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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185197 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>04/24/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hartland Park Health & Rehabilitation |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1500 Trent Boulevard<br>Lexington, KY 40515 |  |

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>Based on record review, interview, and review of the facility's policy, the facility failed to provide specialized rehabilitative services for 1 out of 5 residents reviewed for therapy services, Resident (R) 21. Review of R21's Service Log Matrix revealed R21 did not receive physical therapy (PT) or occupational therapy (OT) on 08/28/2025 and 09/04/2025. The findings include: Review of the facility's policy titled, Scheduling Therapy Services, dated 01/01/2025, revealed, Therapy services shall be scheduled in accordance with the resident's treatment plan. Review of R21's admission Record revealed the facility admitted R21 on 08/25/2025 with diagnoses of muscle weakness and unsteadiness on feet. Review of R21's admission Minimum Data Set [MDS], dated 08/28/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 14 out of 15, which indicated R21 was cognitively intact. Review of R21's Care Plan, date initiated 08/26/2025, revealed R21 had a focus of Rehabilitation: the resident has been admitted to the facility for rehabilitation and requires assistance with their activities of daily living, with interventions listed as skilled OT and skilled PT. Review of R21's Orders revealed PT and OT were ordered on 08/25/2025 to eval and treat as indicated. Further review revealed, Physical Therapy to treat five times a week for 30 days to include therapeutic exercises, therapeutic activity, gait training, neuromuscular reeducation, wheelchair management, group therapeutic procedure, and training to address diagnosis of weakness. Review of R21's OT Evaluation and Plan of Treatment, dated 08/26/2025, revealed the treatment had a frequency of five times a week, daily, for 60 days. The certification period was 08/26/2025 to 10/24/2025. Review of R21's PT Evaluation and Plan of Treatment, dated 08/29/2025, revealed the treatment had a frequency of five times a week, daily, for 30 days. The certification period was 08/26/2025 to 09/24/2025. Review of R21's Service Log Matrix, revealed R21 did not have individual PT or OT documented as being completed on 08/28/2025 or 09/04/2025. During an interview on 04/22/2026 at 5:32 PM with R21's representative, she stated the resident would have a certain number of minutes of physical therapy, and she had R21 keep track of his minutes. She stated R21 was not getting his allotted amount of time. She stated therapy was not getting tailored to his specific needs. She stated the family escalated things to transfer him to another facility for PT because they expressed concerns, and nothing improved. She stated R21 was weaker when he left the facility than when he entered. She stated R21 transferred to another facility for PT and was there an additional two weeks before returning home. During an interview on 04/22/2026 at 6:58 PM with R21, he stated he did not receive any physical therapy the first week and only received it the second week after he told them that he knew what it was. However, he stated it was not very good therapy. He stated the facility was not organized and was reactive instead of proactive. He stated when he received the PT, it was only for 30 to 40 minutes. He stated they had him participate in group therapy and counted that as his PT. He stated the PT was not tailored to his needs, and he made the facility aware that he did not want group therapy. He stated he felt like the facility thought he was an old man who did not know the difference. During an interview on 04/23/2026 at 9:42 AM with the Director of Rehabilitation (DOR), she stated evaluations typically depended on when the order was entered. She stated, if it was ordered during the week, then it was done on the following morning. She stated, if the order was placed during the weekend, then the (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 REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>resident was evaluated the following Monday. She stated a staff member would do the evaluation to determine the resident's deficits and determine what the plan of care needed to include. She stated R21 was evaluated on 08/26/2025, and his deficits with goals were lower extremity strength, activity tolerance, bed mobility, ambulation, and stairs. She stated residents received group therapy twice during their stay. She stated if a resident requested to not do group therapy, then they would stop and just do individual therapy. She stated his allotted minutes by the insurance company would be for physical therapy and occupational therapy combined. She stated