

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2026
NAME OF PROVIDER OR SUPPLIER Cumberland Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Norfleet Drive Somerset, KY 42501	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, record review, facility document review, and interview, the facility failed to ensure they reported allegations of abuse to law enforcement and to the state survey agency within two hours, which affected 1 (Resident 94) of 3 residents reviewed for abuse. Findings included: A facility policy titled, Abuse Prohibition Standard of Practice, last reviewed 03/2026, revealed, the Purpose was To prohibit and prevent abuse, neglect, exploitation, misappropriation of resident property and to ensure reporting and investigating of alleged violations (to include injuries of unknown source, mistreatment and involuntary seclusion) in accordance with Federal and State laws. The policy further indicated, 7. Reporting/Response included Alleged violation/violations will be reported to the Administrator and or designee immediately; Alleged violations shall be reported to the state survey agency, adult protective services, and all other required agencies (e.g. [exempli gratia; for example], law enforcement when applicable) within specific time frames; The results of all investigations will be reported to the appropriate state agency within 5 working days of the alleged violation initial report; and The Administrator or designee will report suspicion of a crime to local law enforcement authorities and any other agencies as required by law. An admission Face Sheet revealed the facility admitted Resident (R)94 on 06/19/2025. According to the admission Face Sheet, the resident had a medical history that included diagnoses of anemia, difficulty in walking, dislocation of internal right hip prosthesis, muscle weakness, and other symbolic dysfunctions. An admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 06/24/2025, revealed R94 had a Brief Interview of Mental Status (BIMS) score of 10, which indicated the resident had mild cognitive impairment. R 94's Care plan Report, included a problem area initiated 06/24/2025, that indicated the resident had impaired cognition with a progressive decline in intellectual functioning, a decline in memory thought process, decision making, and judgement. Interventions initiated 06/24/2026 directed staff to address the resident in a quiet and slow manner, allow the resident time to respond, provide reminders and reassurance as needed, and use simple words and sentences. The Care plan Report included a problem area initiated 06/24/2025, that indicated the resident was at risk for an alteration in their psychosocial wellbeing related to psychosocial adjustment difficulties with regards to their diagnosis of anemia. Interventions initiated 06/24/2025 directed staff to establish a daily routine, gently redirect the resident, and provide cueing and prompting. An Initial Report document, dated 07/01/2025, indicated that the facility reported an allegation of physical abuse to the state survey agency on 07/01/2025. The report indicated that R 94's family member reported to the facility on [DATE] that the resident reported to them that someone smacked them across their face the previous day after lunch or dinner. The report indicated that the Administrator was notified at 9:45 AM. Per the Initial Report, notifications did not indicate that local law enforcement was notified of the allegation. An email from the Administrator to the state survey agency indicated that the initial report was sent to the state survey agency on 07/01/2025 at 1:41 PM, over three and a half hours after the Administrator was notified of the allegation. During an interview on 04/17/2026 at 10:57 AM, the Social Service Director (SSD) stated that if a resident (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
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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reported any allegations of abuse, they tried to get it reported to the state survey agency within two hours. She stated that she remembered taking R94 to the Administrator's office the morning of 07/01/2025 but did not remember how she initially heard about the allegation of abuse. During a concurrent interview with the Director of Nursing (DON) and the Administrator on 04/17/2026 at 4:18 PM, the DON stated that allegations of abuse should be reported to the state survey agency within two hours, as soon as they could get an idea of what happened. Regarding R94's allegation, she stated that she did not remember who reported the allegation first. The Administrator stated that reports should be called into the state survey agency as soon as they had enough information to report and should be done within the two hours after they received the allegation. The Administrator stated she did not know why R94's allegation was not reported to the state survey agency within the required two hours. She further stated that their process was to notify law enforcement when a resident requested, or there was a chance that a law had been broken. The Administrator stated that she did not follow the appropriate process to notify law enforcement and should have.		