STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 49267 Based on interview and record review, the facility failed to provide documentation of residents' advance directive information for 2 of 12 sampled residents, Resident (R) 22 and R53. The findings include: Review of the facility's policy titled, Advance Directives, dated 08/08/2024, revealed the resident has the right to formulate an advance directive defined as a written instruction such as a living will, or durable power of attorney for healthcare recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated. Further review revealed during the admission process the facility will attempt to determine whether the resident has an advance directive and, if not, determine whether the resident wishes to formulate an advance directive. 1. Review of R22's Face Sheet revealed the facility admitted the resident on 10/10/2013 with diagnoses to include dementia, type 2 diabetes, and chronic kidney disease (CKD). Review of R22's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/25/2025, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 11 out of 15, which indicated the resident was moderately cognitively impaired. Review of R22's Advance Directive Acknowledgement (ADA), dated 03/17/2017, indicated the resident had executed an advance directive. Review of R22's Power of Attorney (POA) documentation scanned into the Electronic Medical Record (EMR) under the Advance Directive tab revealed a general POA document that addressed financial decisions only. The facility was unable to provide medical POA documentation for R22. 2. Review of R53's Face Sheet revealed the facility admitted the resident on 11/15/2023 with diagnoses to include type 2 diabetes, cerebral infarction, and interstitial pulmonary disease. Review of R53's quarterly MDS, with an ARD of 03/25/2025, revealed the resident had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R53's ADA, dated 11/26/2023, indicated the resident had executed an advance directive, however there was no documentation of that advance directive in the resident's EMR. Further review of R53's ADA revealed a notation that stated, Family never provided. When requested from the facility on 05/07/25 at 10:35 AM, a copy of R53's advance directive was not provided. In an interview with R53's daughter on 05/07/25 at 12:23 PM, she stated she was the resident's POA and provided a copy of the POA documents to the facility when the resident was admitted . In an interview on 05/08/2025 at 11:57 AM, the Admissions Coordinator/Business Director Developer stated she addressed advance directives with residents and their families during the admission process. She stated she asked the resident and/or family if there was an advance directive in place, and if so, she requested a copy at that time. She further stated, if a copy was not received within 24 hours, she contacted the family again and made an additonal request. The Admissions Coordinator/Business Developer stated advance directives were addressed again if the resident had a change in condition and the Social Service Director (SSD) usually followed up with the resident and/or their representative regarding changes. She further stated it was important the facility had current advance directive information, so that the right person could make decisions on the resident's behalf, and the facility wanted to ensure a resident's wishes were honored. In an interview with the SSD on 05/08/2025 at 12:07 PM, she stated advance directives were addressed at admission and again after admission during quarterly meetings. The SSD stated it was important to have a resident's current advance directive information because a resident's wishes should be supported by the facility. She further stated a resident's wishes could not be honored if the facility did not know what the wishes were or who the designated responsible party was. In an interview with the Director of Nursing (DON) on 05/08/2025 at 2:42 PM, she stated advance directives were typically addressed during the admission process, but nurses addressed them if needed. The DON stated if a resident had executed an advance directive, a copy of the directive should be in the resident's EMR, and that documentation was requested at the time of admission. She further stated if the advance directive information was not provided at the time of admission, the facility should not wait long to get that POA paperwork; however, she was unable to provide a time frame for what too long meant. The DON stated it was important the facility knew who to call when medical decisions must be made for the resident. In an interview with the Administrator on 05/08/2025 at 2:52 PM, she stated advance directives were addressed at the time of admission and a copy of any advance directive information was also requested at that time. She further stated it was her expectation if a copy was not given to the facility at admission, the facility followed up with the family until a copy was obtained and placed in the