STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50442 Based on observation, interview, and review of the facility's documents and policies, the facility failed to provide 2 of 42 sampled and supplemental residents, Resident (R) 20 and R59, with a safe, clean, comfortable, and homelike environment. The room that R20 and R59 shared smelled of urine and other unpleasant odors. The findings include: Review of the facility's policy titled, Safe and Homelike Environment, dated 01/02/2024, revealed that in accordance with residents' rights, the facility would provide a safe, clean, comfortable, and homelike environment. Review of the facility's policy titled, Resident Rights, dated October 2019, stated all staff members were to always recognize the rights of residents and residents assumed their responsibilities to enable personal dignity, well-being, and proper delivery of care. Review of the facility's policy titled, Dignity, dated 01/02/2024, revealed that it was the practice of the facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment that maintained or enhanced the resident's quality of life by recognizing each resident's individuality. Review of the facility's document Five Step Daily Room Cleaning revealed that the purpose of the document was to teach Environmental Services employees the proper cleaning method to sanitize a patient room or any area in a healthcare facility. This document stated that the housekeepers were to empty the trash, clean/disinfect horizontal surfaces, spot clean walls, dust mop, and damp mop each room. Observation on 09/08/2024 at 11:06 AM revealed room [ROOM NUMBER], the room shared by R20 and R59, smelled strongly of urine. The room also had another smell the State Survey Agency (SSA) Surveyor could only describe as that of an open wound. Observation on 09/08/2024 at 1:07 PM revealed the door to room [ROOM NUMBER] was open, and the hallway outside of that room smelled of urine and an open wound. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 09/10/2024 at 4:00 PM of room [ROOM NUMBER] revealed the door was closed but the odor of urine and of an open wound could be smelled outside the door and was even stronger inside the room. In an interview with R59 on 09/08/2024 at 11:01 AM, he stated he did not think room [ROOM NUMBER] had an unpleasant odor. In an interview with R20 on 09/08/2024 at 11:06 AM, he stated he had a urostomy (an opening in the abdominal wall created to divert urine away from the bladder and into a collection bag outside the abdominal wall) and a colostomy (an opening in the large intestine to divert feces into a collection bag outside the abdominal wall. He stated his urostomy leaked because the facility had not purchased the correct urostomy bags. He stated he did his own care for his colostomy and urostomy. R20 stated that he had a large sore on his bottom (coccyx, open wound), and he was at the facility for wound management. He stated he did his own showers. In an interview on 09/10/2024 at 10:16 AM with State Registered Nurse Aide (SRNA) 3, she stated R20 did not let staff assist him with bathing or changing his colostomy and urostomy bags; R20 did all his own care. SRNA3 stated that part of the odor in R20's room also came from the wound on his coccyx. She stated R20's urostomy bag leaked. SRNA3 stated R20 refused to let staff change his bed linens. SRNA3 stated when R20 went to the hospital, staff cleaned the room, and the smell went away. She stated the smell was not from R59. In an interview on 09/10/2024 at 10:33 AM with Housekeeper (HK) 1 and the Director of Housekeeping, both stated room [ROOM NUMBER] smelled strongly of urine despite staff cleaning the room daily and using multiple cleaners to try and help with the odor. HK1 stated staff cleaned R20's room multiple times daily, without being successful in ridding the room of the urine and wound odor. The Director of Housekeeping stated the facility had changed out R20's mattress multiple times to help with the odors. Both stated the odor of urine did not constitute a homelike environment. In an interview on 09/10/2024 at 10:37 AM with SRNA2 and her orientee, SRNA4, present, she stated the smell in room [ROOM NUMBER] was from R20's wound drainage and the leaking urostomy that had saturated the mattress topper. She stated she felt he needed a new mattress to help eliminate the odor. SRNA2 stated she had no access to cleaning supplies to clean the mattress, and R20 refused to have his bed linens changed daily. SRNA2 stated R20 often refused to shower. In a telephone interview with SRNA8 on 09/10/2024 at 7:26 PM, she stated R20's room only smelled bad when staff was performing his wound treatments. SRNA8 stated R20 did his own care, and he refused showers and having his bed linens changed. In an interview with Registered Nurse (RN) 1 on 09/10/2024 at 3:20 PM, she stated the odor in room [ROOM NUMBER] was from R20's Stage 4 pressure ulcer on his coccyx and his urostomy and colostomy. RN1 stated R20 often refused to bathe, get his bed linens changed, or allowed staff to wipe off his mattress. In an interview with the Director of Central Supply on 09/11/2024 at 8:43 AM, she stated she was unable to get the correct size urostomy bags for R20 because the supplier had discontinued the ones he used. The Director of Central Supply stated she had ordered different sizes of urostomy bags for R20 to try, and staff was still trying to find a bag that fit and did not leak. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with the Maintenance Director on 09/11/2024 at 8:45 AM, he stated the mattress for R59 had been changed out recently, but the mattress for R20 was an air mattress, from an outside vendor that could not be changed. In an interview with the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) on 09/12/2024 at 8:25 AM, both stated the smell in room [ROOM NUMBER] was from R20. The DON stated R20 refused care and treatments, and R20 was care planned for the behavior of refusing care. The ADON and DON stated they tried to encourage R20 to bathe. The DON stated that housekeeping was also cleaning the room more frequently to help with the smell. In an interview with the Administrator on 09/12/2024 at 8:47 AM, she stated the facility had tried multiple things to combat the smell in room [ROOM NUMBER]. She stated R20 refused to pick up things in the room or to have the room cleaned. She stated she had talked with R20 about cleaning up the clutter and allowing housekeeping to clean the room. The Administrator stated she had also interviewed R59 about the odor and the clutter in room [ROOM NUMBER], and R59 had no issues with either and declined to move to another room. The Administrator stated the smell and the clutter in the room were an issue, but she could only suggest cleaning the room to R20 and R59 and could not force them to do it. The Administrator stated R20 did his own ostomy care, and he was messy, which contributed to the room's odor. She stated it was difficult for R20 to accept someone caring for him, even if he did need the assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 32635 Based on interview, record review, and review of the Resident Assessment Instrument (RAI), the facility failed in seven days to complete the resident assessment as return anticipated or not anticipated and electronically transmit the discharge assessment within 14 days for 1 of 25 sampled residents, Resident (R) 36. R36's discharge date was 05/28/2024, but R36's Minimum Data Set (MDS) was not submitted until 09/12/2024. The findings include: Review of the Resident Assessment Instrument (RAI) Manual, dated 10/2023, revealed the MDS completion date must be no later than 14 days for a Discharge Assessment - return not anticipated or return anticipated. Review