

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185248	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Sayre Christian Village Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3775 Belleau Wood Drive Lexington, KY 40517	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>49267</p> <p>Based on observation, interview, record review, and review of the facility's policies, the facility failed to ensure the resident had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences for 2 of 4 sampled residents, Resident (R) 34 and R120.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Call Lights: Accessibility and Timely Response, revised 01/30/2025, revealed staff would ensure the call light was within reach of the resident and secured as needed. Further review revealed the call system would be accessible to residents while in their bed or other sleeping accommodations within the resident's room.</p> <p>Review of the facility's policy titled, Resident Rights, undated, revealed the resident had the right to a dignified existence and self-determination.</p> <p>Review of the facility's policy titled, Safe and Homelike Environment, undated, revealed the facility would provide a safe, clean, comfortable, and homelike environment.</p> <p>1. Review of R34's Admission Record revealed the facility admitted the resident on 12/05/2024 with diagnoses including acute lymphoblastic lymphoma (ALL), urine retention, and chronic obstructive pulmonary disease (COPD).</p> <p>Review of the R34's quarterly Minimum Data Set [MDS] with an Assessment Reference Date (ARD) of 03/07/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 13 out of 15, which indicated the resident was cognitively intact. Further review revealed the resident required substantial to maximum assistance with bed mobility and was dependent on staff for transfers.</p> <p>Review of R34's Care Plan Report, with a revision date of 12/10/2024, revealed the resident required assistance from staff with activities of daily living (ADL).</p> <p>Observation on 04/22/2025 at 8:54 AM and again on 04/22/2025 at 11:22 AM revealed R34 was asleep in her bed. However, the call light was observed on the floor and out of the resident's reach.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/23/2025 at 9:32 AM, State Registered Nurse Aide (SRNA) 3 stated it was important residents' call lights were within their reach for safety purposes. She further stated if the call light was out of reach, residents felt unprotected. SRNA3 stated the call light should never be on the floor.</p> <p>In an interview with SRNA11 on 04/24/2025 at 9:54 AM, she stated residents' call lights should always be within their reach because it was a safety issue. She stated if a resident needed assistance, it was important for staff to be notified.</p> <p>In an interview with Licensed Practical Nurse (LPN) 1 on 04/24/2025 at 10:18 AM, she stated access to staff was important when residents needed help, and the call light should always be within their reach.</p> <p>2. Review of R120's Admission Record revealed the facility admitted the resident on 01/30/2025 with diagnoses including cerebral infarction (stroke) and Alzheimer's disease.</p> <p>Review of R120's admission MDS, with an ARD of 02/06/2025, revealed the resident had a BIMS score of 14 out of 15, which indicated the resident was cognitively intact.</p> <p>Observation on 04/21/2025 at 1:42 PM revealed R120 in her room sitting up in the recliner.</p> <p>Observation on 04/22/2025 at 8:34 AM revealed R120 asleep in her recliner.</p> <p>In an interview with R120 on 04/21/2025 at 1:42 PM, she stated she slept in the recliner each night. She further stated she was not able to sleep in her bed because it was uncomfortable and small; and the facility was supposed to have it replaced.</p> <p>In an additional interview with R120 on 04/22/2025 at 1:31 PM, she stated again that the bed in her room was uncomfortable. She stated she spoke to someone at the facility about it, but no one had responded. R120 stated she was not sure who she spoke with, but thought it was about a week or so ago. R120 stated she preferred a bed rather than a recliner when she slept.</p> <p>In an interview with the Social Services Director (SSD) on 04/23/2025 at 3:41 PM, she stated she was notified of a problem with R120's bed about a week ago. She further stated she was not sure exactly what the issue was; but something about the bed being too narrow, and R120 slept in her recliner. The SSD stated she thought perhaps the resident was a little claustrophobic. She further stated it was her responsibility to make sure someone followed up with the resident. The SSD stated she had not followed up with R120 but should have.</p> <p>In an interview with R120's Representative on 04/24/2025 at 3:47 PM, she stated the resident had not slept in a recliner at home. She further stated she was not sure what the issue was with the bed at the facility, but R120 slept in a bed when she was at home.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/24/2025 at 4:29 PM, the Director of Nursing (DON) stated she expected all staff would answer call lights, and if the resident's need was not in their scope of practice, appropriate staff would be contacted. She further stated a call light should never be left on the floor or anywhere out of a resident's reach because they needed access to staff at all times. The DON stated they had several residents at the facility that preferred a recliner over a bed, and she was not aware of an issue with R120's bed.</p> <p>In an interview with the Administrator on 04/24/2025 at 5:06 PM, she stated it was her expectation call lights were placed on the bed within the resident's reach, and on the floor was not acceptable. She stated she had not received a grievance or complaint from R120, or her family related to the need for a different bed. She further stated that was an issue that should have been brought to her attention immediately and appropriately resolved.</p>

