STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and review of the facility's documents and policy, the facility failed to ensure the physician was notified of a change in condition when the resident began showing signs of fluid overload. Resident (R) 117 experienced a significant weight gain of 17 pounds in 13 days, from [DATE] to [DATE], while a resident at the facility. The facility's failure to recognize and notify the physician of the resident's condition change beginning on [DATE] resulted in a delay in intervention and treatment for the resident. The resident was admitted to the hospital on [DATE] with diagnoses of fluid overload and myocardial infarction and expired at the hospital on [DATE], approximately eight hours and forty-five minutes after his arrival at the hospital. The deficient practice affected 1 of 35 residents reviewed for physician notification.Immediate Jeopardy (IJ) was identified on [DATE] and determined to exist on [DATE] in the area of 42 CFR 483.10, Resident Rights, F580 at a Scope and Severity (S/S) of a J. The facility's Administrator was notified of the IJ on [DATE].The facility provided an acceptable IJ Removal Plan on [DATE] alleging removal of the IJ on [DATE]. The State Survey Agency's survey team validated the facility's corrective action to remove the IJ prior to exit with remaining non-compliance remaining at a S/S of a D.Refer to F684 and F656The findings include: Review of the facility's policy titled, Weight Monitoring, dated [DATE], revealed staff was to weigh residents as ordered. Further review revealed staff was to notify the physician of a weight gain or loss of three pounds within one week.Closed record review of R117's admission Record revealed the facility admitted R117 on [DATE] with diagnoses including pneumonia, nontraumatic subdural hemorrhage, and primary hypertension.Review of R117's admission Note, revealed the resident weighed 252.8 pounds on [DATE].Review of R117's admission Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of [DATE], revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of eight out of 15, indicating the resident was moderately cognitively impaired. Further review revealed the resident had diagnoses of atrial fibrillation and hypertension. Review of R117's Care Plan, dated [DATE], revealed interventions for nurses to weigh the resident as ordered and notify the physician of significant weight changes. Further review of the care plan revealed staff was to document abnormal findings and notify the physician.Review of the Physician's Orders for R117, dated [DATE], revealed an order for weekly weights.Review of R117's weights on the facility's document Weight Summary revealed the Director of Nursing (DON) entered the resident's weight of 259 pounds on [DATE], a gain of 6.2 pounds in four days, from admission. Further review revealed LPN1 entered the resident's weight of 267 pounds on [DATE], for a gain of 14.2 pounds in nine days, from admission. However, there was no documentation to support the provider was notified related to the 14.2-pound gain. Review of the Skilled Care Nursing Documentation, the assessment dated [DATE], revealed Licensed Practical Nurse (LPN) 1 documented R117 as having shortness of breath and/or labored breathing with exercise and while lying flat, but there was no documentation to support the physician was notified related to the resident's abnormal findings of having shortness of breath and/or labored breathing, as per the resident's care plan. Review of R117's weights on the facility's document Weight Summary (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
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	revealed on [DATE], LPN4 documented the resident's weight of 270 pounds, 13 days from admission, for a gain of 17.2 pounds since admission. Review of R117's Health Status Note, found in the electronic medical record (EMR), dated [DATE], revealed LPN4 notified the APRN of her assessment findings and obtained orders for a chest x-ray (related to fluid retention), labs, and intramuscular furosemide (a potent diuretic used to treat fluid retention).Review of R117's Progress Notes-View All, from [DATE] through [DATE], revealed no evidence the facility staff identified R117's weight gain as a symptom of a significant change in condition. Further review revealed no evidence that the facility staff notified the physician of a weight gain of three pounds or more after the weights were taken on [DATE], with a 6.2-pound weight gain in four days, and on [DATE] with a 14.2-pound weight gain in nine days.Review of R117's Health Status Note, dated [DATE] at 2:43 PM and written by LPN4, revealed the resident had +3 to +4 pitting edema (swelling caused by too much fluid trapped in the body's tissue) in all four extremities, as well as shortness of breath. Further review revealed the facility sent R117 to the hospital for an evaluation at the request of the resident's family member, FM1.In an interview on [DATE] at 10:00 AM, R117's family member (FM) 1 stated he visited the resident every day and noticed the resident's legs, feet, and scrotum were increasingly swollen throughout R117's stay at the facility. He further stated he expressed his concerns to staff every day, but they told him the edema was not a problem. FM1 stated he told the staff he wanted to take R117 home early in his stay because he felt staff ignored his worries about R117's edema. FM1 stated he communicated his concerns about R117's edema to LPN4 on the morning of [DATE]. Review of R117's hospital records revealed the hospital admitted R117 on [DATE] with diagnoses of acute congestive heart failure (CHF) exacerbation, fluid overload, atrial fibrillation, and myocardial infarction. Further review revealed R117 expired at the hospital at 12:25 AM on [DATE].In