STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185170	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bradford Square Nursing and Rehabilitation Center	1040 US Highway 127 South Frankfort, KY 40601

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. Based on observation, interview, and review of the facility's policy, the facility failed to store food items in accordance with professional standards to prevent the use of outdated products and reduce the risk of foodborne illness.The findings include:Review of the facility's policy titled, Food brought in from Outside Sources and Personal Food Storage, dated 2019, revealed all foods should be covered, labeled, and dated. Further review revealed all foods will be checked to assure that all foods will be consumed by their safe use by dates, or frozen (where applicable), or discarded.Observation of the kitchen on 03/24/2026 at 12:25 PM revealed an opened box of Sysco baking soda with the top covered in plastic wrap, labeled as opened on 11/18/2023, with a manufacturer's best by date of 09/02/2025.Continued observation revealed a bottle of ground nutmeg labeled as opened on 02/06/2024, with a manufacturer's best by date of 12/01/2025.Further observation of the dry storage area revealed five unopened boxes of Sysco baking soda with a manufacturer's best by date of 09/04/2025.Additional observation of the kitchen on 03/25/2026 at 11:55 AM revealed an opened and in use refrigerated bottle of Thick & Easy Apple Juice that was not labeled with an open date.In an interview with the Dietary Manager on 03/25/2026 at 8:55 AM, she stated the facility followed a first in, first out process to ensure food is not outdated, meaning newer items were placed in the back and older items were used first. She further stated she expected staff to report any outdated items to her, after which she would verify and discard them. The Dietary Manager stated properly discarding outdated food was important to prevent residents from becoming ill.In an interview with the Director of Nursing (DON) on 03/26/2026 at 12:41 PM, she stated it was her expectation that outdated food would be discarded. She stated it was important because food had expiration dates and discarding outdated items helped prevent resident illness.In an interview with the Administrator on 03/26/2026 at 12:29 PM, she stated it was her expectation that outdated food would be discarded. She stated it was important to prevent illness in residents.

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policy, the facility failed to ensure resident self-determination by not following its established process for tracking and maintaining scheduled health care appointments, resulting in a missed appointment and the resident's inability to participate in his planned care for 1 of 27 sampled residents, Resident (R) 65.The findings include:Review of the facility's policy titled, Resident Rights, dated 08/20/2025, revealed staff will respect the resident's individuality and value their input by providing them with a dignified existence, through self-determination and communication with and access to persons and services inside and outside the facility.Review of R65's Face Sheet revealed the facility admitted the resident on 10/10/2023 with diagnoses to include type 2 diabetes, hypertension, generalized anxiety disorder, major depressive disorder, and cerebral infarction.Review of R65's quarterly Minimum Data Set [MDS] with an Assessment Reference Date (ARD) of 02/27/2026, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 14 out of 15, indicating the resident was cognitively intact.Review of R65's Care Plan revealed on 01/29/2026, it was updated to include Actual skin impairment related to [NAME] size scab area left hand, site biopsied, with interventions to include Monitor for signs and symptoms of worsening, notify the physician as ordered.Review of R65's Progress Notes revealed a note dated 03/12/2026 at 6:06 PM, entered by Registered Nurse (RN) 1, that stated Appointment for surgical procedure MOHS w UK Dermatology 03/24/26 at 0930 2195 Harrodsburg Rd. 2nd Floor, Lexington KY 40504 (859)218-7120. Does NOT need to be NPO. Procedure expected to be 4-5 hours in length. Any questions or questions, call and ask for [NAME]. Scheduler to make any changes if necessary.Observation on 03/24/2026 at 11:03 AM revealed R65 showed the State Survey Agency (SSA) Surveyor a handwritten paper containing the appointment date, time, and address.In an immediate interview with R65, he stated he was upset after missing a scheduled appointment that day to have skin cancer removed. R65 stated that a staff member provided him with a paper containing the appointment information, but he could not recall which staff member gave it to him. In an interview with Family Member (F) 1 on 03/26/2026 at 4:33 PM, she stated R65 has a personal cell phone and receives appointment reminders independently, and she was unaware of the scheduled appointment until R65 contacted her upset about missing the appointment.Interview