STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185221	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salyersville Nursing and Rehabilitation Center	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to ensure residents received care to prevent pressure ulcers from developing and promote healing consistent with professional standards of practice for two of 37 sampled residents Resident (R) 26 and R110. Immediate Jeopardy (IJ) was identified on 05/16/2025 and was determined to exist on 10/04/2024 in the areas of 42 CFR §483.25(b)(1) Pressure ulcers (F686) at the scope and severity (S/S) of a K. Substandard Quality of Care (SQC) was identified at 42 CFR §483.25(b)(1) Pressure ulcers (F686). The IJ is ongoing. The facility was notified of the Immediate Jeopardy on 05/16/2025. The findings include: 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 are 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 ongoing, and care plans were required to be revised as information about the residents and their conditions changed Review of the facility's policy, Skin Care Standard of Practice, dated 07/2020, revealed the facility was required to assess the resident on admission, readmission, and with each change of condition that may compromise the skin. The nurse was required to perform staging and measuring to maintain continuity in documenting the progression of wound healing. Staff were also required to perform weekly documentation of the wound status and response to healing, including the potential need to alter treatment. Wound documentation was to include location of the wound, staging of the wound, size of the wound (length x width x depth), exudate (if present), wound bed description, description of wound edges and surrounding tissue, and pain (if present). Further review revealed that all assessments/evaluations relating to skin/wound care would be documented in the EMR (Electronic Medical Record) System. 1. 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 with (acute) exacerbation, delusional disorders, dementia, diffuse large B-cell lymphoma, unspecified site, and malignant neoplasm of brain, unspecified. (continued on next page)

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
	185221	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salyersville Nursing and Rehabilitation Center	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of R26's current 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, indicating 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. 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. Review of the Bath/Shower Sheet completed from 02/27/2025 until 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. Review of R26's progress note, dated 03/04/2025 revealed an order for preventative measures for bilateral heels by painting heels with betadine and apply dry dressing daily, and as needed due to the resident scooting his heels on the bed. Review of R26's Progress Note, dated 03/17/2025 revealed R26's skin assessment was completed with no new areas noted. 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. Interview with the PA on 05/16/2025 at 12:34 PM revealed that the PA assessed the wound to the resident's head; however, did not assess any other wounds. According to the PA, the DON provided instructions to the PA 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. During an interview on 05/14/2025 at 12:10 PM with License Practical Nurse (LPN) 3, she stated her skin assessment was when she looked at a resident's skin that was exposed during her medication pass. LPN3 stated she did not conduct a head-to-toe skin assessment. Interview with Registered Nurse (RN)1 on 05/24/2025 at 12:23 PM revealed that she had never conducted skin assessments during her shift. According to RN1, the 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. During an interview on 05/14/2025 at 9:38 PM with Registered Nurse (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 Director of Nursing (DON). According to RN2, the DON had instructed all the nursing staff that wound care and skin assessment were to be conducted by the wound care staff. 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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185221	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salyersville Nursing and Rehabilitation Center	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Record review revealed, on 03/20/2025, R26 was admitted to a local hospital with the following diagnosis: sepsis, acute kidney injury, UTI, 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, non-pressure chronic ulcer of the heel and midfoot, and 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. During an interview on 05/15/2025 at 8:40 AM with the Director of Nursing (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. 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. 2. Review of R110's admission Face Sheet revealed the facility admitted the resident on 02/18/2025 with diagnoses that included unspecified dementia, Parkinson's Disease, neurocognitive disorder with Lewy bodies, anxiety, depression, bowel incontinence, generalized weakness, anemia, urinary retention, hypertension, history of dehydration, and a history of malignant neoplasm of large intestine. The resident was also admitted with a Stage II pressure ulcer to the right buttock. Review of R110's current Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/20/2025, revealed the facility assessed the resident with a Brief Interview for Mental Status (BIMS) score of 3/15, indicating the resident had severe cognitive impairment. Further review revealed R110 required total assistance with turning side to side in the bed, showering/bathing, transfers, and personal hygiene. Review of R110's care plan, related to Impaired Skin Integrity, dated 02/20/2025 revealed the resident was identified as high risk for impaired skin integrity due to incontinence, immobility, and multiple comorbidities including dementia, Parkinsonism, and a history of skin breakdown. The interventions included repositioning every two hours, a weekly skin assessment, and to promote adequate nutrition. Review of R110's Turn and Repositioning Log, dated May 2025 revealed the facility had multiple missed repositioning intervals, particularly during critical overnight hours (May 2-5 had missing entries at 3 AM and 5 AM; May 7-10 had missing entries at 1 AM and 3 AM; May 13-15 had missing entries from 3 PM- 9PM; and May 17-18 had missing entries from 1 AM until 7 AM). The facility failed to ensure consistent implementation of repositioning interventions for R110 as outlined in the care plan to prevent skin breakdown. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185221	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salyersville Nursing and Rehabilitation Center	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the Skin Committee Progress Notes dated 02/18/2025 through 05/18/2025, revealed the facility did not complete weekly skin assessments as required per the facility policy Skin Care Standards of Practice. The note lacked documentation of the resident's wound status and healing progress, including the need to modify treatment as appropriate. The required documentation such as wound location, stage, size (length x width x depth), presence of exudate, wound bed description, condition of surrounding tissue and, and pain was not consistently recorded. Further review revealed the facility's policy required all skin and wound assessments to be documented in the EMR (Electronic Medical Record) System. Review of R110's Progress Note, dated 02/21/2025 revealed R110's skin assessment was completed and identified one stage two pressure ulcer on the right buttock. Further review revealed the facility initiated a treatment to cleanse the right buttock wound with NS (normal saline) or wound cleanser, dry, and apply zinc, leaving open to air daily and as needed. This treatment remained in place through early March. Review of a Progress Note, dated 04/11/2025, revealed the wound was described as unstageable, measuring 4.0 x 3.4 x 0.3 cm. The wound continued to drain moderate amounts of exudate and eventually required enzymatic debridement and sharp debridement by a wound care provider on 04/21/2025 at the facility. Review of Physician's Orders and the Skin Committee Progress notes revealed no change in the resident's pressure treatments. Continued review revealed the facility failed to conduct weekly skin assessments. Review of Progress Note dated 04/24/2025, revealed the unstageable wound to the right buttock remained open and draining, with only 5% granulation tissue and 95% necrotic tissue. A sharp debridement was performed at the facility. Review of Progress notes from 05/04/2025 and 05/09/2025 revealed continued orders for Santyl, calcium alginate, and super absorbent adhesive dressings with daily application and PRN (as needed). The skin committee noted no changes to the treatment plan despite documented wound deterioration. Review of the Progress Notes revealed a deep tissue injury (DTI) to the right heel was identified on the Progress Note dated, 03/14/2025. Treatment was initiated with Betadine, ABD pads (abdominal pads used to collect drainage), and a tubular bandage. Review of the Skin Committee Progress Notes revealed over time, this DTI progressed to dried necrotic tissue, requiring ongoing management through March and April. Review of the body map dated 05/16/2025 identified extensive breakdown, including multiple wounds on the sacrum, buttocks, heels, and upper back, indicating R110 had widespread deterioration. Review of progress notes, skin assessments, and interviews revealed a lack of shift-to-shift monitoring, failure to reassess and escalate care when wounds worsened, and delays in response following the wound care nurse's departure. Review of the Hospital Discharge summary, dated [DATE], revealed the facility transferred R110 to the hospital due to altered mental status on 05/18/2025. R110 expired at the hospital on [DATE] due to Anemia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185221	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salyersville Nursing and Rehabilitation Center	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview with the Unit Manager on 05/28/2025 at 10:58 AM, she stated that she completed the skin assessment on the Body Map dated 05/16/2025 that identified new areas of skin breakdown. However, the physician was not notified until 05/18/2025 due to miscommunication with the Director of Nursing (DON). During interview with the Interim Director of Nursing (IDON) on 05/29/2025 at 10:04 AM, she stated that upon arrival, she was informed the wound care nurse was on FMLA (Family and Medical Leave Act) leave. The IDON stated the facility had not designated another nurse to monitor, assess, or treat residents' wounds during the wound care nurse's absence for the last few weeks. Review of the resident's nutritional care plan, initiated 02/17/2025, revealed the facility identified the resident was at risk for weight loss with increased protein needs due to wound presence. Interventions included fortified foods, protein supplements, multivitamins, and a dysphagia-pureed diet. Review of a dietary progress note dated 05/01/2025, revealed the resident was generally accepting of oral supplements with an average meal intake of 77%. However, review of the daily meal and fluid intake records from May 11-17, 2025, revealed multiple days of refused or poor intake (0-25%), and fluid intake below 500 mL on at least two days. There was no documented evidence of staff reassessment, physician notification, or additional dietary interventions related to the low intake trends. During an interview conducted on 05/29/2025 at 2:33 PM, State Registered Nurse Aide 7 (SRNA7) stated that R110 had experienced a significant decline the last week at the facility before going to the hospital on [DATE]. SRNA 7 stated R110 just slept all the time and had become difficult to awake for meals. The SRNA stated that R110 