STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185259	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rivers Edge Nursing and Rehabilitation Center	6301 Bass Road Prospect, KY 40059

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. 51417 Based on record review and interview the facility failed to provide residents and/or their representatives the right to formulate an advance directive for 1 of 9 sampled residents, R53. Record review revealed R53 did not have evidence of their legally appointed guardian's choice for the resident's advance directive, other than their code status. The findings include: Review of facility policy, Advanced Directives and Do Not Resuscitate (DNR) dated 08/2019 revealed the existence of any advance directive was documented in the resident's medical record by filing a copy of all directives on the chart and by making a progress note. The note should include that advance directive information was given to the resident (or the resident's representative if the resident is unable to comprehend.) Documentation of what advance directives the resident has or that they have none should be noted as well. If a resident wished to make an advance directive, they were assisted with information and with the provision of forms. Review of Resident's #53 Face Sheet revealed the facility admitted the resident on 02/28/2020 with diagnoses including bipolar disorder, dysphagia, and chronic obstructive pulmonary disease. Review of Resident's #53 Quarterly Minimum Data Set (MDS) Assessment, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score 15 of 15, indicating resident is cognitively intact. Review of Resident's #53's Comprehensive Care Plan with a revision date of 10/11/2024, revealed a focus of an established Full Code order in place with the intervention that the Advance Directive was reviewed with the resident and/or healthcare decision maker quarterly. Review of Resident's #53's Advance Directive dated 02/28/2020 revealed a signed Do Not Resuscitate (DNR) stating the resident was a Do Not Resuscitate status and an order declaring their son as appointed guardian and conservator. Review of Resident #53's medical record revealed there was no signed Advance Directive in the chart. On 11/13/2024 at 4:00 PM, the State Survey Agency (SSA) Surveyor requested documentation the facility reviewed Advance Directive materials with the resident or representative upon the resident's admission, quarterly, or thereafter. The facility failed to provide documentation. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with Social Services Director (SSD) on 11/15/2024 at 9:29 AM, the SSD stated Resident #53's advance directive was a DNR on admission. The SSD stated Resident #53 went out for psychiatric treatment for a few days and returned to facility on 11/22/2021 with a request to change code status to Full Code. The change was documented as a note in the resident's chart by SSD. The note also stated the guardian agreed to change of status to Full Code. In an interview with Director of Nursing (DON) on 11/15/2024 at 2:13 PM, the DON stated the responsible staff for completing Advance Directives were Social Services and Admissions, collaboratively. Admissions was an online process with electronic forms submitted and Advance Directives were not part of the electronic process. Advance Directives were manually done by Social Services. The purpose of an Advance Directive was the resident or their Power of Attorney, (POA) or decision maker's wishes regarding the resident's code status. A potential outcome for a resident who does not have an Advance Directive was in case of an emergency, the resident was automatically a full code with full life saving measures implemented. In an interview with Administrator on 11/15/2024 at 2:38 PM, they stated the responsible staff for processing Advance Directives was Social Services and Admissions. The Admission Director referred residents and family members to Social Services. The Advance Directive was uploaded to electronic medical record or placed in a hard chart. A change in code status was communicated to nursing staff or social services with additional education provided, care plan was updated, and staff reviewed during daily meeting. The purpose of an Advance Directive was to have the correct life saving measures specific to the resident's care. A potential outcome with no Advance Directive in place meant resident was a full code.