Orders, dated 09/17/2025, revealed orders for O2 at 4 liters per minute (LPM) via nasal canula. Review of R48's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/30/2026, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Observation on 04/27/2026 at 11:55 AM; at 1:15 PM; and at 2:30 PM, revealed R48's O2 concentrator rate was set at 3 LPM and the oxygen tubing had no identification date of when it was last changed, and the empty humidification bottle was not dated. Observation on 04/28/2026 at 9:18 AM; at 11:04 AM, and at 2:46 PM, revealed R48's O2 concentrator rate was set at 3 LPM, the oxygen tubing had no identification date of when it was last changed, and the empty humidification bottle was not dated. Observation on 4/29/2026 at 9:00 AM, revealed R48's O2 concentrator rate was set at 3 LPM, the oxygen tubing had no identification date of when it was last changed, and the empty humidification bottle was not dated. During an interview with R48, on 04/27/2026 at 1:15 PM, she stated staff rarely changed her oxygen tubing and rarely changed her humidification bottles. During an additional interview with R48, on 04/28/2026 at 11:04 AM, and on 04/29/2026 at 9:00 AM, she stated staff had not changed her O2 tubing and had not replaced the humidification bottles since she last spoke with the State Survey Agency (SSA) Surveyor on 04/27/2026. 2. Review of R6's admission Record revealed the facility admitted the resident on 04/24/2026 with diagnoses to include acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia, acute and chronic respiratory failure with hypoxia, acute respiratory disease, acute and chronic respiratory failure with hypercapnia, chronic obstructive pulmonary disease (COPD), unspecified, and dependence on supplemental oxygen. Review of R6's Physician's Orders, dated 09/18/2025, revealed orders for O2 at 3 LPM via nasal canula. Review of R6's Physician's Orders, dated 09/18/2025, revealed orders for O2 tubing to be changed monthly. Review of R6's Physician's Orders, dated 09/18/2025, revealed orders for humidification to (continued on next page)</p> |                                                                                       |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain Circle Care & Rehabilitation Center                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>200 Glenway Road<br>Winchester, KY 40391 |                                                 |
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| F 0695<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>be checked every shift, and changed when empty. Review of R6's CCP, dated 10/07/2025, revealed the resident required oxygen at 3 LPM via nasal canula and was at risk for active infection related to weakness, decreased mobility, COPD, episodes of hypoxia, and chronic respiratory failure with oxygen dependence. However, the resident's care plan did not include interventions related to the O2 tubing being changed monthly nor did it address the oxygen humidification to be checked every shift, as per the physician's orders. Review of R6's quarterly MDS, with an ARD of 03/20/2026, revealed the facility assessed the resident to have a BIMS score of 12 out of 15, indicating moderate cognitive impairment. Observation on 04/27/2026 at 10:22 AM; at 11:30 AM; and at 4:00 PM, revealed R6's O2 concentrator rate was set at 3 LPM, the oxygen tubing had no identification date of when it was last changed, and there was no humidification. Observation on 04/28/2026 at 9:14 AM, 11:06 AM, and 3:00 PM, revealed R6's O2 concentrator rate was set at 3 LPM, the oxygen tubing had no identification date of when it was last changed, and there was no humidification. Observation on 04/29/2026 at 9:05 AM, revealed R6's O2 concentrator rate was set at 3 LPM, the oxygen tubing had no identification date of when it was last changed, and there was no humidification. During interview with R6, on 04/27/2026 at 4:00 PM, she stated she could not recall the last time staff changed the oxygen tubing because it had been so long. Further, she stated they had never added humidification to the concentrator. During interview with R6, on 04/28/2025 at 3:00 PM, she stated staff had not changed her oxygen tubing since she spoke with the State Survey Agency (SSA) surveyor on 04/27/2026. She stated there was no humidification attached to the concentrator. During further interview with R6, on 04/29/2026 at 9:05AM, she stated staff had not changed her O2 tubing and there was no humidification attached to the concentrator since she last spoke with the SSA Surveyor (on 4/28/2026). During an interview, on 04/29/2026 at 2:15 PM, with Licensed Practical Nurse (LPN) 7, she stated nursing staff set up O2 for the residents and nursing staff should be assessing the tubing, humidification, and rate daily. During an interview, on 04/30/2026 at 9:25 AM, with the Infection Preventionist (IP)/ Staff Development Coordinator (IP/SDC), she stated O2 tubing was to be checked every day, and the Unit Managers were responsible for auditing the O2 to ensure residents were receiving the correct amount as well as ensuring the tubing was being changed. During an interview, on 04/29/2026 at 2:27 PM, with LPN5/Unit Manager, he stated oxygen tubing should be changed and dated every Sunday either by the nurse caring for the patient or the Unit Manager when performing the audits. He stated he completed weekly audits every Monday for proper O2 titration rate, change of tubing, and change of humidification. He further stated the facility did not have a respiratory therapist any longer and physicians wrote the orders for the O2 and monitoring. During an interview, on 04/30/2026 at 10:35AM, with the Interim Director of Nursing (DON), she stated it was her expectation for all staff to follow the policies on O2 use as well as the physician's orders. In interview with the Administrator, on 04/30/2026 at 10:45 AM, he stated O2 tubing and humidification should be labeled with date of change, and this should be checked every shift. He further stated this was important for staff to know when to change out the O2 tubing and humidification. The Administrator stated humidification should be changed when it was empty or low, as the resident's required moisture from oxygen use. He further stated the Unit Managers usually did weekly rounds/audits on Mondays to ensure all this was being completed.</p> |                                                                                       |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, review of facility policy, and review of manufacturer's recommendations, the facility failed to ensure drugs and biologicals were labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for 1 of 3 medication refrigerators reviewed, Hall B refrigerator. The findings include: Review of the facility's policy titled Medication Storage, dated 01/2025, revealed Medications and biologicals are stored properly, following manufacturer's or provider pharmacy recommendations, to keep their integrity and to support safe, effective Drug Administration. Observation on [DATE] at 10:23 AM, of the Hall B, medication refrigerator, revealed a vial of Tuberculin Purified Protein Derivative (Tubersol) was opened and undated. Review of the manufacturer's guidelines, revealed A vial of Tubersol which has been entered and in use for 30 days should be discarded. During an interview, on [DATE] at 2:15 PM, with Licensed Practical Nurse (LPN) 7, she stated multidose vials should be dated upon opening because they were time sensitive after opening. She stated this was important for infection control purposes. During an interview, on [DATE] at 2:27 PM, with LPN5/Unit Manager, he stated any multidose vial that had been opened should be dated at the time it was opened in order for staff to know when to discard the medication. During an interview, on [DATE] at 9:25 AM, with the Infection Preventionist (IP)/ Staff Development Coordinator (IP/SDC), she stated when a new medication was opened, it should be dated in order for staff to know it was still good, and to know when to discard it. During an interview, on [DATE] at 10:35 AM, with the Interim Director of Nursing (DON), she stated it was her expectation medications would be dated when they were opened to ensure residents were receiving medications that was not expired. During an interview, on [DATE] at 10:45 AM, with the Administrator, he stated it was his expectation medications were dated when opened to ensure residents were not administered expired doses.</p> |                                                                                       |                                                 |