STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185248	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sayre Christian Village Nursing Home	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of the facility's policies, the facility failed to prepare, store, and serve food under sanitary conditions. Observation of the Dietary Manager on 05/11/2026 at 2:00 PM, 2:20 PM, and 4:47 PM, revealed he performed hand hygiene at the hand sink and turned off the faucet with his bare hands.Observation of the resident nourishment refrigerator on Unit 2 on 05/11/2026 at 4:40 PM, revealed three clear plastic pitchers filled three-quarters full of a brown liquid substance. Further observation revealed one clear pitcher dated 05/04/2026 not labeled, and the other two pitchers with no date or label.The findings include: Review of the facility's policy titled, Hand Hygiene, dated 2024, revealed the process for hand hygiene technique when using soap and water included to rinse hands with water, dry thoroughly with a single-use towel, and use a clean towel to turn off the faucet. Further review revealed all staff would perform proper hand hygiene procedures in all locations within the facility. Review of the facility's policy titled, Food Safety Requirements, dated 2026, revealed food service safety referred to handling, preparing, and storing food in ways that prevented foodborne illness. Continued review revealed to label, date, and monitor refrigerated food by its use-by-date and discard once reached. 1. Observation during the initial kitchen tour on 05/11/2026 at 2:00 PM revealed the Dietary Manager (DM) performed hand hygiene at the hand sink and turned off the faucet with his bare hand instead of turning it off with a clean cloth. Continued observation of the DM on 05/11/2026 at 2:20 PM revealed he turned off the faucet at the hand sink again with his bare hand. Observation on 05/11/2026 at 4:45 PM during a return visit to the kitchen to view the supper resident tray line revealed the DM turned off the faucet at the hand sink with his bare hand again. 2. Observation of the Unit 2 nourishment refrigerator on 05/11/2026 at 4:40 PM revealed tea in a clear pitcher three-quarters full, dated 05/04/2026, with no use-by-date and two clear pitchers one-half to three-quarters full of tea that were not labeled or dated, and the original date label had been removed. During an interview with the DM on 05/15/2026 at 10:21 AM, he stated he should turn off the faucet with a paper towel to prevent the potential for cross contamination. He stated the lead dietary aide checked the nourishment refrigerators. He stated the tea should have been discarded within three days, and the undated tea should have been thrown out. During an interview with the Director of Nursing (DON) on 05/15/2026 at 10:54 AM, she stated germs could be reintroduced to clean hands by touching the faucets directly. She stated the State Registered Nurse Aides were instructed not to put any tea pitchers into the nourishment refrigerator. During an interview with the Administrator on 05/15/2026 at 3:02 PM, she stated the DM should not touch the faucets after washing his hands because of the potential to reintroduce bacteria. She stated the tea should be thrown out due to potential for bacteria and decreased quality of the product.

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility's policy, the facility failed to notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood as soon as practicable. The facility failed to ensure the notice included the reason, date, and location for the transfer, as well as a statement of the residents' appeal rights and the contact information for the state Long-Term Care Ombudsman. The deficient practice was identified for 3 of 7 residents sampled for transfer and/or discharge, Resident (R) 1, R7, and R11. The findings include:Review of the facility's policy titled, Bed Hold Notice, reviewed/revised 03/05/2025, revealed it was the policy of the facility to provide written information to the resident and/or the resident representative regarding bed hold practices both well in advance, and at the time of, a transfer for hospitalization or therapeutic leave. 1. Review of R1's Face Sheet revealed the facility admitted the resident on 01/25/2022 with diagnoses of Alzheimer's disease, unspecified abnormalities of gait and mobility, and unspecified psychosis not due to a substance or known physiological condition.Review of R1's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 04/13/2026, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of zero of 15, indicating she was severely cognitively impaired.Review of R1's Progress Notes revealed on 03/27/2026 at approximately 9:55 AM, R1 was sent to the local emergency room by ambulance. Per the note, R1 was not given a Notice of Bed Hold or Notice of Transfer before leaving the facility or upon return to the facility on [DATE]. During an interview with Family Representative 1 on 05/14/2026 at 2:24 PM, she stated the facility did call her to notify her the resident was being sent out to the emergency room. However, she