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 50153 Based on observation, interview, and review of facility policy, it was determined the facility failed to store drugs in accordance with currently accepted professional principles for one (1) of two (2) medication carts audited out of a total of four (4) medication carts. Observation on 11/14/2024 at 11:45 AM, of the East Wing Medication cart revealed 17 cards of medications stored beyond the expiration date printed on the package labels for ten (10) of 20 residents (Resident (R) 60 (R60), R54, R69, R42, R61, R39, R86, R32, R36, and R65). The findings include: Review of the facility policies titled Medication Storage version 09/2020 and Medication Administration version 09/2020, were revealed no guidelines specified regarding the expiration dates of medications. Review of the Food and Drug Administration (FDA) website (fda.gov) with the current content date of 10/22/2022 revealed Drug Expiration dates reflect the time period which the product is known to be stable, which means it retains its strength, quality, and purity when it is stored according to its label conditions. Observation of the East Wing Medication Cart on 11/14/2024 at 11:45 AM revealed 17 cards of medications beyond the expiration date printed on the label affixed to the medication card. The prescribed medications to R60, R54, R42, R61, R39, R86, R65, R69, R36, and R32 included the following: R 60 - Compazine 50 mg tablets, a medication used for controlling nausea, expired 4/05/2024 with 10 tablets remaining; R54 - Zofran 4 mg tablets, a medication used for controlling nausea, expired 12/15/2023 with two (2) tablets remaining; Tylenol 325 mg tablets, a medication used to control pain and fever, expired 9/01/2024 with 10 tablets remaining; Tylenol 325 mg tablets expired 7/12/2024 with 18 tablets remaining; R69 - Tylenol 325 mg tablets expired 9/01/2024 with 16 tablets remaining; R42 - Tylenol 325 mg tablets expired 09/01/2024 with 13 tablets remaining; Tylenol 325 mg tablets expired 09/01/2024 with 26 tablets remaining; R61 - Zofran 4 mg tablets expired 6/08/2024, with six (6) tablets remaining; Tylenol 325 mg tablets expired 7/12/2024 with four (4) doses remaining; R39 - Bisacodyl 5 mg tablets, a medication used for constipation, expired 9/21/2024 with 13 tablets remaining; (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R86 - Tylenol 325 mg tablets expired 9/21/2024 with seven (7) tablets remaining; R65 - Tylenol 325 mg tablets expired 7/12/2024 with 10 tablets remaining; Zofran 4 mg tablets expired 5/23/2024 with 13 tablets remaining; Zofran 4 mg tablets expired 1/13/2024 with 14 tablets remaining; R36 - Tylenol 325 mg tablets expired 10/19/2024 with seven (7) tablets remaining; R32 - Tylenol 325 mg tablets expired 4/27/2024 with eight (8) tablets remaining; Tylenol 325 mg tablets expired 4/27/2024 with 10 tablets remaining. In an interview with Licensed Practical Nurse (LPN) #2 (LPN2) on 11/14/2024 at 12:30 PM, LPN2 stated each nurse was responsible to check the medication cart for expired medications. LPN2 stated that if she found an expired medication while passing medications, she would remove the medication from the cart and notify the pharmacy so a replacement would be sent. In an interview with the Unit Manager (UM) on 11/15/2024 at 10:04 AM, the UM stated the nurses are supposed to check medications daily and then monthly; and those checks were part of the facility's Quality Assurance Performance Improvement (QAPI). The UM further stated a pharmacy representative visited onsite monthly and followed staff as the nurse administered medications. The UM stated it was her expectation there were no expired medications on the medication cart. UM stated, I doubt there would have been an adverse reaction but there could have been. In an interview with the Director of Nursing (DON) on 11/15/2024 at 3:05 PM, the DON stated nurses were ultimately responsible to check the medication carts for expiration dates on medications. The DON went on to say that a liaison comes from the pharmacy monthly to observe medication pass and will audit medication carts for expiration dates, alternating carts that are checked. The DON stated there was a risk of an adverse reaction if a medication was administered past the expiration date and that it was her expectation the nurses checked the medication carts for expired medications, including PRN, unscheduled medications given as needed, medications. In an interview with the Administrator on 11/15/2024 at 3:25 PM, the Administrator stated it would be her expectation the medication carts were checked for expired medications and were removed from the cart if they were expired. She would expect nursing to contact the pharmacy for a replacement. She stated if an expired medication were administered, the pharmacy could be contacted to ask what potential negative outcome may occur then the physician would be notified to see if there would be any contraindications to them receiving an expired medication.