of R36's Face Sheet revealed the facility admitted the resident on 04/16/2024 with diagnoses of protein-calorie malnutrition, hypertension, and atrial fibrillation. Review of R36's MDS, with an assessment reference date (ARD) of 04/23/2024, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. Review of R36's Health Progress Note, dated 05/28/2024 at 2:45 PM, revealed the resident was sent to acute care. Review of R36's Health Progress Note, dated 05/28/2024 at 7:08 PM, revealed the resident had been hospitalized . Review of R36's electronic medical record (EMR) revealed the last documented MDS, with an ARD of 05/01/2024, showed a five-day scheduled assessment for Medicare Part A stay. In an interview with the Minimum Data Set Nurse, who was a Registered Nurse (RN), on 09/12/2024 at 2:37 PM, she stated after the resident was out of the facility for 24 hours, she would add discharge (D/C) with anticipated to return or not anticipated to return. She stated she had seven days to complete the assessment and an additional seven days to submit the assessment after completion. She stated the completed resident assessment was submitted within 14 days. She stated she did not add the anticipated to return or not anticipated to return after the resident had not returned within 23 hours. In an interview with the Director of Nursing (DON) on 09/12/20224 at 3:00 PM, she stated the discharged resident assessment was to be submitted timely according to the RAI manual. In an interview with the Administrator on 09/12/2024 at 3:52 PM, she stated she expected the MDS assessment to be submitted on time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 50442 Based on interview, record review, and review of the facility's policy, the facility failed to develop a person centered care plan for each resident, consistent with the resident rights which included measurable objectives, and time frames to meet a resident's medical, nursing, mental, and psychosocial needs that were identified in the comprehensive assessment for 1 of 25 sampled residents, Resident (R) 267. Review of R267's Comprehensive Care Plan (CCP) revealed R267 was to be assessed for a bruit and a thrill. However, R267 did not have a fistula to assess, but instead had a dialysis central venous catheter. Further review of R267's CCP revealed the CCP had multiple instances where the resident's name was not documented, and R267 was referred to only by the generic term Resident Name. The findings include: The State Survey Agency (SSA) Surveyor asked the Administrator for a policy on the development and implementation of resident centered care plans on 09/09/2024 at 1:51 PM and on 09/11/2024 at 8:37 AM. On 09/11/2024 at 8:37 AM the Administrator stated the facility did not have a policy for the development and implementation of resident centered care plans. Review of the facility's policy titled, Dialysis, dated 01/02/2024, revealed that it was the facility's policy to provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis. Further review revealed residents with external dialysis catheters would be assessed every shift to ensure that the catheter dressing was intact and not soiled. Review of R267's Face Sheet revealed the facility admitted the resident on 08/30/2024 with diagnoses of chronic kidney disease without heart failure, with Stage 5 kidney disease or end stage renal disease, and diabetes mellitus type II. Review of R267's admission Minimum Data Set (MDS), with an assessment reference date (ARD) of 09/05/2024, revealed R267 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated moderate impaired cognition. Further review revealed R267 was assessed as needing hemodialysis while a resident but was not assessed as having a peripheral, midline, or central intravenous access. Review of R267's CCP, dated 08/31/2024, revealed R267 required hemodialysis due to renal failure. The goal was R267 would be free from complications related to dialysis. The interventions planned to meet this goal was assess bruit and thrill every shift and to not draw blood or take blood pressures in the arm with the graft. Further review revealed 28 instances where the resident's name was to be filled into the blank for a focus or goal, but it only stated (resident name). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R267's Orders, dated 09/03/2024, revealed staff was to monitor her right subclavian tunneled catheter site every shift, monitor her dialysis site for signs and symptoms of complications every shift, notify physician and dialysis center of any complications, and that she was to receive dialysis three (3) times per week on Monday, Wednesday, and Friday. In an interview with R267 on 09/08/2024 at 10:33 AM, she stated she still urinated but went to dialysis three times a week also. She stated she had rhabdomyolysis, which had damaged her kidneys. She stated this was why she had a dialysis catheter in her right chest. R267 stated she was told her kidney function was getting better, and she would not need dialysis permanently. In an interview on 09/10/2024 at 3:20 PM with Registered Nurse (RN) 1, she stated R267 had dialysis on Monday, Wednesday, and Friday. She stated she assessed R267's right subclavian dialysis catheter site after she returned from dialysis. The SSA Surveyor asked RN1 how she assessed the bruit and thrill on R267 that was in her CCP. RN1 stated she did not because dialysis catheters did not have a bruit and thrill, only fistulas had a bruit and thrill. The SSA Surveyor asked why it was listed as a care plan intervention, and RN1 stated she did not know. When RN1 was asked if this represented a resident centered care plan, she stated no. In an interview on 09/11/2024 at 8:20 AM with the Minimum Data Set (MDS) Nurse, she stated when a new resident arrived at the facility, a generic care plan was entered for the resident. She stated she had seven days to change the care plan to individualize it for the specific resident. She stated, after this review and unless there was a change in condition or an event such as a fall that occurred, care plans were reviewed quarterly. She stated any changes to the care plan were discussed with the Interdisciplinary Team (IDT, a multidisciplinary group that planned care for the residents). The MDS Nurse stated she was aware there were resident care plans that needed to be updated and individualized, and she was in the process of doing that for all the residents at this time. In an interview with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) on 09/12/2024 at 8:25 AM, both stated they had the expectation that a resident's care plan should be individualized to that resident, and it should reflect the care and services the facility's staff was providing the resident. When asked how they would assess a thrill or bruit on a dialysis catheter, they stated this assessment was only done for individuals with a fistula. When asked if this intervention care planned for R267 was in individualized, both stated no. Both also stated using the term resident name instead of R267's actual name in the CCP was not considered resident centered. In an interview with the Administrator on 09/12/2024 at 8:47 AM, she stated she did not feel that a care plan with improper or irrelevant interventions were considered a resident centered care plan. She also stated using the term resident name instead of R267's actual name in the CCP was not considered resident centered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45990 Based on interview, record review, and review of facility's policies, the facility failed to revise the comprehensive care plan after a re-admission for 1 of 25 sampled residents, Resident (R) 167. R167's care plan for nutritional needs and dietary assessment after being readmitted