attempts were made by the SSA Surveyor to contact RN1 by telephone on 03/26/2026 at 8:36 AM and 9:23 AM; however, the interview attempts were unsuccessful, and the calls were not returned.In an interview with Licensed Practical Nurse (LPN) 4 on 03/25/2026 at 4:06 PM, she stated the facility's process for residents attending outside appointments included sending a packet with the resident containing forms for the physician's office to complete and return, including any follow up or prescheduled appointments. LPN4 stated upon return, the RN or LPN completes an appointment follow up sheet, enters the information into the electronic medical record (EMR), and communicates it during report. The follow up sheet is then provided to the Scheduler to arrange appointments and transportation.In an interview with the Scheduler on 03/25/2026 at 3:28PM, he stated he was unaware of R65's scheduled appointment until R65 asked him about attending the appointment.In further interview on 03/26/2026 at 9:41AM, the Scheduler confirmed the facility had an established process for scheduling and tracking appointments; however, the process was not followed for R65's appointment on 03/24/2026 which resulted in a missed appointment.In an interview with the Director of Nursing (DON) on 03/26/2026 at 12:41PM, she stated it was her expectation that the facility's process for scheduling and maintaining appointments was followed to ensure residents attend scheduled appointments.In an interview with the Administrator on 03/26/2026 at 12:29 PM, she stated it was her expectation that the facility followed its established process for scheduling and maintaining appointments, as physician ordered appointments were important for residents to attend.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and review of the facility's policies, 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 and control the development and transmission of communicable diseases for 2 of 27 sampled residents, Resident (R) 3 and R28. The findings include:Review of the facility's policy titled, Surveillance for Infections, dated 08/20/2025, revealed Infections that will be included in routine surveillance include those with available processes and procedures that prevent or reduce the spread of infection.Review of the facility's policy titled, Transmission Based Precautions, dated 08/20/2025, revealed If a resident is placed on transmission-based precautions and or isolation, appropriate signage is placed on the room entrance so that personnel and visitors are aware of the need for and the type of precautions. Additionally, The signage informs the staff of instructions for use of PPE [personal protective equipment], and/or instructions to see a nurse before entering the room.Observation of medication administration on 03/24/2026 at 3:23 PM, revealed Licensed Practical Nurse (LPN) 2 removed a pill from the skid pack that fell onto the top of the medication cart. LPN2 then picked up the medication with an ungloved hand, placed it into a medication cup, and administered it to R28.In an immediate interview with LPN2, she stated she did not think about dropping the pill and placing it back into the cup without gloves. She further stated it was important to wear gloves to protect herself and the residents from illness.Observation on 03/24/2026 at 3:25 PM revealed a sign indicating that R3 was in enhanced barrier precautions (EBP). LPN2 removed a pillow from underneath R3's left lower leg, then assisted the resident with repositioning, without donning the appropriate PPE.In an immediate interview with LPN2, she acknowledged she did not don appropriate PPE prior to providing care, stating, I know I didn't don any PPE and should have. She stated it was important to follow EBP signage and established infection control protocols to prevent the spread of infection and protect residents.In an interview with the Infection Preventionist/Site Development Coordinator on 03/25/2026 at 3:23 PM, she stated it was her expectation that staff follow infection prevention protocols, including adhering to signage posted on resident doors. She stated staff were provided education upon hire, as needed, and during the onset of any facility infection outbreak. She further stated it was her expectation that staff follow posted signage to protect residents, adding, It is all about resident safety.In an interview with the Director of Nursing (DON) on 03/26/2026 at 12:41 PM, she stated it was her expectation that staff follow facility policies and precaution signage and refrain from touching medications with bare hands. She further stated that practice was important to prevent the risk of infection.In an interview with the Administrator on 03/26/2026 at 12:29 PM, she stated it was her expectation that staff follow CDC [Centers for Disease Control and Prevention] guidelines and adhere to posted EBP signage for residents on EBP, and also to handle medications with gloved hands. She stated this practice was important to reduce the risk of infection transmission.