an interview on [DATE] at 1:42 PM, LPN1, who charted R117's weight on [DATE] stated if she noticed a significant change in a resident's weight, she would re-weigh the resident to check for accuracy, assess the resident for swelling or respiratory distress, and notify the physician. LPN1 further stated she could not recall if she notified the Advanced Practice Registered Nurse (APRN) about R117 gaining weight. She stated her practice was to always document when she notified the APRN or physician about a resident's condition. In an interview on [DATE] at 1:18 PM, the APRN stated any time a resident experienced a rapid weight gain, it was important for staff to notify the APRN or physician. He stated that a lot of things could cause weight gain, so if a resident gained weight, his practice was to order a re-weigh of the resident and instruct staff to complete an assessment of the resident to check for fluid overload. In further interview, the APRN stated staff did not notify him of any of R117's repeated weight gains until [DATE]. In an interview on [DATE] at 5:27 PM, the Medical Director, who was also R117's primary physician, stated his expectation was for staff to notify him or the APRN of significant changes in the resident's condition, including weight changes. In continued interview, the Medical Director stated he relied heavily on nurses to follow the policies and act appropriately on assessment findings. In an interview on [DATE] at 5:49 PM, the Director of Nursing (DON) stated her expectations were for staff to ensure accurate weights and to re-weigh the residents if there was a discrepancy. Further, she stated staff should notify the physician. The DON stated she could not find evidence that would suggest the facility's staff identified R117's weight gain as a symptom of a significant change in condition or notified the APRN of R117's weight gain. In an additional interview on [DATE] at 12:42 PM, with the DON, she stated she did not recall identifying R117's weight gain on [DATE] as a significant increase from his admission weight after she entered the increased weight in the electronic health record. She further stated she did not recall notifying the APRN of R117's weight gain.In an interview on [DATE] at 9:30 AM, the Administrator stated he was not clinical, but he expected staff to follow policies and notify the APRN or physician when appropriate. The Administrator further stated he could not find evidence the facility had notified the APRN or physician of R117's weight change, stating, If we missed a weight, that's on us. The facility provided an acceptable IJ Removal Plan on [DATE] alleging removal of the IJ on [DATE] which the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	State Survey Agency survey team validated prior to exit on [DATE]. The IJ Removal Plan is as follows verbatim: Address what corrective action will be accomplished for those residents found to have been affected by the deficient practice.1. Resident number 117 was discharged on [DATE].Address how the facility will identify other residents having the potential to be affected by the same deficient practice.2. All current residents were re-weighed and reassessed for change of condition on 3.7.26 by Director of Nursing Services, Assistant Director of Nursing Services and Unit Manager with weights being reviewed for the last 6 months. All significant changes in weight resulted in nursing assessment per Director of Nursing Services, Assistant Director of Nursing services, or Unit manager with notification of physician or nurse practitioner for orders as needed. All residents were reassessed and reweighed on 3.7.26. All residents were reassessed by Director of Nursing Services, Assistant Director of Nursing Services, Unit Manager with any changes of condition reported to the Nurse Practitioner and orders given on 3.7.26.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.3. Director of Nursing Services educated by the Regional Nurse Consultant on [DATE] to review weight reports timely related to weekly Nutritional At Risk (NAR) meeting. Beginning on 3.7.26 all nurses educated by Infection Preventionist/Staff Development, Director of Nursing Services or Assistant Director of Nursing Services regarding policy on notifying the physician or nurse practitioner of all changes of conditions including weight changes with no nurse working before receiving the education, 13 of 23 currently completed. Post test given to all nurses regarding the education with expected 100% pass rate. If 100% pass rate is not achieved, re-education was given. DNS, ADNS, IPSO or unit manager will provide education until all 23 of 23 nurses completed.Education will be added to all new hire orientation for nurses. No outside nursing agencies utilized at this time.Indicate how the facility plans to monitor its performance to ensure that solutions are sustained.4. On 3/7 /26 an ADHOC Quality Assurance Performance Improvement (QAPI) meeting was held with the Executive Director, Director of Nursing, Assistant Director of Nursing, Regional Nurse Consultant, and the Medical Director. This meeting reviewed the alleged deficiency, audit tools and education for all care team members regarding notification of changes.The QAPI (Quality Assurance Performance Improvement) Committee consists of the Medical Director, Executive Director, Director of Nursing, Assistant Director of Nursing, Infection Preventionist/Staff Development, Human Resources Director, Business Office Manager, Therapy Manager, Social Services Director, Activities Director, and MOS Nurse.Beginning 3.8.26 Director of Nursing Services, Assistant Director of Nursing or Unit Manager will audit to ensure that all changes in condition including weight changes resulted in physician or nurse practitioner notification. Results of audit