STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185176	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clifton Heights	446 Mt. Holly Avenue Louisville, KY 40206

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to ensure that a resident requiring tracheotomy care received treatment and services in accordance with professional standards of practice, the resident's care plan, and facility policy. The failure had the potential to result in respiratory complications, infections, and compromised airway safety for 1 of 3 sampled residents, Resident(R)32.The findings include:Review of facility policy, Tracheostomy Care Education, dated 2013, revealed tracheostomy care is the process of aseptically cleaning the tracheostomy tube and stoma site. Additionally, the policy indicated to follow relevant infection control procedures as appropriate.Review of facility record revealed the facility admitted R32 on 05/16/2025 with diagnoses including tracheostomy status, epilepsy unspecified, dysphagia, gastrostomy status. The facility assessed R32 on 06/14/2025 with a Brief Interview for Mental Status (BIMS) score of 5, indicating impaired cognition. During observation of tracheostomy care on 10/02/2025 at approximately 11:06 AM for R32, Licensed Practical Nurse (LPN) 2 failed to maintain clean/sterile technique when she identified her right hand as her dirty hand and used that hand to turn up the oxygen to hyper-oxygenate the resident, making the right hand no longer sterile. She then attempted to open the bottle of normal saline with her left hand and realized she was unable to do it with just one hand and twisted the top of normal saline with her right hand while holding the bottle with her left hand. Not realizing she broke sterile field; she poured the sterile water into kit to be used.During tracheostomy care LPN 2 failed to oxygenate or hyper-oxygenate the resident between suction passes, based on review of an evidence-based nursing reference Lippincott procedures Tracheostomy as required by respiratory-are standards resulting in increased risk for hypoxia and airway comprise. LPN2 removed the oxygen mask from the tracheostomy, and she inserted the suction catheter into the tracheostomy and began to suction R32. She completed three consecutive passes of suctioning without providing rest periods or assessing R32 respiratory tolerance. During an interview with LPN #2 on 10/02/2025 at approximately 11:29 AM she stated, I know I broke sterile field, and I did not oxygenate R32 in between passes. When asked why she did not do these things she stated, I know that I'm supposed to, I just got nervous. When asked if she should clean her working area or place a barrier for sterile procedures, she stated she is supposed to, but her nerves just got the best of her. When asked what some negative outcomes could be for residents, she stated resident could get pneumonia, aspirate or their tube could get messed up. The LPN stated I just started 3 weeks ago and got training when I first started, and I think we will have them yearly.During an interview with RN #2 when asked to describe the process for tracheostomy care, RN #2 reviewed the process verbally with no concerns noted regarding process or infection control. During an interview with Assistant Director of Nursing (ADON) on 10/02/2025 at 12:45 PM, she stated she was familiar with tracheostomy care process. When asked about the process when the sterile field was compromised the ADON stated the process would be to restart the process to provide safe and efficient patient care. Additionally, the ADON stated following the process was to prevent infectious disease or harming the resident.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain a sanitary and safe physical environment to help prevent the presence of pests within resident care areas. interviews and observations during survey revealed concerns with the presence of pests.The findings include:Review of facility policy, Pest Control Program, implemented, 02/01/2024, revealed a local contractor provided preventative treatment monthly and as needed. Further review revealed the most recent treatment provided by the contractor was on 09/19/2025. Observations revealed insect/pest activity/residue in resident rooms and/or resident care areas during environmental rounds. Evidence of ongoing pest (insect) presence observed with pest residue recurring in reports noted upon re-entry after prior treatment last documented pest control entry 09/18/2025. Observations during survey, on 09/18/2025 at approximately 9:00AM and 09/19/2025, approximately 9:00 AM revealed insect carcasses (appeared to be cockroaches) in resident room [ROOM NUMBER], the dining area and the common area. Additionally, evidence of pests with insect residue observed in resident rooms 220, 222,223 and 225. Interview with Certified Nursing Assistant (CNA)3 on 09/19/2025 at 1:30 PM revealed roach activity was observed daily during the previous month on the North Unit, specifically in rooms 200 Hall, 220,222, 223, and 225.CNA3 reported observing pests crawling on walls and stated residents were aware of the pest infestation. CNA #3 confirmed pest control services were provided, however pests persisted. Interview with Certified Medication Technician (CMT)2 on 09/20/2025 at 2:30 PM revealed no direct observation of pests in resident rooms but acknowledged pest presence within facility common areas. Interview with Maintenance Director on 09/19/2025 at 1:45 PM, revealed the presence of a contract with a vendor to provide pest control services monthly and as needed. Further interview with the Maintenance Director no knowledge of pests in common areas or resident rooms.Interview with the Director of Nursing, on 09/19/2025 at 3:30 PM, revealed she was aware of a pest control contract. The Director of Nursing stated she had nothing to do with pest control but she was aware of pests' infestations. She further stated that pests could harbor and transmit diseases to residents.Interview with the Administrator, on 09/19/2025 at 3:00 PM, revealed the facility contracted with a vendor to provide pest control preventative treatment monthly and as needed. When asked why engage in pest control and the consequences of not doing so, the Administrator stated pests could harbor and transmit diseases to residents.