to facility on 08/04/2024 following an acute care hospital stay was not reviewed or revised. The findings include: The State Survey Agency (SSA) Surveyor asked the Administrator for a policy on the revision of resident centered care plans on 09/09/2024 at 1:51 PM and on 09/11/2024 at 8:37 AM. On 09/11/2024 at 8:37 AM the Administrator stated the facility did not have a policy for the revision of resident centered care plans. Review of the facility's policy titled, Dietician Recommendations, dated 01/02/2024, revealed the Registered Dietician (RD) would routinely review the nutritional status of residents and make appropriate recommendations for improved status and or quality of life. Further review revealed the process included the RD to document in the Electronic Medical Record (EMR), on a recommendation health record, and provide it to the Director of Nursing (DON). Continued review revealed the facility would be responsible for review and follow up of the RD recommendations within four business days. However, the policy did not include to add this intervention to the care plan. Review of the facility's policy titled, Interdisciplinary Team (IDT) Risk Review Meeting, dated 01/02/2024, revealed all residents identified with a Risk condition would be reviewed by the IDT weekly with a recommendation for the RD to participant monthly if possible. Further review revealed care planning was not addressed. Review of R167's Face Sheet revealed the facility readmitted the resident on 08/04/2024, with the initial admitted [DATE], with diagnoses to include stoke, hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of body), protein-calorie malnutrition, and adult failure to thrive. Review of R167's Comprehensive Care Plan (CCP), with initiation date of 07/02/2024, identified a focus of R167 was at risk for complications due to requiring tube feeding and fluid imbalance due to chronic kidney disease. Interventions placed on 07/02/2024 were for the RD to evaluate quarterly and as needed (PRN), monitor caloric intake, estimate needs, make recommendations to tube feeding as needed, and diet as ordered with revision date of 08/22/2024. Continued review of R167's CCP revealed a focus listed R167 as being at risks of dehydration or nutrition problems. Interventions placed on 07/02/2024 were to notify the physician and dietician for any abnormalities with revision date of 08/22/2024. However no intervention was entered for RD assessment following readmission on 08/04/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R167's IDT Care Plan Conference, dated 08/05/2024 at 2:13 PM, revealed to see dietary for nutrition/dietary goals and summary. Further review revealed there were no care plan changes or updates at this time. It stated the resident was a readmission and would continue to be monitor. It was signed and dated by the Social Worker (SW) on 08/07/2024. During an interview with the Minimum Data Set (MDS) Coordinator on 09/12/2024 at 4:30 PM, she stated she had held her position for about six months now and was familiar with R167. She stated the CCP should be updated any time there was a change including after a readmission. She stated, however, if a resident returned to the facility and nothing had changed, then revisions would not be performed. She stated she was not working when R167 was readmitted , and the care plan had not been updated for resident care needs including nutrition. She stated the care plan should have been updated since there were changes, which guided care. She stated, The ball got dropped. She stated this was because she and the Director of Nursing (DON) were not at work for several days after R167 was readmitted . During an interview with the DON on 09/11/2024 at 3:15 PM, she stated for nutritional needs of residents, the RD was consulted. She stated, when asked about the care plan for nutritional needs of R167, there had been a care conference on 08/07/2024, but she was unsure about the revisions to the care plan after readmission on 08/04/2024, since she was not working. During an interview on 09/12/2024 at 10:00 AM with the Administrator, she stated all facility guidelines should be followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49050 Based on interview, record review, and review of the facility's Code Status Book, the facility failed to update each resident's Advance Directives in honoring resident wishes for code status to provide basic life support, including cardiopulmonary resuscitation (CPR), to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physicians orders and the resident's Advance Directives for 1 of 25 sampled residents, Resident (R) 9. The findings include: Review of R9's Face Sheet revealed the facility admitted the resident on [DATE] with diagnoses of unspecified atrial fibrillation, type II diabetes mellitus with unspecified complications, and hypertensive urgency. Review of R9's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of [DATE], revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. Review of R9's care plan revealed on [DATE], the facility would honor the decision regarding healthcare choices to be a Full Code. Further review revealed the care plan was revised on [DATE] to indicate R9 wished to have a Do Not Resuscitate (DNR) Advance Directive. However, review of R9's Code Status document dated [DATE], found on [DATE] at 4:27 PM in the Code Status Book located in the A Hall of the facility, incorrectly identified R9's code status as Full Code instead of DNR as indicated in her electronic medical record (EMR) and care plan. In an interview with the Minimum Data Set Nurse on [DATE] at 4:08 PM, she stated R9's care plan had been updated from the previous care plan because R9 wished to be a DNR instead of a full code. She stated when a change was made in the care plan on code status, it was updated in the Code Status Book located in the nurses station of each hall. In an interview with the Director of Nursing (DON) on [DATE] at 2:46 PM, she stated it was her expectation the Code Status Books would be updated each time a new resident was admitted by the nurse. She stated there was not a policy or an assigned person to audit the Code Status Book in each nurses station. She stated if there was a new admission, the team would audit the books in the morning meeting. In an interview with the Administrator on [DATE] at 5:39 PM, she stated her expectation was for the Code Status Books to be accurate and up to date. She stated, I know the books were inaccurate. She stated all code books had now been audited and corrected. She stated the Code Status Books would be monitored weekly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45990 Based on interview, record review, review of the Registered Dietician's (RD) job description and contract, and review of the facility's policies, the facility failed to perform a comprehensive nutritional assessment by the RD to identify factors that placed the resident at risk for inadequate nutrition and dehydration for one of two sampled residents for nutrition, Resident (R) 167. R167 was readmitted to the facility on [DATE] following an acute care hospital stay for a fall sustained on 07/17/2024. R167, prior to being readmitted on [DATE], was identified as being at risk for inadequate nutrition and hydration. The findings include: Review of the facility's policy titled, Dietician Recommendations, dated 01/02/2024, revealed the RD would routinely review the nutritional status of residents and make appropriate recommendations for improved status and or quality of life. Further review revealed the facility would be responsible for review and follow up of the RD recommendations within four business days. Review of the facility's policy titled, Interdisciplinary Team (IDT) Risk Review