will be forwarded to the QAPI Committee for review, presented by the Director of Nursing.An Ad Hoc QAPI was completed on [DATE] with the Executive Director, Director of Nursing, Assistant Director of Nursing, Regional Nurse Consultant and Medical Director. This meeting reviewed the audit tools, plan and education audits regarding notification of change in conditions.5. Completion Date [DATE]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 - Immediate jeopardy to resident health or safety 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's documents and policies, the facility failed to develop and implement a comprehensive care plan to ensure the care plan met each of the resident's medical, nursing, mental and psychosocial needs identified on his/her comprehensive assessment for 1 of 35 residents reviewed for comprehensive care plans, Resident (R) 117.R117 gained 17 pounds in 13 days while a resident at the facility from [DATE] through [DATE], a significant weight gain with exhibited signs of edema. The resident was sent to the hospital on [DATE] and admitted with diagnoses of fluid overload and myocardial infarction (heart attack). The resident expired at the hospital on [DATE], approximately eight hours and forty-five minutes after his arrival at the hospital. The facility's failure to implement interventions from his care plan and notify the physician beginning on [DATE] resulted in a delay in intervention and treatment for the resident. Immediate Jeopardy (IJ) was identified on [DATE] and determined to exist on [DATE] in the area of 42 CFR 483.21, Comprehensive Resident Centered Care Plan, F656 at a Scope and Severity (S/S) of a J. The facility's Administrator was notified of the IJ on [DATE].The facility provided an acceptable IJ Removal Plan on [DATE] alleging removal of the IJ on [DATE]. The State Survey Agency survey team validated the facility's corrective action to remove the IJ prior to exit with remaining non-compliance remaining at a S/S of a D.See F684The findings include:Review of the facility's policy titled, Comprehensive Care Plans, dated [DATE], revealed the facility was to develop and implement a resident-specific comprehensive care plan.Review of the facility's policy titled, Weight Monitoring, dated [DATE], revealed staff was to weigh residents as ordered. Further review revealed staff was to notify the physician of a weight gain or loss of three pounds within one week.Review of R117's admission Record revealed the facility admitted R117 on [DATE] with diagnoses including pneumonia, nontraumatic subdural hemorrhage, and primary hypertension.Review of R117's admission Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of [DATE], revealed the resident had diagnoses of atrial fibrillation and hypertension. Further review revealed the facility documented the resident had an intravenous (IV) access to receive antibiotics, however, failed to fully develop the resident's care plan which included goals and interventions for the IV. Review of R117's Care Plan, dated [DATE], revealed an intervention for nurses to weigh the resident as ordered and notify the physician of significant weight changes. Further review of the care plan revealed the facility updated the care plan on [DATE] to include the resident was at risk for cardiac dysfunction due to arrythmias and coronary artery disease. Per review of the care plan, an intervention was developed for staff to observe R117 for signs and symptoms of cardiac dysfunction such as shortness of breath, cough, abnormal lung sounds, change in mental status, activity intolerance, decreased urine output, edema, dizziness, and weakness. Continued review revealed staff was to document abnormal findings and notify the physician. Additional review of the care plan revealed no resident specific interventions developed in R117's care plan to address his needs related to potential complications from continuously infusing intravenous (IV) fluids. Review of the Physician's Orders for R117, dated [DATE], revealed an order for weekly weights.Review of R117's weights on the facility's document Weight Summary revealed the Director of Nursing (DON) entered the resident's weight of 259 pounds on [DATE], a gain of 6.2 pounds in four days, from the admission weight obtained on [DATE]. Further review revealed LPN1 entered the resident's weight of 267 pounds on [DATE], for a gain of 14.2 pounds in 9 days, from admission. There was no documented evidence, however, to support the facility implemented the resident's care plan and notified the physician of the significant weight changes between [DATE] to [DATE]. Review of R117's weights on the facility's document Weight Summary revealed on [DATE], LPN4 documented the resident's weight of 270 pounds, 13 days from admission, for a gain of 17.2 pounds since admission. Review of the hospital documentation All (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Progress Notes revealed hospital nurses documented R117 arrived on the inpatient unit on [DATE] at 9:44 PM. Further review revealed nurses noted R117's duress alarm activated in R117's room, and they entered to find R117 unresponsive, in pulseless electrical activity (PEA) with agonal breathing. Continued review revealed the nurses activated the Code Blue at 11:59 PM on [DATE]. Further review revealed the physician determined R117 expired at 12:25 AM on [DATE].In an interview on [DATE] at 10:00 AM, R117's family member (FM) 1 stated he visited the resident every day and noticed the resident's legs, feet, and scrotum swelling increasing throughout R117's stay at the facility. FM1 stated he told the staff he wanted to take R117 home early in his stay because he felt staff ignored his worries about the R117's edema (swelling caused by too much fluid trapped in the body's tissues. It can be