

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Louisville East Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4200 Browns Lane Louisville, KY 40220	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>21382</p> <p>Based on interview, and record review, the facility failed to issue a Notice of Medicare Non-Coverage (NOMNC) that included all required appeal contact information for three (3) of three (3) residents reviewed for beneficiary notices out of a total sample of 39 residents, Resident (R)13, R58, and R219.</p> <p>Additionally, the facility failed to correctly complete the Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) for R13 and R58, informing residents or their responsible party of information related to a Medicare A; and the facility failed to follow the appropriate instructions for the SNFABN form. This failure could lead to residents or their responsible party not understanding their options when skilled care was ending.</p> <p>Findings include:</p> <p>Review of the Form Instructions Advanced Beneficiary Notice of Non-coverage (ABN), provided by the facility when the SNFABN instructions were requested, revealed .The ABN is a notice given to beneficiaries in original Medicare to convey that Medicare is not likely to provide coverage in a specific case. Notifiers include: Physicians, providers (including institutional providers like outpatient hospitals), . Medicare inpatient hospitals and skilled nursing facilities (SNFs) use other approved notices for Part A items and services when notice is required in order to shift potential financial liability to the beneficiary.</p> <p>1. Review of the facility completed SNF Beneficiary Protection Notification Review form, revealed R13 began a Medicare A skilled stay on 02/05/2024 and received skilled therapy and skilled nursing. Her last covered day (LCD) was 02/16/2024. The facility issued her a Notice of Medicare Non-Coverage (NOMNC). She was also issued a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN). Both notices were issued on 02/14/2024. R13 signed both notices for herself.</p> <p>During an interview with R13, on 07/19/2024 at 1:30 PM, it was confirmed she signed the forms and was remaining in the building for long-term care.</p> <p>Review of R13's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/12/2024, located in the resident's Electronic Medical Record (EMR) under the MDS tab, revealed the facility assessed R13 as having a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating intact cognition.</p> <p>(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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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the NOMNC, provided by the facility, revealed it did not include the teletypewriters (TTY), a phone system that allows deaf and hard of hearing to use the phone as directed, in the appeal information.</p> <p>Review of the SNFABN, revealed the form did not include R13's name and patient identification number at the top of the form. On the form under, Items or Services: Room and Board, the facility entered the semi-private cost for room board and indicated the amount was \$250 per day, Therapy- PT OT [physical therapy and occupation therapy] \$75 per unit, &amp; ST [speech therapy] \$150 per unit. The Because information was not completed. In the options, the facility had two (2) boxes for choices. The first option stated, Yes, I want to receive these items or services. I understand that Medicare will not decide whether to pay unless I receive these items or services. I understand you will notify me when my claim is submitted and that you will not bill me for these items or services until Medicare makes its decision. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand that I can appeal Medicare's decision. The second option stated, No. I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay. I understand that, in the case of any physician-ordered items or services, should notify my doctor who ordered them and that I did not receive them. R13 marked option two (2), indicating she did not want to receive any skilled nursing or therapy. The facility used instructions for completing an ABN form instead of the SNFABN form and failed to address why services would not be covered.</p> <p>2. Review of the facility completed SNF Beneficiary Protection Notification Review form, revealed R58's Medicare A skilled stay started on 02/05/2024. R58 received skilled therapy and skilled nursing. Her LCD was 04/05/2024. The facility issued her a NOMNC and SNFABN.</p> <p>Review of the facility provided NOMNC, revealed it did not include the TTY (teletypewriters), a phone system that allows deaf and hard of hearing individuals to use the phone.</p> <p>Review of the facility provided SNFABN form, revealed it did not include R58's name and patient identification number at the top of the form. On the form under Items or Services: Room and Board, the facility entered the semi-private cost for room board and indicated the amount was \$250 per day, Therapy PT OT (physical therapy and occupation therapy) \$75 per unit &amp; ST (speech therapy) \$150 per unit. The Because information was not completed. In the options the facility had two (2) boxes for choices. The first option stated, Yes, I want to receive these items or services. I understand that Medicare will not decide whether to pay unless I receive these items or services. I understand you will notify me when my claim is submitted and that you will not bill me for these items or services until Medicare makes its decision. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand that I can appeal Medicare's decision. The second option stated, No. I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay. I understand that, in the case of any physician-ordered items or services, should notify my doctor who ordered them and that I did not receive them. R58 marked option two (2), indicating she did not want to receive any skilled nursing or therapy. The facility used instructions for completing an ABN form instead of the SNFABN form and failed to address why services would not be covered.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 21382</p> <p>Based on interview, record review, and review of the facility's policy, the facility failed to issue the resident or their representative a written notification of transfer when the resident was transferred to the hospital for three (3) of five (5) sampled residents reviewed for emergency transfers out of a total sample of 39 residents, Resident (R)73, R124, and R150.</p> <p>The facility failed to have a system in place for sending written notifications to residents and/or their representatives. This failure created the potential for the resident and/or the representative to lack the knowledge of where and why a resident was transferred, and/or how to appeal the transfer, if desired.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Transfer or Discharge, Emergency, revised August 2018, revealed Emergency transfers or discharges may be necessary to protect the health and/or well-being of the resident(s) . 4. Should it become necessary to make an emergency transfer or discharge to a hospital or other related institution, our facility will implement the following procedures: . d. Prepare a transfer form to send with the resident; e. Notify the representative (sponsor) or other family member; .</p> <p>1. Review of the undated Admission Record, located in the resident's electronic medical record (EMR) under the Profile tab, revealed the facility admitted R124 on 09/10/2022 with diagnoses to include dementia and a subdural hemorrhage.</p> <p>Review of R124's quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 06/12/2023, located in the resident's EMR under the MDS tab, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of five (5) out of 15 indicating severe cognitive impairment.</p> <p>Review of R124's Progress Notes, located in the EMR under the Progress Notes tab, revealed the resident fell on [DATE] and was sent to the emergency room (ER) for evaluation and treatment. R124 returned to the facility on [DATE].</p> <p>R124's responsible party could not be reached for interview.</p> <p>Further review of R124's medical record, revealed there was no documented evidence of a transfer notice sent to the resident/resident representative regarding the hospital transfer.</p> <p>40847</p> <p>2. Review of R73's undated Admission Record, located in the resident's EMR under the Profile tab, revealed the facility admitted the resident on 08/25/2023 with diagnoses including Alzheimer's disease, gout, vascular dementia, and type 2 diabetes.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the care plan, dated 06/17/2024, located under the EMR Care Plan tab, revealed R73 was at risk for complications with urinary system related to obstructive uropathy; which requires indwelling catheter (suprapubic catheter).