STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185150	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Knott County Health & Rehabilitation Center	388 Perkins Madden Road Hindman, KY 41822

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility failed to store food in accordance with the manufacturers guidance for Meals, Ready to Eat (MRE) to be used as emergency meal supply. Furthermore, the facility failed to store water to be used for boil water advisories, and water dispensers in the facility in a climate-controlled area. The findings include:During the kitchen tour and observation of food storage areas, it was identified that the facility failed to store emergency food supply in accordance with manufacturer guidelines. Items were observed stored in a manner inconsistent with the directions provided by the manufacturer, which could affect food safety and quality. A facility policy for water and/or food storage was not provided by the facility.Observation on 09/09/2025 at 10:55 AM revealed 5-gallon container jugs of water used in the water dispensers and for cooking during a boil water advisory were sitting outside at the back of the facility under a covered porch area with no temperature control.Observation on 09/09/2025 at 11:00 AM revealed that the MREs utilized as the facility's emergency food supply were stored in an outside storage building that was not climate controlled.Review of the label revealed suggested storage conditions for the MREs were to store in a dry, cool, and dark location, with an optimal storage temperature of 55 degrees Fahrenheit. Further review of the label stated storing the product at a high temperature could increase the speed that nutrition and vitamins would degrade over time. During an interview on 09/10/2025 at 1:45 PM with the Dietary Manager (DM), the DM stated she was not aware of the manufacturer recommendations for the MREs to be stored at a temperature of 55 degrees Fahrenheit. The DM further stated she had no climate-controlled area to store the MREs that were to be used for emergency meals.The Administrator stated in interview on 09/10/2025 at 3:20 pm that her expectation was that all foods and water were to be safely stored. The Administrator further stated using foods not stored properly could cause illness to the residents. According to the Administrator, the facility would be disposing of the food that was stored in the outside storage building, and the facility was looking at a climate-controlled building or an area in the facility where the MREs would be stored in a climate-controlled area.