life-threatening if not treated quickly). In further interview, he stated the facility convinced him to give them a chance to show him they could care for R117. FM1 stated he told the staff on [DATE] that he wanted R117 sent to the hospital due to his concerns with the resident's edema. According to FM1, it was not until he made the request that the facility staff finally arranged to send R117 to the hospital. In an interview on [DATE] at 1:42 PM, Licensed Practical Nurse (LPN) 1 stated she did not remember R117's care plan specifically, but standard interventions for monitoring weight changes included notifying the physician about changes in the resident's weight. LPN1 stated she did not recall notifying R117's physician about the weight gain, nor was she able to find evidence of the physician notification after reviewing R117's chart. Further, she stated she did not remember assessing R117 specifically, but she would listen to resident lung sounds as part of her assessment. She stated she did not always directly assess the resident for edema. However, review of the resident's care plan revealed staff would observe the resident for signs and symptoms of cardiac dysfunction, which included assessing the resident for edema. This was a failure to follow the resident's care plan. In an interview on [DATE] at 11:06 AM, LPN3 stated she did not remember R117's care plan specifically, but she would expect a cardiac care plan to include weighing the resident as ordered and notifying the physician of any changes. She further stated following the care plan was important to take care of each resident in ways that met their needs.In an interview on [DATE] at 6:17 PM, LPN7 stated care plans were the means for communicating to everyone what kind of care each resident needed. LPN7 stated the orders for R117's 24-hour IV antibiotic infusion were something nurses at the facility had never seen before, but they received no guidance on any kind of special precautions or monitoring for the IV. In an interview on [DATE] at 12:34 PM, the Minimum Data Set Coordinator (MDSC) stated she did not recall R117 specifically and had not participated in any interdisciplinary team meetings or root cause analyses related to his care. She further stated general interventions for a resident with cardiac problems would be for staff to follow medication orders, obtain weights and vital signs as ordered, and monitor for signs of fluid overload. She further stated she would also expect an intervention about notifying the physician with any change in condition, including weights.In an interview on [DATE] at 10:11 AM, the Unit Manager (UM) stated it was important for staff to implement care planned interventions to ensure residents received the care they needed. She further stated she conducted spot checks on resident care plans to ensure care planned interventions were implemented. The UM stated she did not know what caused staff to fail to implement the interventions in R117's care plan.In an interview on [DATE] at 1:18 PM, the Advanced Practice Registered Nurse (APRN) stated that any time a resident experienced a rapid weight gain, it was important for staff to notify the APRN or physician. He stated a lot of things could cause weight gain, so if a resident gained weight, his practice was to order a re-weight and focused assessment on the resident to check for fluid overload. Per interview, the APRN stated staff did not notify him of changes in assessment findings, including the weight gain, until [DATE]. In an interview on [DATE] at 5:49 PM, the Director of Nursing (DON) stated she expected staff to follow care plans, including R117's interventions to notify the physician of significant weight changes and edema.In an interview with the Administrator on [DATE] at 1:30 PM, he stated he expected staff to follow the residents' care plans to ensure the residents' care needs and identified interventions were (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	implemented.The facility provided an acceptable IJ Removal Plan on [DATE] alleging removal of the IJ on [DATE] which the State Survey Agency survey team validated prior to exit on [DATE]. The IJ Removal Plan is as follows verbatim: Address what corrective action will be accomplished for those residents found to have been affected by the deficient practice.1. Resident number 117 was discharged on [DATE].Address how the facility will identify other residents having the potential to be affected by the same deficient practice.2. All current residents have the potential to be affected. All residents were reassessed and reweighed on 3.7.26. All were reassessed by Director of Nursing Services, Assistant Director of Nursing Services, Unit Manager with any changes of condition reported to the Nurse Practitioner and orders given on 3.7.26.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.3. All care plans were reviewed for residents with congestive heart failure, use of diuretics, and orders for daily or weekly weights by Regional Resident Assessment Specialist on 3/7 /26 to ensure accuracy.Beginning on 3.7.26 all nurses were re-educated by Infection Preventionist/Staff Development, Director of Nursing Services or Assistant Director of Nursing Services regarding care plan policy specifically, implementation and notification to physician with changes of condition. with no nurse working before receiving the education, 13 of 23 currently completed. Post test given to all nurses regarding the education with expected 100% pass rate. If 100% pass rate not achieved, re-education was given. DNS, ADNS, IPSO or unit manager will provide education until all 23 of 23 nurses completed.Education will be added to all new hire orientation for nurses. No outside nursing agencies utilized at this time. Indicate how the facility plans to monitor