residents had a 72-hour care plan meeting to go over the goals. During an additional interview on 04/23/2026 at 12:05 PM with the DOR, she stated R21 missed PT/OT on two different occasions, 08/28/2025 and 09/04/2025. The DOR stated she did not know why, and the reason was not documented. She stated the reason for missing PT/OT was typically documented. She stated she could not find any documentation for those two dates. She stated the plan of care was for five days a week, and R21 only received PT/OT three out of five days for two consecutive weeks. She stated any type of therapy was important to maximize reaching the resident's goals. During an interview on 04/24/2026 at 9:36 AM with the Director of Nursing (DON), she stated it was her understanding that if a resident missed therapy of any type for any reason, then staff would try to work them in at another time so they did not miss any therapy they might need. She stated that it was important for residents to reach their goals and to be able to go home. The State Survey Agency (SSA) Surveyor unsuccessfully attempted to contact the previous Administrator (Administrator at the time of the complaint) on 04/24/2026 at 10:54 AM by telephone. During an interview on 04/24/2026 at 12:02 PM with the current Administrator, she stated it was her expectation that residents received the therapy they were supposed to receive to reach their maximum potential.</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>Based on observation, interview, record review, and review of the facility's documents and policy, the facility failed to maintain an effective pest control program so that it remained free of pests. This deficient practice had the potential to affect all of the facility's 133 current residents. Observations on 04/22/2026 and 04/23/2026 revealed a widespread gnat infestation in the common areas, conference room, hallways, laundry room, medication cart trash can, and dirty utility room. Gnats were observed emerging from drains in the laundry room and kitchen. Further observations in the kitchen revealed debris and organic buildup in drains, cracks in flooring holding debris, inadequate cleaning of hard-to-reach areas, standing water, and excessive moisture as primary breeding sources. Additionally, the facility failed to follow through with recommended cleaning and pest control treatments. The findings include: Review of the facility's policy titled, Pest Control, undated, revealed the facility maintained a pest control program intended to keep the building free of insects and rodents, which included the use of contracted pest control services, documentation of inspections and treatments, prohibition of accumulated garbage, encouragement to report pest sightings, and staff responsibility for proper storage of items to discourage pests. Review of the facility's documents Work Orders, dated 03/01/2026 through 03/31/2026 and had been closed, revealed one report of gnats found in common areas and on all nursing units. Review of the facility's documents Work Orders, dated 04/01/2026 through 04/22/2026 and had been closed, revealed one report of bugs facility wide. Review of the Service Reports, dated 01/14/2026 through 04/17/2026 and from the pest control company, revealed open actions from previous services remained ongoing with unresolved environmental concerns in the kitchen and adjacent areas. Findings included repeated documentation of drain debris, standing water in the kitchen and dishwashing areas, debris accumulation in the kitchen areas, and moisture related issues. Further review revealed these conditions were consistently identified across multiple service reports and remained pending for correction by the facility. Review of R17's admission Record revealed the facility admitted the resident on 10/06/2021, with diagnoses to include chronic osseous and subluxation stenosis, polyneuropathy, and hypertensive chronic kidney disease. Review of R17's comprehensive Minimum Data Set [MDS], found in the resident's Electronic Health Record (EHR), with an Assessment Reference Date (ARD) of 03/21/2026, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 12 out of 15, indicating the resident had moderate cognitive impairment. Review of R18's admission Record revealed the facility admitted the resident on 07/01/2024, with diagnoses to include acute respiratory failure with hypoxia, type 2 diabetes mellitus with diabetic chronic kidney disease, and unspecified severe protein-calorie malnutrition. Review of R18's quarterly MDS, found in the resident's EHR, with an ARD of 03/11/2026, revealed the facility assessed the resident to have a BIMS score of 15 out of 15, indicating the resident was cognitively intact. 1. Observation of the conference room on 04/22/2026 at 8:50 AM revealed several gnats were observed flying around. 