just stopped eating and drinking and had very limited fluid output that was dark orange in color. She stated she reported the changes to LPN 2 but did not recall any formal change in dietary interventions or additional monitoring being implemented at that time. During an interview with Licensed Practical Nurse (LPN) 2 on 05/28/2025 at 10 AM, she stated that approximately one week prior to the resident's decline, she noticed the resident was not eating very much. LPN 2 stated the SRNAs mentioned that the resident had reduced intake, and she had gone into R110's room to try and encourage the resident to eat. She stated she notified the unit manager of R110's decline. However, she was unsure if she followed up on her concern. LPN 2 stated she assumed the Unit Manager would notify the physician and did not initiate or observe any changes to the nutritional care plan, or increased monitoring during this period. During an interview with the Unit Manager on 05/28/2025 at 10:58 AM, she stated that staff had reported R110's decline in eating, drinking, and output. However, she acknowledged that she did not notify the physician, stating she believed it was the DON's responsibility to do so. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185221	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salyersville Nursing and Rehabilitation Center	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview conducted on 5/29/2025 at 9:55 AM, the Interim Administrator stated there had been a lack of appropriate assessments and absence of a consistent Quality Assurance process. He stated that wound care concerns were not routinely discussed in the morning meetings and were only added to the meeting agenda after the most recent issues were identified. The Intern Administrator stated that failures in the turning, repositioning and wound care processes and lack of rounds had contributed to the problem. He stated, When you have an issue with wounds, it's because of processes mostly. He further explained that it was evident there had been a breakdown in systems and oversight, and that wounds were not included in daily discussions until he intervened. The Intern Administrator stated the failure ultimately rested, in the administrator's chair. He stated that strong morning meetings and clinical leadership could have prevented the breakdown in skin, nutrition, and care coordination systems. During an interview on 05/28/2025 at 7:15 PM the newly appointed Wound Care Physician (WCP) stated after her review of the previous resident wound/skin documentation on 05/28/2025, the WCP felt there were multiple discrepancies and inaccuracies in comparison to her assessment. For example, the WCP explained that every wound had been documented and treated as unstageable; however, there were no weekly skin assessment sheets, minimal to no documentation regarding the wounds and no measurements and/or appropriate treatments in place to support healing of the wounds. The WCP stated that due to the lack of documentation, she became very concerned for the overall health and safety of the residents. The WCP stated after she arrived at the facility, she immediately realized the lack of preventative measures such as off-loading and special support devices for at-risk residents with apparent high-risk areas along with the lack of staff knowledge, education, communication and in-sufficient staffing. Therefore, according to the WCP most of the wounds she assessed were facility acquired and a facility wide failure was identified. During an interview on 05/29/2025 at 9:58 PM with the newly appointed Wound Care Nurse (WCN), the WCN stated during her initial skin sweep assessment of all residents she identified staff were not following up or taking appropriate measures to identify new areas such to include implementing skin assessment sheets, as they were non-existent. In addition, the WCN stated the documentation was not supportive and/or accurate due to a lack of leadership, communication, education and training. The WCN stated wounds were never discussed or part of the clinical meetings. On 05/20/2025 the WCN stated she attended the morning clinical meeting with all other departmental leadership to discuss concerns; however, nothing was discussed about the wounds and/or resident conditions. The WCN stated from her continued observation of resident wrinkles, redness on pressure areas, uncleanliness of digits and poor condition of resident's heels, it was apparent that skin assessments were not being performed nor was the appropriate repositioning or offloading being implemented. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185221	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salyersville Nursing and Rehabilitation Center	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	In interview, with the Regional Quality Manager (RQM) on 05/29/2025 at 10: 50 AM, she stated she was part of the Governing body and was present during the quarterly calls, as well as onsite at the facility, on a regular basis to audit and monitor any concerns the facility had identified. She stated for example, in March 2025 they performed and assisted with a MOCK survey at the facility. The RQM stated they treated and performed the MOCK survey just as the State performed their surveys. She stated all care areas were reviewed and investigated. During the interview, she stated their survey also identified deficiencies with wounds and that the wound nurse was not assessing and documenting correctly. The RQM stated a plan of correction was provided; however, we were not getting results. She stated she felt the lack of communication, notification and education was the root cause of the problem. In addition, she stated the facility failed to replace the wound care nurse when she went on medical leave and unfortunately residents were not being assessed and/or provided treatment appropriately. Attempts were made to contact the Medical Director on 05/28/2025 at 1:54 PM,1:56 PM and 4:00 PM. There was no response from the Medical Director.