

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Bardstown Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Life Care Way Bardstown, KY 40004	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Bardstown Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Life Care Way Bardstown, KY 40004	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview, record review, and review of facility policy, it was determined the facility failed to revise the Comprehensive Care Plan for 1 of 15 sampled residents, Resident (R)42. Specifically, the facility failed to revise R42's Care Plan with interventions to address weight loss after the resident sustained a 32.6 pound (18.09%) severe weight loss in less than one month. The finding Include: Review of the facility's Care Planning-Interdisciplinary Team policy, undated, revealed .2. The care plan is based on the resident's comprehensive assessment and is developed by a Care Planning/Interdisciplinary Team which may include, but is not necessarily limited to the following personnel: a. the resident's Attending Physician; b. The Registered Nurse who has responsibility for the resident; c. The Dietary Manager/Dietician; d. The Social Services Worker responsible for the resident; e. The Activity Director/Coordinator; f. Therapists (speech, occupational, recreational, etc.), as applicable; g. Consultants (as appropriate); h. The Director of Nursing (as applicable); i. The Licensed Nurse responsible for resident care; j. Nursing Assistants responsible for the resident's care; and k. Others as appropriate or necessary to meet the needs of the resident. Review of the facility's Weight Assessment and Intervention policy revealed. 4. Any weight change of 5% or more [unless otherwise specified in the resident's care plan or Physician's order] since the last weight will be retaken for confirmation. If the weight is verified, nursing will immediately notify the physician/practitioner and dietary team. Per policy. 7. The physician/ practitioner, resident and resident representative will be informed of significant weight change [gain/loss]. Review of R42's Face Sheet, revealed the facility admitted the resident on 03/17/2023 with diagnoses including Type 2 diabetes mellitus with diabetic neuropathy, Chronic Kidney Disease, and cerebral infarction. Review of R42's Weight Vitals Log located in the electronic medical record (EMR), revealed the resident's weight obtained on 12/13/2024 was 180.2 pounds (lbs). The next weight obtained on 01/06/2025, revealed a weight of 147.6. Therefore, the resident had a 32.6 pound (18.09 % (percent) severe weight loss in less than one month. Review of R42's Progress Notes found in the EMR, revealed no documentation or Nurse's notes on the day R42 was weighed on 01/06/2025. Review of R42's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date of 03/11/2025, revealed the facility assessed the resident to have a weight loss of 5% or more in the last month or loss of 10% or more in the last six months while not being on a physician-prescribed weight loss program. Review of R42's Care Plan Report dated 03/11/2025, revealed it was not revised to indicate the resident sustained weight loss. Additionally, there was no documented evidence of new interventions to address the resident's weight loss until 06/05/2025, (five months after the severe weight loss was recorded on 01/06/2025). In an interview with R42, on 07/15/2025 at 9:44 AM, the resident stated, No one has notified me of weight loss. In an interview with Registered Nurse (RN)2 on 07/16/2025 at 10:42 AM, she stated, if a significant weight loss occurred during a resident's monthly weight check, the resident's weight should be re-checked. RN2 further stated if the weight re-check still showed a significant weight change, this should be reported to the Unit Manager. In an interview with the Register Dietitian (RD), on 07/17/2025 at 9:31AM, she stated she thought R42's weight loss from December 2024 to January 2025 was due to a fluid shift from medication and diagnosis of gout. She further stated during this time frame, R42 was suffering from a mass on his left side of the neck/jaw area and was prescribed antibiotics which may have suppressed his appetite. In continued interview, the RD stated when there was a significant weight change such as with R42, the facility was to ensure new care plan interventions were put into place immediately to prevent further weight loss. The RD stated she completed the nutrition care plans; however, she was not notified of R42's weigh change. In continued interview, the RD stated, weight loss was to be discussed during the Skin, Weight Assessment Team (SWAT) meetings and also with the interdisciplinary team (IDT). During an interview with the Director of Nursing (DON), on 07/17/2025 at 2:46 PM, she stated during the timeframe of R42's weight loss, the facility was transitioning over to a new company. She stated R42's weight loss went unnoticed because of the transition and it fell through the cracks. In continued interview, the DON stated R42's weight loss should have been caught and his or her Care Plan should have been revised with interventions to address weight loss. The DON stated, timely care planning is important to make sure the resident is cared for properly. During an interview with the Administrator, on 07/17/2025 at 3:00 PM, he stated it was his expectation for care plans to be reviewed and revised, based on the residents' needs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Bardstown Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Life Care Way Bardstown, KY 40004	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide enough food/fluids to maintain a resident's health.  (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Bardstown Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Life Care Way Bardstown, KY 40004	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview, record review, and review of facility policy, the facility failed to ensure that a resident receives and maintains acceptable parameters of nutritional status, such as body weight, unless the resident's clinical condition demonstrates that this is not possible for 1 of 2 sampled residents reviewed for nutrition, Resident (R)42. Specifically, the facility failed to identify and respond to R42's 32.6 pound (18.09%) severe weight loss in less than one month. The finding include: Review of the facility's Weight Assessment and Intervention policy revealed. 4. Any weight change of 5% or more [unless otherwise specified in the resident's care plan or Physician's order] since the last weight will be retaken for confirmation. If the weight is verified, nursing will immediately notify the physician/practitioner and dietary team. Per policy. 7. The physician/ practitioner, resident and resident representative will be informed of significant weight change [gain/loss]. Review of R42's Face Sheet, revealed the facility admitted the resident on 03/17/2023 with diagnoses including Type 2 diabetes mellitus with diabetic neuropathy, Chronic Kidney Disease, and cerebral infarction. Review of R42's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 12/11/2024, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of a 11 out of 15 indicating moderate cognitive impairment. Further review revealed the facility assessed the resident as having no weight loss. Review of R42's Weight Vitals Log located in the electronic medical record (EMR), revealed the resident's weight was 182.2 pounds (lbs.) on 12/11/2024. Further review of the Weight Vitals Log, revealed R42's weight was 180.2 pounds (lbs.) on 12/13/2024. The resident's weight obtained on 01/06/2025, revealed a weight of 147.6. This revealed an 18.09 percent (%) severe weight loss in less than one month. Review of R42's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date of 03/11/2025, revealed the facility assessed the resident as having a weight loss of 5% or more in the last month or loss of 10% or more in the last 6 months while not being on a physician-prescribed weight loss program. Review of R42's Care plan, revealed there were no interventions implemented related to the weight loss until 06/05/2025, (five months after the severe weight loss was recorded on 01/06/2025). Review of R42's Fluid Report from 12/01/2024 to 12/31/2024, revealed no decline in the resident's fluid intake during the time frame of his weight loss. Review of R42's Weight Vitals Log revealed the resident's weight remained stable until a weight was obtained at 158.2 lbs. on 04/01/2025, showing the resident gained weight. During interview with R42, on 07/15/2025 at 9:44 AM, the resident was questioned if he had ever lost weight or been notified that he had a significant weight loss while in the facility. R42 responded, No one has notified me of weight loss. During interview with Certified Nursing Aids (CNA)6 and (CNA)7 on 07/16/2025 at 10:32 AM, they both stated the CNAs were only responsible for obtaining the residents' weights, and the nurses inputted the weights into the EMR. In further interview, they both stated if a weight was out of the normal weight range for a resident, the CNA was to re-weigh the resident and report back to the nurse. During an interview with Registered Nurse (RN)2 on 07/16/2025 at 10:42 AM, she stated, if a significant amount of weight loss occurred during a resident's monthly weight check, the weight should be re-checked. RN2 stated after the weight re-check, if there was a significant weight change, this should be reported to the Unit Manager, in order for corrective interventions to be implemented. Further, she stated, the resident and/or the resident's responsible party should be notified immediately of the weight change. Additionally, RN2 stated per facility policy, staff was to notify the Registered Dietitian (RD), of significant weight changes. During interview with the RD on 07/17/2025 at 9:31AM, she stated she believed R42's weight loss from December 2024 to January 2025 was due to a fluid shift from medication and diagnosis of gout. She further stated during this time frame, R42 was suffering from a mass on his, left side of the neck/jaw area. The RD stated the resident was prescribed amoxicillin (an antibiotic) at the time which could have decreased the resident's appetite during this time frame. In further interview with the RD, she stated when there was a significant weight change such as with R42, the facility was to ensure interventions were put into place immediately to prevent further weight loss. The RD further stated, the weight loss was to be discussed during the Skin, Weight Assessment Team (SWAT) meetings, and also with the interdisciplinary team (IDT). During an interview with the Director of Nursing (DON), on 07/17/2025 at 2:46 PM, she stated during the timeframe of R42's weight loss, the facility was transitioning over to a new company and R42's weight loss went unnoticed because of the transition and it fell through the cracks. The DON then stated weight loss should be identified from the floor nurse to the Unit Manager (UM), and if the UM was out of the facility the responsibility would fall on her (DON). The DON further stated at the time R42's weight loss</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Bardstown Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Life Care Way Bardstown, KY 40004	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	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.  (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Bardstown Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Life Care Way Bardstown, KY 40004	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview, and review of facility policies and medication guidelines, the facility failed to store, label and dispose of medications in accordance with accepted professional standards for 1 of 2 medication rooms and 2 of 2 medication carts. Observation of the East Medication Room refrigerator on 07/14/2025, revealed an opened ampule of Tubersol without an expiration date or opened date. Observation of the Medication Cart 2 Narcotics bin on 07/16/2025, revealed an unidentified tablet secured with tape into a blister pack containing one milligram Lorazepam tablets. Observation of Medication Cart 1, on 07/17/2025, revealed 14 unidentified loose pills, tablets and capsules in the cart drawer with the medication blister packs. The findings include: Review of the facility policy entitled, Medication Storage, last reviewed 02/2025, revealed the Home (facility) must store all drugs and biologicals in a safe, secure and orderly manner. The facility was to ensure no expired or discontinued medications were stored within stock, house, routine or PRN (as necessary) medications that were readily available for administration. Continued review revealed the facility must not use discontinued, outdated or deteriorated drugs or biologicals, and ensure all such drugs were returned to the dispensing pharmacy or destroyed. Further review revealed all expired medications are removed immediately upon discovery and placed in the appropriate holding receptacle for pick up and destruction by the Director of Nursing (DON) or Designee. Review of the facility policy entitled, Controlled Substance Disposal, last reviewed 10/19/2022, revealed when a dose of a controlled substance is removed from the container for administration, but refused by the resident or not given for any reason, it is not placed back in the container. It is destroyed in the presence of two licensed nursing personnel, and/or in accordance with facility policy and state regulations, and the disposal is documented on the accountability record. Review of the Tubersol- purified protein derivative (PPD) (diagnostic antigen to aid in the detection of tuberculosis), package insert, provided by Sanofi Pasteur Limited, undated, revealed a vial of Tubersol which has been entered and in use for 30 days should be discarded and do not use after expiration date. Observation, on 07/14/2025 at 10:05 AM revealed Unit Manager (UM)1 opened the East Medication Room refrigerator to reveal a one millimeter (ml) multi-dose vial of Tubersol with 0.1 ml remaining. No expiration date or open date was identified. During an interview with UM1 on 07/14/2025 at 10:10 AM, she stated medications were to be discarded before their expiration dates. She stated this was important to ensure residents did not receive medicine that was no longer effective or medicine that could possibly cause harm. Observation of the Medication Cart 2 Narcotics bin on 07/16/2025 at 8:00 AM, revealed an unidentified tablet secured with tape into a blister pack containing one milligram Lorazepam tablets. Registered Nurse (RN)2 wasted the tablet with a witness. During an interview with Registered Nurse (RN)2 on 07/16/2025 at 3:45 PM, she stated she disposed of medications which were either expired or unidentifiable to ensure residents received clean and effective medications. During an interview on 07/16/2025 at 9:00 AM, Licensed Practical Nurse (LPN) 4 stated she had found expired medications on Medication Cart 1 in the past and promptly destroyed them and reordered medications when necessary. She stated she destroyed medications when expired as she wasn't sure of their efficacy and was concerned for the residents' health. Observation of Medication Cart 1, on 07/17/2025 at 8:30 AM, revealed 14 unidentified loose pills, tablets and capsules in the cart drawer with the medication blister packs. During an interview on 07/18/2025 at 9:50 AM, UM2 stated nurses should check all medications for expiration dates before administering the medication. Any expired medication, loose pills or taped cards should be wasted. In further interview, UM2 stated there was an education binder at the Nurse's station outlining the cart and medication room audits night shift nursing staff was responsible for completing. During an interview with the Assistant Director of Nursing (ADON) on 07/18/2025 at 2:00 PM, she stated she trained nurses to mark Tubersol vials with the expiration date when first opened. She stated unlabeled PPD vials should be discarded because if used, it might prevent the detection of active Tuberculosis. She further stated loose pills or taped in pills could be ineffective and should be wasted. The ADON stated the education binder at the Nurse's station listed nightly medication cart and medication room audits. She stated typically night shift nurses completed the audits and either the Director of Nursing (DON), the UMs or she (ADON) would review each morning to ensure completion. During interview with the Director of Nursing (DON) on 07/18/2025 at 4:00 PM, she stated it was her expectation for the night shift nurses to perform a nightly audit for all medication expiration dates in the medication rooms and carts. The DON stated the night supervisors trained the floor nurses to perform the audits and oversee the process. If audits were incomplete, one of the UMs or she (DON) would complete it and she would reeducate or counsel the nursing</p>		