2. Observation of Combs Hall, a resident hall, on 04/22/2026 at 9:05 AM revealed multiple gnats were observed flying around residents and on surfaces throughout the hall. 3. Observation of the laundry room on 04/22/2026 at 9:25 AM revealed multiple gnats were observed flying in this area. The gnats were observed coming out of the washing machine discharge drain. 4. Observation of Combs Hall on 04/22/2026 at 11:20 AM revealed several gnats were observed flying inside the medication cart trash can. 5. Observation of the Combs Hall dirty utility room on 04/22/2026 at 11:33 AM revealed gnats were present in the room, particularly in and around a mop bucket containing stagnant water with a rancid odor. 6. Observation of the kitchen on 04/22/2026 at 2:25 PM revealed wet dust, dirt, and debris had accumulated behind and around the ice machine and juice cart, including wet debris such as food crumbs, sugar packets, and other trash items. Moisture saturated these areas, leaving surfaces visibly wet. Cracked, loose, and broken floor tiles were noted near the ice machine drain and in the dish room, with food debris lodged within and beneath the damaged tiles. Further observation (continued on next page)</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>revealed standing water collected beneath the tiles and pooled around the ice machine drain. Gnats were present near the ice machine drain and throughout the kitchen. Additionally, the Dietary Manager was observed pouring vinegar into the ice machine drain. Further observation of the kitchen on 04/22/2026 at 2:25 PM revealed standing water in the spray room, dish room, along walls, and in corners. Water spread from the spray room into other areas of the kitchen, leaving the floor wet throughout. Following the lunch service, staff used a hose mounted sprayer to clean the floors, which contributed to water accumulation. Additionally, observation behind and underneath kitchen equipment revealed scattered food debris on the floor, including small particles and residue extending into hard to reach areas. These areas did not appear recently or thoroughly cleaned. 7. Additional observation of the kitchen on 04/23/2026 at 10:49 AM revealed wet tile flooring with visible standing water across multiple areas. The floor appeared recently sprayed; however, water remained pooled rather than fully removed, creating a wet and unsanitary surface. Observation of the floor drain revealed accumulation of debris within and around the drain, including paper fragments and organic material. The drain grate was broken in half. Only part of the drain grate was visible and did not cover the drain and revealed trapped debris beneath the grate, including additional waste material and residue. The drain surface and surrounding grout appeared soiled with buildup. Gnats were present in and near the drain and flying around other areas of the kitchen. During an interview with the Dietary Manager on 04/22/2026 at 2:25 PM, she stated she had ongoing concerns with gnats for multiple weeks. The Dietary Manager stated a pest control service provided treatment two times per month, and kitchen staff performed routine cleaning weekly and as needed. The Dietary Manager stated dirt and debris should be removed to prevent accumulation. She stated staff used a hose-mounted spray system designed to dispense floor cleaner or disinfectant through the water stream to clean the floor in all areas of the kitchen. She stated she poured vinegar down drains between visits to reduce the gnat infestation. During a telephone interview with the Pest Control Service Representative on 04/22/2026 at 2:42 PM, he stated gnats originated from drains, cracks, and crevices containing organic debris and moisture, which served as breeding sources. The representative stated routine cleaning practices were ineffective when debris remained, as water and cleaning solutions pushed material into floor cracks and around drains, worsening conditions. The representative further stated pouring vinegar down drains would not eliminate the infestation, as it did not remove organic buildup or kill larvae and might attract gnats rather than resolve the source. The representative stated he had repeatedly identified and documented these conditions and provided recommendations, including removal of debris and proper drain maintenance; however, these recommendations were not consistently implemented, resulting in ongoing gnat activity. During an interview with the Pest Control Account Manager (PCAM) on 04/23/2026 at 12:15 PM, he stated the facility had pest activity, specifically gnats, originating from drains, cracks, and crevices in flooring, which served as breeding areas. He stated debris accumulation and moisture, found in inaccessible areas, particularly behind equipment, contributed to conditions conducive to that. He stated elimination of the source through environmental cleaning and maintenance was the primary intervention. The PCAM stated pest control services had been provided since approximately 