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	08/22/2025

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 - Some	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. Based on observation, review of medication package inserts, and review of the facility's policy, the facility failed to ensure the provision of appropriate environmental controls to preserve the integrity of medications in 1 of 2 sampled medication refrigerators. Observation on the B Unit on 08/20/2025 revealed no medication refrigerator temperature log was initially observed, and when provided by the facility, temperatures had only been documented from 08/16/2025 to 08/20/2025. In addition, observation on the A Unit revealed an opened but unlabeled medication in one of the medication carts and an opened but unlabeled medication and an expired medication in the medication refrigerator.The findings include: Review of the facility's policy titled, Medication Storage, dated 01/02/2024, revealed the facility would ensure all medications housed on the premises would be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Further review revealed refrigerated products were maintained within 36 to 46 degrees Fahrenheit (F) with charts kept on each refrigerator and temperature levels recorded daily by the charge nurse or other designee. Continued review revealed medication rooms were routinely inspected for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels.Review of Aplisol (brand name for tuberculin pure protein derivative used as a skin test to diagnoses tuberculosis) package insert, dated 08/28/2024, revealed vials in use more than 30 days should be discarded due to possible oxidation and degradation, which might affect potency.Review of Azelastine (eye drops to treat allergy symptoms) package insert revealed storage instructions that included the bottle should be discarded after opened for 28 days.Observation of A Unit medication room refrigerator on 08/20/2025 on 2:45 PM revealed the refrigerator's temperature log was not readily visible, then was found crumpled in the floor by the refrigerator. Further observation revealed Aplisol 5 unit/0.1 milliliter (ml) package opened, with no opened date recorded, and one bisacodyl suppository (used to treat constipation) for Resident 20, with an expiration date of 7/31/2025.Observation of A Unit medication cart for even rooms on 08/20/2025 at 3:05 PM revealed Azelastine 0.05% Ophthalmic solution, with no opened date marked.Observation of B Unit medication room refrigerator on 08/20/2025 at 3:13 PM revealed the temperature was 40 degrees (F) but with the August 2025 temperature log not readily apparent. When located, the log revealed the only dates with the temperature recorded were from 08/16/2025 to 08/20/2025. Further review revealed Aplisol 5 unit/0.1 ml opened but with no opened date marked. Continued observation revealed the following inventory of the refrigerator: eight bisacodyl suppositories, 10 milligrams (mg); one acidophilus chew and two acidophilus capsules; two Prevnar 20 vaccines; one Comirnaty Covid vaccine; 21 Novalog Flex pens; four Lantus Solostar pens; seven Lyumjev kwikpen; one Toujeo Solostar pen; three Fiasp flextouch pen; one liraglutide GLP-1 injection; humulin 70/30 insulin vial; and daptomycin 800 mg/100 ml normal saline NS.During interview with Licensed Practical Nurse (LPN) 4 on 08/20/2025 at 2:55 PM, she stated it was important to have a log to ensure temperatures were in the safe range. She also stated it was important to discard medications when they expired because they might not be (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	08/22/2025

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 - Some	effective.During interview with LPN 7 on 08/22/2025 at 2:15 PM, she stated the reason for maintaining refrigerated medications in the right temperature range and disposing of medications that were expired was that those medications might have decayed or not be effective.During interview with Registered Nurse (RN) 3 on 08/22/2025 at 2:20 PM, she stated the reason for maintaining the medication room refrigerator in the specific temperature range was to maintain stability of the medicines and disposing of medications that were expired was to avoid giving medication to residents that might not be effective anymore.During interview with the Director of Nursing Services (DNS) on 08/20/2025 at 3:00 PM, she stated she was sure the medication log was there yesterday but was unable to locate it and a new log was started. She stated temperatures were important for medication stability and when medications expired, the efficacy might be affected.During additional interview with the DNS on 08/22/2025 at 2:00 PM, she stated she had contacted the pharmacist consultant who had advised that the medications stored in the refrigerator without a log must be discarded. During additional interview with the DNS on 08/22/2025 at 3:13 PM, she stated the expectation was the policies in place were to be followed. She stated that was important because medications were not effective if not stored properly. She stated she had spoken to the Assistant Director of Nursing (ADON), and they would be working on medication storage together, with both of them providing monitoring.During interview with the Executive Director on 08/22/2025 at 3:37 PM, she stated the medication rooms were checked by in-house staff. She stated the nurses were responsible for audits of medication rooms and carts. She stated that was a night nurse task, with the expectation that it was to be carried out nightly. She also stated that was important so there were no expired medications, and those medications in the refrigerator were at the right temperature. She stated that was important so medications would be effective.