resident's EMR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 49267 Based on observation, interview, record review, and review of the facility's policies, the facility failed to develop and implement a comprehensive person-centered care plan consistent with the resident's rights that included measurable objectives and timeframes to meet a the resident's medical and nursing needs for 1 of 1 sampled residents, Resident (R) 47. The findings include: Review of the facility's policy titled, Care Plan Policy, dated 08/04/2024, revealed the Comprehensive Care Plan (CCP) is based on a thorough assessment that includes but is not limited to, the Resident Assessment Instrument (RAI) and Minimum Data Set (MDS) Assessments; and is designed to incorporate identified problem areas, incorporate risk factors associated with identified problems, and be revised as necessary with changes. Further review revealed the CCP will be person-centered for each resident. Review of the facility's policy titled, Medication Administration, dated 08/04/2024, revealed the facility will ensure medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices, and only by persons legally authorized to do so. Further review revealed long-acting, extended release or enteric-coated dosage forms should generally not be crushed; an alternative should be sought. Observation on 05/06/2025 at 8:09 AM revealed Kentucky Medication Aide (KMA) 2 crushed all medications for R47 except for an esomeprazole (used to reduce stomach acid production) capsule. KMA2 placed the crushed medications in chocolate pudding, opened the capsule and emptied it into chocolate pudding, and administered all the medications to R47. Review of R47's Admission Record revealed the facility admitted the resident on 06/02/2020 with diagnoses to include chronic kidney disease (CKD), stroke, and dementia. Review of R47's quarterly MDS, with an Assessment Reference Date (ARD) of 02/14/2025, revealed the resident had a Brief Interview for Mental Status (BIMS) of 9 out of 15, which indicated the resident was moderately cognitively impaired. Review of R47's CCP, with a revision date of 04/23/2025, revealed a focus on routine care needs with an intervention that included medications may be crushed when appropriate. Review of R47's Physician Orders revealed an active order for potassium chloride 10 milliequivalent (mEq) tablet extended release (ER) one time a day. Review of R47's Electronic Medication Administration Record (eMAR) revealed a potassium chloride 10 mEq tablet ER was administered by KMA2 on 05/06/2025 during morning medication pass. Further review revealed a potassium chloride 10 mEq tablet ER was administered by KMA14 on 05/07/2025 during morning medication pass. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility document titled, Medications Not To Be Crushed, dated 07/2019, revealed potassium chloride (used to manage and treat hypokalemia) ER tablet was listed as a medication not to be crushed because of its time release formulation. In an interview with KMA2 on 05/06/2025 at 9:15 AM, she stated she usually crushed all R47's medication except for an esomeprazole capsule because it was not supposed to be crushed. In an interview with KMA14 on 05/07/2025 at 8:53 AM, she stated she passed medications to R47 earlier that morning. She further stated she crushed R47's medications except for a capsule and administered them to her in applesauce. In an interview with the pharmacist on 05/06/2025 at 12:22 PM, she stated potassium ER was not a medication that should be crushed, but some potassium ER tablets could be dissolved in water prior to administration. While on the phone with the pharmacist, she reviewed the type of potassium that was sent to the facility for R47 and stated it could not be crushed or dissolved and should be administered whole. In an interview with the Director of Nursing (DON) on 05/08/2025 at 2:42 PM, she stated she expected that staff utilized available resources if unsure whether a medication could be crushed or not. She further stated numerous resources were available such as Do Not Crush lists, more experienced KMAs or nurses, pharmacy, or they knew she could be contacted anytime with questions. The DON stated she thought the need for crushed medications was not typically placed on a resident's care plan, but it should be. She further stated if a resident's medications were crushed, that was a special instruction, and special instructions were placed on care plans. In an interview with the Administrator on 05/08/2025 at 2:52 PM, she stated it was important to follow proper administration instructions for crushed medications so residents were not adversely affected. The Administrator further stated special instructions, such as crushed medications, should be a part of the resident's care plan and should be followed by staff so resident needs were met.