STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185236	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chautauqua Health and Rehabilitation	1205 Leitchfield Road Owensboro, KY 42303

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 52158 Based on observation, interview, and review of facility policy, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice. Observation on 04/02/2025 at 8:45 AM, on the Dementia unit, revealed medication cups containing medications that had been pre-pulled for 3 residents. The cups were marked with the residents' names in black sharpie. The findings include: Review of the facility's policy titled, Medication Administration, revised 02/20/2024, revealed medications were administered by licensed nurses, or other staff who were legally authorized to do so in the state, as ordered by the physician and in accordance with professional standards of practice. Review of the facility's policy titled, Residents Rights, dated 01/20/2020 and revised on 01/2025, revealed the facility will ensure all staff members are educated on the rights of residents and the responsibility of the facility to properly care for its residents. Observation of Medication Tech (MT)3 on the Dementia unit, on 04/02/2025 at 8:45 AM, revealed she was at the medication cart with the drawer open. There were three medication cups containing medications that had been pre-pulled for three different residents. (Pre-pulled medications is the preparation of medications in advance of administration, often for multiple residents or for a delayed time of administration). The cups were marked with resident names in black sharpie and were in the top drawer of the medication cart. MT3 immediately acknowledged the State Survey Agency Representative observing the cups of medications and disposed of the medications. In an interview with MT3, on 04/03/2025 at 2:30 PM, she stated she should not have pre-pulled the medications prior to administration on 04/02/2025. She further stated she was aware this was a risk for medication error, distraction and administering the wrong medication to residents. She further stated she felt residents on the unit were also vulnerable due to this being a Dementia Unit. During an interview with the Director of Nursing (DON), on 04/04/2025 at 9:15 AM, she stated it was her expectation staff follow the Medication Administration policy. She further stated she would not expect staff to ever pre-pull medications and place them in a cup with the resident's name. In further interview, she stated this was a huge safety risk due to the possibility of medication errors with this unsafe practice. (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Administrator, on 04/04/2025 at 9:00 AM, she stated it was her expectation staff follow the Medication Administration policy. She further stated she would not expect staff to pull medications for residents, place them in cups marked with their names, and leave them in the medication carts. In further interview, she stated this was a dangerous and unsafe practice as there was a high risk of administering the wrong medication to a resident.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37031 Based on observation, interview, record review, and review of facility policy, 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 2 of 26 sampled residents, Resident (R)1 and R97. 1. During observation of incontinence care for R97, provided by Certified Nursing Assistant (CNA)8 and CNA10, on 04/03/2025 at 10:14 AM, the CNAs removed the urine soaked sheets from the air mattress, used them to wipe the mattress and then threw the sheets on the floor while wearing gloves. The CNAs then failed to perform hand hygiene and don new gloves, but wore the same soiled gloves to provide incontinence care for the resident. Further, the CNAs failed to clean/disinfect the air mattress after providing incontinence care. 2. Furthermore, observation on 04/01/2025 at 9:10 AM, and 04/03/2025 at 9:05 AM, revealed the infusion stand which held R1's enteral feeding bag was soiled with an unidentified brownish matter streaking down the pole. Also the bottom of the stand was soiled with the same unidentified matter. The findings include: Review of the facility's policy titled, Infection Prevention and Control Program, revised 09/2024, revealed the facility has established and maintained 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. Standard Precautions: all staff shall assume all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. Environmental cleaning and disinfecting shall be performed according to facility policy. All staff have responsibilities related to the cleanliness of the facility, and are to report problems outside of their scope to the appropriate department. Review of the facility policy titled, Hand Hygiene, revised 02/05/2025, revealed all staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hygiene prior to donning gloves, and immediately after removing gloves. 1. Review of R97's Admission record revealed the facility admitted the resident on 06/27/2024 with diagnoses which included non-traumatic brain injury, hypertension, dementia, and parkinson's disease. Review of R97's Annual Minimum Data Set (MDS), dated [DATE], revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of three out of fifteen, indicating severe cognitive impairment. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation of incontinence care for R97, provided by CNA8 and CNA10, on 04/03/2025 at 10:14 AM, revealed the resident had a brief in place; however, when the CNAs turned the resident onto his back, the air mattress, and sheet, were visibly wet. The CNAs while wearing gloves, removed the urine soaked sheets from the mattress and CNA 8 used the wet sheets to wipe the mattress and then threw the sheets on the floor. The CNAs then failed to perform hand hygiene and don new gloves, but wore the same soiled gloves to provide incontinence care for the resident. After providing incontinence care, the CNAs while wearing the same soiled gloves, dressed the resident in clean clothes. Additionally, the CNAs did not clean/disinfect the mattress after providing the incontinence care. During an interview with the Director of Nursing (DON), on 04/04/2025 at 8:13 AM, she stated she expected staff to place soiled linen in a plastic bag and not on the floor. She further stated she expected staff to perform hand hygiene and don new gloves prior to performing incontinence care. Further, she stated she expected staff to remove soiled gloves, perform hand hygiene and don new gloves any time gloves became soiled during resident care. In further interview, she stated she expected staff to clean the mattress on the bed with bleach wipes if it became soiled, and then call housekeeping to perform a deep clean of the mattress. During an interview with the Assistant Director of Nursing (ADON)/Infection Preventionist, on 04/03/2025 at 10:18 AM, she stated she expected staff to follow the facility's policies regarding infection control practices. She stated staff should not throw soiled linen on the floor, but were to place it in a plastic bag. Further, she stated staff was to perform hand hygiene and glove changes at appropriate times as per policy. In continued interview, she stated resident air mattresses were to be cleaned/disinfected upon becoming soiled. Additionally, she stated education related to infection control practices was conducted annually and periodically during the year. During an interview with the Housekeeping Supervisor, on 04/04/2025 at 9:25 AM, she stated housekeeping services had specific cleaners to clean the floatation [air] mattresses. She stated there was a list of rooms that were periodically deep cleaned to ensure all beds were cleaned during the month. She further stated if a mattress became soiled before the scheduled deep clean, the staff should call housekeeping to perform an immediate cleaning. During an interview with the Administrator, on 04/04/2025 at 10:04 AM, she stated she expected staff to wash hands and don new gloves prior to providing care or performing a procedure for residents. Further, she stated staff should wash hands and don new gloves when the gloves became soiled. Further, she stated staff should never throw dirty linen on the floor. Additionally, the Administrator stated staff was to clean a soiled mattress the best that they could with bleach wipes until housekeeping could perform a deep clean of the mattress. 45914 2. Review of R1's Admission Record revealed the facility admitted R1 on 10/17/2023 with diagnoses which included cerebral palsy, anemia, diabetes mellitus, and malnutrition. Review of R1's Annual Minimum Data Set (MDS), dated [DATE], revealed the facility was unable to complete an assessment to determine R1's Brief Interview for Mental Status (BIMS), and the resident was rarely/never understood. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation of R1, on 04/01/2025 at 9:10 AM, revealed the resident had an enteral feeding tube and the infusion stand that held the enteral feeding bag was soiled with an unidentified brownish matter streaking down the pole. Further observation revealed the bottom of the pole was soiled with the same unidentified matter. Observation of R1, on 04/03/2025 at 9:05 AM, revealed the infusion stand that held R1's enteral feeding bag was soiled from the top to the bottom with unidentified brownish matter. In an interview with Licensed Practical Nurse (LPN)5, on 04/03/2025 at 6:33 PM, she stated the nursing staff was responsible for changing the residents' enteral tube-feed bags. LPN5 stated in reference to R1, night shift changed the enteral tube-feed bag or at least hung a new enteral tube-feed bag for her when she arrived. She stated R1 was on Enhanced Barrier Precautions (EBP) because of the tube feeding. (EBP is a specific set of infection control practices designed to reduce the transmission of Multidrug Resistant Organisms.) In continued interview with LPN5, on 04/03/2025 at 6:33 PM, she stated since R1 was on EBP, she would don the appropriate Personal Protective Equipment (PPE) and ensure the pre-set settings were correct before starting the feeding. She stated part of the Infection Control Program (ICP) was to ensure the environment was clean/disinfected and that included the infusion stand that held the tube-feed bags. She further stated it was very important to follow the ICP to ensure residents were protected from potential infections or other hazards. In further interview, LPN5 stated she was surprised to learn the infusion stand in R1's room had been soiled. Additionally, she stated staff should have cleaned the pole with either bleach wipes or the Hydrogen wipes which worked well for disinfecting. During an interview, on 04/04/2025 at 8:45 AM, the DON stated the nursing staff was responsible for changing enteral tube-feed bags. She further stated as part of the infection control process, nursing staff should ensure the infusion stand holding the tube feeding bag was disinfected by wiping it down with either the bleach wipes or the Hydrogen wipes which were the disinfectant wipes that were utilized by the facility. She stated it was her expectation for all nursing staff to ensure they were following the facility's protocols regarding infection control practices to prevent the spread of infections. During an interview, on 04/04/2025 at 9:30 AM, with the Administrator, she stated it was her expectation the nursing staff cleaned and disinfected the tube feeding stands when soiled, especially related to a resident on EBP. Further, she stated it was her expectation all nurses follow their nursing scope of practice and training in ICP and ensure residents were protected from potential harm.