

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Tug Valley Arh Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Hospital Drive South Williamson, KY 41503	

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. (continued on next page)

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: 185172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Tug Valley Arh Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Hospital Drive South Williamson, KY 41503	
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 0568</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 the facility's policy, the facility failed to have a system in place to account for residents' funds or provide residents with a monthly statement of their funds for one of five sampled residents (R1). Based on interview, record review, and review of the facility's policy, the facility failed to have a system in place to account for residents' funds or provide residents with a monthly statement of their funds for one of five sampled residents (Resident 1 (R1)).The findings include: Interview on 06/04/2025 at 10:36 AM, with the Interim Administrator, revealed the facility did not have a policy related to staff acting as a resident's payee. Review of the facility's policy titled, Patients' Rights and Responsibilities, undated, revealed upon written authorization of a resident, the facility must hold, safeguard, manage and account for the personal funds of the residents.Review of Resident (R) 1's medical record revealed a diagnosis of quadriplegia, unspecified. (Quadriplegia is a condition where all limbs are paralyzed.) Review of the resident's Quarterly Assessment, dated 11/19/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 14/15. This score indicated R1 was cognitively intact.Review of two direct deposit forms, both dated 03/15/2013, revealed the former Administrator was listed as a payee on the resident's bank accounts for Social Security and Workers Compensation - Black Lung.In an interview, on 06/25/2025 at 3:22 PM, Kentucky State Police (KSP) Officer 1 stated the KSP had completed their investigation into the misappropriation of resident funds and had concluded that the former Administrator had taken more than \$8,300.00, from R1. KSP Officer 1 stated that the case was pending with the Grand Jury. During an interview with the Business Office Supervisor, on 06/04/2025 at 1:30 PM, she stated that the former Administrator had complete control of the residents' funds and no one else monitored them. She stated that the Business Office did not supply any type of financial statement to R1 accounting for her personal funds. The Business Office Supervisor stated there was no policy/procedure in place regarding the accounting of residents' personnel funds.In interview on 06/04/2025 at 1:45 PM, Registered Nurse (RN) 1 stated she had taken R1 shopping on 05/21/2024 and had been told by the former Administrator to not allow the resident to spend more than \$200.00. She stated the former Administrator told her R1 did not have additional funds available. RN1 stated in March 2025, R1 requested a pink Apple iPad (brand of tablet) and a protective case be purchased for her. She stated based on the amount of money R1 received monthly, she estimated the resident should have around \$720.00 in her personal account because the resident had not spent any money since the shopping trip in 2024. RN1 explained that the purchase price of the iPad would be approximately \$350.00. RN1 stated when she told the former Administrator about R1's request to buy the iPad, the former Administrator told her the resident did not currently have the funds to make the purchase.In interview on 06/04/2025 at 10:36 AM, the Interim Administrator stated there were no logs being kept by the facility recording how R1's funds were being spent. She stated she was not aware of the facility giving R1 monthly or quarterly statements accounting for her personal funds. The Interim Administrator stated if the facility had been keeping logs they could have identified the misappropriation of R1's personal funds sooner. In interview on 06/04/2025 at 1:05 PM, R1 stated she had never given the former Administrator or any other facility staff member permission to spend her money on anything, unless it was for her own use. R1 stated she was not given any type of monthly or quarterly statement from the facility accounting for her personal funds and expenditures.In interview with the former Administrator on 06/05/2025 at 8:53 AM, she stated the facility had not maintained any type of ledgers tracking the spending of the residents' funds. She stated that nothing was tracked correctly. The former Administrator stated the facility did not give R1 any statements accounting for her personal funds. She stated, Keeping up with the resident's (R1's) money was the farthest thing on her list of things to do.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Tug Valley Arh Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Hospital Drive South Williamson, KY 41503	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Tug Valley Arh Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Hospital Drive South Williamson, KY 41503	