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>28707</p> <p>Based on interview, record review, and review of the facility's documents, the facility failed to ensure residents and resident representatives were informed, using appropriate language, that binding arbitration agreements explicitly were not required as a condition of admission explicitly provided the residents or resident representatives the right to rescind the agreement within 30 days of signing it for 5 of 5 residents reviewed for arbitration agreements, Resident (R) 32, R58, R117, R127, and R131.</p> <p>Additionally, interview with three residents (R58, R127, R131) that signed agreements, including one as recently as 04/01/2025 (R131), did not recall the discussion of arbitration or signing of arbitration agreements.</p> <p>The findings include:</p> <p>Review of the facility's document Arbitration and Mediation agreement, not dated, revealed appropriate verbiage was not included on the form. The form did not indicate it was an optional form for the resident to complete; did not indicate it was not a requirement for the resident's admission; and did not indicate residents or representatives had 30 days to rescind the form after signing.</p> <p>In interviews with the five residents present for the Resident Council meeting on 04/22/2025 at 1:26 PM, they stated none of them recalled signing any arbitration agreement. After the State Survey Agency (SSA) Surveyor described the arbitration document as a form that should have been identified as not a requirement to sign for admission, they still did not recall signing any arbitration agreement.</p> <p>Review of R32's and R117's Arbitration and Mediation agreement revealed both forms were signed by responsible parties and did not include required verbiage indicating it was not a requirement for admission and could be rescinded within 30 days of signing.</p> <p>Review of R58's and R127's Arbitration and Mediation agreement revealed both residents had signed their own arbitration agreements, which did not include require verbiage indicating it was not a requirement for admission and could be rescinded within 30 days of signing. R58 signed her document on 08/15/2023, and R127 signed his document on 05/30/2024.</p> <p>Review of the facility's new electronic health records (EHR) revealed R131 was classified as a new admission. Per the record, the facility admitted R131 on 04/01/2025, and she signed her own arbitration agreement.</p> <p>In an interview with R131 on 04/23/2025 at 8:17 AM, she stated there's so many things, if it said to sign it, then I signed it. She stated she thought the forms in the admission packet were for insurance. She stated the word arbitration did not sound familiar to her, and an arbitration form was not explained to her in detail.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49267</p> <p>Based on observation, interview, record review, facility document review, Centers for Disease Control and Prevention guidelines, and facility policy review, 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 6 of 34 sampled residents, Resident (R) 11, R34, R36, R119, R125, and R150.</p> <p>Observations revealed R11 and R34 had indwelling urinary catheter drainage bags resting on the floor; a gait belt was used on R36 without its prior disinfection; a blood pressure cuff was used on R125 and not disinfected after its use; R150's medications were placed on an unclean surface without using a barrier; R119's food was handled by a staff member with ungloved hands; and a dietary staff member's badge was resting in a resident's food.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Surveillance, dated 01/01/2025 revealed its purpose was to identify infections and to monitor adherence to recommended infection prevention and control practices to reduce infections and prevent the spread of infections.</p> <p>Review of the facility's policy titled, Catheter Care, Urinary, revised 08/2022, revealed the catheter tubing and catheter drainage bag were kept off the floor.</p> <p>Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Equipment, dated 01/01/2025, revealed that reusable resident-care equipment will be cleaned and disinfected in accordance with current Centers for Disease Control and Prevention (CDC) recommendations. The policy stated, Each user is responsible for routine cleaning and disinfection of multi-resident items after each use, particularly before use for another resident. The policy stated, Multiple-resident use equipment shall be cleaned and disinfected after each use. The policy stated, Use only Environmental Protection Agency (EPA)-registered disinfectants with kill claims for the common organisms found in the facility.</p> <p>Review of the CDC's Guidelines Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 09/10/2021, revealed reusable medical equipment should be cleaned and disinfected according to manufacturer's instructions or the facility's policies before and after use. Further review of the guidelines revealed staff should be trained in the correct steps for cleaning and disinfection of shared equipment.</p> <p>Review of the facility's [Facility] Employee Handbook, dated 01/01/2024, regarding employee identification badges, revealed, Staff must wear identification badges visibly above the waist and in front of the body. Badges may not be clipped onto sleeves. Staff must be aware of lanyards, metal clips, and pins during resident care. Breakaway lanyards are required for safety.