</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 05/29/2024, revealed the facility assessed R73 as having a Brief Interview for Mental Status (BIMS) score of four (4) out of 15, indicating severe cognitive impairment. Further review of the MDS, revealed the facility assessed the resident as having an indwelling catheter.</p> <p>Review of the EMR Progress Note, dated 10/22/2023, located under the EMR Progress Notes tab, revealed R73 had a change in condition and was sent out to the hospital for further evaluation.</p> <p>Review of the [Hospital] document, provided by the facility and dated 10/22/2023, revealed R73 was discharged to the facility in stable condition and had a diagnosis of Urinary Tract Infection (UTI).</p> <p>Further review of R73's medical record, revealed there was no documented evidence of a transfer notice sent to the resident/resident representative regarding the hospital transfer.</p> <p>36898</p> <p>3. Review of R150's undated Admission Record, located in the resident's EMR under the Profile tab, revealed the facility admitted the resident on 04/19/2024 with diagnoses including acute respiratory failure with hypoxia. Further review revealed the resident was readmitted on [DATE].</p> <p>Review of R150's quarterly MDS with an ARD of 06/25/2024, located in the resident's EMR under the MDS tab, revealed the facility assessed the resident as having a BIMS score of 14 out of 15 which indicated the resident was cognitively intact.</p> <p>Review of R150's nurse's Progress Note, dated 06/09/2024 and located in the resident's EMR under the Progress Notes tab, revealed, . Resident c/o [complained of] SOB [shortness of breath], weakness, nausea . 2L [liters] of oxygen, resident O2 [oxygen] continued to decrease, resident also stated she was not feeling any better. NP [Nurse Practitioner] notified and recommended to send resident to hospital. EMS [Emergency Medical Service] was called and resident was transferred . Further review of the Progress Notes. revealed R150 returned to the facility on [DATE].</p> <p>During an interview, on 07/16/2024 at 12:32 PM, R150 stated she was admitted to the hospital approximately two (2) or three (3) weeks ago. R150 stated she did not receive anything in writing about her hospital transfer or any information regarding her right to return to the facility.</p> <p>During an interview on 07/19/2024 at 1:40 PM, the Business Office Manager (BOM) stated the facility did not send written transfer notices to residents nor their representatives. The BOM stated she was not aware of the requirement to send written notification; however, she stated she was responsible for transfer notices when residents were emergently transferred to the hospital.</p> <p>During an interview, on 07/19/2024 at 5:29 PM, the Administrator stated he was not aware of the regulatory requirement to send written notice after a resident's emergent transfer to the hospital.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36898</p> <p>Based on interview, record review, and review of the facility's policy, the facility failed to ensure a comprehensive person-centered care plan was developed related to falls for one (1) of 39 sampled residents, Resident (R)110.</p> <p>The facility assessed R110 to be at high risk for falls; however, there was no documented evidence a Care Plan was developed in an attempt to prevent falls. This placed the resident at risk for unmet care needs and at an increased risk of sustaining a fall.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Care Plans, Comprehensive Person Centered, revised March 2022, revealed A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident . 1. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident . 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment . 10. When possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers .</p> <p>Review of R110's undated Admission Record, located in the resident's electronic medical record (EMR) under the Profile tab, revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included muscle weakness, arthritis, morbid obesity, and osteoarthritis of left knee.</p> <p>Review of R110's Nursing Fall Risk Observation/Assessment, dated 03/20/2024 and located in the resident's EMR under the Assessment tab, revealed the facility assessed the resident as at high risk for falls.</p> <p>Review of R110's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/27/2024, located in the resident's EMR under the MDS tab, revealed the facility assessed the resident as having a fall prior to admission to the facility. The facility further assessed the resident as dependent on staff for transfers. His walking ability was not assessed due to a medical condition or safety concerns. Continued review of the MDS, specifically the Care Area Assessment (CAA) section, revealed the assessment triggered the care area of Falls and indicated it would be addressed in the resident's care plan.</p> <p>Review of R110's comprehensive Care Plan, located in the resident's EMR under the Care Plan tab, revealed a care plan was not developed to include the problem area of risk for falls with goals and interventions.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 07/19/2024 at 12:01 PM, the Director of Nursing (DON) reviewed R110's care plan and confirmed the care plan did not address the resident's risk of falls. The DON stated it was her expectation the resident's care plan would have been developed to address and mitigate the resident's risk for falls.</p> <p>During an interview, on 07/19/2024 at 12:06 PM, the MDS Coordinator (MDSC) stated she was responsible for the development of R110's comprehensive care plan. The MDSC confirmed the care plan did not address the resident's risk of falls. The MDSC stated R110's care plan should have addressed the resident's risk for falls and she was not sure how she omitted this.</p> <p>During an interview, on 07/19/2024 at 5:29 PM, the Administrator stated it was his expectation R110 would have had a care plan developed to address the resident's risk for falls.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26006</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to provide appropriate services to prevent and or treat pressure ulcers for two (2) of four (4) sampled residents reviewed for pressure ulcers out of a total sample of 39 residents, Resident (R)9 and R267.</p> <p>The facility failed to implement pressure ulcer prevention measures and accurately assess a pressure ulcer for R9. This failure had the potential to contribute to development of new pressure ulcers and/or a lack of wound healing or wound deterioration for R9.</p> <p>Additionally, the facility failed to provide pressure ulcer treatments as ordered for R267. This failure had the potential to contribute to a lack of wound healing or wound deterioration for R267.</p> <p>Findings include:</p> <p>1. Review of R9's Admission Record, located under the Profile tab of the electronic medical record (EMR), revealed he was admitted to the facility on [DATE] with diagnoses including morbid obesity, type 2 diabetes with diabetic neuropathy, and muscle weakness.</p> <p>Review of R9's annual Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 06/26/2024, located under the MDS tab of the EMR, revealed a score of 15 out of 15 on the Brief Interview for Mental Status (BIMS), indicating intact cognition. Per the MDS, R9 did not exhibit behavioral symptoms. R9 required partial to moderate assistance with bed mobility and was at risk for development of pressure ulcers. Per the MDS, R9 did not have an unhealed pressure ulcer. R9 received pressure-reducing devices for his chair and bed and application of ointments/topical medications.</p> <p>A. Heel Lift Boot</p> <p>Review of R9's EMR under the Orders tab, revealed a Physician's order, dated 01/11/2024, for Heel-lift boots to bilateral feet while in bed.</p> <p>Review of R9's Care Plan, revised 07/11/2024 and located in the Care Plan tab of the EMR revealed, Resident is at risk for impaired skin integrity related to diabetes, pain, morbid obesity, and recurring yeast to body folds. History of pressure injury left lateral ankle, stage III - resolved 03/18/2024. Stage III left lateral ankle- 07/08/2024. The approaches included, Heel lift boots bilateral, initiated 01/12/2024. Further review of the Care Plan, revealed Resident has a pressure ulcer to Left lateral ankle and is at risk for further breakdown and/or slow, delayed healing related to cardiovascular disease, decreased mobility, diabetes.</p> <p>During an interview with R9, on 07/16/2024 at 11:29 AM, in his room, the resident stated he had a boot on his left foot, but nothing on his right foot. R9 was observed lying in bed on his back with a large pressure-relieving boot to the left foot and his bare right foot was resting on the mattress.</p> <p>During an observation of R9, on 07/17/2024 at 1:20 PM, he was lying in bed in his room. R9 had a large boot on his left foot and his right foot was bare and resting on the mattress.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation, on 07/18/2024 at 1:41 PM, in R9's room, Licensed Practical Nurse (LPN)12 prepared to complete wound care on R9's left foot while he was lying in bed. LPN12 verified R9 wore a pressure-relieving boot on his left foot and did not have a boot on the right foot.