stated she had never received a Notice of Bed Hold or Notice of Transfer from the facility by hand delivery or mail.2. Review of R7s Face Sheet revealed the facility admitted the resident on 01/25/2022 with diagnoses of schizoaffective disorder bipolar type, anemia, and other idiopathic peripheral autonomic neuropathy.Review of R7's quarterly MDS, with an ARD of 05/01/2026, revealed the facility assessed the resident to have a BIMS score of 13 of 15, indicating she was cognitively intact.Review of R7's Progress Notes revealed on 12/30/2025, R7 was transferred to the emergency room via ambulance. Per the note, R7 was not given a Notice of Bed Hold or Notice of Transfer before leaving the facility or upon return to the facility on [DATE]. During an interview with Family Representative 7 on 05/14/2026 at 2:41 PM, she stated the facility did call her to notify her the resident was being sent out to the hospital. However, she stated she did not receive a Notice of Bed Hold or Notice of Transfer from the facility by hand delivery or mail.3. Review of R11's Face Sheet revealed the facility admitted the resident on 10/23/2025 with diagnoses of unspecified severe protein and calorie malnutrition, paroxysmal atrial fibrillation, and anemia.Review of R11's quarterly MDS, with an ARD of 05/01/2026, revealed the facility assessed the resident to have a BIMS score of 11 of 15, indicating she had moderate cognitive impairment.Review of R11's Progress Notes revealed on 12/24/2025 and 02/11/2026, R11 was transferred to the emergency room via ambulance. Per the note, R11 was not given a Notice of Bed Hold or Notice of Transfer before leaving the facility. During an interview with Family Representative 11 on 05/14/2026 at 2:43 PM, she stated the facility did call her when R11 was transferred to the emergency room. However, she stated she did not receive a Notice of Bed Hold or Notice of Transfer from the facility by hand delivery or mail.During an interview with the Administrator on 05/14/2026 at 4:02 PM, she stated the facility had just hired a new Business Office Manager (BOM). She stated the previous BOM was terminated due to not performing her job duties to ensure the best standard of practice for the residents and their representatives. She stated she would take the time to make sure the new BOM would complete the Notice of Bed Hold and/or Notice of Transfer notices. She stated residents would receive the forms before transfer, and the family representatives would receive the forms in person or by mail.

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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, and review of the facility's policy, the facility failed to maintain an effective cleaning and disinfection program for shared resident-care equipment. This affected 2 out of the 3 facility's Hoyer sit-to-stand lifts, one on the 300 Unit and one on the 200 Unit.The findings include: Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Equipment, dated 01/01/2025, revealed cleaning was the removal of visible soil from objects and surfaces and normally was accomplished manually or mechanically using water with detergents or enzymatic products. Additionally, the policy stated each user was responsible for routine cleaning and disinfection of multi-resident items after each use, particularly before use for another resident. Per the policy, multiple-resident use equipment shall be cleaned and disinfected after each use. Observation on 05/14/2026 at 8:37 AM of the 300 Unit and observation on 05/14/2026 at 10:36 AM in the equipment storage area on the 200 Unit revealed the Hoyer sit-to-stand lifts located in a side area contained finger/toenail clippings in the platform of the device in addition to an encrusted substance throughout the creases in the platform.During an interview on 05/14/2026 at 9:55 AM with State Registered Nurse Aide (SRNA) 3 in the 300 Unit hall, she stated shared resident equipment should be cleaned after each resident use. The State Survey Agency (SSA) Surveyor asked SRNA3 to observe the Hoyer sit-to-stand lift positioned in the hall of the 300 Unit. After viewing the lift, SRNA3 stated the sit-to-stand lift was supposed to be cleaned by the night shift. She stated she thought housekeeping was responsible for deep cleaning of the lifts. SRNA3 stated the lifts were used in the shower rooms, and residents were required to have their feet covered while in the shower room.During an interview on 05/14/2026 at 2:46 PM with SRNA4, she stated equipment like the sit-to-stand lifts were to be cleaned after each resident use, and it was important to keep residents safe from infection. During an interview on 05/14/2026 at 2:51 PM with SRNA5, she stated the Hoyer lift and sit-to-stand lifts were all supposed to be cleaned after each resident use to keep residents from infecting each other.During an interview on 05/14/2026 at 2:59 PM with SRNA6, she stated Hoyer sit-to-stand lifts were to be wiped down with purple top (disinfectant) wipes after each resident use. During an interview on 05/14/2026 at 8:02 AM with Licensed Practical Nurse (LPN) 2, she stated