Meeting, dated 01/02/2024, revealed all residents identified with a risk condition would be reviewed by the IDT weekly with a recommendation for the RD to participant monthly, if possible. Review of the contracted RD's contract policy titled, Life Care Point Click Care, no date given, revealed resident admissions and readmissions required a full nutritional assessment by day 14 of the admission or readmission. It also stated recommendations would be completed on the RD's recommendations form. However, the facility was unable to find or provide a copy of this form for R167. Review of the Registered Dietician Job Description, dated 03/25/2024, revealed the RD's primary responsibilities included comprehensive assessments for all residents and incorporate nutritional interventions into the individualized interdisciplinary plan of care, provide a written record of recommendations for change in nutrition, and ensure information was appropriately entered. Review of R167's Face Sheet revealed the facility readmitted the resident on 08/04/2024, with an initial admitted [DATE], with diagnoses to include stroke, hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of body), protein-calorie malnutrition, and adult failure to thrive. Review of R167's Comprehensive Care Plan (CCP), with initiation date of 07/02/2024, identified a focus as R167 was at risk for complications due to requiring tube feeding. Interventions placed on 07/02/2024 were for the RD to evaluate quarterly and as needed (PRN), with revision date of 08/22/2024. Continued review revealed a focus listed R167 as being at risk of dehydration or nutrition problems. Interventions placed on 07/02/2024 were to notify the physician and dietician for any abnormalities, with a revision date of 08/22/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Speech Therapy Evaluation and Plan, dated 07/01/2024, revealed R167 had severe cognition decline and swallowing skills were within functional limits (WFL) after a clinical bedside assessment of swallowing was performed. Further review revealed recommendations for a diet of regular textures and thin liquids. Review of R167's Nutrition Dietary Enteral Review (NDER) Note, dated 07/04/2024, revealed R167 was at risk for malnutrition with an alternate feeding method via percutaneous endoscopic gastrostomy (PEG) tube. Further review revealed R167 was to receive tube feeding formula four times daily of 240 milliliters (ml) and water flushes of 150 ml and a regular diet. Continued review revealed R167's most recent weight was 100.3 pounds and she was underweight based on the Body Mass Index (BMI). The note stated to consult the RD as needed (PRN). Further review revealed R167, per nursing report, had an oral intake of 0%. Review of R167's Nutrition Interview, dated 07/12/2024, revealed she was high risk nutritionally and was on a regular diet with thin liquids and a supplement order for enteral feed. Further review revealed the information was obtained from the nurse. Review of R167's Discharge Summary from the sending hospital, with a discharge date of [DATE], revealed R167 was admitted to the hospital on 07/18/2024 after sustaining a fall at the facility. Continued review revealed R167 was PEG tube dependent. However no diet order or tube feed orders were listed in the discharge notes, only medications. Review of R167's IDT Care Plan Conference Summary, dated 08/05/2024, revealed to see dietary for nutrition and dietary goals. The summary was dated and signed by the Social Worker (SW) on 08/07/2024. Review of R167's Orders, placed by the provider and dated 08/11/2024, revealed an order for a regular puree diet, follow up with swallow study, and Ensure Plus four times a day to prevent weight loss. Review of R167's Electronic Health Record (EHR) revealed R167 was transferred to the hospital for suspected dehydration on 08/17/2024. Review of a copy of the RD's electronic mail (e-mail) sent to the Director of Nursing (DON), dated 08/20/2024 at 1:28 PM, revealed a diet of regular, puree texture/thin liquid and Ensure would exceed the caloric needs for R167. Review of a copy of the RD's e-mail sent to the DON, dated 09/12/2024, revealed R167's average intake of meals consumed between 08/09/2024 through 08/17/2024 was 58%. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview with the Complainant on 09/10/2024 at 11:26 AM, who requested anonymity, she stated she had received report from the hospital bedside nurse that R167 had not been receiving tube feedings (TF) at the facility for two weeks, but she had not spoken with the family or seen the resident herself. She stated the emergency medical service (EMS) staff had told the hospital in their report that R167 had not been receiving TF for two weeks, but she was unsure how EMS staff received that information. When asked why she thought the resident was dehydrated and had failure to thrive, she stated it was listed in R167's medical chart. She stated she had spoken with the Director of Nursing (DON) of the facility at time of discharge, and the discharge summary was faxed to the facility on [DATE] at 9:27 AM. However, she stated she was unable to find an order for diet or TF's in the discharge summary. During interview with the contracted RD on 09/10/2024 at 10:59 AM, she stated her tasks included performing dietary assessments on residents who were new admissions, had weight changes, who were high risk for nutritional issues, tube feeding assessments, and dialysis. She stated yes when asked if she performed assessments on readmissions if that resident was flagged as a high risk which R167 was. She stated high risk residents included residents who were, or had been receiving TFs, had wounds, had any significant weight loss, and had dialysis. She stated she remembered the DON calling or texting her about R167 and asking how much R167 would need to consume of her diet for adequate caloric intake, but she was unsure of the date. She stated she thought she had sent an email to the DON stating R167 would need to consume 70% of each meal to reach her daily caloric intake requirement. She stated she should have performed an official dietary assessment on R167 upon her readmission but had failed to do so. She stated she was at another facility and had not looked at R167's information at that time. The RD stated her expectation of the facility's staff was to let her know about R167's weight and history of nutritional needs prior to being dismissed and returned to the facility. During an interview with the DON on 09/11/2024 at 3:15 PM, she stated she was not working at the time of R167's readmission on 08/04/2024 but had reviewed orders upon her return to work on 08/11/2024. She stated she thought she had contacted the RD to ask about the nutritional needs of R167 when she saw there were no diet orders on the hospital discharge summary. She stated the facility's process to follow was for the accepting nurse to review discharge orders, call the provider for verification, and then enter the orders. She stated the nurse had followed that process. She stated the RD should have performed another nutritional assessment upon R167's readmission to assure nutritional needs were met. She stated there had been orders placed for diet and supplements for R167 by the facility's staff. During an interview with Nurse Practitioner (NP) 1 on 09/10/2024 at 10:42 AM, she stated the first time she saw R167 was 07/12/2024, and she appeared in good condition and good spirits. However, she stated, the second time she had rounded on her on 08/09/2024, she seemed thinner and was agitated. She stated she had called back that night, on 08/09/2024, after leaving the facility and placed a verbal order with the nurse for a dietary consult, speech therapy for swallowing consult. She