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50442 The facility failed to review and revise the Comprehensive Care Plan (CCP) for 1 of 34 sampled residents, Resident (R) 43. Review of R43's CCP revealed the facility failed to revise the care plan for placing his catheter bag on the floor, despite an interview with the resident stating that he liked to do so and observations of the catheter bag lying on the floor. The findings include: Review of the facility's policy titled, Care Plan Policy, dated 08/04/2024, revealed that the facility would develop and implement a person-centered care plan for each resident that is designed to incorporate identified problem areas, risk factors associated with the identified problems and should be revised as necessary with changes. Review of the facility's policy titled, Resident Rights Policy, dated 08/13/2024, revealed that residents have the right to see their care plan and to participate in decisions and care planning. Review of the facility's policy titled, Catheter Associated Urinary Tract Infection (CAUTI) Prevention, not dated, revealed that the purpose of the policy was to ensure the appropriate technique in the care and maintenance of Foley catheters. Further review of the policy stated that the collection bag and tubing should be kept off the floor. Review of R43's Face Sheet revealed that he was admitted to the facility on [DATE] with the diagnoses of benign prostatic hyperplasia (BPH), peripheral vascular disease (PVD), hypertension, and chronic kidney disease (CKD). Review of R43's Quarterly Minimum Data Set (MDS) dated [DATE], revealed that he was assessed as a Brief Interview for Mental Status (BIMS) of 14, cognitively intact. Further review of R43's Quarterly MDS revealed that he was assessed as having an indwelling catheter. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R43's Comprehensive Care Plan (CCP) dated 01/23/2025 revealed that he was care planned for the focus of urinary catheterization Foley catheter 16 French with a balloon related to BPH, obstructive and reflux uropathy, noncompliance with catheter securement, removal of catheter bag cover on his own, and masturbation with the Foley catheter present causing bleeding and displacement. The goals for this focus were that he would show no signs and symptoms of a urinary tract infection (UTI) and would not masturbate with the catheter in place. The interventions placed for this focus were to secure the catheter in place as tolerated, perform catheter care each shift and pro re nata (PRN), change the catheter and catheter bag per orders and PRN, position the catheter bag and tubing below the level of the bladder and away from the entrance of the door to the room, check tubing for kinks each shift and PRN, educate R43 on the dangers of masturbating with an indwelling Foley catheter, observe and document intake and output per facility policy, observe for pain or discomfort due to the catheter, observe for signs and symptoms of discomfort on urination and of frequency, observe for signs and symptoms of a UTI such as pain, burning, blood-tinged urine, cloudiness, no urine output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, or change in eating patterns and report findings to the Medical Director (MD). Further review of the care plan revealed that he was not care planned for placing his catheter bag on the floor. Observation on 05/05/2025 at 12:47 PM revealed R43's catheter bag was lying on the floor beside his recliner without a dignity bag. Observation on 05/06/2025 at 8:30 AM revealed R43's catheter bag on the floor without a dignity bag. Observation on 05/07/2025 at 8:18 AM revealed R43's catheter bag was in the floor and had no dignity bag. In an interview with R43 on 05/06/2025 at 8:30 AM he stated he did not like the paper cover (dignity cover) on his catheter bag because it covered the bag, and he could not see the urine. He also stated that he wanted his catheter bag on the floor beside of his chair and that was where he always put it when he was sitting in his recliner. Review of R43's Electronic Medical Record revealed no notes, point of care behavior monitoring, or orders detailing education provided to R43 about the importance of not placing his catheter bag on the floor. In an interview with State Registered Nurse Aide (SRNA) 8 on 05/07/2025 at 8:19 AM, she stated that R43 was able to ambulate independently and he placed his catheter bag on the floor when he sat down in his chair. SRNA8 stated that the catheter bag should not be on the floor because it was unsanitary, and it should be hanging on the side of R43's bed with the bag below R43 to allow it to drain. In a dual interview with Unit Manager (UM)1 and Licensed Practical Nurse (LPN)1 on 05/07/2025 at 8:28 AM, both stated that R43 would repeatedly place his catheter bag on the floor. Nursing staff educated him on the importance of leaving the catheter bag hanging on his bed (off the floor) but he would not listen to them and still placed it on the floor. They further stated the CCP should have been revised to reflect the resident putting the bag on the floor and the education that should be done when found that way. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a group interview with Assistant Director of Nursing (ADON)1, ADON2, and the Director of Nursing (DON) on 05/08/2025 at 7:59 AM, all stated that it was an ongoing issue with R43 placing his catheter bag on the floor. They stated that when staff saw the bag on the floor, they should re-hang it on his bed and educate him as to the importance of not placing the catheter bag on the floor. They stated this should be included on the resident's CCP. All stated that the Foley catheter bag should not be on the floor for infection purposes and should be hung so that the bag and tubing were both below the level of R43's bladder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 49267 Based on observation, interview, and record review, the facility failed to ensure residents were free of any significant medication errors for 1 of 5 sampled residents, Resident (R) 47. The findings include: Review of the facility's policy titled, Medication Administration, dated 08/04/2024, revealed the facility will ensure medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices, and only by persons legally authorized to do so. Further review revealed long-acting, extended release or enteric-coated dosage forms should generally not be crushed; an alternative should be sought. Observation on 05/06/2025 at 8:09 AM revealed Kentucky Medication Aide (KMA) 2 crushed all medications for R47 except for an esomeprazole (used to reduce stomach acid production) capsule. KMA2 placed the crushed medications in chocolate pudding, opened the capsule and emptied it into chocolate pudding, and administered all the medications to R47. Review of R47's Admission Record revealed the facility admitted the resident on 06/02/2020 with diagnoses to include chronic kidney disease (CKD), stroke, and dementia. Review of R47's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/14/2025, revealed the resident had a Brief Interview for Mental Status (BIMS) of 9 out of 15, which indicated the resident was moderately cognitively impaired. Review of R47's Comprehensive Care Plan (CCP), with a revision date of 04/23/2025, revealed a focus on routine care needs with an intervention that included medications may be crushed when appropriate. Review of R47's Physician Orders revealed an active order for potassium chloride 10 milliequivalent (mEq) tablet extended release (ER) one time a day. Review of R47's Electronic Medication Administration Record (eMAR) revealed a potassium chloride 10 mEq tablet ER was administered by KMA2 on 05/06/2025 during morning medication pass. Further review revealed a potassium chloride 10 mEq tablet ER was administered by KMA14 on 05/07/2025 during morning medication pass. Review of the facility document titled, Medications Not To Be Crushed, dated 07/2019, revealed potassium chloride (used to manage and treat hypokalemia) ER tablet was listed as a medication not to be crushed because of its time release formulation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with KMA2 on 05/06/2025 at 9:15 AM, she stated she usually crushed all R47's medication except for an esomeprazole capsule because it was not supposed to be crushed. KMA2 stated the resident's potassium was crushed and placed into pudding prior to administration. KMA2 further stated she was not aware of a list on the medication cart that showed medications that were not supposed to be crushed. Observation of KMA2 at that time revealed she looked through a binder on the medication cart that contained the controlled substance log and other resources, but a Do Not Crush List was not located. In an interview with the pharmacist on 05/06/2025 at 12:22 PM, she stated potassium ER was not a medication that should be crushed, but some potassium ER tablets could be dissolved in water prior to administration. While on the phone with the pharmacist, she reviewed the type of potassium that was sent to the facility for R47 and stated it could not be crushed or dissolved and should be administered whole. The pharmacist stated when ER medications were crushed, large doses of the medication could be released, which were potentially harmful to the resident. She further stated there were other options for this medication such as liquid or a capsule. In an interview with Licensed Practical Nurse (LPN) 2 on 05/06/2025 at 12:31 PM, she stated KMAs trained with nurses or more experienced KMAs before they were allowed to administer medications on their own. LPN2 stated if a medication was not supposed to be crushed, sometimes it was listed on the order. She further stated ER and enteric coated medications were not crushed because they could potentially be absorbed too quickly in the body. In an interview with LPN3 on 05/06/2025 at 12:39 PM, who also served as Unit Manager (UM) for side 1, she stated KMAs trained with either a nurse or another experienced KMA before they passed medications on their own. LPN3 stated there was a nursing drug reference book located at the nurse's