

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>185183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>05/21/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Helmwood Healthcare                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>106 Diecks Drive<br>Elizabethtown, KY 42701 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                 |
| F 0607<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility failed to develop and implement written policies and procedures that prohibit and prevent abuse, neglect, exploitation of residents, and misappropriation of residents' property. The facility did not run the Office of Inspector General (OIG) Abuse Registry checks for 2 of 8 sampled newly hired employees. The findings include: Review of the Kentucky Revised Statutes (KRS) 209.032 revealed a vulnerable adult services provider, such as a long-term care facility was to, Query as to whether prospective or current employee has validated substantiated finding of adult abuse, neglect, or exploitation -- Administrative regulations -- Central registry of substantiated findings made on or after July 15, 2014. Continued review of the Statute revealed an employee included a person hired directly or through contract by a vulnerable adult services provider with duties that involved or might involve one-on-one contact with a resident. Further review revealed a vulnerable adult services provider was to query the cabinet as to if a validated substantiated finding of adult abuse, neglect, or exploitation was entered against an individual who was a prospective employee of the provider. Review of the facility's policy, Abuse, Neglect, and Exploitation, revised 04/28/2026, revealed the facility will, .develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property. Further review of the policy revealed Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident's property. Review of Dietary Aide 1's personnel file revealed her hire date was 02/25/2026. However, continued review revealed no documentation the facility completed the OIG Abuse Registry check for Dietary Aide 1. Review of Dietary Aide 2's personnel file revealed his hire date was 03/20/2026. Continued review revealed no documentation the facility completed the OIG Abuse Registry check for Dietary Aide 2. An interview with Human Resources (HR) on 05/21/2026 at 1:15 PM revealed she completes all the pre-employment checks for newly hired employees. She stated she does not run any potential employee through the OIG Abuse Registry check unless they have a license number. If they don't possess a license number, she stated she did not run their name through the Kentucky Board of Nursing (KBN) website. A second interview with HR on 05/21/2026 at 5:40 PM, she stated the importance of running the required pre-employment checks on all potential new employees is to keep the residents and the staff safe in the facility. When asked about a potential outcome of an employee with a history of abuse on the OIG abuse registry, that was not screened appropriately and hypothetically was hired, she stated the hypothetical employee could harm someone. An interview with the Director of Nursing (DON) on 05/21/2026 at 4:58 PM revealed HR was responsible for running all the abuse registry checks. The DON stated the importance of pre-employment checks was to keep the residents safe. An interview with the Administrator on 05/21/2026 at 5:16 PM revealed she stated HR was responsible for running all required pre-employment checks. The Administrator stated the facility does not want anyone working who has been convicted of any kind of abuse or neglect. She (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>185183                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>05/21/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Helmwood Healthcare                                                                            |                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>106 Diecks Drive<br>Elizabethtown, KY 42701 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |                                                                                          |                                                 |
| F 0607<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | stated the importance of the pre-employment checks and stated, .we have to protect the residents as<br>well as the staff. |                                                                                          |                                                 |

