

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2025
NAME OF PROVIDER OR SUPPLIER  Salyersville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  662 Parkway Drive Salyersville, KY 41465	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for 1 of thirty-seven sampled residents (R) R26. Review of R26's Care Plan for Impaired Skin Integrity, dated 02/10/2025, indicated that R26 would have a weekly skin assessment performed. However, the facility failed to provide evidence of weekly skin assessments.</p> <p>The findings include:</p> <p>Review of the facility's policy, Comprehensive Care Plans Standard of Practice, dated, 10/2020 revealed that each resident's comprehensive care plan was designed to: identify problem areas, incorporate risk factors associated with identified problems, identify the professional services that were responsible for each element of care, and aid in preventing or reducing declines in the resident's functional status or functional levels. Further review revealed that residents' assessments were to be ongoing, and care plans were required to be revised as information about the residents and their conditions changed.</p> <p>Review of R26's admission Face Sheet revealed the facility admitted the resident on 12/17/2024 with diagnoses that included Alzheimer's disease, chronic kidney disease, chronic obstructive pulmonary disease (COPD) with (acute) exacerbation, delusional disorders, dementia, diffuse large B-cell lymphoma, unspecified site, and malignant neoplasm of the brain, unspecified.</p> <p>Review of R26's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/09/2025, revealed the facility assessed the resident with a Brief Interview for Mental Status (BIMS) score of 0/15. This score indicated the resident had severe cognitive impairment. Further review revealed R26 required total assistance with turning side to side in the bed, showering/bathing, and personal hygiene.</p> <p>Review of R26's care plan, related to Impaired Skin Integrity, dated 02/10/2025 revealed the goal was for R26 to be free from additional skin breakdown. Further review revealed that a weekly skin assessment was one of the interventions of the care plan.</p> <p>Review of the Bath/Shower Sheet completed from 02/27/2025 through 05/08/2025 revealed that each time R26 received a shower or bed bath from the State Registered Nurse Aide (SRNA), no new skin areas were identified.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of R26's progress note, dated 03/04/2025 revealed an order for preventative measures for bilateral heels by painting the heels with Betadine and applying a dry dressing daily, and as needed due to the resident scooting his heels on the bed.</p> <p>Review of R26's Progress Note, dated 03/17/2025 revealed R26's skin assessment was completed with no new areas noted.</p> <p>Review of R26's Progress Note dated 03/17/2025 revealed that the Wound Care Physician Assistant (PA) saw R26 for a pressure wound to the head. However, there was no documented evidence the PA assessed any other areas.</p> <p>Interview with the PA on 05/16/2025 at 12:34 PM revealed she assessed the wound to the resident's head. However, she did not assess any other wounds. According to the PA, the Director of Nursing (DON) provided her with instructions on which residents were to be evaluated. The PA stated that when evaluating residents for skin breakdown she assessed the high-pressure areas, such as the heels, elbows and bottom, for wounds. The PA stated R26 did not have any other wounds but the wound to the head when she assessed the resident on 03/17/2025.</p> <p>During an interview on 05/14/2025 at 12:10 PM with License Practical Nurse (LPN) 3, she stated she conducted a skin assessment when she looked at a resident's skin that was exposed during the medication pass. LPN3 stated she did not conduct a head-to-toe skin assessment of R26's skin.</p> <p>Interview with Registered Nurse (RN)1 on 05/14/2025 at 12:23 PM revealed that she had never conducted skin assessments during her shift. According to RN1, the Director of Nursing (DON) had instructed facility staff that the wound care staff were responsible to conduct all skin assessments, wound assessments to include surgical wounds and provide any physician ordered wound care.</p> <p>During an interview on 05/14/2025 at 9:38 PM with RN 2, she stated that she did not complete resident head-to-toe assessments weekly. RN2 stated this was a task delegated to the wound nurse by the DON. According to RN2, the DON had instructed all of the nursing staff that wound care and skin assessments were to be conducted by the wound care staff.</p> <p>Review of R26's Treatment Administration Record (TAR) dated 03/2025 revealed no documentation that the preventive treatment to bilateral heels was provided on 03/19/2025 or 03/20/2025.</p> <p>Record review revealed, on 03/20/2025, R26 was admitted to a local hospital with the following diagnoses: sepsis, acute kidney injury, UTI (Urinary Tract Infection), and pneumonia. The hospital physician documented multiple areas of skin breakdown that the nursing facility had failed to identify including eschar to bilateral heels, a stage III to the left buttock, a stage III to the right buttock, a non-pressure chronic ulcer of the heel and midfoot, and an unstageable pressure ulcer of the sacral area. R26 required surgical debridement of his bilateral heels on 03/21/2025 at the hospital. R26 was discharged back to the nursing facility on 03/26/2025.</p> <p>During an interview on 05/15/2025 at 8:40 AM with the DON, she stated that the staff had failed to identify the wounds on R26 heels, and that the facility was currently working on improving their skin program after results from a mock survey in 04/2025. The DON stated that she expected a weekly head-to-toe assessment to be completed on residents to identify and prevent pressure ulcers.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/16/2025, the Administrator stated he expected skin assessments to be done weekly and all physician orders to be followed to keep residents safe and healthy.</p>		