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Observation on 04/21/2025 at 1:52 PM revealed the Physical Therapy/Occupational Therapy assistant (PTA/OTA) used a gait belt for R147 and then placed the gait belt around her neck without cleaning/disinfecting it. The PTA/OTA then used the same gait belt on R36, ambulated her to the Activities Room, removed the gait belt, and placed it back around her neck without cleaning/disinfecting it. The PTA/OTA then cleaned the handles on the walker that was used with R36 with hand sanitizer from the hall.</p> <p>During an interview with the PTA/OTA on 04/21/2025 at 2:03 PM, she stated she normally used a disinfectant spray to disinfect the gait belt, but she had left the spray downstairs in the office. She stated she cleaned the walker with sanitizer but was not sure what the policy stated.</p> <p>2.a. Review of R34's Admission Record revealed the facility admitted the resident on 12/05/2024 with diagnoses including acute lymphoblastic lymphoma (ALL), urinary retention, and chronic obstructive pulmonary disease (COPD).</p> <p>Review of R34's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 03/07/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 13 out of 15, which indicated the resident was cognitively intact. Further review revealed the resident was admitted with an indwelling urinary catheter.</p> <p>Review of a Physician's Order found in R34's electronic medical record (EMR) revealed an active order, dated 12/05/2024, that specified indwelling urinary catheter care every shift for neurogenic bladder.</p> <p>Review of the R34's Care Plan Report, revised 12/10/2024, revealed a problem of altered urinary elimination related to the use of an indwelling catheter with an increased risk for urinary tract infection (UTI) related to neurogenic bladder and urinary retention.</p> <p>Observation on 04/22/2025 at 8:54 AM revealed R34 asleep in bed; the urinary catheter was positioned on the far side of the resident's bed, and the drainage bag was located on the floor.</p> <p>Additional observation of R34 on 04/22/2025 at 11:22 AM again revealed the catheter positioned on the resident's bed with the drainage bag on the floor.</p> <p>b. Review of R11's Admission Record revealed the facility admitted the resident on 01/21/2025 with diagnoses including Non-Hodgkin lymphoma, personal history of UTIs, and Alzheimer's disease.</p> <p>Review of R11's admission MDS, with an ARD of 01/28/2025, revealed the facility assessed the resident to have a BIMS score of three out of 15, which indicated the resident was severely cognitively impaired. Further review revealed the resident was admitted with an indwelling urinary catheter.</p> <p>Review of a Physician's Order found in R11's EMR revealed an active order, dated 04/02/2025, that specified indwelling urinary catheter care every shift and as needed.</p> <p>Review of the R11's Care Plan Report, dated 04/11/2025, revealed a problem of altered urinary elimination related to the use of an indwelling catheter.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 04/22/2025 at 11:15 AM revealed R11 in her room seated in a recliner. R11 had an indwelling urinary catheter attached to the recliner with the drainage bag observed on the floor.</p> <p>In an interview with State Registered Nurse Aide (SRNA) 3 on 04/23/2025 at 9:32 AM, she stated she provided catheter care every time she changed R34 and as needed. She further stated the catheter drainage bags were positioned on the bed lower than the level of a resident's bladder, covered with a dignity bag, and not placed on the floor because of infection concerns. SRNA3 stated if she observed a catheter bag on the floor, she notified nursing so the resident could be assessed before the bag was changed.</p> <p>In an interview with SRNA4 on 04/23/2025 at 9:50 AM, she stated staff received frequent in-services related to infection control, and catheter care was sometimes one of the topics. SRNA4 stated a catheter was positioned low on the bed, but the collection bag was never placed on the floor because of bacteria and the risk for infection.</p> <p>In an interview on 04/23/2025 at 9:54 AM, SRNA11 stated she checked residents' catheters each time she rounded on them. She stated catheters should be lower than the level of the bladder so they drained properly, and the collection bag should be off the floor because of possible contamination and infection.</p> <p>In an interview with Licensed Practical Nurse (LPN) 5 on 04/24/2025 at 10:05 AM, she stated she typically rounded on residents between SRNA rounds, so they were seen at least every hour. She further stated catheter drainage bags should be below the resident and off the floor, so they were kept clean, which reduced the potential for infection. LPN5 stated in the past, on her rounds, she had observed catheter drainage bags on the floor, but they were replaced immediately.</p> <p>In an interview with LPN 1 on 04/24/2025 at 10:18 PM, she stated she expected catheter drainage bags to be protected with dignity covers for privacy and to be kept off the floor. Additionally, she stated if the drainage bags were on the floor, it put the resident at risk for infection.</p> <p>In an interview on 04/24/2025 at 12:34 PM, the Infection Preventionist (IP) stated infection control training and education began at orientation. He further stated the facility also held annual trainings that covered infection control as well as regular infection control and prevention in-services. The IP stated it was his expectation that catheter drainage bags were always kept off the floor because that presented an infection risk for the resident.