stated she added a nutritional supplement to her diet. She stated she was under the assumption since R167 was on TFs prior to being discharged , the feedings had been reordered. However, she stated she could not recall any TFs infusing at either visit. She stated those visits were the only two times she saw R167, and the other NP had seen her on other visits. She stated she was a little upset that orders had not been placed for the nutrition assessment needs of R167 given the resident's history of having TFs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with NP2 was attempted on 09/10/2024 at 1:36 PM and on 09/11/2024 at 10:57 AM. However, both attempts were not successful. During an interview with the Medical Director on 09/11/2024 at 1:37 PM, he stated there had been some disconnect between the sending hospital and facility concerning the diet order for R167. He stated the facility should have followed up with the sending hospital to verify orders for R167's diet. He stated he thought there had been a conference about the diet order for R167 but could not recall the date. He stated if an order was given, staff should follow that order, including an order for a RD consult. He stated the cause of R167's weight loss, if any that could have occurred, would be hard to determine since R167 had a failure to thrive diagnosis. He stated he knew R167 was getting a food tray and supplements. During an interview with the Administrator on 09/11/2024 at 11:15 AM, she stated she thought there had been a dietician evaluation on R167 upon readmission and would provide a copy; however, a copy was not found. Further, during an interview on 09/12/2024 at 10:00 AM, she stated all facility guidelines should be followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 50442 Based on observation, interview, record review, and review of facility's policy, the facility failed to ensure a resident who needed respiratory care, was provided such care, for 1 of 25 sampled residents, Resident (R) 55. R55 had orders to receive oxygen (O2) at 3 Liters per minute (L/m) per nasal cannula (n/c); however, observations on 09/08/2024, 09/10/2024 and 09/11/2024 revealed the resident was receiving oxygen at 2 L/m or 2.5 L/m per n/c. The findings include: Review of the facility's policy titled, Oxygen Administration, dated 01/02/2024, revealed oxygen was administered to residents who needed it, consistent with professional standards of practice, the comprehensive person centered care plan, and the resident's goals and preferences. Review of R55's Face Sheet revealed the facility admitted the resident on 08/16/2024 with diagnoses of hypertension, heart failure, and chronic kidney disease. Review R55's admission Minimum Data Set (MDS), with an assessment reference date (ARD) of 08/22/2024, revealed the facility assessed R55 to have a Brief Interview for Mental Status (BIMS) score of five out of 15, indicating severe cognitive impairment. Further review revealed R55 was assessed as having dyspnea when sitting at rest or lying flat. He was also assessed as needing oxygen therapy. Review of R55's Orders, dated 08/16/2024, revealed he was to have his humidification bottle changed every Sunday on night shift, have the head of his bed elevated to help with shortness of breath, his oxygen filter was to be cleaned weekly, and his oxygen was to run at 3 L/m via a n/c. R55 also had orders for his oxygen saturation to be tested on ce weekly and for albuterol nebulizer treatments. Review of R55's Comprehensive Care Plan (CCP), dated 08/16/2024, revealed R55 was care planned for being at a risk for respiratory distress due to pneumonia, being unable to lie flat due to shortness of breath, and a pleural effusion. The goal was for R55 to be free from symptoms of respiratory distress. Interventions were to administer medications as ordered, observe for side effects of the medications, assist resident/family in learning the signs of respiratory compromise, document abnormal findings and notify the Physician, elevate the head of the bed to alleviate shortness of breath caused by lying flat, encourage resident to take deep breaths, utilize pursed lip breathing as needed, take rest breaks as needed, give aerosol or bronchodilators as ordered and observe for adverse side effects, observe for changes in respiratory status, observe for respiratory infection, observe for signs of respiratory distress, administer oxygen as ordered, and obtain vital signs and oxygen saturations as ordered. Observation of R55's oxygen concentrator on 09/08/2024 at 10:15 AM revealed it was set at 2 L/m, and his tubing was not labeled with the date it was last changed. R55 was not short of breath while talking. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation of R55's oxygen concentrator on 09/10/2024 at 10:53 AM revealed it was set at 2.5 L/m, and his tubing was not labeled with the date it was last changed. R55 appeared calm and was not exhibiting signs of respiratory distress. Observation of R55's oxygen concentrator on 09/11/2024 at 8:24 AM revealed it was set at 2.5 L/m, and his tubing was not labeled with the date it was last changed. In an interview with Licensed Practical Nurse (LPN) 1 on 09/10/2024 at 11:03 AM, she stated a resident's oxygen concentrator setting for oxygen delivered per minute should match the orders in the resident's medical chart. She stated the oxygen tubing was changed weekly, and the oxygen and humidification bottles should be dated. In an interview with Registered Nurse (RN) 1 on 09/10/2024 at 3:20 PM, she stated R55's oxygen should be set at 3 L/m. RN1 stated R55's oxygen was not titrated. She stated each shift she checked to make sure the settings on the oxygen concentrator and the orders matched. She also stated the tubing and the humidification water bottle were changed weekly, and both should be dated when changed. In an interview with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 09/12/2024 at 8:25 AM, both stated oxygen concentrators should be set at the rate designated in the resident's order. Both stated the oxygen concentrator should be checked against the orders to make sure it was set correctly each shift. When asked what could happen to a resident if the oxygen concentrator was set lower than the orders, the DON stated a resident's oxygen saturation could drop because of being under-oxygenated, and the resident could go into respiratory distress. The ADON stated oxygen saturations were checked each shift for residents wearing oxygen, and the oxygen tubing and humidification water bottles were changed weekly. Both stated the tubing and bottle should be dated on the day they were changed. In an interview with the Administrator on 09/12/2024 at 8:47 AM, she stated she expected her nursing staff to follow a resident's care plan and orders when providing care for a resident. In an interview with the Medical Director on 09/12/2024 at 10:20 AM, he stated he expected the physician's orders to be followed. He stated if a nurse felt like R55 was receiving too much oxygen, she could monitor the resident's pulse oxygenation and make sure it remained at 90% or higher when the resident was at a lower rate and request the physician change the orders to a lower flow rate. He stated nurses should not change the rate on their own.