its performance to ensure that solutions are sustained.4. On 3/7 /26 an ADHOC Quality Assurance Performance Improvement (QAPI) meeting was held with the Executive Director, Director of Nursing, Assistant Director of Nursing, Regional Nurse Consultant, and the Medical Director. This meeting reviewed the alleged deficiency, audit tools, plan and education for all care team members regarding notification of changes.The QAPI (Quality Assurance Performance Improvement) Committee consists of the Medical Director, Executive Director, Director of Nursing, Assistant Director of Nursing, Infection Preventionist/Staff Development, Human Resources Director, Business Office Manager, Therapy Manager, Social Services Director, Activities Director, and MDS Nurse.Beginning 3.8.26 Director of Nursing Services, Assistant Director of Nursing or Unit Manager will audit to ensure that all weight changes resulted in physician or nurse practitioner notification per the care plan. Results of audit will be forwarded to the QAPI Committee for review, presented by the director of nursing.An Ad Hoc QAPI was completed on [DATE] with the Executive Director, Director of Nursing, Assistant Director of Nursing, Regional Nurse Consultant and Medical Director. This meeting reviewed the audit tools, plan and education audits regarding implementation of care plans related to notification of changes.5. Completion Date [DATE]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 0803 Level of Harm - Actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, review of the facility's incident report, and review of the facility's documents and policy, the facility's staff failed to follow a menu for a resident on a puree diet for 1 of 11 sampled residents, Resident (R) 76.Review of the facility's Incident Report, revealed R76 was provided the wrong texture of diet on 01/08/2026, which caused the resident to choke. Actual harm was identified with the highest scope and severity (S/S) of a G.The facility provided an acceptable Removal Plan alleging the removal of the G on 01/28/2026, prior to the State Survey Agency (SSA) initial entrance to the facility on [DATE]. The SSA validated removal of the G and determined the G to be past noncompliance.The findings include:Review of the facility's policy titled, Meal Supervision and Assistance, dated 12/12/2023, revealed the facility was to prepare residents for a well-balanced meal in a calm environment, location of his/her choice and with adequate supervision and assistance to prevent accidents, provide adequate nutrition and assure an enjoyable event. The policy specifically addressed tray service as, Check the tray before serving it to the resident to be sure that it is the correct diet ordered, and the food consistency is appropriate to the resident's ability to chew and swallow. Record review of R76's Face Sheet found in the resident's electronic medical record (EMR) revealed the facility admitted the resident on 01/07/2026 with diagnoses to include anorexia nervosa, anxiety disorder, and dysphagia. Review of R76's significant change Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 02/24/2026, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 10 out of 15, which indicated the resident had moderate impaired cognition and noticeable challenges with memory and orientation but was not severely impaired. Continued review revealed R76 required assistance with mobility, toileting, transfers, and ambulation. It stated she was 75 percent independent with eating. Review of R76's Discharge Placement packet, from the acute care hospital, dated 12/29/2025, revealed the resident's paperwork was drafted several days prior to the actual discharge date of 01/07/2026. Further review revealed she was on a puree diet upon discharge. Review of R76's Orders Summary Report, revealed a puree diet was ordered on 01/07/2026 at 4:16 PM. Review of R76's Care Plan, revealed interventions, on 01/07/2026, was to follow diet as ordered. Review of the Incident Report #2696 for Obstructed Airway, dated 01/08/2026 at 8:06 PM, revealed Licensed Practical Nurse (LPN) 10 was walking in to start the shift after clocking in, and R76's roommate was screaming for me to stop and help because the resident was choking. Per the report, R76 could not speak, held her throat, and began to turn cyanotic. The note stated R76 could not give a description at the time of the incident. However, after the incident, the resident stated she was attempting to take a bite of the chicken, and it got stuck in my airway. The Incident Report #2696 also detailed the immediate actions taken as followed, Nurse immediately went into resident's room and performed Heimlich maneuver. After two quick inward-upward thrusts this nurse was able to clear airway. After clearing airway this nurse checked for any remaining pieces of food in mouth. Offered resident to go to ER for evaluation. Incident Report #2696 documented R76 received a regular tray and not a puree tray, and the tray ticket was correct but a regular texture tray was served. Also, it stated R76 was not taken to the hospital.Continued review of R76's Care Plan, revealed dysphagia was added as a focus on 01/09/2026, the day after the choking event. The interventions added were all medication to be crushed in applesauce; regular, puree texture, thin consistency diet as ordered; instruct the resident to eat in an upright position, to eat slowly, and to chew each bite thoroughly; and observe for signs of dysphagia.During an interview with R76 on 03/04/2026 at 11:55 AM, she stated she remembered choking and now ate smoothed out food. Observation at the time revealed R76 received a puree diet for the lunch meal.Observation on 03/04/2026 at 5:10 PM revealed R76 received a puree diet for the dinner meal.During an interview (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 0803 Level of Harm - Actual harm Residents Affected - Few	with Dietary Services (DS) 1, a Dietary Services Manager, on 03/03/2026 at 10:25 AM, she stated her department had experienced a nearly complete overhaul since January 2026, and she had trained and mentored new employees. She stated, upon the resident's admission, the diet, preferences, allergies, and sensitivities were added to the meal suite dietary software. She stated it was important for residents to be served the correct diet order so they could swallow it and not be allergic to anything. She stated there were no current dietary employees who were working at the facility during January 2026. During an interview with Dietary Services (DS) 2, a Dietary Services Manager, on 03/03/2026 at 10:55 AM, she stated it was important for residents to get the right tray due to their needs and according to their medical orders. During an interview with Speech Therapist (ST) 1 on 03/05/2026 at 10:55 AM, she stated she had been an employee of the facility since August 2025. She stated newly admitted residents who had mechanically altered diets and those with a dysphagia diagnosis were typically referred to her. She stated R76 had a Modified Barium Swallow on 12/30/2025, and the puree diet was clinically indicated. During an interview with LPN5 on 03/06/2026 at 9:30 AM, she stated staff training for both nursing and dietary staff began immediately after the choking event, which happened on 01/08/2026. During an interview with Infection Preventionist/Staff Development Coordinator (IP/SDC) 1 on 03/06/2026 at 3:30 PM, she stated she provided safe mealtime training as part of the New Employee Orientation, which covered diet textures, different diet orders, and adaptive equipment. During an interview with Nurse Practitioner (NP) 1 on 03/05/2026 at 5:15 PM, he stated he learned of the choking incident and how R76 received the wrong tray. NP1 stated it was his expectation for staff to have full communication and the correct information to best serve the residents. He stated delivering the correct diet texture/order was important to prevent choking, aspiration, and aspiration pneumonia. During an interview with Administrator 1 on 03/06/2026 at 9:20 AM, he stated he heard about the choking event and immediately began drafting an action plan to prevent any future events. He stated he focused on tightening up the kitchen staff and changing the culture. He stated the expectation was for the kitchen staff to be sharp and understand the importance of the diet orders being adhered to. Administrator 1 stated dietary education was implemented, which included auditing the tray service, monitoring mealtimes, and post testing. Administrator 1 stated he expected the kitchen staff to get it right every single time, and residents could choke if an incorrect tray was served.The facility submitted the following action plan to the State Survey Agency (SSA) Surveyor verbatim, who validated on 03/09/2026 the facility had taken the following actions:1. Identification of Resident's Affected or Likely to be Affected:The facility took the following actions to address the citation and prevent any additional resident adverse outcomes. (Completion date 1/9/26)NP assessed resident on 1/9/26 and completed documentation and will follow up with resident and complete documentation.Xray completed of resident chest/neck for assessment of injury.ˆ Beginning on 1/9/26 a facility-wide audit was conducted by the dietary manager and DNS [Director of Nursing Services] to ensure that all diet orders are correct.ˆ Beginning on 1/9/26 an audit of the meal trays was conducted by the dietary manager to ensure that all meal trays and diet orders were correct before going to all residents.ˆ Beginning on 1/9/26 the dietary manager completed education with all dietary personnel along with post test.ˆ Beginning on 1/9/26 an in house education was initiated by IPSO for all nursing staff to ensure the accuracy of meals to residents.2. Actions to Prevent Occurrence/Recurrence:The facility took the following actions to prevent an adverse outcome from reoccurring. (Completion date: 1/9/26)ˆ Beginning on 1/9/26 a facility-wide audit was conducted by the dietary manager and DNS to ensure that all diet orders are correct.ˆ Beginning on 1/9/26 an audit of the meal trays was conducted by the dietary manager to ensure that all meal trays and diet orders were correct before going to all residents.ˆ Beginning on 1/9/26 a new system of calling out tray items will be completed in order for more accuracy of trays. (Dietary staff are to initial meal cards for accuracy)ˆ Beginning on 1/9/26 the dietary manager completed education with all dietary personnel along with post test.ˆ Beginning on 1/9/26 an in house education was initiated by IPSO for all nursing staff to ensure the accuracy of meals to residents.ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 0803 Level of Harm - Actual harm Residents Affected - Few	Daily audits: Beginning on 1/9/26 the dietary manager will complete daily audits x4 weeks, then bi weekly audits for 4 weeks, then monthly audits x 3 months.ˆ Posttest Monitoring: Dietary manager will complete one random post test per week x4 weeks, then biweekly for 4 weeks them monthly for 3 months.ˆ QAPI Oversight: AD Hoc QAPI (Quality Assurance and Performance Improvement) meeting held on 1/9/26 to review plan, audits and education.ˆ Monthly Reporting: Beginning on 1/27/26 audit results will be presented at the monthly QAPI (Quality Assurance Performance Improvement) committee meetings. The QAPI (Quality Assurance Performance Improvement) committee includes, Executive Director, Medical Director, Director of Nursing Services, Assistant Director of Nursing Services, Social Services Director, Minimum Data Set Nurse, Infection Control Nurse, Staff Development, Business Office Manager, Medical Records, Activities Director, Housekeeping Supervisor, Maintenance Director, Dietary Manager and the Director of Rehab.