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	08/22/2025

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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview, record review, review of the facility's signage, 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 and control the development and transmission of communicable diseases and to implement interventions to protect the residents for 4 of 27 sampled residents, Resident (R) 21, R34, R39, and R41. Observation on 08/19/2025 revealed staff donned (put on) N-95 masks over surgical masks prior to entering rooms designated as Covid positive rooms.Observation on 08/19/2025 revealed rooms designated as Covid positive rooms were without proper signage for droplet precautions. Observation on 08/20/2025 revealed staff exited a room designated as a Covid positive room without removing an N-95 mask and wearing the same mask to another department. The findings include:Review of the facility's policy titled, Infection Prevention and Control Program, no date given, revealed the facility had infection prevention and control programs designed to provide a safe, sanitary, and comfortable environment. Additional review revealed the program helped to prevent the development and transmission of communicable diseases and infections with procedures for all staff to be responsible for following all policies and procedures related to the program including to use personal protective equipment (PPE) according to facility policy. Further review revealed staff would be educated on the facility's infection and prevention program related to their job functions. Review of the facility's policy titled, Covid-19 Prevention and Management, dated 03/05/2025, revealed the facility was to follow updated recommendations set forth by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) regarding prevention and management of the Covid-19 virus. Further review revealed the policy was to ensure proper treatment and prevention of the transmission of Covid-19 to other residents and care team members. The policy stated care team members would be required to wear eye protection, N-95 or surgical mask over N-95, gown, and gloves prior to entry and remove prior to exiting the quarantine or isolation room. Continued review revealed surgical masks could not be used under an N-95 mask. Review of the facility's door signage Special Droplet/Contact Precautions, undated, revealed everyone must wear proper PPE including a facemask at all times which included an N-95 upon entering the room. 1. Review of Resident (R) 21's Face Sheet revealed the facility admitted the resident on 08/01/2025 with diagnoses to include low blood pressure, dementia, and hypothyroidism. Further review revealed his assigned room was designated as Covid positive. Review of R21's SAR-COV-2 [severe acute respiratory syndrome coronavirus 2] (Covid-19) Resident Testing Data revealed a test performed on 08/13/2025 had positive results. Observation of the Business Office Manager (BOM) on 08/19/2025 at 10:50 AM revealed the BOM entered R21's room, a room designated as Covid positive with a surgical mask under an N-95 mask. During an interview with BOM on 08/19/2025 at 3:00 PM, she stated she had been working at the facility for about nine months. When asked if the facility had provided any training for putting on and disposing of PPE for Covid positive rooms, she stated yes and no. When asked what that meant she stated when she had entered the Covid positive room with the mask under the N-95, she did not know any better. She stated the Director of Nursing Services (DNS) had given her one-on-one training yesterday, and she now knows not to wear any mask under an N-95. She stated if one wore a surgical mask under the N-95, it interfered with its seal, possibly exposing her, which could lead to spreading Covid.2. Review of R34's Face Sheet revealed the facility admitted the resident on 06/30/2025 with diagnoses to include high blood pressure, heart failure, and cellulitis in right lower limb. Further review revealed R34's assigned room was designated as Covid positive. Review of R34's SAR-COV-2 (Covid-19) Resident Testing Data revealed a test performed on 08/16/2025 had positive results. Review of R34's Physician's Orders revealed a verbal order was given on 08/16/2025 for droplet precautions to include mask, gown, gloves and eye protection, required every shift. Review of R34's Care Plan revealed a focus of at risk for respiratory distress (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	08/22/2025