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 49050 Based on observation, interview, record review, and review of facility's documents and assessment, the facility failed to have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident, as determined by the resident assessment for 3 of 64 residents in the facility, Resident (R) 5, R6, and R117. The findings include: Review of the document Facility Assessment Tool for Nicholasville Nursing and Rehabilit 08/2023 through 07/2024, dated 07/01/2024 revealed, Licensed nurses providing direct care: 5-6 per day (3-4 day shift, 2 night shift). Nurses aides: 8-10 per day (5-6 day shift, 3-4 night shift). Review of the document PBJ [Payroll Based Journal] Staffing Data Report CASPER Report 1705D, FY Quarter 3 2024 (April 1- June 30), dated 09/05/2024 revealed, One Star Staffing Rating, (the lowest rating). Review of the document Nicholasville Nursing and Rehabilitation-Monday September 09, 2024 - Census 64 revealed for nurse aide total assigned for 7:00 PM to 7:00 AM there were two aides working and one aide was on day two of orientation. Three additional aides were added by hand. Review of the document Call Light Audit, dated from 06/29/2024 through 09/02/2024, provided by the Director of Nursing and performed by the facility's Scheduler, revealed call light answering times ranged from 10 minutes to 69 minutes. Observation of nurse aides on 09/09/2024 at 10:21 AM, revealed two State Registered Nurse Aides (SRNA) and one nurse on each hall. In an interview with R5 on 09/08/2024 at 4:23 PM, she stated there was only two aides and one nurse on each unit. She stated it took a while for staff to answer the call lights between 9:00 AM to 5:00 PM. In an interview with R6 on 09/09/2024 at 10:14 AM, she stated there were staffing shortages at night. She stated it took her a long time to get help turning in the bed. R6 stated, They do not have enough staff here. Some are good, but they have trouble keeping help. In an interview with R117 on 09/11/2024 at 1:33 PM, she stated it took a long time for staff to answer the call lights. R117 also stated she would look at the time on her phone, and it would take up to four hours for staff to come and change her. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview with the Minimum Data Set (MDS) Nurse, a Registered Nurse (RN), on 09/10/2024 at 4:08 PM, she stated she was having trouble getting her work caught up. She stated she worked on the weekends trying to get resident assessments done according to the time requirements. She stated she came from another facility when this facility changed ownership. She also stated she was new to this role, and it was taking her time to adjust. She stated she had to cover on the floor and take call periodically. In an interview with RN1 on 09/10/2024 at 2:49 PM, she stated she was the only nurse on the floor. She stated she also had a Kentucky Medication Aide (KMA) to help with medication. She stated she was at the desk working on four different tasks at once. She also stated she had an admission this morning that she had not been able to get to because she was busy with other work, and she was the only nurse on the unit. In an interview with SRNA2 on 09/10/2024 at 10:17 AM, she stated today SRNA5 was pulled to the B Hall to help, which left two aides and one orientee on the A Hall. Observation of the MDS Nurse on 09/11/2024 at 2:37 PM, revealed she was sitting at the nurses' station on A hall with her computer on a tray table doing work. In an interview with the MDS nurse on 09/11/2024 at 2:38 PM, she stated she came and worked at the nurses' station to provide breaks for the other nurses in the afternoon. In an interview with the Director of Nursing (DON) on 09/11/2024 at 2:52 PM, she stated the facility did not hire nurse aides that were not certified. She also stated the facility had an annual competency checkoff that must be completed. She stated she was not aware of any staffing shortages. She stated the facility just hired five new aides who were orienting currently. She stated she was not aware of call light audits indicating response times of over an hour. In an interview with the Administrator on 09/12/2024 at 5:39 PM, she stated it was her expectation the facility provided enough staff to maintain resident care. She stated staffing was a problem on both day and night shift running low. She stated the facility was now maintaining staffing levels. She stated she used an agency and that staff might pick-up three to five shifts per week. She stated some facility staff would pick-up extra shifts per week.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 51155 Based on observation, interview, record review, and review of the facility's policy, the facility failed to maintain correct recordkeeping of all controlled drugs, which ensured an accurate inventory of medications by accounting for controlled medicines the facility received, dispensed, and administered. A review of narcotic count sheets revealed staff failed to sign inventory sheets for controlled narcotics and sign narcotic count sheets at the change of shift, for four of four medication carts. The findings include: Review of the facility's policy titled, Storage of Controlled Substances, revised date 08/2020, revealed, At each shift change, or when keys are transferred, a physical inventory of all controlled substances, including refrigerated items, is conducted by two licensed personnel and is documented. Observation on 09/08/2024 at 10:30 AM, revealed the facility had two medications carts per hall (four medication carts/narcotic books total). Review of Hall A even medication cart narcotic book on 09/09/2024 at 3:00 PM, revealed seven out of 36 shift changes were missing two signatures from licensed personnel, between the dates of 08/16/2024 to 09/07/2024. Review of Hall A odd medication cart narcotic book on 09/09/2024 at 3:30 PM, revealed 19 out of 78 shift changes were missing two signatures from licensed personnel between the dates of 07/12/2024 to 09/07/2024. Review of Hall B front medication cart narcotic book on 09/09/2024 at 4:00 PM, revealed 41 out of 144 shift changes were missing two signatures from licensed personnel between the dates of 05/04/2024 to 09/01/2024. Review of Hall B back medication cart narcotic book on 09/09/2024 at 4:30 PM, revealed 40 out of 138 shift changes were missing two signatures from licensed personnel between the dates of 05/04/2024 to 09/06/2024. During an interview with State Registered Nurse Aide/Kentucky Medication Aide (SRNA/KMA) 10 on 09/10/2024 at 9:30 AM, she stated she could count narcotics with another staff member. She stated if there were any narcotics to waste, she informed the nurse. She stated she could waste narcotic medications with a nurse. She stated any discontinued narcotics were wasted by the Director of Nursing (DON). She stated medications were signed in by the nurse when they arrived from the pharmacy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with SRNA/KMA1 on 09/10/2024 at 9:45 AM, she stated wastes were done by two people and then placed in the waste bin on the side of the medication cart. She stated nurses checked in new medications that arrived from the pharmacy. She stated the nurse would collect all discontinued medications. She stated she was not sure what the process was for returning or crediting controlled medications. She stated if a resident was discharged and still had controlled medications in the cart, then she gave them to the nurse. During an interview with Registered Nurse (RN) 1 on 09/10/2024 at 10:00 AM, she stated narcotic waste was done by two staff members, and the count was done by the off-going and on-coming nurse. RN1 stated the DON wasted all narcotics once they were discontinued. During an interview with the DON on 09/10/2024 at 10:15 AM, she stated narcotics were wasted by two people and then given to her. She stated she scanned the medication to the pharmacy so the resident would get credit. She stated the controlled medication was disposed of in the drug disposal destroyer that was kept in the DON's office. During an additional interview with the DON on 09/12/2024 at 9:45 AM, she stated her expectation of staff counting narcotics and narcotic cards was that each shift counted and signed/dated the narcotic book per facility policy. During an interview with the Administrator on 09/12/2024 at 10:00 AM, she stated her expectation was that narcotic counts were to be done timely and correctly for resident safety.