station, as well as a list of Do Not Crush medications located on the medication carts. In an interview with KMA14 on 05/07/2025 at 8:53 AM, she stated she passed medications to R47 earlier that morning. She further stated she crushed R47's medications except for a capsule and administered them to her in applesauce. KMA14 stated capsules and ER medications were not crushed, but some ER medications were dissolvable in water. KMA14 stated R47 did not have any ER medications. When asked if R47 received a potassium 10 mEq ER tablet, KMA14 stated she did not think so. In an interview with the Director of Nursing (DON) on 05/08/2025 at 2:42 PM, she stated she was the overseer of every nurse in the building which meant she ensured medication was properly administered and jobs were accurately completed. The DON stated it was important the staff that passed medications knew which were crushable and which were not. She further stated if a resident was given a crushed ER potassium tablet, it had the potential to be released too quickly into the resident's system and potassium levels could be elevated. The DON stated she expected that staff utilized available resources if unsure whether a medication could be crushed or not. She further stated numerous resources were available such as Do Not Crush lists, more experienced KMAs or nurses, pharmacy, or they knew she could be contacted anytime with questions. In an interview with the Administrator on 05/08/2025 at 2:52 PM, she stated it was important to follow proper administration instructions for crushed medications so residents were not adversely affected.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 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** 45990 Based on observations, interviews, record review, and review of the facility's policies, 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 3 of 34 sampled residents, R36, R43 and R390. Observations revealed R390 and R36 did not have the proper signage or proper precautions in place. Observations revealed R43's catheter was observed on the floor on multiple observations. The findings include: Review of the facility's policy titled Infection Prevention Program Overview, no date given, revealed the goals of the program are to decrease risk of infection, implement appropriate control measures, and to identify and correct problems relating to infection prevention practices. Added review of goals revealed facility is to maintain compliance with state and federal regulations related to infection prevention. Continued review revealed major activities of the program are to practice proper hand hygiene, standard precautions and other barriers to prevent the spread of infections. Review of the facility's signage for Enhanced Barrier Precautions (EBP), (procedure to be used) revealed providers and staff must wear gloves and a gown for high contact resident care activities to include dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use, and wound care of any skin opening requiring a dressing. 1. Review of R390's face sheet revealed the facility admitted the resident on 04/30/2025 with diagnoses to include liver disease, defects in the complement system (part of the immune system), and high blood pressure. Review of R390's Comprehensive Care Plan (CCP) dated 04/30/2025 with revision date of 05/01/2025, revealed R390 had an actual skin impairment related to unstageable pressure ulcer to lateral left ankle. Added review of CCP dated 05/01/2025 with revision date of 05/01/12025 revealed R390 was at risk for infection related to wounds, and defects in complement system. However, added review of CCP revealed interventions did not include any isolation precautions. Review of R390's orders dated 04/30/2025 revealed wound management orders to include daily cleansing of wound, applying ointments, and dressing to lateral left ankle. Continued review of R390's orders revealed telephone order dated 05/06/2025 for EBP related to wound. Review of R390's admission nursing assessment dated [DATE] at 3:38 PM, revealed skin assessment identified left ankle (outer) alteration as unstageable with measurements to have a length of 1.5 centimeters (cm) by width of 2.2 cm, and depth of 0.1 cm skin alterations. Continued review of facility document revealed an unstageable wound is described as full thickness tissue loss in which the base of the ulcer is covered by slough (tan, gray, green or brown and or eschar (tan, brown, or black) in the wound bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R390's Wound Assessment Report with date of service to be 05/05/2025 revealed the wound was located to left lateral ankle, was present upon admission, and staged as unstageable. Added review of assessment revealed there was a moderate amount of serosanguinous (light pink thin fluid with small amounts of blood) drainage and an enzymatic (form of enzyme debridement of necrotic tissue) debridement was performed. On 05/05/2025 at 1:00 PM observation revealed no isolation signage on