</p> <p>During an interview, on 07/18/2024 at 2:55 PM, LPN12 stated R9 only wore a boot on the left and did not have a boot for the right foot. LPN12 stated she was unaware the order specified boots to be worn on both feet, and stated she would clarify with the Nurse Practitioner (NP) whether he was supposed to wear only the left boot or left and right boots.</p> <p>During an interview, on 07/18/2024 at 3:17 PM, Certified Nurse Aide (CNA) 4 stated R9 only had a boot for the left foot and did not wear any boot on the right foot. CNA4 stated R9 did not ever refuse to wear the the boot on the left foot and was compliant with care.</p> <p>During an interview, on 07/18/2024 at 5:45 PM, LPN12 stated she had verified with the NP, R9 was to wear boots on both feet, not just the left foot, for pressure ulcer prevention. LPN12 stated she spoke with R9 and he was agreeable to wearing the right boot in addition to the left.</p> <p><b>B. Wound Assessment</b></p> <p>Review of the facility Prevention of Pressure Injuries policy, dated October 2023, revealed, Conduct a comprehensive skin assessment upon admission, with each risk assessment, as indicated according to the resident's risk factors, and prior to discharge</p> <p>During the skin. assessment, inspect: .</p> <p>a. Presence of erythema;</p> <p>b. Temperature of skin and soft tissue; and</p> <p>c. Edema .</p> <p>The physician will help identify medical interventions related to wound [prevention and] management.</p> <p>Review of R9's Nursing - Comprehensive Skin Evaluation/Assessment, dated 07/08/2024 and located under the Evaluations tab of the EMR, revealed a pressure ulcer, stage III, to R9's left outer ankle and old pressure area reopened.</p> <p>Review of R9's Skin/Wound Note, dated 07/09/2024 and located in the Progress Notes tab of the EMR, revealed, Resident with area to left lateral ankle (this was a previously opened area). Treatment in place; encouraged to wear heel boots and not to rub on the mattress. Will continue to observe.</p> <p>Review of R9's Nursing - Comprehensive Skin Evaluation/Assessment, dated 07/11/2024 and located in the Evaluations tab of the EMR, revealed R9 did not have any wounds present.</p> <p>Review of R9's Nursing - Comprehensive Skin Evaluation/Assessment, dated 07/15/2024 and located under the Evaluations tab of the EMR, revealed a left outer ankle pressure ulcer, stage III, was present.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation of wound care for R9 in his room, on 07/18/2024 at 1:41 PM with LPN12, a small, round wound was observed on the bony part of the outside of the resident's left ankle that appeared scabbed and dry.</p> <p>During an interview, on 07/18/2024 at 2:55 PM, LPN12 stated R9 developed a pressure sore on 07/08/2024 and it was healing well.</p> <p>During a telephone interview, on 07/19/2024 at 1:48 PM, LPN9 stated she had completed the 07/11/2024 skin assessment. LPN9 stated, I must have missed the pressure ulcer on the skin assessment. She further stated the wound most likely was present at that time as, typically, it would not close up and then re-open that quickly. LPN9 stated, I bounce around a lot on different units and depend on the aides to let me know of new issues . I try to do an observation of the skin, but since it's on night shift, they don't want to be bothered . so I can't see their skin . It must have been a mistake on my part. It is hard to know the residents when I'm all over the place . It must not have been told to me in report.</p> <p>During an interview, on 07/19/2024 at 2:31 PM, Unit Manager (UM) 1 stated it was not acceptable for a nurse to conduct a skin assessment without visualizing the resident's skin. UM1 stated R9's pressure ulcer should have been reflected on his 07/11/2024 skin assessment. UM1 stated the assessments could be done at the beginning of the shift or during rounding to ensure the nurse was able to view the resident's skin. UM1 stated if a resident refused a skin assessment, it should be documented as a refusal rather than documented that there were no wounds present.</p> <p>2. Review of R267's Admission Record, located under the Profile tab of the EMR, revealed he was admitted to the facility on [DATE], readmitted on [DATE], and discharged from the facility on 08/04/2021. R267's diagnoses included chronic osteomyelitis (bone infection), deep vein thrombosis (blot clot) in the lower extremity, paraplegia, morbid obesity, multiple stage IV pressure ulcers (left heel, sacrum, and left hip), and noncompliance with other medical treatment and regimen.</p> <p>Review of R267's Admit/Re-Admit Screener, dated 06/08/2016 and located in the Evaluations tab of the EMR, revealed he was admitted to the facility with nine (9) pressure ulcers which were located in the following areas: left heel, right heel, scrotum, left hip, left buttock, right hip/buttock, right buttock/coccyx, coccyx bridge, and right coccyx/hip/buttock.</p> <p>Review of R267's Nursing - Admission/Re-Admission Assessment, dated 05/18/2021 and located in the Evaluations tab of the EMR, revealed chronic wounds to both feet, both heels, the left hip, and the coccyx present upon re-admission from the hospital.</p> <p>Review of R267's quarterly MDS assessment with an ARD of 05/23/2021, located in the MDS tab of the EMR, revealed a score of 15 out of 15 on the BIMS, indicating intact cognition. Per the MDS, R267 did not exhibit any mood or behavioral symptoms. R 267 was totally dependent on two (2) or more staff for bed mobility and had not transferred out of bed. He required extensive assistance with personal hygiene. Further review of the MDS, revealed R267 had two (2) stage IV pressure ulcers present on admission and surgical wounds. R267 used a pressure-reducing mattress and received pressure ulcer care and surgical wound care including application of dressings and ointments.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Louisville East Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4200 Browns Lane Louisville, KY 40220	
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R267's Care Plan, located in the Care Plan tab of the EMR and last updated 06/18/2021, revealed R267 had wounds to the left heel, left hip, right hip, right ankle, left dorsal foot, left plantar foot, left calf, and left shin. The Care Plan documented R267 was resistant to turn and reposition and refused wound care and treatment at times. The interventions included provision of a pressure-reducing mattress, wound care specialist evaluation and treatment, encourage repositioning every two (2) to three (3) hours, monitor for infection, and provide wound treatments as ordered.</p> <p>Review of R267's Treatment Administration Record [TAR], dated July 2021 and located under the Orders tab of the EMR, revealed the following wound treatments were not documented as completed:</p> <p>A. Left Heel Pressure Ulcer</p> <p>Physician's Orders dated 06/26/2021 through 07/19/2021 revealed: Apply Santyl ointment (used to remove damaged tissue from chronic skin ulcers) and calcium alginate (highly absorptive, non-occlusive dressing made of soft, non-woven calcium alginate fibers), cover with abdominal (ABD) gauze pad and wrap with kerlix (crinkle weave gauze roll) daily. However, there was no documented evidence this treatment was provided on 07/04/2021 and 07/11/2021.</p> <p>B. Right Buttock Wound</p> <p>Physician's Orders dated 05/18/2021 through 07/25/2021 revealed: Apply foam dressing to right buttock daily. However, there was no documented evidence this treatment was provided on 07/04/2021, 07/11/2021, 07/21/2021, and 07/24/2021.</p> <p>C. Right Hip</p> <p>Physician's Orders dated 07/09/2021 revealed: Apply Skin Prep (wipes that form a protective barrier between the skin and adhesives to help preserve skin integrity) daily. However, there was no documented evidence this treatment was provided on 07/11/2021, 07/21/2021, and 07/24/2021.</p> <p>Physician's Orders dated 06/25/21 through 07/08/2021 revealed: Apply calcium alginate and bordered gauze daily. However, there was no documented evidence this treatment was provided on 07/04/2021.</p> <p>D. Left Dorsal Foot</p> <p>Physician's Orders dated 07/09/2021 through 07/25/2021 revealed: Apply skin prep and cover with Hydrocolloid (a waterproof dressing that provides a moist and insulating environment to promote wound healing) every Monday, Wednesday, and Friday However, there was no documented evidence this treatment was provided on 07/21/2021.</p> <p>Physician's Orders dated 07/03/2021 through 07/08/2021 revealed: Apply a collagen sheet and ABD pad and wrap with kerlix every day. However, there was no documented evidence this treatment was provided on 07/04/2021.</p> <p>E. Left Hip</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Physician's Orders dated 06/25/2021 through 07/25/2021 revealed: Apply and pack with calcium alginate and cover with a border dressing daily. However, there was no documented evidence this treatment was provided on 07/04/2021, 07/11/2021, 07/21/2021, and 07/24/2021.