03/2025, typically at least twice monthly, with ongoing communication to address concerns. He stated the facility's compliance with pest control recommendations was inconsistent, noting recommendations to remove debris and address sanitation issues were not always completed. Furthermore, he stated equipment components such as drain traps were not routinely cleaned, and environmental cleaning often improved only after issues became more apparent. During continued interview with the PCAM on 04/23/2026 at 12:15 PM, he stated contributing factors included debris buildup in cracks and flooring, lack of routine cleaning behind equipment, standing water or improperly maintained mop buckets, inconsistent cleaning practices in non-visible areas, inadequate cleaning of hard to access areas, lack of routine maintenance of drains and traps, and operational and leadership turnover impacting continuity of environmental practices. The PCAM stated pest control staff routinely documented findings with photographs and reports and (continued on next page)</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>communicated deficiencies to facility staff after inspection and service. He stated the facility was provided with a Service Report at each visit outlining required actions to prevent further infestation. Furthermore, he stated many action items remained undone by the facility and carried over to subsequent service reports. During an interview with Resident (R) 17 on 04/23/2026 at 2:50 PM, he stated gnats were present in the building and were most often observed during meal services. He stated he did not want gnats around him while he ate his meal. During an interview with R18 on 04/23/2026 at 2:50 PM, she stated gnats were always flying around. She stated they were annoying, and she did not like them near her or especially around her food. During an interview with the [NAME] President of Operations (VPO) on 04/23/2026 at 10:16 AM, he acknowledged gnats had been observed throughout the building, including in the kitchen and utility areas. Regarding kitchen sanitation, pest control, and the facility's environment, the VPO stated the dietary kitchen was clean and maintained an established cleaning schedule. Furthermore, he stated pest control services were provided by a local company. He stated reports from the pest control provider had identified ongoing concerns with debris in the kitchen and other areas, contributing to gnat activity. However, he stated the facility followed all recommendations communicated during each service call. When asked about expectations for maintaining a sanitary environment, the VPO stated pest control recommendations were generally followed, though specific monitoring and verification processes were not clearly defined during the interview. He stated he was surprised when informed observations identified debris behind and under equipment, and that did not align with expectations of cleanliness. He did not provide a clear process in the kitchen to ensure consistent removal of debris from hard to reach areas or to verify effectiveness of cleaning practices. During an interview with the Director of Maintenance (DM) on 04/23/2026 at 2:11 PM, he stated the facility had some issues with gnats, especially in the kitchen. He stated the facility had contracted with a pest control company who did semi-monthly visits to control the infestation. He stated following the pest control company's service recommendations was important to maintain a safe and sanitary environment. During an interview with the Director of Nursing (DON) on 04/24/2026 at 11:05 AM, she stated concerns with pests should be directed to nursing leadership who would then notify the DM to input a work order. She stated issues with insects and pests had been communicated to the DM through the facility's TELS work order system. The DON stated mop buckets should be emptied immediately after use. She further stated trash should be removed from medication carts when medication administration was completed. Additionally, the DON stated she expected staff to follow the chain of command related to reporting insects. She stated it was her expectation that staff maintained a clean, safe, and sanitary environment for the health and well-being of the residents and staff. During an interview with the Administrator on 04/24/2026 at 11:25 AM, she stated it was her expectation for kitchen staff to use a shop vac, fan, or squeegee, to ensure all standing water was removed. She stated staff was expected to remove all debris off the floor before cleaning the floor. She stated they should not sweep debris down the drains. Additionally, the Administrator stated following the pest control company's recommendation was important to reduce gnats in the building. Furthermore, the Administrator stated adherence to established cleaning procedures was required to ensure a clean, safe, and sanitary environment.</p> |  |  |