</p> <p>In an interview on 04/24/2025 at 4:29 PM with the Director of Nursing (DON), the DON stated catheter drainage bags should always be kept off the floor due to the potential risk for infection to the resident.</p> <p>In an interview on 04/24/2025 at 5:06 PM, the Administrator stated she expected catheter drainage bags to be always kept off the floor because of the potential risk for infection.</p> <p>51155</p> <p>3. Observation on 04/22/2025 at 9:00 AM revealed Kentucky Medication Aide (KMA) 1 used a blood pressure (BP) cuff on R125, then placed it back into the medication cart without cleaning/disinfecting it.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/22/2025 at 10:13 AM with KMA1, she stated BP cuffs should be cleaned between each resident with the purple top Sani-Wipes (an EPA registered disinfectant).</p> <p>In an interview on 04/22/2025 at 10:24 AM with Registered Nurse (RN) 1, she stated shared equipment should be cleaned between each use. She stated she used hand sanitizer to clean shared equipment, and she was unsure what the policy stated.</p> <p>In an interview on 04/23/2025 at 3:14 PM with SRNA7, she stated shared equipment was cleaned between each resident use with the purple top Sani-Wipes. She stated she would not use hand sanitizer and had not been taught that.</p> <p>4. Observation on 04/22/2025 at 9:20 AM revealed KMA1 poured R150's medications onto the tablecloth in the dining room, without using a barrier, for R150 to self-administer medications.</p> <p>In continued interview on 04/22/2025 at 10:13 AM with KMA1, she stated she should have placed a barrier for medications placed on the tablecloth for R150 to self-administer. She stated tablecloths were normally cleaned daily, but she was unsure who changed them out.</p> <p>5. Observation on 04/22/2025 at 12:20 PM revealed RN1 handled R119's chicken salad sandwich, breaking it in half, without wearing any gloves.</p> <p>In additional interview on 04/24/2025 at 8:40 AM with RN1, she stated she should have worn gloves while handling resident foods. She stated that was important to prevent contamination.</p> <p>In an interview on 04/24/2025 at 8:30 AM with the Infection Prevention/Wound Care Nurse (IP/WOCN), he stated shared equipment should be cleaned/disinfected before and between resident use with the purple top Sani-Wipes. He stated hand sanitizer should not be used as a disinfectant for shared equipment. He stated a barrier should always be used when pouring medications on a surface, and no direct contact with food is permitted.</p> <p>In an interview on 04/24/2025 at 4:29 PM with the Director of Nursing (DON), she stated shared equipment should be cleaned/disinfected between every use to decrease the spread of germs and diseases between residents. The DON stated hand sanitizer should never be used in place of Sani-Wipes. The DON stated staff should not be pouring medications on an uncleaned surface, and the medication cup should be handed to residents, or a clean barrier should be used. She stated gloves should be worn when handling resident food to prevent germs and cross contamination.</p> <p>In an interview on 04/24/2025 at 5:14 PM with the Administrator, she stated shared equipment should be cleaned/disinfected between each resident with Sani-Wipes, and hand sanitizer should never be used on equipment. She stated staff should not be handling foods without gloves on. She stated medications should never be poured onto an unsanitary surface for residents to self-administer for infection prevention and safety.</p> <p>52361</p> <p>6. Observation on 04/23/2025 at 11:27 AM revealed the [NAME] leaning over a dish of mechanically soft beef to take a food temperature on an adjacent dish, with her identification badge resting in the mechanically soft beef.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/23/2025 at 2:20 PM, the [NAME] stated she wears her badge around her neck and keeps it tucked inside her apron during plating and temping [taking food temperatures]. She stated the facility policy required staff to keep badges on and connected to you and not hanging around food. She stated she had not received specific training on securing her badge during food service. She stated she understood the requirement to wear gloves or use utensils when handling food and understood the importance of preventing foreign objects from contacting food. She stated, Contaminated food must be removed from the line and placed in the dirty dish room. She stated she was unaware her badge had contacted food when she took food temperatures that morning.</p> <p>In an interview on 04/23/2025 at 2:28 PM, the Dietary Manager stated policy required staff to wear badges between the waist and shoulder, close to the body, on breakaway lanyards for safety. He stated no separate dietary-specific policy existed. He stated residents were a vulnerable population and emphasized the critical importance of preventing food contamination. He stated he expected staff to remove, discard, and replace any food contacted by a foreign object.</p> <p>In an interview on 04/24/2025 at 5:28 PM, the Administrator stated contaminated food constituted an infection control issue. She stated after the incident was reported, she reviewed the handbook and confirmed the requirement for breakaway lanyards. She stated she would obtain badge [NAME] for dietary staff.</p> <p>In continued interview on 04/24/2025 at 4:29 PM with the DON, she stated she expected all staff to follow facility policies and procedures related to infection control and prevention. She further stated she constantly walked the halls and monitored for compliance.</p> <p>In continued interview on 04/24/2025 at 5:14 PM with the Administrator, she stated she expected all staff to follow the facility's infection control policies to maintain a safe environment for residents.</p>		