</p> <p>F. Right Ankle</p> <p>Physician's Orders dated 06/25/2021 through 07/08/2021 revealed: Apply calcium alginate and cover with border gauze daily. However, there was no documented evidence this treatment was provided on 07/04/2021.</p> <p>G. Left Calf</p> <p>Physician's Orders dated 07/16/2021 through 07/25/2021 revealed: Apply calcium alginate and cover with dry dressing daily. However, there was no documented evidence this treatment was provided on 07/21/2021 and 07/24/2021.</p> <p>H. Left Plantar Foot</p> <p>Physician's Orders dated 07/09/2021 through 07/25/2021 revealed: Apply calcium alginate and ABD pad, wrap with kerlix every day. However, there was no documented evidence this treatment was provided on 07/11/2021, 07/21/2021, and 07/24/2021.</p> <p>I. Right Buttock</p> <p>Physician's Orders dated 05/18/2021 through 07/25/2021 revealed: Apply foam dressing every day. However, there was no documented evidence this treatment was provided on 07/04/2021, 07/11/2021, 07/21/2021, and 07/24/2021.</p> <p>Review of R267's Progress Notes revealed no documentation on 07/04/2021, 07/11/2021, 07/21/2021, or 07/24/2021 to indicate a reason why the treatments were not provided nor was there documentation to indicate the physician had been notified.</p> <p>During an interview, on 07/19/2024 at 2:57 PM, LPN10 stated R267 frequently refused care, including turning and repositioning, showers, and wound care. LPN10 stated his wounds would briefly heal, then would deteriorate again due to the resident's noncompliance. LPN10 stated when a resident refused a treatment, the refusal should be documented on the TAR and in a corresponding Progress Note to describe the situation. LPN10 stated the physician should be notified of any refusal of medications or treatments and the notification was typically documented in the Progress Notes. LPN10 stated when the TAR was left blank, it was most likely a refusal from the resident, but there was no way of knowing.</p> <p>During an interview, on 07/19/2024 at 4:54 PM, the Director of Nursing (DON) stated any refusal should be documented on the TAR using the corresponding numeric code. The DON stated she did not know why the TAR would be left blank, and stated without any documentation, there was no way to know whether the treatments had been done as ordered or refused.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26006</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure medications were available for administration per Physician's orders for two (2) of 39 sample residents (R74 and R717). These failures placed the residents at risk of harm or discomfort related to missed medication doses.</p> <p>R74 was ordered Eliquis (apixaban, an anticoagulant medication) five (5) milligrams (mg) twice daily for stroke prevention on 03/23/2023. However, there was no documented evidence the resident received the scheduled doses of medication on 05/21/2024 at 8:00 AM, 06/05/2024 at 8:00 PM and 06/19/2024 at 8:00 AM. The Progress Notes on these dates revealed the medication was re-ordered or the medication was unavailable.</p> <p>R717 was admitted to the facility on [DATE] at approximately 3:50 PM, and Physician's Orders on admission included Oxycodone-acetaminophen (narcotic pain medication) oral tablet 7.5-325 mg., give one (1) to two (2) Tablets by mouth every four (4) hours as needed for pain. Per the resident's Control Drug Use Record, and staff interview, R717 did not receive the Oxycodone-acetaminophen medication until 07/10/2024 at 12:30 PM, when staff obtained a one-time order from the Nurse Practitioner (NP) to administer R717 a dose of her pain medication she brought with her from the discharging facility.</p> <p>Findings include:</p> <p>1. Review of R74's undated Admission Record, located under the Profile tab in the electronic medical record (EMR), revealed she was admitted to the facility on [DATE] with diagnoses including congestive heart failure and history of stroke.</p> <p>Review of R74's annual Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 05/08/2024, located under the MDS tab of the EMR, revealed she scored 14 out of 15 on the Brief Interview for Mental Status (BIMS), indicating intact cognition. Per the MDS, R74 did not exhibit any mood or behavioral symptoms. R74 used an anticoagulant medication daily.</p> <p>During an interview, on 07/16/2024 at 10:16 AM, R74 stated she had missed her dose of Eliquis (apixaban, an anticoagulant medication) three (3) times recently. R74 stated she was concerned about missed doses of this important medication negatively affecting her health.</p> <p>Review of R74's Care Plan, dated 05/23/2024, revealed Resident is at risk for bleeding and bruising related to anticoagulant use and documented the approach, Medication as ordered.</p> <p>Review of R74's Medication Administration Record (MAR), dated May 2024 and located under the Orders tab of the EMR, revealed a Physician's order, which originated on 03/23/2023, for apixaban, five (5) milligrams (mg) twice daily for stroke prevention. Per the MAR, the drug was not given with the code of Other/See Nurses' Notes, on 05/21/2024 at 8:00 AM.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R74's eMar - Medication Administration Note, dated 05/21/2024 and located under the Progress Notes tab of the EMR, revealed, Apixaban Oral Tablet 5 MG . reordered. There was no documentation to indicate the physician was notified or the medication was obtained from the emergency kit.</p> <p>Review of R74's MAR, dated June 2024 and located under the Orders tab of the EMR, revealed the 03/23/2023 order for apixaban, 5 mg, twice daily. Per the MAR, the drug was not given with the code of Other/See Nurses' Notes on 06/05/2024 at 8:00 PM and on 06/19/2024 at 8:00 AM.</p> <p>Review of R74's eMar - Medication Administration Note, dated 06/05/2024 and located under the Progress Notes tab of the EMR, revealed, Apixaban Oral Tablet 5 MG . medication not available. There was no documentation to indicate the physician was notified or the medication was obtained from the emergency kit.</p> <p>Review of R74's eMar - Medication Administration Note, dated 06/19/2024, written by Licensed Practical Nurse (LPN) 6, and located under the Progress Notes tab of the EMR, revealed, Apixaban Oral Tablet 5 mg . Medication unavailable. Pharmacy notified. There was no documentation to indicate the physician was notified or the medication was obtained from the emergency kit.</p> <p>During an interview, on 07/19/2024 at 12:48 PM with LPN6, she stated, on 06/19/2024, she was unable to locate the apixaban for R74 in the medication cart. LPN6 stated typically the nurse would fax a reorder request to the pharmacy when there was a medication supply to last six (6) or seven (7) days. However, she was unable to find evidence the medication had been reordered prior to the medication running out on 06/19/2024. LPN6 stated she did not give R74 the apixaban dose on 06/19/2024, but could not remember if she had notified the resident's physician of the missed dose. LPN6 stated the physician should be notified any time a dose was missed, and this was typically documented in the Progress Notes. LPN6 confirmed there was no Progress Note to indicate she had notified the physician.</p> <p>During an interview, on 07/19/2024 at 2:15 PM, Unit Manager (UM) 1 stated when a medication could not be found on the medication cart, the nurse should use the medication from the emergency kit, if available. The UM stated apixaban was available in the facility's emergency kit. UM1 stated a medication should be reordered ahead of time so a dose was not missed. UM1 stated she expected the physician to be notified of any missed doses of medications.</p> <p>During a subsequent interview, on 07/19/2024 at 2:53 PM, LPN6 stated she had not obtained the apixaban from the emergency kit on 06/19/2024 for R74, as she did not know what was in the kit at the time. LPN6 stated she first found out about and used the emergency kit yesterday.</p> <p>During an interview, on 07/19/2024 at 5:10 PM, the Nurse Practitioner (NP) stated she would expect a missed dose of apixaban to be reported to her, and she was not aware that R74 had recently missed three (3) doses of the medication. The NP stated the facility should not run out of the medication because of automatic refills through the pharmacy and availability in the emergency kit. The NP further stated one (1) missed dose of the medication may not be too detrimental to the resident's health, but more than one (1) missed dose could be dangerous.</p> <p>During an interview on 07/19/2024 at 4:54 PM, the Director of Nursing (DON) stated she was surprised to hear the staff documented the Eliquis medication was unavailable as it was available in the emergency kit.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>36898</p> <p>2. Review of the facility's policy titled, Medication Orders and Receipt Record, revised April 2007, revealed The facility shall document all medications that it orders and receives . 2. The medication order/receipt record shall contain: a. The prescription number .