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 51155 Based on observation, interview, record review, and review of the facility's policy, the facility failed to ensure all drugs used in the facility were labeled in accordance with professional standards for four of four medication carts. Undated opened medications were found in all medication carts. The findings include: Record review of the facility's policy titles, Administration Procedures for All Medications, effective date 09/2018, revised date 08/2020, revealed the facility staff was to check the expiration date on the package/container before administering any medication. The policy stated when opening a multi-dose container, place the date on the container. Observation on 09/08/2024 at 10:30 AM, revealed the facility had one medication room per hall (two total) and two medications carts per hall (four total). 1. a. Observation on 09/08/2024 at 11:00 AM, revealed one of the four medication carts, the B Hall front cart, contained an opened, undated vial of purified protein derivative, PPD (used in a tuberculin skin test to help diagnose tuberculosis). Further observation revealed the cart contained the following medications that were opened and not dated; Linzess (for irritable bowel syndrome), Fiasp insulin (to lower blood sugar), Geri-Tussin (thinned mucus), Chloraseptic throat lozenges, MiraLAX (a laxative), Milk of Magnesia (a laxative), guaifenesin (thinned mucus), Flonase nasal spray, Ventolin inhaler (a bronchodilator), Incruse inhaler (treated chronic obstructive pulmonary disease (COPD)), polyvinyl eye drops, neo/poly/dex eye drops, sulfa sodium eye drops, and Carboxymethylcellulose sodium eye drops. b. Observation on 09/08/2024 at 11:15 AM, revealed a Unisom (used to induce sleep) bottle was found in the B Hall front medication cart that was not labeled or dated. In an interview at the time with Registered Nurse (RN) 2, she stated a resident had ordered it from the store and delivered to the facility, and staff confiscated the bottle and placed it in the medication cart. She stated the medication was not being dispensed to any residents. 2. Observation on 09/08/2024 at 12:00 PM, revealed the B Hall back medication cart contained the following medications that were opened and not dated: Chloraseptic throat lozenges, calcium antacid, and guaifenesin. 3. Observation on 09/08/2024 at 3:00 PM, revealed the A Hall even medication cart contained the following medications that were opened and not dated: Milk of Magnesia, Spiriva inhaler (used to treat COPD), Symbicort inhaler (used to treat COPD), Flonase nasal spray, and an ipratropium albuterol nebulizer (used to treat COPD). 4. Observation on 09/08/2024 at 3:30 PM, revealed the A Hall odd medication cart contained the following medications that were opened and not dated: MiraLAX, Milk of Magnesia, ipratropium albuterol nebulizer, Enulose (treated constipation), and albuterol inhaler (a bronchodilator). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with the Director of Nursing (DON) on 09/12/2024 at 9:45 AM, she stated her expectation of medication storage was for staff to store and date medication properly and for staff to check the shelf life and discard medications when needed. The DON stated, We don't want to give expired medications to residents; they may not be effective. During an interview with the Administrator on 09/12/2024 at 10:00 AM, she stated her expectation for staff was to follow the medication storage guidelines for resident safety.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50442 Based on observation, interview, record review, and review of the facility's policies, 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 for 5 of 64 residents in the facility, Resident (R) 24, R55, R60, R63, and R267. The findings include: Review of the facility's policy titled, Enhanced Barrier Protection, dated March 20, 2024, revealed it was the policy of the facility to implement enhanced barrier precautions (EBP) for the prevention of transmission of multidrug resistant organisms (MDROs). The policy stated residents with a wound or an indwelling medical device needed to have EBPs for the duration of their stay at the facility or until the wound had healed or the device was removed. The policy stated the requirement of EBPs should be used during high contact resident care activities such as bathing, dressing, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, during care or use of devices such as central lines, urinary catheters, feeding tubes, tracheostomy, or ventilator tubes, and during wound care. Review of the policy titled, Administration Procedures for All Medications, dated 08/2020, revealed medications were to be administered in a safe and effective manner. Review of the facility's signage Enhanced Barrier Precautions revealed instructions to include everyone must clean hands, including before entering and when leaving the room, and providers and staff must also wear gloves and a gown for high contact resident care activities including wound care for any skin opening requiring a dressing. 1. a. Review of R55's Orders, dated 09/05/2024, revealed an order for the resident to be on EBP. Observation on 09/08/2024 at 10:15 AM revealed R55's room did not have EBP signage on it, nor did it have personal protective equipment (PPE) hanging on the door for staff to use during care. Observation on 09/08/2024 at 11:16 AM revealed staff hanging signage for EBP on R55's and R267's room doors. It was also observed that staff was hanging PPE holders on those doors. Observation of R55 on 09/10/2024 at 10:10 AM revealed R55 was being placed into his wheelchair. His indwelling catheter bag did not have a dignity cover, and the resident's catheter tubing and catheter bag were both touching the floor in the resident's room and then in the hallway. In an interview with State Registered Nurse Aide (SRNA) 2 and SRNA4, an orientee, on 09/10/2024 at 10:37 AM, she stated the bag and tubing should be at a level below the resident's bladder, but the tubing and bag should not touch the floor. In an interview with Licensed Practical Nurse (LPN)1 on 09/10/2024 at 11:03 AM, she stated, during rounds on her residents, she made sure the catheter was patent, and it was not touching the floor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	b. Review of 267's Orders, dated 09/08/2024, revealed she had an order to be on EBP. Observation on 09/08/2024 at 10:33 AM revealed R267's room did not have EBP signage on it and did not have PPE hanging on the door. c. Review of R63's Orders, dated 08/14/2024, revealed an order to be on EBP. Observation on 09/08/2024 at 1:14 PM of staff passing out lunch trays revealed that SRNA7 and SRNA9 entered the room of R63, room [ROOM NUMBER], and pulled up R63 in her bed after delivering her meal tray. room [ROOM NUMBER] had a sign for EBP on the door. Neither SRNA7 nor SRNA8 donned (put on) the appropriate PPE needed for resident care. SRNA7 left room [ROOM NUMBER], without performing hand hygiene, and delivered another tray to room [ROOM NUMBER]. d. Review of R60's Order Listing Report, dated 09/01/2024 through 09/30/2024 with an order revision date of 07/10/2024, revealed an order summary for R60 to include EBP when engaging in high contact resident care. Observation on 09/11/2024 at 8:50 AM revealed the Wound Care Physician, after performing wound evaluation in room [ROOM NUMBER] on R60's lower left extremity, exited the room still wearing gloves and a gown. Further