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| <p>F 0760</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that residents are free from significant medication errors.</p> <p>Based on interviews, record review, and facility policy review, the facility failed to ensure that one of three residents (R) 49 was free from significant medication errors. The facility failed to obtain a new prescription from the provider in a timely manner resulting in the resident missing five consecutive nightly doses of a prescribed medication. The findings include: Review of the facility's policy, Pharmacy Services revised 08/14/2025, revealed, the pharmacist, in collaboration with the facility and medical director, should include within its services to develop mechanisms for communicating, addressing, and resolving issues related to pharmaceutical services. Additionally, the facility will strive to assure that medications are requested, received, and administered in a timely manner as ordered by the authorized prescriber (in accordance with state requirements), including physicians, advanced practice nurses, pharmacists, and physician assistants. Review of facility's policy, Medication Reordering revised 01/18/2026, revealed, it was the policy of this facility to accurately and safely provide or obtain pharmaceutical services including the provision of routine and emergency medications and biologicals in a timely manner to meet the needs of each resident. Further review revealed that acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner and each time a nurse administered medications and observed (6) or less doses left of one kind, that nurse will reorder the medication, time permitting. Review of the website <a href="https://www.drugs.com/medical-answers/long-gabapentin-withdrawal-3554130/">https://www.drugs.com/medical-answers/long-gabapentin-withdrawal-3554130/</a> revealed Gabapentin (a medication used to treat seizures, nerve pain, and restless leg syndrome) should not be stopped suddenly without talking to a healthcare provider as stopping it suddenly can increase your risk of having withdrawal symptoms. Review of R49's electronic medical record, Face Sheet revealed the facility admitted R49 on 02/10/2022 with diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, polyneuropathy, hereditary and idiopathic neuropathy. Review of R49's Minimum Data Sheet, (MDS) with an Assessment Reference Date of 02/24/2026 revealed the facility assessed R49 with a Brief Interview for Mental Status, (BIMS) score of 11 that indicated moderate cognitive impairment. Review of R49's physician's orders revealed an order of Gabapentin 300 milligram capsule to be given by mouth at bedtime, 9:00 PM, related to polyneuropathy, start date of 06/12/2025. Review of R49's Medication Administration Record, (MAR) revealed staff had not documented administration of Gabapentin 300 milligram from 05/01/2026 through 05/05/2026, referencing 11, indicating medication was not available. Review of R49's Progress Notes revealed, Registered Nurse, (RN) 2 documented waiting on delivery meaning from pharmacy, on 05/02/2026 at 9:01 PM for Gabapentin 300 milligram capsule. Additionally, on 05/03/2026 at 9:12 PM, RN2 documented waiting for script from MD that was notified of need on 05/02/2026. Review of facility's electronic medical record, Supply Details, revealed a last order/reorder date for Gabapentin 300 milligram capsule for R49 was on 04/28/2025 with a dispense date of 05/05/2026. Review of the contracted pharmacy Packing Slip, containing the Gabapentin, revealed a shipping date of 05/05/2026 and received signature date of 05/06/2026. In an interview with R49 on 05/19/2026 at 2:03 PM, stated a few weeks ago, the facility did not renew her prescription for a medication, she had run out and did not receive her scheduled doses for about four days. She continued that not taking her medication for those days she did not sleep and that feeling in the feet was something else. Attempts to reach Licensed Practical Nurse (LPN)4 for interview unsuccessful. LPN4 was the night shift nurse for R49 on 05/01 and 05/04-05/06 2026. In an interview on 05/21/2026 at 10:32 AM with Director of Nursing (DON), she stated she realized there was an (continued on next page)</p> |                                                                                          |                                                 |

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| F 0760<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>issue on 05/04/2026 when she ran a report of medications that had been missed, not administered over the weekend. She stated the reason was because the pharmacy had not received the provider's prescription. She continued that staff should have notified her once the first dose had been missed, but they did not. In additional interview at 3:05 PM, DON stated Licensed Practical Nurse (LPN)4 should have followed up with pharmacy and the provider when the medication was still unavailable the following shift. In an interview on 05/21/2026 at 12:14 PM with a pharmacist from the contracted pharmacy, the pharmacist stated R49's prescription had run out and was in need of a new prescription from the provider. The pharmacy received the new provider prescription on 05/05/2026. In an interview on 05/21/2026 at approximately 3:30 PM with the Regional Nurse Consultant, she stated the incident was likely due to it occurring during a weekend. She continued that staff had attempted daily to reach the ordering provider, to which he replied he was unavailable at the time and would have to wait until Monday. In an interview on 05/21/2026 at 2:42 PM with Registered Nurse (RN)2, she stated she did not recall specific details regarding R49's Gabapentin running out but stated that prescriptions do run out and it is not an oddity. In an interview on 05/21/2025 at 2:57 PM with the Administrator, she stated her expectation was for staff to notify the DON or the nurse manager on duty if any doubt of medication not being administered in a timely manner. She stated she would not expect a resident to go five days without their medication.</p> |                                                                                          |                                                 |