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 0602</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 the facility's policy, the facility failed to ensure residents were free from misappropriation of resident's property for one of five sampled residents (Resident (R)1), who were investigated for misappropriation. As the representative payee for the resident, the facility failed to properly manage the resident's account. It was determined through a Kentucky State Police (KPS) and Adult Protective Services (APS) investigations that the former Administrator had stolen more than \$8,300.00 from Resident (R) 1's personal funds. The findings include: Review of the facility's policy titled, Patients' Rights and Responsibilities, undated, revealed upon written authorization of a resident, the facility must hold, safeguard, manage and account for the personal funds of the resident. Review of the facility's policy titled, Abuse, Neglect, Exploitation, of Patients and Reporting, adopted 05/2017, revealed exploitation included the misappropriation of an individual's property. Per policy review, misappropriation included deliberate misplacement, mistreatment, or wrongful, temporary, or permanent use of an individual's belongings or money without the individual's consent. Review of two direct deposit forms (for R1), both dated 03/15/2013, revealed the facility's former Administrator was listed as a payee on the resident's bank accounts for Social Security (SS) and Workers Compensation - Black Lung. Review of bank statements revealed that the former Administrator, who was the only person authorized to withdraw money from the residents' personal account, had withdrawn money from R1's account after the money was deposited by Social Security and Workers Compensation. Review of facility document titled Performance Guidelines and Expectations, dated 03/10/2025 revealed the former Administrator was placed on a progressive discipline and Performance Improvement Plan. The areas of concern were listed as: Management of Department, Time Management, Mandatory Reporting of Unknown Incident Source, Employee Conduct and Professionalism, and Adhering to Company Policies and Procedures. Continued review of the document revealed the former Administrator signed stating that she acknowledged that she had read and understood the facility's policies on Abuse Recognition, Abuse Reporting, and Abuse Investigation on 03/10/2025. Review of the Adult Protective Services (APS) investigation, dated 06/02/2025, revealed APS had substantiated the allegation that the former Administrator did not pay R1's patient liability on time monthly, and there was money that was withdrawn that was unaccounted for. APS interviewed R1 and she stated that she never received any cash or personal items purchased from the former Administrator. Interview with Human Resources on 06/04/2025 at 3:01 PM, Risk and Compliance Officer on 06/04/2025 at 3:01 PM, and the Chief of Nursing Officer (CNO), on 06/04/2025 at 9:05 AM, revealed the facility completed their investigation; however, the facility's legal team advised them not to turn over their investigation in case they made an error. The Human Resources Manager stated they were able to estimate more than \$5767.95 was unaccounted for from Resident (1)'s personal funds. The state survey agency (SSA) surveyor requested R1's accounting records; however, the Interim Administrator provided documentation on 06/16/2025 at 2:08 PM, by way of electronic mail, of R1's monthly income. The document was dated June 16, 2025, and signed by the Interim Administrator, adding this was the only accounting records they could provide. Review of R1's medical record revealed diagnoses that included quadriplegia, unspecified (paralysis of all limbs) and aphasic (a language disorder that affects the ability to communicate). Review of R1's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/19/2024, revealed the facility assessed R1 to have a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating the resident was cognitively intact. Review of R1's Comprehensive Care Plan, dated 11/19/2024, revealed R1 was aphasic, but could effectively communicate her needs and preferences to staff using a communication board. In an interview with R1, using her communication board, on 06/04/2025 at 1:05 PM, R1 stated she had never given the Former Administrator or any other staff member permission to spend her money on anything, unless it was for her. R1 stated she wanted a new pink Apple iPad (a brand of tablet computers manufactured by Apple) so she could watch movies and use applications that her current iPad was unable to download, due to its age. R1 revealed she was told by staff she could not have the iPad as she did not have enough money in her account. Later, she stated the facility informed her that the former Administrator had taken her personal funds, and this was the reason why she did not have enough money to purchase her requested items. The resident discontinued or stopped responding to the surveyor's questions as she became frustrated with having to spell out her words on her communication device. In an interview, on 06/25/2025 at 3:22 PM, the Kentucky State Police (KSP) Officer 1 stated the KSP had completed their investigation into the misappropriation of resident funds and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Tug Valley Arh Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Hospital Drive South Williamson, KY 41503	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on interview, record review, review of the facility's Position Descriptions, and review of the facility's policies and procedures, the facility failed to be administered in a manner that enabled effective use of its resources to attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This practice affected one of five sampled residents (Resident 1 (R1)). Refer to F602. The findings include: Review of the facility's document, titled Nursing Home Administrator Job Description, last edited 07/12/2023, revealed the primary purpose of the Administrator was to manage the facility in accordance with current applicable federal, state, and local standards guidelines, and regulations that govern long-term care facilities to ensure the highest degree of quality care was always provided to residents. Review of the facility's document, titled Director of Nursing Services Job Description, last modified 11/06/2024, revealed the Director of Nursing (DON) was required to oversee all departmental health administration needs and requirements as directed by upper management. Review of two direct deposit forms, both dated 03/15/2013, revealed the former Administrator, who also served as the DON, was listed as a payee on R1's bank accounts. R1's deposits included Social