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

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

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review conducted from 09/08/2025 - 09/10/2025, the facility failed to maintain a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Multiple environmental concerns were identified that had the potential to negatively impact the health, safety, and quality of life of residents. These issues were noted throughout resident rooms and common areas.The findings include:Review of the facility's policy titled Resident Rights, revised 12/2022, revealed residents have the right to a dignified existence.Review of the facility's policy titled Protocol for Maintenance Services, undated, revealed housekeeping and maintenance services will maintain a sanitary, orderly, and comfortable interior and environment.On 09/08/2025 at 5:20 PM, observation revealed a broken and loose floor tile and a ceiling tile with the corner cut out outside of the dining room. The dining room door and frame was observed to contain scuff marks, chipping paint, and with rust showing. Five strips of tape on the dining room floor were observed to be peeling, with dirt stuck to them. The wallpaper near the kitchen window and door was observed to be peeling from the wall. [NAME] paint was observed to be smeared on the gold push plates and window frames. The baseboards near the kitchen window were observed to be black with dirt, and the door frames contained visible rust. The window glass was observed to have chipped paint, revealing green paint beneath. Observation of the hand sanitizer dispenser outside the kitchen door revealed the dispenser did not dispense sanitizer.On 09/08/2025 at 5:45 PM, observation revealed white paint was smeared on the green wallpaper outside room [ROOM NUMBER]. The floor tiles outside of room [ROOM NUMBER] were observed to be discolored. The wallpaper outside room [ROOM NUMBER] was observed to be bubbling and peeling near the smoke doors. The hand sanitizer dispenser outside of room [ROOM NUMBER] was observed to contain tape reading 'needs changed' and the dispenser did not dispense sanitizer. The hand sanitizer dispenser outside of room [ROOM NUMBER] was also observed not to dispense sanitizer.On 09/09/2025 at 9:25 AM, observation revealed the hand sanitizer dispenser outside room [ROOM NUMBER] still had tape reading 'needs changed' and did not dispense sanitizer. The dispenser outside of room [ROOM NUMBER] was also observed not to dispense sanitizer. Floor tile discoloration and scuffed baseboards were observed outside of the nurses' station in the [NAME] K. [NAME] Wing. Chairs in the common area outside of the nurses' station were observed to be scuffed, chipped, and contained holes in the upholstery.On 09/09/2025 at 9:34 AM, observation revealed cracked floor tiles between rooms [ROOM NUMBERS] with indentations noted. The door to room [ROOM NUMBER] was observed to be cracked and was missing wood pieces.The door to room [ROOM NUMBER] was observed to be cracked and chipped. The door to room [ROOM NUMBER] was observed to be cracked with missing pieces noted. The baseboards at the exit door in the Troublesome Creek Way Hall were observed to be loose and gapped. [NAME] paint was observed to be smeared on the green wallpaper near the exit door. The hand sanitizer outside of room [ROOM NUMBER] was observed to be non-functional. The door to room [ROOM NUMBER] was observed to be cracked and was missing wood pieces. The men's bathroom door frame on Troublesome Creek Way Hall was observed to contain chipped paint and loose baseboards.On 09/09/2025 at 9:42 AM, observation revealed the exit door on the [NAME] K. [NAME] Hall contained white paint smeared on the green wallpaper. The baseboards at this exit were observed to be loose and were not attached to the wall.On 09/09/2025 at 9:43 AM, observation revealed throughout the facility, the wallpaper below bumper guards were ripped, discolored, and detached from the wall.On 09/09/2025 at 9:47 AM, observation revealed wallpaper was separated from the wall and chipped sheetrock was observed near the nurses' station on the [NAME] K. [NAME] Wing. The wallpaper was observed to be bubbled near the weight scale storage area. There was a three-inch hole observed in the wall leading to the linen closet on Troublesome Creek Way (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Hall.On 09/09/2025 at 9:52 AM, observation revealed white paint on the exit door signs in the laundry hall. [NAME] paint was also observed to be smeared on the silver metal push bars, and wallpaper was observed to be peeling from the wall at the laundry door. Baseboards near the wall outside the nurses' station was observed to be chipped and was missing pieces.On 09/09/2025 at 9:56 AM, observation revealed the door to room [ROOM NUMBER] was cracked and missing chunks of wood. The door to room [ROOM NUMBER] was observed to be chipped and was missing pieces. The door guard to room [ROOM NUMBER] was ripped apart.On 09/09/2025 at 9:59 AM, observation revealed four floor tiles broken at the smoke barrier doors on [NAME] D. [NAME] Road Hall.On 09/09/2025 at 10:05 AM, observation revealed a floor drain cover outside the nurses' station on the Trail Raiders Lane Hall was raised above floor level, creating an uneven walking path. Two holes were observed at the bottom corner of the exit door on the Trail Raiders Lane Hall, creating openings to the outside. [NAME] paint was observed to be smeared on the exit push bars and the emergency exit signs. The door frame to room [ROOM NUMBER] was observed to contain chipped paint showing multiple layers of paint. The door to room [ROOM NUMBER] was observed to be chipped and was missing wood. [NAME] paint was observed to be smeared on the green wallpaper near room [ROOM NUMBER].On 09/09/2025 at 10:20 AM, observation revealed the sink in room [ROOM NUMBER] was missing a side cover strip, and the sink in room [ROOM NUMBER] contained dents on the top of the sink. The floor in the TV room on the Trail Raiders Lane Hall was observed to contain several black scribble marks. The door to room [ROOM NUMBER] was observed to be cracked with missing wood pieces noted. The door nameplate outside of room [ROOM NUMBER] was observed to be broken, and the names of the residents living in room [ROOM NUMBER] were taped to the wall. The door to room [ROOM NUMBER] was observed to be cracked and have missing pieces. [NAME] paint was observed to be smeared on the green wallpaper outside of room [ROOM NUMBER].On 09/10/2025 at 4:00 PM, observation revealed a mold-like substance in the staff development office.During an interview with Resident (R)22 conducted on 09/09/2025 at 2:23 PM, R22 stated she has noticed several issues in the facility, including broken tiles, smeared paint on the wallpaper, and doors with cracks in them. R22 stated she would like to see these issues repaired, and further stated, If this were my home, I would have already had it fixed. R22 continued to state that she did not feel like the staff had enough time to do everything they needed to do.During an interview with Resident (R)36 conducted on 09/09/2025 at 2:23 PM, R36 stated she has informed housekeeping staff on multiple occasions that the corners of her room and the baseboards were dirty, and she would like them to be cleaned. R36 stated, The staff have not cleaned them. If I was able, I would do it myself.State Registered Nurse Aide (SRNA) 5 stated in interview on 09/10/2025 at 11:13 AM that they have mentioned issues such as smeared paint and discolored floor tiles to the Maintenance Director, but felt they were overlooked. SRNA 5 stated the housekeeping department must assist the maintenance department with tasks, causing housekeeping to be short-staffed and unable to adequately clean resident rooms and common areas. SRNA 5 continued to state there are several areas in the facility they would like to see cleaned and repaired, but these areas were overlooked due to a lack of available time.The Staff Development Nurse stated in interview on 09/10/2025 at 4:00 PM she first noticed the mold-like substance in the staff development office a couple of weeks ago, and it had continued to grow on the wooden shelf and curio cabinet. The Staff Development Nurse stated other employees noticed an odor in the office, but she had become accustomed to it. The Staff Development Nurse stated she should have notified housekeeping or maintenance about the mold-like substance but did not.During an interview with the Maintenance Director conducted on 09/10/2025 at 1:32 PM, the Maintenance Director stated he is the only employee in the department, but housekeeping would help when needed. The Maintenance Director stated he conducted a facility walkthrough once a year to identify issues such as major repairs, floor tile concerns, and wallpaper issues. He stated he felt the painting in the facility could look better, and improvements could be made if painter's tape and paint cloths were used to avoid smeared paint.The Housekeeping Supervisor stated in interview on 09/10/2025 at 1:36 PM she would (continued on next page)

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