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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. Based on observation, interview, review of the Centers for Disease Control and Prevention (CDC) guidelines, and review of the facility's policies, 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 for 2 of 28 sampled residents, Resident (R) 13 and R84. The findings include:Review of the facility's policy titled, Decontaminating and Labeling Equipment, revised 02/2018, revealed reusable resident care equipment would be decontaminated and/or sterilized between residents. Review of the CDC's Guidelines Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 04/12/2024, revealed reusable medical equipment (e.g., blood glucose meters and other point-of-care devices such as blood pressure cuffs, oximeter probes, surgical instruments, and endoscopes should be cleaned and reprocessed (disinfected or sterilized) prior to use on another patient or when soiled. Additional review revealed aseptic technique should be followed when preparing and administering medications.Review of the facility's policy titled, Infection Prevention & Control Program (IPCP), dated 10/01/2025, revealed the facility would provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. Further review revealed all reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with current procedures governing the cleaning and sterilization of soiled or contaminated equipment. 1. Observation on 03/04/2026 at 8:17 AM revealed Kentucky Medication Aide (KMA) 1 removed a blood pressure cuff from the vitals cart, applied the cuff directly to R13's uncovered left arm, and obtained the resident's blood pressure. KMA1 then removed the blood pressure cuff, failed to disinfect it, and placed the cuff back into the vitals cart. Additional observation on 03/04/2026 at 8:34 AM revealed KMA1 removed the blood pressure cuff used on R13 from the vitals cart and placed the uncleaned cuff on R84's left arm over his shirt. KMA1 then obtained R84's blood pressure, removed the blood pressure cuff, placed the cuff back on the vitals cart, and again failed to disinfect the cuff.During an interview with KMA1 on 03/04/2026 at 4:19 PM, she stated earlier today when the State Survey Agency (SSA) Surveyor observed her during medication administration, she failed to clean the blood pressure cuff between residents' use. KMA1 stated the facility's policy required all multiuse equipment to be cleaned between residents' use. She further stated she normally cleaned the BP cuff between residents, but she was just nervous this morning. During an interview with State Registered Nurse Aide (SRNA) 5 on 03/06/2026 at 9:44 AM, she stated she cleaned shared equipment between use on residents to help prevent the spread of infection. During a follow up interview with KMA1 on 03/06/2026 at 9:56 AM, she stated she received infection prevention and control program (IPCP) education, and it was important to follow facility guidelines related to IPCP to help prevent the spread of infection. KMA1 stated she should have disinfected the blood pressure cuff before it was used on either resident. During an interview with KMA2 on 03/06/2026 at 10:10 AM, she stated she disinfected shared equipment including blood pressure cuffs before being used on residents. She further stated it was important to help prevent the spread of infection.During an interview with SRNA7 on 03/06/2026 at 10:19 AM, she stated she was newly employed and received IPCP training when she was hired. She further stated her training included cleaning shared equipment between residents. SRNA7 stated it was important to follow IPCP policies to help prevent the spread of infection and diseases. During an interview with Licensed Practical Nurse (LPN) 1 on 03/06/2026 at 10:35 AM, she stated, Basically anything considered community property should be disinfected before use on another resident. LPN1 further stated it was important that shared equipment was properly disinfected between use to help prevent the spread of infection. During an interview with the Infection Preventionist/Staff Development Coordinator (IP/SDC) on 03/06/2026 at 4:04 PM, she stated multiuse equipment should be disinfected between (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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	each resident use to prevent cross contamination. During an interview with the Director of Nursing (DON) on 03/07/2026 at 10:21 AM, she stated multiuse equipment should be cleaned between use on residents. She further stated it was important that shared equipment was properly disinfected to prevent the spread of infection.Review of the facility's policy titled, Medication Administration, dated 01/02/2024, revealed medications were administered as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.Review of the facility's policy titled, Infection Prevention & Control Program (IPCP), dated 10/01/2025 revealed, all care team members shall adhere to safe injection and medication administration practices, as described in relevant policies. 