Security and Workers Compensation - Black Lung checks. In an interview, on 06/25/2025 at 3:22 PM, Kentucky State Police (KSP) Officer 1 stated the KSP had completed their investigation into the misappropriation of R1's funds. He stated the investigation concluded that the former Administrator had taken more than \$8,300.00, from R1. KSP Officer 1 stated that the case was pending with the Grand Jury. In an interview with the Interim Administrator, on 06/04/2025 at 10:36 AM, she stated that the former Administrator had started getting behind on going to the bank for the resident three or four years ago. She stated the facility had no logs to monitor the residents' funds and this was at the direction of the former Administrator. The Interim Administrator stated that she and the Interim DON had concerns about the residents' funds in December 2024. However, there were no logs for them to review to determine if their concerns were valid. She stated that there was no written policy for the payee process or responsibilities. The Interim Administrator stated that if policies had been in place, the facility could have caught the misappropriation of R1's funds sooner. In an interview with the Business Office Supervisor, on 06/04/2025 at 1:30 PM, the Business Office Supervisor stated that the former Administrator had complete control of the residents' funds and no one else monitored them. The Business Officer Supervisor stated that there were no policies for her to follow related to the former Administrator being a payee for a resident. In an interview with the Interim DON, on 06/04/2025 at 3:05 PM, she stated that she did not go to the Governing Body with the above information because she never dreamed the former Administrator would have stolen money. The DON stated that the facility had no checks and balances for the current acting Payee. She stated the lack of policies prevented her from being able to ensure the residents' funds were used appropriately. In an interview with the former Administrator, on 06/05/2025 at 8:53 AM, she stated that she was overwhelmed in her role and was not able to give any task one hundred percent. She stated that there was a lack of leadership and communication from the Governing Body. She stated she did not receive the help she asked for, and this prevented her from doing her job effectively. The former Administrator stated the residents' funds were not tracked accurately and managing the residents' funds was the last thing on her to-do list.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Tug Valley Arh Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Hospital Drive South Williamson, KY 41503	
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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>Based on interview, record review, and facility policy/document review, the facility's Governing Body failed to provide effective oversight to ensure the facility implemented policies to prevent the misappropriation of resident funds. This had the potential to affect all the facility's residents. The findings include:Review of the facility's policy titled, Patients' Rights and Responsibilities, undated, revealed upon written authorization of a resident, the facility must hold, safeguard, manage and account for the personal funds of the resident.Review of the facility's document, titled Nursing Home Administrator Job Description, last edited 07/12/2023, revealed the primary purpose of the Administrator is to manage the facility in accordance with current applicable federal, state, and local standards guidelines, and regulations that govern long-term care facilities. To ensure the highest degree of quality care is always provided to residents.Review of two Direct Deposit sign-up forms, both dated 03/15/2013, revealed the previous Administrator was listed as a payee on R1's bank accounts for Social Security and Workers Compensation - Black Lung.In an interview, on 06/25/2025 at 3:22 PM, Kentucky State Police (KSP) Officer 1 stated the KSP had completed their investigation into the misappropriation of resident funds and had concluded that the former Administrator had taken more than \$8, 300.00, from R1. KSP Officer 1 continued to state that the case was pending with the Grand Jury. In an interview, on 06/04/2025 at 10:36 AM, the Interim Administrator stated that there were no policies or procedures in place regarding staff members serving as payees for residents. Current practice was based on how the process was done in the past, without written guidelines to direct staff responsibilities or oversight. In continued interview, the interim Administrator stated that if the facility had policies in place, it was likely that the facility would have caught the misappropriation of resident funds sooner.In an interview, on 06/04/2025 at 3:01 PM, the Human Resources (HR) Manager stated there was no policies in place to govern what responsibilities a facility staff member acting as a payee on behalf of a resident should follow. Additionally, the HR Manager stated the facility did not offer any type of trainings regarding financial responsibility for resident personal funds. In an interview, on 06/04/2025 at 3:01 PM, the Director of Risk and Compliance stated that the Risk and Compliance department oversees conducting a monthly audit for resident personal funds, but the policy has not been put in place.In an interview, on 06/05/2025 at 8:53 AM, the former Administrator stated there was never any policies written to govern staff members acting as payee. The former Administrator stated that there was a lack of leadership and communication from the administrative team, and she did not receive the help or guidance she asked for and this prevented her from doing her job effectively.In an interview, on 06/05/2025 at 1:42 PM, the interim Administrator and interim DON stated that they had taken over the responsibility of payee for the resident, but no policies or procedures had been written to govern their roles.</p>		