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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. 49267 Based on observation, interview, and review of facility policies, the facility failed to ensure staff labeled and dated food items stored in the refrigerator and food items stored in dry storage. This deficient practice has the potential to affect all residents who utilize the facility's dining services. The findings include: Review of the facility's policy, Food Storage, revised 01/23/2018, revealed all incoming foods will have a delivery date and an open date or use by date. When the foods are stored in a container other than the original container, the container will be labeled with the name of the product and an incoming wash and fill date. Further review revealed the first in, first out method will be used in all storage. New product will be stored behind the old product. Review of document labeled, Job Title: Dietary Aide, dated 07/2016 revealed major duties and responsibilities included to prepare food in accordance with sanitary regulations as well as our established policies and procedures; assist in inventorying, rotating, and storing incoming food, supplies, etc. as necessary; and assure that dietary procedures were followed in accordance with established policies. Review of document labeled, Job Title: Cook, dated 07/2016 revealed major duties and responsibilities included to prepare food in accordance with sanitary regulations as well as our established policies and procedures; assist in inventorying, rotating, and storing incoming food, supplies, etc. as necessary; and cover, label, date leftovers, storing properly. Review of document labeled, Food Service Manager, dated 07/2016 revealed major duties and responsibilities included to plan, develop, implement, evaluate, and direct the Dietary Department, its programs and activities (includes department policies and procedures, job descriptions, etc.); develop and maintain dietary objectives and standards; assure department personnel follow established dietary policies and procedures; inspect the dietary area and practices for compliance with current applicable regulations regularly; assume the authority, responsibility, and accountability of directing the food service department; and assure that food storage areas are clean and properly arranged. Observation of the walk-in refrigerator on 11/12/2024 at 10:20 AM revealed one opened, undated bag of sliced white onions that were soft and starting to yellow; one opened, undated plastic container of chicken salad; one opened, undated bag of sliced white cheese; one opened, uncovered, and undated bag of lunch meat; one opened, undated bag of sliced bologna; one opened, undated plastic tub of cheese spread; one opened, undated plastic tub of jelly; two opened, undated one gallon jugs of barbecue sauce; one opened, undated one gallon jug of picante sauce; one undated bag of ready to eat salad that contained brown lettuce. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation of dry storage food items on 11/12/2024 at 10:46 AM revealed six large bags of tortilla chips with an expiration date of 08/2024; one bag of opened, unsealed, undated spaghetti noodles; one sleeve of opened, undated Ritz crackers. Further observation revealed bulk storage of flour and panko breadcrumbs in separate bins that were not completely covered due to broken lids. In an interview with the Dietary Manger during these observations, she stated it was each kitchen staff member's responsibility to ensure food items were labeled and dated when opened. The Dietary Manger stated before kitchen staff worked, they received safe care service training on food safety. She further stated unlabeled opened food should be discarded because of the potential for food borne illnesses. In an interview with Dietary Aide (DA) 1 on 11/15/2024 at 1:14 PM, she stated when food was delivered, the dietary staff member that removed it from the truck was responsible to make sure it was dated. She further stated if she found food on the shelf that was not labeled or dated, she asked other staff, but if she did not know for sure she threw it away. DA1 stated a potential outcome for a resident that consumed outdated food included sickness or infection like E. coli or salmonella. In an interview with Cook1 on 11/15/2024 at 1:27 PM he stated all dietary staff were responsible for ensuring incoming food items were labeled and dated. He further stated the staff that received the stock were primarily responsible to label and date. Cook1 stated residents could potentially become sick if food items were not properly labeled and dated. He further stated if he observed open undated food in the kitchen, it was discarded and not served to residents. In an interview with the Dietary Manger on 11/15/2024 at 1:32 PM, she stated when deliveries were received, the boxes were immediately dated and inspected for damaged items. She further stated when food items were opened, they were supposed to be dated, but sometimes staff forgot. The Dietary Manger stated if undated items were not discarded and later fed to a resident, the resident was susceptible to food poisoning. She further stated if bulk food