</p> <p>Review of R717's undated Admission Record, located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses which included open wound to right foot and mononeuropathy of right lower limb.</p> <p>Review of R717's nurse's Progress Note, dated 07/09/2024 at 3:50 PM, and located in the resident's EMR under the Progress Notes tab, revealed, Patient arrived via facility transport . Patient currently in room resting .</p> <p>During an interview, on 07/16/2024 at 2:19 PM, R717 stated it took one and a half days to receive her narcotic pain medication after she arrived at the facility. R717 stated at one point her pain level was a 10, on a scale from one (1) to 10, with 10 being the highest pain level.</p> <p>During further interview, on 07/19/2024 at 2:55 PM, R717 stated she did not really start experiencing the pain level of 10 until the day after she was admitted to the facility. R717 stated after she was admitted to the facility and while awaiting her medication to arrive from the pharmacy, she received one (1) tablet of her narcotic pain medication from her supply from the previous facility and a Tylenol. When asked how long she was in pain at level 10, R717 stated, maybe two hours.</p> <p>Review of R717's Physician's Orders, located in the resident's EMR under the Orders tab, revealed an order dated 07/09/2024 for Acetaminophen Tablet 325 milligrams (mg), give two (2) tablets by mouth every four (4) hours as needed. The Physician's Orders also included an order dated 07/09/2024 for Oxycodone-acetaminophen oral tablet 7.5-325 mg., give one (1) to two (2) Tablets by mouth every four (4) hours as needed for pain.</p> <p>Review of R717's Medication Administration Record (MAR), dated July 2024 and located in the resident's EMR under the Orders tab, revealed the resident was administered two (2) 325 mg acetaminophen tablets on 07/09/2024 at 10:38 PM.</p> <p>Review of R717's nurse's Progress Note, dated 07/09/2024 at 10:38 PM, revealed R717 was administered two (2) 325 mg acetaminophen tablets for mild pain. R717 rated her pain at a six (6), on a scale of zero (0) to ten with ten being the highest.</p> <p>Review of R717's nursing Progress Note, dated 07/10/2024 at 12:44 AM, revealed the follow-up pain assessment for the administration of the acetaminophen on 07/09/24 at 10:38 PM was documented as Ineffective.</p> <p>Review of R717's nurse's Progress Note, dated 07/10/2024, at 12:35 PM, revealed . received new order from NP [Nurse Practitioner]-okay to give pain medication from other facility until meds [medication] arrive from pharmacy. Oxycodone 10/325 tablet administered at this time.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R717's untitled fax confirmation, revealed the prescription for oxycodone-acetaminophen 10 mg-325 mg tablet was received by the pharmacy on 07/10/2024 at 6:37 PM, more than 26 hours after admission.</p> <p>An interview and review of R717's Control Drug Use Record for oxycodone 10-325 mg, was conducted with the Director of Nursing (DON), on 07/19/2024 at 4:25 PM. The Control Drug Use Record revealed one (1) tablet of oxycodone-acetaminophen 10-325 mg was signed out on 07/10/2024 at 12:30 PM by Certified Medication Technician (CMT)1. The DON stated the CMT obtained a one-time order from the Nurse Practitioner (NP) to administer R717 a dose of her pain medication she brought with her from the discharging facility. The DON stated this was the first dose of narcotic pain medication R717 received after admission to the facility.</p> <p>During further interview, on 07/19/2024 at 4:25 PM, the DON stated the nurse who admitted R717 put the order in the EMR for oxycodone-acetaminophen on 07/09/2024 at approximately 8:00 PM. The DON stated the pharmacy delivered the medication on 07/10/2024 at 9:13 PM, more than 25 hours later. The DON further stated the reason the medication took so long to be delivered was because the admitting nurse was using the resident's discharge summary from the discharging facility to enter the orders for the medications. The DON explained that even though the order was put in the system, there was no prescription for the pharmacy to use to fill it. The DON further stated when the medication had not arrived on the 07/10/2024 midnight delivery, the nurse called the pharmacy and was told a prescription was needed, so the nurse notified the on-call NP to get a prescription. In continued interview, the DON stated the facility emergency medication system had the oxycodone-acetaminophen medication available and she would have expected the nurse to call the NP or physician to get an order for the medication to be dispensed and administered as ordered.</p> <p>During an interview, on 07/19/2024 at 5:00 PM, the NP stated the nurse called the on-call nurse practitioner (who was no longer employed by the facility) to obtain a prescription for R717's narcotic pain medication. However, the on-call nurse practitioner failed to follow through and send a prescription into the pharmacy for the medication. The NP stated this failure was on the facility and R717 should not have been without her pain medication.</p> <p>During an interview, on 07/19/2024 at 5:29 PM, the Administrator stated it was his expectation R717's pain medication would have been obtained timely from the pharmacy.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43353</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to remove expired hydrogen peroxide and accu-check glucose control solutions from one (1) of two (2) medication storage rooms. This failure could result in the potential of residents being subject to unsafe or ineffective treatment.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Labeling and Storage, revised 02/2023, revealed .2) The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. 3) If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.</p> <p>Observation of the medication room at the nurses' station was conducted on 07/17/24 at 1:47 PM, accompanied by Licensed Practical Nurse (LPN)1. There were two (2) bottles of hydrogen peroxide with an expiration date of 02/2023 found on a shelf within a cabinet. In addition, three (3) boxes of accu-check glucose control solutions with an expiration date of 07/05/2024 were found in a drawer. LPN1 confirmed these items were expired and removed them from the medication room.</p> <p>During an interview, on 07/18/2024 at 1:48 PM, LPN1 stated, the supply person checked the medication rooms daily for expiration dates and stock for reordering.</p> <p>During an interview, on 07/19/2024 at 11:00 AM, the Assistant Director of Nursing (ADON) stated the unit manager and pharmacy performed medication cart audits. The ADON stated she would have to check to see how often the audits were performed. The ADON further stated it was also the nurse's responsibility to remove expired medications and biologicals.</p> <p>During an interview, on 07/19/2024 at 11:38 AM, the Director of Nursing (DON) stated, pharmacy checked the medication rooms once a month. Typically, the nursing staff checked the medication carts for expired medications and biologicals. We don't have a designated supply person that does it.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>26006</p> <p>Based on observation, interview, and review of facility policy, the facility failed to serve meals that were palatable and attractive.</p> <p>Interviews with Residents (R)13, R26, R74, R81, R86, revealed concerns related to the foods not being palatable, or attractive with foods running together on the plate, causing the food to be watery and sloppy.</p> <p>Additionally, during the Group Interview, conducted by the State Survey Agency, R22, R12, and R46 all stated the food was not appetizing and did not taste good, partly because the foods were overcooked and watery and plated in a manner in which fluids from one food would run into the others.</p> <p>Furthermore, during an observation of tray line during lunch meal service in the kitchen, on 07/18/2024 beginning at 11:06 AM, Cook1 served a chicken leg and thigh, a scoop of macaroni and cheese, and a scoop of green beans all on the same plate for all diet types. Visible liquid spread over the plates when the green beans were added.</p> <p>Moreover, during an observation of tray line during the dinner meal service in the kitchen, on 07/18/2024 at 5:18 PM, Cook2 served red beans and sausage in gravy and boiled greens both on the same plate without using bowls. Visible liquids from the foods were observed running on the plates.</p> <p>In addition, observation of a test tray with the Dietary Manager (DM), on 07/18/2024 at 5:45 PM, in the 300/400 Hall, revealed the plate of greens and red beans and sausage had visible liquid running on the plate. The food on the plate appeared soupy and the juices from the foods were running together, making the meal appear unappetizing.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Enhancing the Dining Experience through Garnishing, dated 2018, revealed, It is important to remember that a guest eats with their eyes first . Elements of Good Table and Plate Presentation . Complimentary food combinations with attractive arrangements on the plate . [and] using separate dishes to hold food with liquid.</p> <p>1. An interview was conducted, on 07/16/2024 at 10:16 AM, with R74, who was assessed per the annual Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 05/08/2024, as having a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating intact cognition. R74 stated the food was terrible and bland and all the foods ran together on the plate. R74 further stated this had always been a problem and though it has been addressed with staff, nothing had changed.</p> <p>2. An interview was conducted on 07/16/2024 at 10:46 AM with R81, who was assessed per the quarterly MDS assessment, with an ARD of 04/26/2024, as having a BIMS score of four (4) out of 15, indicating severe cognitive impairment. R81 stated she received ground foods, and they all ran together on the plate and tasted the same.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Louisville East Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4200 Browns Lane Louisville, KY 40220	