R390's room door and no Personal Protective Equiptment (PPE) in place at the door. Further observation revealed staff entering and exiting the room with no PPE be utilized. During an interview with Registered Nurse (RN)2 on 05/06/2025 at 12:45 PM, she stated residents were placed in EBP to protect them from getting infections. In an interview with Infection Preventionist (IP) during rounding/tour of isolation rooms, on 05/08/2025 at 8:30 AM, she stated R390 was admitted with an open wound to his ankle and should have been placed in EBP isolation. When IP was informed there was no isolation signage during the initial tour on Monday 05/05/2025, she stated R390 should have been placed on EBP when first admitted preventing infection spreading and the order was placed Tuesday. During an interview with the Wound Care Nurse on 05/08/2025 at 1:15 PM, she stated to best of memory R390's wound to ankle was an open area when admitted and should have been placed on precautions to prevent infection from spreading. During an interview with the Director of Nursing (DON) on 05/08/2025 at 2:47 PM, she stated her tasks as the DON are to assure staff are performing their jobs adequately for resident safety. When asked which residents are placed in EBP, she stated they could include residents who have catheters, g-tubes, Peripherally Inserted Central Catheter (PICC) (a thin tube inserted into a large vein for administration of medications and blood draws), and wounds. She continued in interview and stated if a resident has a wound upon admission, they should be placed in EBP. When asked about R390 having a wound upon admission on 04/30/2025, she stated the resident should probably been placed in EBP. She added when the wound nurse practitioner rounded on Monday, 05/05/2025, she had discovered drainage from R390 rubbing ankles together. She stated he should have been placed in EBP then and it was unacceptable to have waited until 05/06/2025 since he could have been infected with other bacteria. During an interview with the Medical Director on 05/08/2025 at 9:50 AM, he stated his expectations of facility staff is to follow infection control policies and procedures, and to go by isolation signage to prevent infection from spreading to vulnerable residents. The facility Administrator stated in an interview on 05/08/2025 at 3:16 PM, she expected the staff to abide by infection control policies and procedures and signage to protect the residents. When asked if staff are not abiding by these policies, trainings and procedures what is her concern, she stated infection could spread and wounds could potentially worsen. 50442 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of the facility's policy titled, Catheter Associated Urinary Tract Infection (CAUTI) Prevention, not dated, revealed that the purpose of the policy was to ensure the appropriate technique in the care and maintenance of Foley catheters. Further review of the policy stated that the collection bag and tubing should be kept off the floor. Review of R43's Face Sheet revealed that he was admitted to the facility on [DATE] with the diagnoses of benign prostatic hyperplasia (BPH), peripheral vascular disease (PVD), hypertension, and chronic kidney disease (CKD). Review of R43's Quarterly Minimum Data Set (MDS) dated [DATE], revealed the facility assessed him as having a Brief Interview for Mental Status (BIMS) of 14, cognitively intact. Further review of R43's Quarterly MDS revealed that he was assessed as having an indwelling catheter. Review of R43's Comprehensive Care Plan (CCP) dated 01/23/2025 revealed that he was care planned for the focus of urinary catheterization Foley catheter due to obstructive and reflux uropathy, noncompliance with catheter securement, removal of catheter bag cover on his own, and masturbation with the Foley catheter present causing bleeding and displacement. The goals for this focus were that he would show no signs and symptoms of a urinary tract infection (UTI) and would not masturbate with the catheter in place. The interventions placed for this focus were to secure the catheter in place as tolerated, perform catheter care each shift and pro re nata (PRN), change the catheter and catheter bag per orders and PRN, position the catheter bag and tubing below the level of the bladder and away from the entrance of the door to the room, check tubing for kinks each shift and PRN, educate R43 on the dangers of masturbating with an indwelling Foley catheter, observe and document intake and output per facility policy, observe for pain or discomfort due to the catheter, observe for signs and symptoms of discomfort on urination and of frequency, observe for signs and symptoms of a UTI such as pain, burning, blood-tinged urine, cloudiness, no urine output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, or change in eating patterns and report findings to the Medical Director (MD). Further review of the care plan revealed no documented evidence he was care planned for placing his catheter bag