

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2025
NAME OF PROVIDER OR SUPPLIER  Little Sisters of the Poor		STREET ADDRESS, CITY, STATE, ZIP CODE  15 Audubon Plaza Drive Louisville, KY 40217	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review, and review of the facility's documents and 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 for 1 of 1 residents sampled for transfer/discharge out of the total sample of 14, (Resident (R)18). Additionally, the facility further failed to ensure the notice included the reason, date, and location for the transfer, as well as a statement of the resident's appeal rights and the contact information for the state Long-Term Care Ombudsman.</p> <p>The findings include:</p> <p>Review of the facility's Bed Hold and Return policy, reviewed on 02/2025, revealed it was the policy of the facility to provide residents who were transferred to the hospital or go on a therapeutic leave with written information about the State's bed hold duration and payment amount before the transfer. Additionally, review revealed the facility permitted residents to return to the facility after hospitalization or therapeutic leave if their needs could be met by the facility and they were eligible for Medicare, Medicaid or services covered by another payor.</p> <p>Review of R18's Face Sheet revealed the facility admitted the resident on 04/15/2021, with diagnoses of type II diabetes mellitus with hyperglycemia, hyperlipidemia, mild cognitive impairment of unknown etiology, and hypertension.</p> <p>Review of R18's Discharge Summary, dated 05/05/2025 revealed she had been hospitalized on [DATE] for abdominal pain and sepsis due to kidney stones.</p> <p>Review of R18's Physician Progress Note, dated 05/05/2025 revealed R18 returned to the facility after hospitalization from 05/01/2025 through 05/04/2025, for sepsis related to an obstructive stone in her left ureter (tube that carries urine from the kidney to the bladder).</p> <p>Review of R18's Bed Hold Policy Notification, dated 05/01/2025 revealed that it was the facility's form for notifying R18 and her Responsible Party (RP) she had a bed hold for the facility for 14 days while she was hospitalized or on therapeutic leave.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 185260
		If continuation sheet Page 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2025
NAME OF PROVIDER OR SUPPLIER  Little Sisters of the Poor		STREET ADDRESS, CITY, STATE, ZIP CODE  15 Audubon Plaza Drive Louisville, KY 40217	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interview on 05/13/2025 at 2:38 PM, R18's RP/Family (F)4 stated the facility called him and told him R18 had been experiencing abdominal pains and asked if it was okay to send her to the hospital for treatment. He said he agreed to that, and R18 was transferred to a nearby hospital. RP/F4 further stated the facility verbally told him of the transfer; however, he had not received written documentation of her bed hold.</p> <p>In interview with the Assistant Director of Nursing (ADON) and interim Director of Nursing (DON) on 05/16/2025 at 9:04 AM, the ADON stated the facility did not mail letters regarding resident transfers and bed holds to residents' RP's. The ADON further stated nor did they email a letter to the Ombudsman.</p> <p>In interview with the Social Services Director (SSD) on 05/16/2025 at 9:05 AM, she stated the facility did not send letters to residents' RPs or the Ombudsman when a resident was transferred to the hospital. She further stated it was part of the admission paperwork given upon admission and they discussed the bed hold policy in that context.</p> <p>In interview with the Administrator (ADM) on 05/16/2025 at 9:07 AM, she stated the facility was different than other nursing facilities. She reported when a resident left for a hospitalization, the facility held the bed regardless of how long the resident might be out of the facility. The ADM further stated for that reason they did not send letters to the resident's RP or the Ombudsman alerting them of the discharge/transfer or the bed hold.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2025
NAME OF PROVIDER OR SUPPLIER  Little Sisters of the Poor		STREET ADDRESS, CITY, STATE, ZIP CODE  15 Audubon Plaza Drive Louisville, KY 40217	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on observation, interview, and review of the facility's policy, the facility failed to ensure drugs and biologicals were labeled in accordance with currently accepted professional principles for 1 of 2 Medication Rooms observed. Additionally, the facility failed to ensure drugs and biologicals were disposed of by the expiration date for 3 of 6 medication and treatment carts.</p> <p>Observation of a medication room refrigerator revealed an insulin pen with no resident label and another pen that was expired. Observation of medication carts revealed multiple medications stored beyond the labeled expiration date.