observation revealed the physician removed the gloves and gown in the hallway and stepped back into room [ROOM NUMBER] to dispose of the gown and gloves. Hand Hygiene was not observed after the physician removed the gown and gloves. Continued observation revealed room [ROOM NUMBER] was designated as requiring EBP. In an interview with SRNA3 on 09/09/2024 at 8:51 AM, she stated the EBP signage meant that she put on PPE when doing resident care but not when passing meal trays. When asked if pulling a resident up in bed was considered resident care, she stated, Yes. SRNA3 stated when passing meal trays staff should hand sanitize or wash their hands after each tray was delivered. In an interview with SRNA8 on 09/10/2024 at 7:13 PM, she stated the catheter bag should not be placed on or touching the floor. She stated for residents with EBP signage posted on their doors, staff was to put on a gown and gloves prior to entering the resident's room to provide care. She stated she always did this even when passing lunch trays. She also stated she used hand sanitizer or washed her hands after exiting a resident's room after passing meal trays or providing care. In an interview with SRNA9 on 09/10/2024 at 7:26 PM, she stated, when asked about EBP signage and what EBP required her to do, she did not immediately know what the State Survey Agency (SSA) Surveyor was referring to. Then she stated it meant that staff wore a gown, gloves, and a mask when providing resident care. SRNA9 stated staff did not need to put on PPE when delivering a tray to a resident's room but did need to put on PPE when performing resident care such as changing a resident or giving them a bath. In an interview with the Minimum Data Set (MDS) Nurse on 09/12/2024 at 4:30 PM, she stated everyone including physicians should be donning and doffing (taking off) proper PPE for isolation rooms, and all should be trained. She stated performing proper isolation procedures prevented germs from being carried into another resident's room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview with the Director of Nursing (DON), with the Assistant Director of Nursing (ADON) in attendance, on 09/12/2024 at 8:25 AM, when asked about staff being observed placing EBP signage on R55's and R267's doors and putting up a PPE storage hanger on their doors, the DON stated that what was observed was that staff member changing the door hanger to one that allowed the door to shut completely. She also stated staff did not put up the EBP signage on 09/08/2024 at 11:16 AM because both R55's door and R267's door had that signage on it already. When asked what her expectations were for staff when they saw the EBP signage on the door, she stated staff should put on PPE when going into a resident's room to perform a high contact activity and remove PPE prior to exiting the room. She stated hand hygiene should always be performed after that procedure. She stated delivering a tray was not considered high contact activity but pulling a resident up in bed was. The DON stated she was also currently the facility's interim Infection Preventionist. She stated staff have had numerous in-service trainings on EBP. 49050 2. Observation on 09/11/2024 at 8:27 AM during medication administration revealed Registered Nurse (RN) 2 dropped three different medications for R24 on the top of the medication cart. She then picked up the medications with two plastic medication cups and placed the medication in the other cup with the accompanying medications. In an interview with RN2 on 09/11/2024 at 8:31 AM, she asked, Was this the proper way to handle medication touching the cart? She stated she had disinfected the entire cart before beginning medication administration. In an interview with the Director of Nursing (DON) on 09/11/2024 at 2:46 PM, she stated it was her expectation that nurses and Kentucky Medication Aides (KMA) would dispense medication safely and appropriately. In an interview with the Administrator on 09/12/2024 at 5:39 PM, she stated it was her expectation that nurses would dispense medication accurately and appropriately. In an interview with the facility's Medical Director on 09/12/2024 at 10:20 AM, he stated it was his expectation that staff should follow the facility's infection prevention policies because that was why they were in place.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45990 Based on interview, record review, and review of the facility's policies, the facility failed to provide proof of vaccinations or declinations for four out of five sampled residents for immunization, Resident (R) 14, R16, R32, and R60. The findings include: Review of the facility's policy titled, Pneumococcal Vaccination, dated 01/02/2024, revealed the facility would offer this vaccination and each resident would be assessed upon admission for the vaccine. Further review revealed each resident would be offered this vaccine unless contraindicated and would be provided education with benefits and potential side effects. Continued review revealed the resident or representative retained the right to refuse, and information would be documented in the medical record. Review of the facility's policy titled, Influenza Vaccination, dated 01/02/2024, revealed the facility offered annual immunizations from October 1st through March 31st, unless it was medically contraindicated, the resident was already immunized, or the resident refused the vaccine. Continued review revealed education would be provided regarding benefits and potential side effects and would be documented in the resident's medical file. 1. Review of R14's immunization update revealed there was no record of influenza vaccination being given, and the status of the vaccine was not provided by the facility, from R14's admitted [DATE] to the present. Record review revealed R14 had no documented proof of administration or declination of an influenza immunization or declination. 2. Review of R16's medical record revealed R16 had no documented proof of pneumococcal immunization or declination, from R16's admitted [DATE] to the present. 3. Review of R32's medical record revealed no documentation of influenza or pneumococcal vaccines were provided by the facility, from R32's admitted [DATE] to the present. Continued review revealed the Pneumococcal Vaccine Consent Form was signed and dated by the resident representative on 09/03/2024, but there was no documentation R32 had received the pneumococcal vaccination. 4. Review of R60's medical record revealed no documentation of influenza or pneumococcal vaccines were provided by the facility, from R60's admitted [DATE] to the present. Continued review revealed the family refused the influenza vaccination on 09/05/2024. However, further review revealed the Influenza Vaccine Consent Form and the Pneumococcal Vaccine Consent Form were signed and dated on 09/12/2024 by the resident's representative. During interview with the Director of Nursing (DON) on 09/12/2024 at 2:00 PM, she stated after review of their EMRs she could not locate missing vaccination records for R14, R16, R32, and R60, adding she knew the residents had received the vaccinations. She stated the importance of vaccinations was to keep residents and staff safe. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185220	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nicholasville Nursing and Rehabilitation	100 Sparks Avenue Nicholasville, KY 40356

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview with the Administrator on 09/12/2024 at 10:00 AM, she stated all facility guidelines should be followed. During interview with the Medical Director on 09/12/2024 at 10:20 AM, he stated all infection control policies and procedures should be followed because that was why they were in place.