multi-use resident equipment was to be cleaned after every resident use. She stated the cleaning of multi-use resident items lessened the chance of infections being spread to other residents. During an interview on 05/14/2026 at 10:16 AM with LPN3, she stated items staff used on residents should be cleaned after being used on each resident to prevent the spread of infection.During an interview on 05/14/2026 at 2:40 PM with LPN1, she stated all shared resident equipment was to be cleaned after each resident use to decrease the spread of infection. During an interview on 05/14/2026 at 11:34 AM with the Unit Manager of the 300 Unit, she stated Hoyer sit-to-stand lifts were to be cleaned after each resident use. She stated housekeeping did perform deep cleaning on the Hoyer sit-to-stand lifts. She stated all multi-use resident items were to be cleaned after every use on surfaces used by residents, and the cleaning was done to reduce the spread of infection. During an interview on 05/14/2026 at 11:47 AM with the Infection Preventionist (IP), he stated Hoyer sit-to-stand lifts were to be cleaned after each resident use. He stated housekeeping did perform deep cleaning on the Hoyer sit-to-stand lifts. The SSA Surveyor showed the IP photos of the two Hoyer sit-to-stand lifts. The IP stated, Oh my, we need to address this right away. He stated the cleanliness of the lifts was an infection control issue. During an interview on 05/15/2026 at 10:47 AM with the Director of Nursing (DON), she stated the policy for cleaning shared resident equipment was to sanitize after each resident use. She stated the result of not cleaning Hoyer sit-to-stand lifts was the presence of all kinds of germs on the lifts. During an interview on 05/15/2026 at 2:54 PM with the Administrator, she stated it was her expectation for staff to clean shared resident equipment after each use. She stated if equipment was not cleaned that would cause infection control problems. She stated it would also create a cross-contamination problem.During an (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interview on 05/15/2026 at 8:28 AM with the Medical Director, he stated it was his expectation for staff to follow protocol for infection control.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview, record review, and review of the facility's policy, the facility failed to provide completed pre- and post-dialysis communication documentation for 1 of 1 dialysis residents, Resident (R) 5. Review of documentation for 12 dialysis visits for R5, from 04/17/2026 through 05/13/2026, revealed communication forms were either unavailable or incomplete.The findings include: Review of the facility's policy titled, Hemodialysis, revision date 08/23/2024, revealed the facility would provide the necessary care and treatment consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences to meet the special medical, nursing, mental, and psychosocial needs of the resident receiving hemodialysis. Further review revealed the facility would assure each resident received care and services consistent with professional standards of practice which included ongoing assessments before and after dialysis treatments and ongoing communication with the dialysis facility. Additional review revealed the licensed nurse would communicate to the dialysis center either telephonically or in written format such as a communication form. Review of R5's Face Sheet revealed the facility admitted the resident on 05/14/2025 with diagnoses to include end stage renal disease, stroke, and acute respiratory distress. Review of R5's quarterly Minimum Data Set [MDS] with an Assessment Reference Date (ARD) of 05/15/2026, 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. Review of R5's Physician's Orders, dated 11/26/2025, revealed an active order for the resident to receive dialysis every Monday, Wednesday, and Friday related to renal failure. Review of R5's Care Plan, initiated on 05/15/2025, revealed a problem identified as needing dialysis related to end stage renal disease (ESRD). Goals included the resident would have no signs and symptoms of complications from dialysis. However, interventions did not include initiation, completion, and documentation of the Pre/Post Dialysis Communication Form. Review of the facility's blank document Dialysis Communication Form revealed sections titled Pre-Dialysis, Dialysis Center Information (dialysis center to complete prior to the resident's return), and Post-Dialysis. Further review revealed sections for medications administered prior to dialysis, pre-weight, if a meal or snack was sent, shunt/catheter location/status, and additional information were to be completed by the facility's staff and the dialysis center's staff. Review of R5's hemodialysis treatment records received from the dialysis center revealed R5 received 12 hemodialysis in-center treatments from 04/17/2026 through 05/13/2026. During an interview with R5 on 05/15/2026 at 10:00 AM, she stated she had dialysis on Monday, Wednesday, and Friday. She stated she did not want food to be sent with her since her treatment was not until late