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, record review, facility document review, and interview, the facility failed to thoroughly investigate allegations of abuse, including misappropriation of property, for 2 (Resident 31 and Resident 94) of 3 residents reviewed for abuse. Findings included: A facility policy titled, Abuse Prohibition Standard of Practice, last reviewed 03/2026, indicated the Purpose was To prohibit and prevent abuse, neglect, exploitation, misappropriation of resident property and to ensure reporting and investigating of alleged violations (to include injuries of unknown source, mistreatment and involuntary seclusion) in accordance with Federal and State laws. The policy further indicated, 5. Investigation included If an actual or alleged violation occurs, the resident will immediately be assessed and removed from any potential harm (as applicable); The administrator, or designee will oversee the center in conducting an internal investigation against any violation/alleged violation of abuse, neglect, exploitation, injury of unknown source, misappropriation of resident property, or involuntary seclusion and report the results of the investigation to the enforcement agency in accordance with state law including the state survey agency within five working days of the incident; and Investigations will be prompt, comprehensive and responsive to the situation and contain founded conclusions. The investigation will include but not limited to, which included (iv) Interviews of all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations to obtain factual information, and (v) Follow up resolution and measures to prevent repeat incidents. 1. An admission Face Sheet indicated the facility admitted Resident (R)31 on 03/20/2026. According to the admission Face Sheet, the resident had a medical history that included diagnoses of aftercare following explanation (surgical removal of medical device) of knee joint prosthesis, generalized anxiety disorder, and major depressive disorder. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/22/2026, revealed R31 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident had intact cognition. Resident 31's Careplan Report included a problem area initiated 03/24/2026, that indicated the resident had a progressive decline in intellectual functioning and had deficits in memory. Interventions initiated 03/24/2026 directed staff to provide cues and reminders and reassurance as needed. The Careplan Report also included a problem area initiated 03/24/2026, that indicated the resident was at risk for alteration in psychosocial difficulties related to a diagnosis of anxiety, and that the resident was agitated, short tempered and got angry easily. Interventions initiated 03/24/2026 directed staff to address the resident's concerns as they arose, administer psychotropic medications as per the physician's orders, and give the resident a cooling off period. An Initial Report document, dated 04/03/2026, indicated that the facility reported an allegation of missing money to the state survey agency. Per the report, R31 stated that \$350.00 was missing from their wallet, along with their driver's license and insurance card. The report included the first name of the person who the resident alleged took the items. A Final Report/5-Day Follow-Up, dated 04/08/2026 at 12:03 PM, indicated that R31 was interviewed again and stated that they knew they had \$350.00 in their purse and then they did not. The document indicated that the resident did not divulge any cash in their wallet on admission, and none was recorded on their initial inventory sheet. The Final Report/5-Day follow up indicated that no staff by the name that the resident alleged worked at the facility on the day of the report. A facility document titled, Monthly Schedule April 2026 revealed that State Registered Nurse Aide (SRNA) 2, who shared the same first name as the person R31 alleged took their money, insurance card, and driver's license, was scheduled to work on 04/02/2026 from 6:30 PM to 7:00 AM on 04/03/2026 (the day of the alleged incident). An investigation packet provided by the facility included 20 written statements from staff who worked on the day of the alleged incident. There was no written statement present from a staff member by the name the resident alleged took the items, including SRNA 2. During an interview on 04/16/2026 at 8:46 AM, the Social Service (continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Director (SSD) stated that R31 reported that they were missing \$350.00. She stated that the resident reported that a person with the same first name as SRNA 2 had been there and had taken their \$350.00. The SSD stated that she obtained staff statements from everybody who worked that day. The SSD stated that SRNA 2 was not interviewed because she did not work that day. During an interview on 04/16/2026 at 9:26 AM, SRNA 2 stated that she worked at the facility from 7:00 PM to 7:00 