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. An interview was conducted on 07/16/2024 at 10:55 AM, with R26, who was assessed per the quarterly MDS assessment with an ARD of 06/05/24, as having a BIMS score of 15 out of 15 intact cognition. R26 stated the food was not plated well and juice from vegetables often ran into other foods on the plate. R26 stated this happened recently when he was served pizza with boiled greens on the side, and the juice from the greens turned his pizza crust soggy. Per interview, this happened often with other foods and was unappetizing. R26 further stated this concern had been brought to the attention of staff many times, but had not yet been addressed.</p> <p>4. An interview was conducted with R86 on 07/16/2024 at 12:00 PM, who was assessed per the quarterly MDS assessment, with an ARD of 04/22/24, as having a BIMS score of 15 out of 15, indicating intact cognition. R86 stated the food was not good and did not appear appetizing.</p> <p>5. An interview was conducted with R13 on 07/16/2024 at 2:15 PM, who was assessed per the quarterly MDS assessment, with an ARD of 05/03/24, and as having a BIMS score of 13 out of 15 indicating intact cognition. R13 stated the food was not good and described the food as watery and sloppy. R13 stated all the foods ran together on the plate because they were so watery.</p> <p>6. The State Survey Agency conducted a Group Interview, on 07/18/2024 beginning at 9:58 AM. R22, R12, and R46 all stated the food was not appetizing and did not taste good, partly because the foods were overcooked and watery and plated in a manner in which fluids from one food would run into the others. The residents stated this had been a concern for a while and they had already brought it to staff's attention without any follow-up.</p> <p>R22's annual MDS assessment, with an ARD of 05/30/24, revealed a BIMS score of 13 out of 15, indicating intact cognition.</p> <p>R12's quarterly MDS assessment, with an ARD of 06/24/24 revealed a BIMS score of 13 out of 15, indicating intact cognition.</p> <p>R46's quarterly MDS assessment, with an ARD of 05/09/24, revealed a BIMS, score of 15 out of 15, indicating intact cognition.</p> <p>7. During an observation of tray line during lunch meal service in the kitchen, on 07/18/2024 beginning at 11:06 AM, Cook1 served a chicken leg and thigh, a scoop of macaroni and cheese, and a scoop of green beans all on the same plate for all diet types. The green beans on the steam table were in liquid, and the liquid was drained for approximately two (2) seconds prior to plating. Visible liquid spread over the plates when the green beans were added.</p> <p>8. During an observation of tray line during the dinner meal service in the kitchen, on 07/18/2024 at 5:18 PM, Cook2 served red beans and sausage in gravy and boiled greens both on the same plate without using bowls. The beans and sausage dish appeared soupy, and the greens were stored in liquid on the steam table. [NAME] 2 drained the greens for approximately two (2) seconds before plating, and visible liquid from the foods was observed running on the plates.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>9. Observation of a test tray with the Dietary Manager (DM), on 07/18/2024 at 5:45 PM, in the 300/400 Hall, revealed the plate of greens and red beans and sausage was had visible liquid from both dishes running on the plate. The food on the plate appeared soupy and the juices from the food were running together, making the meal appear unappetizing. The DM stated the foods had a lot of liquid and she would expect the soupy beans and sausage dish to be served in a bowl rather than directly on the plate. The DM further stated the facility did not have enough bowls to use, and she had already placed an order for more bowls for this purpose, but had not yet received them. She further stated the facility did have Styrofoam bowls available for use.</p> <p>During continued interview with the DM on 07/18/2024 at 5:45 PM, she stated she needed to direct the staff to drain out more of the liquid from foods before placing it on the steam table. The DM stated she had not provided any education to dietary staff regarding draining foods or plating foods with liquids to avoid draining on the plate. The DM further stated the residents had recently brought up this concern to her during a cook out, when the baked beans liquid ran into the hamburger buns on the plate.</p> <p>The facility provided an order receipt for 48 large bowls. Per the receipt, the order was placed on 06/06/2024 and received on 06/12/2024. No additional information was provided regarding a plan of action to address residents' concerns related to food palatability.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>26006</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure garbage was stored in containers and off the ground to prevent potential spread of insect or rodent activity. This failure affected all 172 facility residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Food-Related Garbage and Refuse Disposal, dated October 2017, and provided by the facility, revealed, All food waste shall be kept in containers . All garbage and refuse containers are provided when stored or not in continuous use. and must be kept covered . Garbage and refuse containing food wastes will be stored in a manner that is inaccessible to pests . Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.</p> <p>During an observation, on 07/17/2024 at 8:00 AM, in the outdoor dumpster area in a corner of the facility parking lot, a trash compactor was observed with a large pile of dirty and decaying trash underneath it on the ground.</p> <p>During an observation and concurrent interview with the Dietary Manager (DM), on 07/18/2024 at 12:11 PM, the trash compactor was again observed with a large pile of dirty trash on the ground underneath it. The DM stated trash was piled on the ground under the compactor and needed to be cleaned up. The DM further stated the compactor was no longer used and she did not often go out to the dumpster area. In continued interview, the DM stated the trash pile on the ground created a potential to attract bugs and rodents.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43353</p> <p>Based on observation, interview, medical record review, review of facility policy and review of the Centers for Disease Control and Prevention guidance, 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 the development and transmission of communicable diseases and infections.</p> <p>The following failures could promote the spread of multi drug resistant organisms (MDROs) throughout the facility:</p> <p>The facility failed to ensure staff wore appropriate Personal Protective Equipment (PPE) for one (1) of three (3) residents reviewed for enhanced barrier precautions (EBP) when providing care, Resident (R) 129.</p> <p>Additionally, he facility failed to ensure staff cleaned and disinfected patient equipment after use for one (1) of eight (8) residents reviewed for infection control, R139.</p> <p>Furthermore, the facility failed to ensure staff followed hand hygiene practices during wound care for one (1) of five (5) residents reviewed for pressure ulcers, R9.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Isolation - Categories of Transmission-Based Precautions, revised 09/2022, revealed the three types of transmission-based precautions are contact, droplet and airborne. The facility did not submit any policies related specifically to EBP.</p> <p>Review of the Centers for Disease Control and Prevention (CDC) website <a href="https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html">https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html</a>, titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multi-drug resistant Organisms (MDROs), updated: 04/02/2024 revealed, Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs. The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization.</p> <p>Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include:</p> <ul style="list-style-type: none"> <li>-Dressing</li> <li>-Bathing/showering</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Transferring</p> <p>-Providing hygiene</p> <p>-Changing linens</p> <p>-Changing briefs or assisting with toileting</p> <p>-Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator</p> <p>-Wound care: any skin opening requiring a dressing</p> <p>. Because Enhanced Barrier Precautions do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.</p> <p>1. Review of R129's Admission Record under the Profile tab of the electronic medical record (EMR) revealed an admitted [DATE]. The Admission Record included a diagnosis of anoxic brain damage.</p> <p>Review of R129's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/07/2024, located under the EMR MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated the resident was cognitively intact.</p> <p>Observation of R129's room, on 07/17/2024 at 2:15 PM, revealed signage on the door frame stating, STOP Enhanced Barrier Precautions (EBP); however, there was no isolation cart outside the doorway. Observation of Licensed Practical Nurse (LPN) 4 providing a wound care treatment to R129's left foot on 07/17/2024 at 2:20 PM, revealed LPN4 wore gloves, but no gown during patient care.</p> <p>During an interview on 07/17/2024 at 2:25 PM, R129 stated, All the staff use hand sanitizer and wash their hands. They always wear gloves, but no they don't wear a gown.</p> <p>During an interview on 07/18/2024 at 10:25 AM, LPN4 stated, I don't know what I did wrong with R129's treatment . I have had EBP training. I should have worn a gown maybe. My last training on EBP was this past February. I'm not sure what type of resident I would need to wear a gown with, except for the contact precaution residents. But I will find out and let you know.</p> <p>During an interview, on 07/19/2024 at 11:02 AM, the Assistant Director of Nursing (ADON) stated, I'm also the Infection Control Preventionist for the facility. Well, I do training often and every day at this point. I have a running list of all the residents that are on precautions. The ADON further stated she updated the list daily during morning meeting and went through the list with every unit manager, MDS nurse, ADON, Director of Nursing (DON) and the dietician. Per interview, they went through every new order and checked for whatever was urgent or whoever needed to be on precautions. She stated those rooms had a magnetic sign placed on the door and a PPE cart was to be placed outside of the doorway. In further interview, she stated EBP was still new, and the facility had to learn about it quickly, but the goal to get into the habit of using EBP precautions. The ADON further stated, My expectation is staff use EBP for residents with wounds, foley catheters, central line, G-tubes [gastronomy tubes] and any recent history of MDRO.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 07/19/2024 at 11:39 AM, the DON stated, It's so new. We're still learning. At first, we thought it was just ostomies, but now we've learned the staff need to gown up with direct contact with residents that also have open wounds, foley catheter, G-tubes, an IV [intravenous line], and with a history of an MRDO. We've already begun educating our staff on EBP, since this has been brought to our attention this week.</p> <p>2. Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised 09/2022, revealed resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current Centers for Disease Control and Prevention (CDC) recommendations for disinfection and the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard. Non-critical items are those that come in contact with intact skin, but not mucous membranes. Non-critical resident-care items include bedpans, blood pressure cuffs, crutches, and computers. Non-critical items require cleaning followed by either low- or intermediate-level disinfection following manufacturers' instructions. Disinfection is performed with an EPA-registered disinfectant labeled for use in healthcare settings. Low-level disinfection is defined as the destruction of all vegetative bacteria (except tubercle bacilli) and most viruses, some fungi, but not bacterial spores . Low-level disinfection is generally appropriate for most non-critical equipment.</p> <p>Review of the CDC Disinfection and Sterilization Guideline. on page 3 of 45, under 3.c. revealed: Perform low-level disinfection (noncritical items; will come in contact with intact skin) for noncritical patient-care surfaces (e.g., bedrails, over-the-bed table) and equipment (e.g., blood pressure cuff) that touch intact skin. 4. c. Ensure that, at a minimum, noncritical patient-care devices are disinfected when visibly soiled and on a regular basis (such as after use on each patient or once daily or once weekly).</p> <p>Review of R139's Admission Record in the Profile tab of the EMR, revealed an admitted [DATE]. The Admission Record stated diagnoses including chronic systolic (congestive) heart failure and chronic kidney disease, stage 3.</p> <p>Review of R139's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/28/2024 and located under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact.</p> <p>During observation on 07/19/2024 at 10:20 AM, R139 was sitting in a wheelchair outside of his doorway. LPN5 was observed using a blood pressure wrist cuff to take the resident's blood pressure. LPN5 then removed wrist cuff, wrote down the blood pressure reading on a sheet of white paper, and then placed the wrist cuff down on the same sheet of white paper on top of the medication cart. LPN5 then administered R139 his medications, locked the medication cart, and walked away. LPN5 returned to her medication cart at 10:41 AM and opened her laptop.</p> <p>During an interview on 07/19/2024 at 10:42 AM, LPN5 stated, I like to bring my own equipment. Once I'm done, I get it sanitized. I have my own special alcohol because this is my cuff. The last time I used the wipe here, it made the sensor not read. So this is a new cuff. I clean it after each use, but R139 was my last one because he doesn't like to take medicine. I won't use this one again until I clean it again.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 07/19/2024 at 11:22 AM, the ADON/Infection Control Preventionist stated, If staff use their own equipment, I still expect staff to clean all the equipment. Staff are still expected to clean before and after they use them. The ADON/Infection Control Preventionist further stated staff should use the micro-kill disinfectant wipes in their medication carts to disinfect equipment.</p> <p>During an interview, on 07/19/24 at 11:47 AM, the DON stated, Staff are expected to disinfect patient equipment after using and in between. If they bring their own equipment, I still expect them to disinfect after each use. She further stated staff should use the disinfectant wipes to disinfect equipment.</p> <p>26006</p> <p>3. Review of the facility's Handwashing/Hand Hygiene policy, dated October 2023 and provided by the facility, revealed, Hand hygiene is indicated . immediately after glove removal.</p> <p>Review of R9's Admission Record located under the Profile tab of the EMR, revealed he was admitted to the facility on [DATE] with diagnoses including morbid obesity, type 2 diabetes with diabetic neuropathy, and muscle weakness.</p> <p>Review of R9's annual MDS assessment with an ARD of 06/26/2024, under the MDS tab of the EMR, revealed he scored 15 out of 15 on the BIMS, indicating intact cognition. R9 was assessed as not exhibiting behavioral symptoms. Per the MDS, R9 required partial to moderate assistance with bed mobility and was at risk for development of pressure ulcers. R9 currently did not have an unhealed pressure ulcer; and he received pressure-reducing devices for his chair and bed and application of ointments/topical medications.</p> <p>Review of R9's Nursing - Comprehensive Skin Evaluation/Assessment, dated 07/08/2024 and located under the Evaluations tab of the EMR, revealed a pressure ulcer, stage III, to R9's left outer ankle which was documented as, old pressure area reopened.</p> <p>Review of R9's EMR under the Orders tab, revealed a Physician's order, which originated on 07/16/2024, to cleanse the left, lateral ankle wound with wound cleanser, pat dry, and wipe with Skin Prep (wipes that form a protective barrier on the skin to help preserve skin integrity).</p> <p>During an observation, on 07/18/2024 at 1:41 PM, in R9's room, LPN12 completed wound care on R9's left foot while he was lying in bed. She donned (put on) a gown and washed her hands, then donned gloves. LPN12 then cleaned the wound with wound cleanser, removed her gloves, and without performing hand hygiene, donned new gloves and applied the Skin Prep to the wound. LPN12 then discarded her gown and gloves and washed her hands.