morning, and she was not hungry. She stated getting to and from dialysis was never an issue, and she thought the dressing to her arm stayed in place until the next day after treatment. During an interview with State Registered Nurse Aide (SRNA) 1 on 05/15/2026 at 10:50 AM, she stated before R5 went to dialysis she helped get R5 dressed and sometimes would be asked to get vital signs and weights. She stated if she did get vital signs and weights, she verbally reported that to the nurse, and they would record the results. The State Survey Agency (SSA) Surveyor requested, from the Unit Manager (UM), on 05/15/2026 at 9:32 AM, R5's medical chart or folder for the Pre/Post Dialysis Communication Forms. She stated there was really no folder/chart with the forms. However, copies of dialysis communication forms were given to the SSA Surveyor. Review of the hard copies given revealed they were incomplete of pre- and post-dialysis information. During continued interview with the UM at this time, she stated as a UM her expectations were for the nurses to assure the dialysis forms were completed prior to sending the resident to dialysis and after the resident returned post-dialysis. She stated if current conditions were not listed on the forms, resident safety could be affected. She stated R5 had a dialysis access to the right upper extremity, and the bruit and thrill should be checked pre- and post-dialysis to assure it was functioning, and there was no abnormal bleeding. She stated the nurse aides or the nurses should be getting weights (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pre-dialysis, and nurses should be adding it to the form. She stated nurses sometimes would call the dialysis center with report, but the UM was unable to provide documentation the calls had been placed. The UM stated R5 only wanted a Nepro (nutritional shake specialized for residents on dialysis) sent with her to dialysis as a snack. During an interview with the Director of Nursing (DON) on 05/15/2026 at 11:15 AM, she stated her expectations of staff was to ensure the dialysis communication forms were completed pre- and post-dialysis treatments to make sure accurate information was current. She stated staff should be sending a snack with the residents since they were going to be there for an extended time. She stated the access site should be assessed pre- and post-dialysis to assure it was correctly functioning. During an interview with the Administrator on 05/15/2026 at 3:43 PM, she stated the dialysis communication forms should be completed by the sending staff, the dialysis staff, and staff receiving the resident after dialysis treatment. She stated it was important so all staff knew the status of the resident and especially the amount of fluid removed in the dialysis center.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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, interview, and review of the facility's policy, the facility failed to label drugs and biologicals in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for 2 of 2 sampled residents, Resident (R) 12 and R99.The findings include: Review of the facility's policy titled, Medication Storage, implemented date 01/2025, revealed medications would be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and be sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Additional review revealed the policy did not address labeling medications. Further review revealed external products, such as disinfectants and drugs for external use, were stored separately from internal and injectable medications. Observation on 05/13/2026 at 4:08 PM of the 200 Hall medication refrigerator revealed one canister labeled F-Magic Butt/Lidocaine Cream to apply topically to buttocks every shift as needed for redness, dated 04/23/2026. Further review revealed the canister was labeled with R99's name and an expiration date of 05/06/2026. Further observation revealed one canister labeled Magic Butt Paste, apply to affected areas twice a day for stage 2 sacral wound until healed, dated 04/22/2026. Further review revealed the canister was labeled with R12's name and an expiration date of 05/09/2026. In an interview with Licensed Practical Nurse (LPN) 8 on 05/13/2026 at the time of the observation, she stated the creams for R12 and R99 had expired and should not be in use. When asked why, she stated medication could be ineffective and had the potential not to heal as it should. In an interview with the Unit 100 Manager on 05/15/2026 at 9:32 AM, she stated if expired medications were given, they might not work. In an interview with the Director of Nursing (DON) on 05/15/2026 at 11:15 AM, she stated nursing staff should be checking medication refrigerators daily for expired medications and discarding them. She stated if the medication was expired, it might have a negative effect and not work. In an interview with the Administrator on 05/15/2026 at 3:43 PM, she stated expired medications should be discarded. She stated she expected staff to follow the facility's policies. She stated if a medication had expired, it might not be effective.