AM shift. She stated that she was familiar with R31 and had provided care to the resident. SRNA 2 stated that she did not remember the resident having any money or identification and was not aware of the resident's money being missing until that morning when the nurse told her. She stated that she was not asked to write a statement and was not interviewed about the issue. During an interview on 04/16/2026 at 9:36 AM, the Director of Nursing (DON) stated that she did not interview SRNA 2 as she did not work in the facility and was not on duty the day it was reported, and the resident stated that the incident occurred on the day that it was reported. During an interview on 04/16/2026 at 12:55 PM, the DON stated that she was unaware of the investigative process and had never dealt with that type of resident issue before. She stated that SRNA 2 had worked on 04/01/2026 and 04/02/2026 from 7:00 PM to 7:00 AM the following day. She stated that she did not know if there was a process for investigating the allegations, and she did not usually complete the forms. The DON stated that her expectation was to eliminate anyone who was not guilty and narrow it down to the person who was involved in the incident. During an interview on 04/16/2026 at 1:23 PM, the Administrator stated that she was the Abuse Coordinator, and usually lead the investigations, but in R 31's case, she did not. She stated that R31 reported that their money was there on 04/02/2026 at 10:00 AM, but she did not document that information in the report. The Administrator stated that the regular process when dealing with abuse and neglect, including misappropriation of resident property, was to prevent further harm, start an investigation, and make notifications. She stated that the process was to ask the staff if they had seen the resident with money. She stated that if the victim mentioned a certain staff member, that staff should have been interviewed. She stated that SRNA 2 was not interviewed or asked to write a statement related to the allegation. The administrator stated that her expectation was to solve the problem, and she expected staff to follow the facility's procedure for investigations.</p> <p>2. An admission Face Sheet revealed the facility admitted Resident 94 on 06/19/2025. According to the admission Face Sheet, the resident had a medical history that included diagnoses of anemia, difficulty in walking, dislocation of internal right hip prosthesis, muscle weakness, and other symbolic dysfunctions. An admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 06/24/2025, revealed R94 had a Brief Interview of Mental Status (BIMS) score of 10, which indicated the resident had mild cognitive impairment. Resident 94's Careplan Report, included a problem area initiated 06/24/2025, that indicated the resident had impaired cognition with a progressive decline in intellectual functioning, a decline in memory thought process, decision making, and judgement. Interventions initiated 06/24/2025 directed staff to address the resident in a quiet and slow manner, allow the resident time to respond, provide reminders and reassurance as needed, and use simple words and sentences. The Careplan Report included a problem area initiated 06/24/2025, that indicated the resident was at risk for an alteration in their psychosocial wellbeing related to psychosocial adjustment difficulties with regards to their diagnosis of anemia. Interventions initiated 06/24/2025 directed staff to establish a daily routine, gently redirect the resident, and provide cueing and prompting. An Initial Report form, dated 07/01/2025, indicated that the facility reported an allegation of physical abuse to the state survey agency on 07/01/2025. The report indicated that R 94's family member reported to the facility on [DATE] that the resident reported to them that someone smacked them across their face the previous day after lunch or dinner. Per the report, the resident did not know who did it. The report indicated that the Administrator was notified at 9:45 AM. The facility's Final Report/5 Day Follow-Up, dated 07/03/2025, indicated that R94 was interviewed and stated that someone slapped them when they were in a hall after their meal. The report indicated that the resident could not recall which meal it was and could not describe the individual. The report (continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>indicated that the resident stated that they reported the incident to an employee in the back office. The report indicated that the facility was unable to substantiate the allegation. A typed statement by the Social Services Director (SSD), dated 07/01/2025, revealed that a family member of R94 called the social services office and stated that R94 told them that the manager over the office smacked them. The facility's investigation packet included statements from 17 staff members, including 11 floor staff (eight state registered nurse aides [SRNAs], two licensed practical nurses [LPNs], and one registered nurse [RN]). The investigation did not include any statements from any of the office staff. The facility's