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 - Some	related to confirmed Covid-19, initiated on 08/19/2025. Further review revealed resident would be free from symptoms of respiratory distress with interventions to include droplet precautions.Review of R39's Face Sheet revealed the facility admitted the resident on 07/14/2025 with diagnoses to include multiple fractures, high blood pressure, and chronic kidney disease. Further review revealed R39's assigned room was designated as Covid positive. Review of R39's SAR-COV-2 (Covid-19) Resident Testing Data revealed a test performed on 08/13/2025 had positive results.Review of R39's Physician's Orders revealed a telephone order was given on 08/14/2025 for droplet precautions to include mask, gown, gloves, and eye protection required every shift for isolation for ten (10) days.Review of R39's Comprehensive Care Plan (CCP), dated 08/18/2025, revealed R39's focus placed her at risk for respiratory distress related to confirmed Covid-19. Further review of the CCP revealed the goal was for the resident to be free from or have reduced symptoms of respiratory distress with interventions placed on 08/18/2025 to include droplet precautions. Review of R41's Face Sheet revealed the facility admitted the resident on 12/10/2021 with diagnoses to include diabetes, high blood pressure, and acute ischemic heart disease (reduced blood flow to the heart muscle). Further review revealed R41's assigned room was designated as Covid positive.Review of R41's SAR-COV-2 (Covid-19) Resident Testing Data revealed a test performed on 08/18/2025 had positive results.Review of R41's Physician's Orders revealed a verbal order was given on 08/18/2025 for droplet precautions to include mask, gown, gloves and eye protection every shift until 08/28/2025 with an end date given as 08/28/2025. Review of R41's CCP, dated 08/18/2025, identified the resident at risk for respiratory distress related to contact with confirmed Covid-19. R41's goal was to be free from or have reduced symptoms of respiratory distress with interventions to include droplet precautions. Observation on 08/19/2025 at 12:10 PM revealed no signage for droplet precautions on the door of the room where R39 and R41 resided. Further observation at 12:20 PM revealed there was no signage for droplet precautions on the door of the room where R34 resided. Both rooms were designated as Covid positive rooms. 3. Observation on 08/19/2025 at 1:00 PM revealed State Registered Nurse Aide (SRNA) 4 donned (put on) PPE to deliver lunch trays to the room where R39 and R41 resided. SRNA4 placed an N95 mask over a surgical mask. When exiting the room, she removed the PPE inside the room then placed the used N95 into the door caddy where clean PPE was stored outside of the room. During an interview with SRNA4 on 08/19/2025 at 1:07 PM, she stated she had never received any education about how to place the N95 mask. She also stated they were disposable, and she should have placed it into the trash can to prevent cross contamination.During an interview with SRNA6 on 08/20/2025 at 3:35 PM, he stated he would not wear a mask under an N-95. He added if a mask was worn under an N-95, it could cause cross contamination, and that was how he was trained.During an interview with SRNA5 on 08/21/2025 at 11:10 AM, she stated the facility had provided training on infection control which included DNSning an N-95. She stated she was trained not to place any type of mask under an N-95 because it could increase chances of becoming infected and spreading germs. During an interview with SRNA9 on 08/21/2025 at 1:29 PM, she stated she was trained not to double mask when using an N-95 because it interfered with proper sealing, increasing chances of cross contamination and spreading germs. In an interview with SRNA16 on 08/22/2025 at 9:06 AM, she stated she did wear a surgical mask under her N-95 for extra protection, and no one had told her otherwise. During a brief interview with the Director of Nursing Services (DNS) on 08/19/2025 at 11:25 AM, she stated the staff was not trained to wear a surgical mask under an N-95, adding it interfered with the seal of the N-95, which could possibly spread Covid throughout the facility.4. Observation on 08/20/2025 at 3:10 PM revealed therapy staff exited the room where R34 resided, a Covid positive designated room, still wearing an N-95 mask. Continued observation revealed therapy staff walked to the end of A Hall, through B Hall, and then to the therapy department with the same N-95 mask on and disposed of the mask in the garbage can in the therapy department. Further observation revealed the N-95 mask in the therapy garbage can. During an interview with therapy staff at 3:15 PM on 08/20/2025 after observation, she stated she was an Occupational Therapist (OT) (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	08/22/2025

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 - Some	and had worked at facility for nine months. When asked if she had received infection control training since working at the facility, especially pertaining to Covid positive rooms and proper donning and doffing (removing) PPE, she stated she was sure she had but could not remember. When ask if the N95 mask she wore in R34's room was the same that she disposed in the therapy garbage, she stated it was the same mask. She stated the concern was if proper donning and doffing was not practiced upon entering and exiting a Covid positive room, the infection could be spread throughout the facility. During an additional interview with the DNS on 08/22/2025 at 3:05 PM, she stated she had been at the facility one month. She stated prior to her coming to the facility, she could not say what the infection prevention and control procedure was. However, she stated she had now provided infection control in-services over two to three days to make sure she covered all shifts and all staff. She stated, after the first resident tested positive for Covid, each staff person received a packet of information. She stated she reviewed the kinds of precautions, what PPE to wear, and observed return demonstrations of DNSning and doffing PPE. The DNS stated her expectation was for staff to follow the education and posted signage on resident room doors to protect all residents and staff. She stated, if staff did not follow infection control precautions, infections could spread to the residents, staff, and the community.During an interview with the Executive Director who was also the Infection Preventionist (IP) on 08/22/2025 at 8:32 AM, she stated she had been at the facility as the Executive Director since February 2025 and had served as IP since August 2025. She stated her expectations of staff members, as both the IP and ED, were they should know and follow the policy for infection control and proper DNSning/doffing of personal protective equipment (PPE) to prevent spreading germs. She stated staff was trained upon hire in infection control and then yearly and as needed. She stated each time there was a resident placed in isolation, the facility performed additional training as needed. She stated staff was trained on all the different types of isolation and should know the procedure and refer to the door signage. She stated further, if a resident was on contact isolation, staff should be putting on PPE each and every time they entered the room. She stated all PPE would be taken off prior to exiting the room. She stated proper signage should be on each isolation room door to explain what PPE was needed and when to remove it to prevent spreading the virus of Covid positive rooms. She stated, if proper signage was not on the room door, staff would not have guidance to follow, and there would be a risk of spreading germs. The Executive Director also stated staff was trained not to double mask and should not be doing that.