items such as sugar or breadcrumbs were left uncovered, they were subject to contamination which was also caused sickness. In an interview with the Administrator on 11/15/2024 at 3:22 PM, she stated there were not recent or current performance improvement plans related to food storage. The Administrator stated the Dietary Manager was responsible for dietary staff's compliance about dated, covered, and discarded food items. She further stated the Dietary Manager performed a monthly kitchen quality reviewed that was discussed in Quality Assurance Performance Improvement (QAPI) meetings. The Administrator stated she was in the kitchen at least quarterly and had not observed outdated, uncovered, or unlabeled food items. Additionally, the Administrator stated it was important food items were labeled and dated so residents were not served spoiled food, but rather received quality food. 51327

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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. 50153 Based on observation, interview and review of facility policy, the facility failed to 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 while providing wound care for 2 of 3 residents with wounds of the 23 residents sampled (Resident (R) 12 and R343). Observation of the Treatment Nurse/Licensed Practical Nurse (LPN) 1 performing wound care revealed the nurse did not perform hand hygiene after entering the residents' room before initiating wound care and did not change non-sterile gloves or perform hand hygiene after the gloves were potentially contaminated during the dressing change procedure. The findings include: Review of the facility policy, Handwashing Policy dated 04/2023 stated personnel are required to wash their hands after each direct or indirect resident contact for which handwashing is indicated by acceptable standards of practice. Ongoing review of the policy identified before and after touching wounds. Review of the facility policy, Dressings-Clean with a revision date of April 2023 stated in order to provide dressing changes with clean technique, the gloves were to be removed and the hands were to be washed after removing the old dressing before donning clean gloves and applying a clean dressing. Observation of wound care of a right buttock wound for R12 on 11/14/2024 at 9:42 AM with Treatment Nurse/LPN1 revealed the Treatment Nurse entered the room and stated I just washed my hands and proceeded don PPE that included a gown and non-sterile gloves. Treatment Nurse/LPN1 then brought the pre-set over-the-bed table to the right side of the bed. Wound care supplies were laid out a wax paper barrier and covered with wax paper. Wearing the clean non-sterile gloves, the Treatment Nurse/LPN1 removed the wax paper from the supply table and then began to remove the sheet and blanket that covered the resident. With assistance she positioned the resident onto the left side and pulled back the brief to expose the skin of the buttock. Without changing the gloves or performing hand hygiene, the treatment nurse proceeded to use a clean gauze from the supply table, moistened with saline and cleansed the wound then used a clean tongue depressor to apply a light layer of ointment to the wound bed. Then, without changing the gloves or performing hand hygiene, she covered the wound with a bordered foam dressing and positioned the resident onto the left side with a pillow support to the lower back. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 11/14/2024 at 10:33 AM, revealed LPN1 performed a dressing change for R343's sacral pressure injuries. Continued observation revealed LPN1 did not wash her hands when she entered the resident's room. While wearing a pair of non-sterile gloves, LPN1 pulled back R343's covers, opened the resident's brief, and began touching his/her wounds. Additionally, LP1 take removed the paper covering the field of dressing change supplies and placed it into an empty garbage can. She then opened dressing packages with that same pair of non-sterile gloves on. LPN1 next changed her non-sterile gloves but did not perform hand hygiene between changing gloves. LPN1 took off the previous dressings, opened a tube of ointment, and applied the ointment with a tongue depressor to the open areas of the wound, all while wearing the same pair of non-sterile gloves. Furthermore, LPN1 did not perform hand hygiene when finished with the dressing change. In an interview with the Quality Assurance/Quality Improvement Nurse on 11/14/2024 at 3:55 PM they stated handwashing was done so that contamination does not occur. In an interview with the Director of Nursing (DON) on 11/14/2024 at 3:10 PM, the DON stated she expected staff to wash their hands before, during, and after wound care as well as change their gloves during wound care to reduce the potential for infection and contamination. In interview with the Administrator on 11/14/2024 at 3:25 PM, the Administrator stated it was her expectation that hand washing was performed before wound care and depending on if both hands were soiled during wound care, she would expect gloves to be clean in any aspect. The Administrator stated there could be infection control issues when providing wound care. 51281