on the floor. Observation on 05/05/2025 at 12:47 PM revealed R43's catheter bag was lying on the floor beside his recliner without a dignity bag. Observation on 05/06/2025 at 8:30 AM revealed R43's catheter bag on the floor without a dignity bag. Observation on 05/07/2025 at 8:18 AM revealed R43's catheter bag was in the floor and had no dignity bag. In an interview with R43 on 05/06/2025 at 8:30 AM he stated he did not like the paper cover (dignity cover) on his catheter bag because it covered the bag, and he could not see the urine. R43 stated that he was not embarrassed about having the cover off where others could see his urine. He also stated that he wanted his catheter bag on the floor beside of his chair and that was where he always put it when he was sitting in his recliner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with State Registered Nurse Aide (SRNA)8 on 05/07/2025 at 8:19 AM, she stated that R43 was able to ambulate unaided and he placed his catheter bag on the floor when he sat down in his chair. SRNA8 stated that the catheter bag should not be on the floor because it was unsanitary, and it should be hanging on the side of R43's bed with the bag below R43 to allow it to drain. In a dual interview with Unit Manager (UM)1 and Licensed Practical Nurse (LPN)1 on 05/07/2025 at 8:28 AM, both stated that R43 would repeatedly place his catheter bag on the floor. Nursing staff educated him on the importance of leaving the catheter bag hanging on his bed (off the floor) but he would not listen to them and still placed it on the floor. In a group interview with Assistant Director of Nursing (ADON)1, ADON2, and the Director of Nursing (DON) on 05/08/2025 at 7:59 AM, all stated that it was an ongoing issue with R43 placing his catheter bag on the floor. They stated that when they saw the bag on the floor, they would re-hang it on his bed and educate him as to the importance of not placing the catheter bag on the floor. They stated they had no documented proof of this education being performed. All stated that the Foley catheter bag should not be on the floor for infection purposes and should be hung so that the bag and tubing were both below the level of R43's bladder. In an interview with the Administrator (ADM) on 05/08/2025 at 8:18 AM she stated she could not answer about whether R43 should be placing his Foley catheter bag on the floor and if he should be care planned to do so. She stated her nursing staff were the ones that looked at things like that. Review of R43's Electronic Medical Record revealed no notes, point of care behavior monitoring, or orders detailing education provided to R43 about the importance of not placing his catheter bag on the floor. 51155 3. Observation on 05/05/2025 at 1:00 PM revealed no evidence of EBP signage on R36's room. Further observation on 05/05/2025 at 2:00 PM revealed staff in the hall actively hanging EBP signage and placing PPE by the door. Review of R36's Face sheet revealed R36 was admitted to facility on 04/03/2024 with a diagnosis of Congestive Heart failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and Diabetes Mellitus. Review of R36's MDS, dated [DATE], revealed R36 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15. Indicating R36 was cognitively intact. Review of R36's Order revealed an order was entered on 05/07/2025 for EBP related to a wound. Review of R36's Wound Assessment Report revealed on 04/07/2025 they documented a Deep Tissue Injury (DTI) to left heel. On 04/14/2025, they documented an unstageable wound to left heel. On 04/21/2025, 04/28/2025, and 05/05/2025, they documented a Stage 3 wound to left heel. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185254	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Nursing & Rehabilitation Facility	406 Wyoming Road Owingsville, KY 40360

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/08/2025 at 12:06 PM with the Infection Preventionist (IP), she stated R36 was placed in EBP because due to the DTI opened. She stated she placed R36 in EBP when the Wound Nurse Practitioner made her aware that the wound was now open. She stated that R36 should have been placed in EBP on 04/21/2025, when the wound opened. During an interview on 05/08/2025 at 2:40 PM with the DON, she stated that R36 should have been placed in EBP when the wound was found to be opened. She stated that the responsibility depended on who found it but that it should have been reported appropriately. She stated that it was her expectation that it would not take more than a 24 hour period to place the precautions once the need was identified. She stated this was important to prevent the Resident from getting any infections. Continued interview on 05/08/2025 at 3:09 PM, she stated that it was her expectation that staff follow the rules and the proper signage. She stated that infection control was discussed in the daily morning meetings, and it was important to have the proper signage and PPE in place to decrease the potential for the wound to get worse.