Daily Staffing Guide documents, dated 06/30/2025 and 07/01/2025 (the timeframe of the alleged incident), revealed that a total of 34 different floor staff worked the two 12-hour shifts on 06/30/2025 and the day shift on 07/01/2025. The facility's investigation revealed that they did not include statements from the following staff who worked on 06/30/2025 and/or the day shift on 07/01/2025:- RN 4 or RN 19- SRNAs 5, 6, 7, 8, 10, 12, 13, 15, 16, 18, 28, 29, 30, or 31- LPNs 9, 14, 24, 25, or 26- Kentucky Medication Aide (KMA) 11 or KMA 27 The facility's investigation documents included skin assessments completed on residents who resided on Hall A (the hall where Resident 94 resided) with BIMS scores of 7 or below and completed interviews with the residents on the Hall A with BIMS scores of 8 or higher. There was no evidence of resident interviews or skin assessments being completed for residents who resided on Halls B, C, or D. During an interview on 04/16/2026 at 2:25 PM, RN 4 stated she had not had anyone report any allegations of abuse to her. She stated that she did remember R 94's name but did not remember anyone asking if she had witnessed anyone slap a resident or being asked to provide any statements about abuse involving Resident 94. During an interview on 04/16/2026 at 2:34 PM, SRNA 5 stated that she stated that she did not remember any times that any resident said they had been abused and stated that she had not witnessed any abuse. She stated that she did not remember R94 at all and that no one talked to her about any residents being slapped the previous summer. During an interview on 04/16/2026 at 2:36 PM, SRNA 6 stated that R 94's name sounded familiar, but she did not recall anyone asking her about the resident being abused. During an interview on 04/16/2026 at 2:45 PM, SRNA 7 stated she had not ever seen anyone abused. She stated that she did not remember R94 and stated that no one had ever asked her if she had seen a resident be slapped. During an interview on 04/16/2026 at 2:56 PM, SRNA 8 stated that no residents had ever reported any abuse to her. She stated that she thought she remembered R94 but did not work on the hallway the resident was on a lot. SRNA stated that she did not remember any allegations that someone slapped the resident or being asked to write a statement about anything with the resident. During an interview on 04/16/2026 at 2:59 PM, LPN 9 stated that he did not remember R94 and did not remember anyone asking about any residents being slapped or any reports of residents being slapped. During an interview on 04/16/2026 at 3:19 PM, SRNA 12 stated that she had not had any residents report any abuse. She stated that she did not remember any time that she was asked to write a statement about anyone being abused. During a telephone interview on 04/16/2026 at 7:59 PM, SRNA 15 stated she did not remember anyone talking about any incidents with R94 at all. During a telephone interview on 04/16/2026 at 8:08 PM, SNRA 16 stated she remembered R94 but never worked with the resident. She stated that she did not remember anyone talking to her about any abuse. During a telephone interview on 04/16/2026 at 8:40 PM, SRNA 18 stated she had not heard any reports of abuse and was not aware of any abuse. She stated that she did not think she remembered anyone asking her about a resident being abused. During a concurrent interview with the Director of Nursing (DON) and the Administrator on 04/17/2026 at 4:18 PM, the DON stated that whenever they had a report of abuse of any kind, first she listened to the allegation and went from there. She stated that her role was to do skin assessments on anyone with a BIMS score less than 8 and obtain statements and interview staff who were working at the time and staff who were not there when the allegation was made in some cases. Regarding R94's allegation, she did not remember who initially reported the allegation. She stated that normally, they handled all allegations the same way; they interviewed the staff who were there when it was reported. She (continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>stated that she thought the facility had interviewed the therapy staff and the office staff. The DON stated that she was not thinking that it was the back nurses' station but more of somewhere in the therapy hall. She stated that she expected residents to be safe and that the facility investigate all allegations of abuse fully. The DON stated that she did not review the surveillance cameras and did not know if the Administrator had done so during the investigation. The Administrator stated that when conducting the investigation, they had to narrow it down some so they knew what to report and so they could get a better idea of what they were looking at. The Administrator stated that after R94 made the allegation, she talked to the resident. The Administrator stated, We don't want the residents to be hurt or abused. The Administrator stated that they did not look at the cameras as they would only show hallways and not the back hallway where the offices and therapy areas were located.</p>		