</p> <p>The findings include:</p> <p>Review of the facility policy entitled, Medication Storage, last reviewed 02/2025, revealed the Home (facility) must store all drugs and biologicals in a safe, secure and orderly manner. Per review, the facility was to ensure no expired or discontinued medications were stored within stock, house, routine or PRN (as necessary) medications that were readily available for administration. Continued review revealed the facility must not use discontinued, outdated or deteriorated drugs or biologicals, and ensure all such drugs were returned to the dispensing pharmacy or destroyed. Further review revealed all expired medications were to be removed immediately upon discovery and placed in the appropriate holding receptacle for pick up and destruction by the Director of Nursing (DON) or Designee.</p> <p>Observation of medication storage of the facility's Jeanne Jagan Unit (JJU) medication room on 05/14/25 at 3:20 PM revealed the following: 1 Humalog Kwikpen, with an opened date of 05/04/2025, with no resident's name; 1 Insulin Glargine pen for R19, noted as opened 03/23/2025, with a notation stating the pen would expire in 28 days after opening.</p> <p>Review of R19's Medication Administration Record (MAR) for March 2025 and April 2025 revealed R19's Insulin Glargine had been discontinued on 04/07/2025.</p> <p>Observation of the 8 hour cart on the JJU on 5/14/2025 at 3:40 PM, revealed the following:</p> <p>For R13- Latanoprost 125 microgram(mcg)/2.5 milliliter (ml) eye drops, with no documented opened date or expiration date; Dorzolamide Hcl 2% (eye) drops, with no opened date or expiration date.</p> <p>For R27- Zofran (antinausea medication) 4 milligram (mg) oral medication (po) as needed (prn), with an expiration date of 03/30/2025.</p> <p>For R18- Zofran 4 mg po prn, with an expiration date of 03/31/2025.</p> <p>For R19- Metolazone (diuretic medication) 5 mg po, with an expiration date of 03/31/2025; Loperamide (antidiarrheal medication) 2 mg po, expiration date of 03/14/2025; Clopidogrel (a platelet inhibitor medication) 75 mg po, expiration date of 01/31/2025; Vitamin C (dietary supplement) 500 mg po, with an expiration date of 6/21/2024.</p> <p>Observation of the JJU treatment cart on 05/15/2025 at 9:03 AM revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2025
NAME OF PROVIDER OR SUPPLIER  Little Sisters of the Poor		STREET ADDRESS, CITY, STATE, ZIP CODE  15 Audubon Plaza Drive Louisville, KY 40217	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Normal Saline (NS) solution, 5 ml vials, 28, expired 01/2024; Allewyn Lite Sacrum dressing, expired 08/01/2024; Cathtrip securement device (universal securement system for catheter tubing), expired 07/31/2024; Curad Petrolatum dressing, 3inch x9 inch x3 inch dressings, expired 3/15/2024.</p> <p>Observation of the Holy Family Unit (HFU) treatment cart on 05/15/25 at 9:57 AM revealed the following:</p> <p>NS solution, 5 ml vials, 1 box with 19 vials, expired 01/2024; Normal Saline solution, 5 ml vials, 1 box with 42 vials, expired 06/2022; Aspercreme 4% with Lidocaine cream for R10, expired 11/2024; and SurePrep skin protection wipes: 1 box with 48 wipes, expired 10/2023; 2 boxes with a total of 79 wipes, expired 11/2023; and 1 box with a total of 49 wipes, expired 12/01/2024.</p> <p>During interview with Licensed Practical Nurse (LPN) 3 on 05/15/2025 at 10:25 AM, she stated the reason medications had expiration dates was because they lost their effectiveness over time.</p> <p>During interview with LPN 4 on 05/16/2025 at 9:52 AM, she stated it was important to discard medications by their expiration dates, so they did not give medications that might not be effective.</p> <p>During interview with Registered Nurse (RN) 1 on 05/15/2025 at 11:10 AM, she stated medications were to be discarded before their expiration dates. She stated it was important to do that so residents did not receive medicine that were no longer effective or might hurt them.</p> <p>During interview with the Director of Nursing (DON) on 05/15/2025 at 11:34 AM, she stated it was the facility's policy for the nurses to be checking expiration dates while they were giving medications. She stated the Staff Development Coordinator (SDC) was to audit medications and supplies once per week and pharmacy audited once per month. The DON further stated her expectation was for staff to follow the facility's policy and said expired drugs might be harmful to the resident, so it was all about safety.</p> <p>During interview with the Administrator on 05/16/2025 at 11:48 AM, she stated her expectation was for the certified medication aide (CMA) or nurse to check for expiration dates before administration of medications. She stated the pharmacist reported in the facility's Quality Assurance Performance Improvement (QAPI) meetings on the audits he performed of the medication carts. The Administrator reported if an agency nurse found out-of-date medications, she expected those nurses to report that information to facility staff. She said she expected the SDC and ADON to audit medication and treatment carts at least monthly. The Administrator further stated it was important to discard medications before the expiration date because we would not know if the medicine was effective or if it could be harmful for to the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2025