</p> <p>During an interview, on 07/18/2024 at 2:55 PM, LPN12 stated she had not sanitized or washed her hands after removing her dirty gloves and before donning a clean pair of gloves to apply the Skin Prep. LPN12 stated she typically would use hand sanitizer before donning a clean pair of gloves; however, the sanitizer was in her pocket, and she could not reach it because of the gown she was wearing.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 07/19/2024 at 2:31 PM, Unit Manager (UM) 1 stated the nurse should have performed hand hygiene after removing the dirty gloves, and before donning the clean pair of gloves to apply the Skin Prep to R9's wound.</p> <p>During an interview on 07/19/2024 at 4:54 PM, the Director of Nursing (DON) verified her expectation was for staff to perform hand hygiene using hand sanitizer after doffing gloves, before donning a new pair of gloves.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50672</p> <p>Based on observation, interview, and review of facility policy, the facility failed to maintain an effective pest control program to ensure the facility was free of pests.</p> <p>During tours of the facility, on 07/16/2024 and 07/17/2024, live roaches were observed in resident room [ROOM NUMBER] and in the the dry storage area of the kitchen. Additionally, interviews with residents and staff revealed they had seen roaches in the building. All 172 residents had the potential to be affected.</p> <p>The findings include:</p> <p>Review of facility's policy titled, Pest Control with a revision date of May 2008, revealed the facility shall maintain an effective pest control program and the facility will maintain an ongoing pest control program to ensure the building is kept free of insects and rodents.</p> <p>Review of the Pest Activity Log, revealed resident rooms 124, 309, 402, 416; 300/400 area; resident rooms 422 through 428; kitchen; and nurses' station were treated on 05/08/2024 for non-stated pests.</p> <p>Review of the Pest Activity Log, revealed the kitchen; biohazard room; and resident rooms 102, 112, 408, and 416, were treated on 05/23/2024 for gnats, oriental roaches, and ants.</p> <p>Review of the Pest Activity Log, revealed resident rooms and offices were treated for oriental roaches on 06/19/2024 and 06/12/2024. The Log did not state which specific rooms or offices were treated.</p> <p>Review of the Pest Activity Log, revealed the kitchen dish room; and resident rooms 216, 309, 416, 424, were treated for oriental roaches on 07/16/2024.</p> <p>An interview was conducted, on 07/16/2024 at 10:55 AM, with Resident (R)26, who was assessed per the quarterly Minimum Data Set, with an Assessment Reference Date (ARD) of 06/05/2024, as having a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. R26 stated there were roaches in his room and he watched a roach crawl around yesterday. He further stated the facility did routine spraying which seemed to help; however, they were still present.</p> <p>Observation on 07/16/2024 at 10:57 AM, revealed a roach crawling out from under the bed of room [ROOM NUMBER]. R26 ran over the roach with his bedside table and killed it. He stated he killed the roaches so they wouldn't crawl all over his room.</p> <p>An interview was conducted, on 07/16/24 2:15 PM, with Resident (R)13, who was assessed per the quarterly MDS, with an ARD date of 05/03/2024, as having a BIMS score of 13 out of 15, indicating intact cognition. R13 stated she had seen big roach-like bugs in her room about every night.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Louisville East Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4200 Browns Lane Louisville, KY 40220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with Licensed Practical Nurse (LPN) 4 and CNA1 on 07/17/2024 at 8:20 AM, they stated they had not seen roaches, but had heard other staff discuss seeing roaches within the facility. LPN4 stated the insect problem seemed to be more significant in the 300/400 hall area according to discussions.</p> <p>Interview with Certified Nurse Aide (CNA) 2, on 07/17/2024 at 8:50 AM, revealed she had witnessed roaches in the facility.</p> <p>Observation during tour of the kitchen, on 07/17/2024 at 9:35 AM, revealed a roach was crawling in the dry storage area from underneath food storage shelves. A roach trap was under the storage shelves and a separate trap was in an area beside the baking pan storage area; both contained dead bugs.</p> <p>Interview with the Assistant Dietary Manager, on 07/17/2024 at 9:35 AM, revealed she had worked in the facility for three (3) years. She stated the Pest Control Services sprayed the kitchen once a month and more if requested by the facility. She further stated the insect problem seemed to have worsened in the last three to four (3-4) months in the building. The Assistant Dietary Manager stated roach traps were changed every four to five (4-5) months or as needed, but she could not recall the last time the traps were changed.</p> <p>Interview with Resident (R)171's family member (F5), on 07/17/2024 at 6:40 PM, revealed she had witnessed roaches in R171's room while he was a resident at the facility. She further stated she had made complaints regarding the roaches to facility staff while R171 was in the facility; however, the problem continued. F5 further stated the Administrator refused to return her calls after R171 was discharged . Closed record review revealed Resident 171 resided in the facility from [DATE] until 07/29/2022.</p> <p>Interview with the Director of Environmental Services, on 07/18/2024 at 8:40 AM, and 3:15 PM, revealed he had been employed with the facility for [AGE] years. He stated roaches had been an issue in the past, but the problem got worse in the last six to seven (6-7) months, mostly affecting resident rooms 401-416. In further interview, he stated he and other staff checked the affected rooms and made sure any food was in sealed containers. He further stated he had staff check room [ROOM NUMBER] regularly after each mealtime to clean food up food the resident dropped on the floor during mealtime. The Director of Environmental Services stated there had been discussions in the Morning Meeting which included department heads, regarding roaches and what could be done to stop the problem or slow the spreading.</p> <p>Interview with the Pest Control Company Representative, on 07/18/2024 at 9:00 AM, revealed the facility had contracted with this company since 1992. He stated the facility was treated twice monthly, but did request additional treatments outside of the regular treatment schedule due to sightings/issues. The Representative stated the method of treatment utilized within the facility depended on the area of the facility being treated. He further stated the standard of treatment being used for this facility was generally effective, but there were other options if this method was not working for the facility. The Representative could not provide additional information as to what was causing the infestation of roaches.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Louisville East Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4200 Browns Lane Louisville, KY 40220	
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with the Director of Nursing (DON), on 07/19/2024 at 8:10 AM, revealed she has been employed as the DON since February 2023. The DON stated she did recall a resident complaint in a Resident Council meeting awhile back regarding pests, but she did not recall consistent complaints. She stated she was not involved in meetings specific to pest control issues. She further stated roach issues had probably been discussed in Morning Meetings. The DON stated no formal education had been provided to nursing staff as to how to report or prevent roaches in the facility. However, the DON stated it was her expectation the facility be kept as clean as possible, and free of pests.</p> <p>Interview with the Administrator, on 07/19/2024 at 8:20 AM, revealed he had been employed as administrator of the facility since April 2020. The Administrator stated he did not feel roaches were a problem in the facility. He further stated he felt the facility provided a homelike environment, and homes sometimes had pests. Per interview, he had been told the State Agency Surveyors located six (6) dead roaches in a trap in the kitchen area, and further stated, then we are doing our job.</p> <p>During continued interview with the Administrator on 07/19/2024 at 8:20 AM, he stated roaches had been discussed in the Morning Meetings with the interdisciplinary team and solutions included continued pest control, cleanliness, and open food placed in containers. He further stated the Director of Environmental Services was immediately called when a roach was discovered in the facility. Per interview, he was sure he had probably had recent discussions with the Director of Environmental Services regarding pest control, but he couldn't recall any recently. In further interview, the Administrator stated he felt it was his job to put the right people in place to take care of things such as the Director of Environmental Services and limit his involvement to an as needed basis. He stated he could not recall having any complaints from families regarding roaches.</p>		