NAME OF PROVIDER OR SUPPLIER  Little Sisters of the Poor		STREET ADDRESS, CITY, STATE, ZIP CODE  15 Audubon Plaza Drive Louisville, KY 40217	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and review of the facility's policies, the facility failed to ensure staff maintained infection control during plating of food for meal service.</p> <p>Observation revealed dietary staff failed to change gloves and/or perform hand hygiene as required.</p> <p>The findings include:</p> <p>Review of the facility's policy, Infection Control, revised 09/20/2024, revealed in order to provide maximum protection for residents, and personnel from pathogenic microorganisms and infectious diseases, methods of prevention and control should be implemented. Further review revealed the primary objectives should be: prevention, referring to eliminating the occurrence of a disease or infection; and controlling which pertained to restricting the spread of existing diseases and infections.</p> <p>Observation on 05/13/2025 at 11:37 AM, of the lunch meal service revealed [NAME] (C) 1 plated food, which included opening a bun using her gloved hand, and opening the door to the serving cart without changing her gloves or performing hand hygiene in between touching the service cart and touching the bun. Per observation, C 1 was also observed touching a tape dispenser and trays and then touching residents' food with her gloved hands, without changing her gloves or performing hand hygiene between touching the tape dispenser, the tray, and touching food items. Further observation revealed C 1 touched her apron with her gloved hands; however, did not change gloves or perform hand hygiene after touching her clothing before proceeding to touch food she was serving to residents.</p> <p>Observation on 05/13/2025 at 11:55 AM, revealed Dietary Aide (DA) 2 placed her gloved hands onto the surface of the counter in the dining room, picked up a tray, served it to a resident and assisted the resident with meal setup. Further observation revealed DA 2 touched her face and then touched the resident's silverware during the meal setup.</p> <p>Observation on 05/13/2025 at 12:05 PM, revealed C 1 dropped a meal ticket onto the floor and DA 3 picked up the meal ticket from off the floor and placed it on a resident's meal tray without changing her gloves or using hand sanitizer prior to passing and setting up the tray for Resident (R)32.</p> <p>In interview with C 1 on 05/13/2025 at 11:50 AM, she stated she plated all the trays for residents who did not dine in the dining room. She said she then changed her gloves and performed hand hygiene after the food cart had been loaded. C 1 further stated the food service cart was wiped down prior to being filled with residents' meal trays.</p> <p>In interview with DA 1, DA 2, and DA 3 on 05/13/2025 at 12:15 PM, they all stated they changed their gloves and performed hand hygiene between meal tray setup and serving of each resident's meal trays in the dining room.</p> <p>In interview with the Dietary Manager (DM) on 05/16/2025 at 9:45 AM, she stated her expectation was for staff serving food in the dining room, to sanitize their hands and don gloves at start of the food service. She said staff were to sanitize and don new gloves when breaking a task. The DM further stated staff should hand sanitize and don new gloves after touching surfaces not sanitized, or their hair, clothing, or other skin surface.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2025
NAME OF PROVIDER OR SUPPLIER  Little Sisters of the Poor		STREET ADDRESS, CITY, STATE, ZIP CODE  15 Audubon Plaza Drive Louisville, KY 40217	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interview on 05/16/2025 at 11:24 AM, the Assistant Director of Nursing (ADON), who was also the interim Director of Nursing (DON) and the back up Infection Prevention (IP) Nurse (the IP nurse was out sick), stated it was her expectation for dietary staff to perform hand hygiene before and after any task that needed gloves. She said staff should change their gloves if they touched anything dirty such as a used plate or bowl. The ADON reported she expected gloves to be changed and hand hygiene performed each time C1 touched the food transport cart. She further stated dietary tickets should not be taped to the plate covers, eliminating the need to touch the tape dispenser. The ADON additionally said anything dietary staff touched that was not clean (such as their clothing or surfaces) would require them to change gloves and perform hand hygiene before touching food.</p> <p>In interview with the facility's Administrator on 05/15/2025 at 11:33 AM, she stated it was her expectation dietary staff change their gloves and perform hand hygiene between serving each resident. She said staff should also change their gloves and perform hand hygiene if they touched their clothing or face, after picking anything up off the floor, or touching any soiled/unclean surface such as a counter top or a food service cart.</p>		