2. Observation on 03/04/2026 at 8:28 AM, during medication administration, revealed KMA1 dropped a pill into a medicine cup that already contained a dispensed medication. Continued observation revealed KMA1 reached into the medicine cup with an ungloved hand, removed the dropped pill and then administered the other medication.During a continued interview with KMA1 on 03/06/2026 at 9:56 AM, she stated she should have donned gloves before she removed the pill from the medicine cup. She further stated she should have destroyed both medications and repulled them before they were administered to prevent cross contamination.During a continued interview with LPN1 on 03/06/2026 at 10:35 AM, she stated medications should not be handled with an ungloved hand because of infection control concerns. LPN1 further stated if a pill was touched with an ungloved hand, it should be wasted and repulled prior to administration. During a continued interview with the IP/SDC on 03/06/2026 at 4:04 PM, she stated it was her expectation that staff followed facility IPCP policies during medication administration to prevent contamination. During a continued interview with the DON on 03/07/2026 at 10:21 AM, she stated medications should not be touched with an ungloved hand because of the risk of cross contamination.During an interview with the Administrator on 03/07/2026 at 10:31 AM, he stated it was his expectation that all staff followed the facility's IPCP policies and procedures to help prevent the spread of diseases and infections.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on review of the facility's documents contained in the facility provided binder and interview, the facility failed to ensure results of their surveys, certifications and complaints, made during the three preceding years, and any related plans of correction, were available for any individual to review upon request, which would potentially affect all 111 current residents in the facility.The findings include:Review of the facility's policy titled, Resident Rights, revised 12/12/2023, revealed the resident had a right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.Review of the facility provided binder with survey results revealed it did not have the results of surveys, certifications and complaints, and any related plans of correction, since 2001 available for any individual to review upon request. Those survey results missing from the binder for the preceding three years were for a Recertification and Abbreviated Survey, with an exit date of 02/11/2025; the first Revisit Survey for the previous survey, with an exit date of 04/02/2025; and a second Revisit Survey for the previous survey, with an exit date of 04/29/2025. Also missing was the related Life Safety Code Survey, with an exit date of 01/29/2025 and its Revisit Survey, with an exit date of 03/20/2025.During Resident Council on 03/03/2026 at 2:30 PM, Resident (R) 17 stated that she had looked for the location of the survey book but did not ask about the location because she found the information online. During an interview with the Administrator on 03/03/2026 at 3:30 PM, he stated he knew the survey book was incomplete and lacked the most current documents. He stated he understood the requirement to have the binder current and up to date so the survey results were available to anyone who would like to view the binder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185261	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurtland Nursing and Rehabilitation	100 Wurtland Avenue Wurtland, KY 41144

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 0628 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview, record review, and review of the facility's documents and policy, the facility failed to provide a required transfer form to the resident's representatives for 2 of 2 residents reviewed for hospitalizations, Resident (R) 36 and R117. The findings include:Review of the facility's policy titled Transfer and Discharge, dated 12/12/2023, revealed the facility was to provide residents and their representatives with a written notice for the specific reason for the transfer, including for emergency transfers to an acute care hospital.1. Review of R36's admission Record revealed the facility admitted the resident on 05/21/2024 with diagnoses including unspecified intellectual disabilities, type 2 diabetes, and epilepsy.Review of R36's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 02/10/2026, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of zero of 15, indicating severe cognitive impairment.Review of the facility's document MD/NP/PA Progress Note, dated 02/17/2026 at 1:59 PM, revealed the Advance Practice Registered Nurse (APRN) wrote that R36 was to be transferred to the hospital related to a concern identified on a Computed Tomography (CT) scan.Review of the facility's document for R36 Notice of Transfer or Discharge/Notice of Bed Hold, dated 02/17/2026, revealed the section at the bottom of the document for date mailed to responsible party was blank. In an interview on 03/06/2026 at 8:47 AM, Family Member (FM) 4, R36's resident representative, stated she had never received paperwork in the mail from the facility related to a hospital transfer. She further stated she sometimes found out R36 was in the hospital if the hospital called with a question about R36's care needs and not from the facility.2. Review of R117's admission Record revealed the facility admitted R117 on 12/29/2025 with diagnoses including pneumonia, nontraumatic subdural hemorrhage, and primary hypertension.Review of R117's admission MDS, with an ARD of 01/05/2026, revealed the facility assessed the resident to have a BIMS score of 8 out of 15, indicating the resident was moderately cognitively impaired.Review of the facility's document Health Status Note, dated 01/11/2026 at 2:43 PM, revealed Licensed Practical Nurse (LPN) 4 wrote the facility sent R117 to the hospital for evaluation per the request of the resident's family member, FM1.Review of the facility's document for R117 Notice of Transfer or Discharge/Notice of Bed Hold, dated 01/11/2026, revealed the section at the bottom of the document for date mailed to responsible party was blank.In an interview on 03/07/2026 at 10:00 AM, FM1, R117's resident representative, stated he never received any paperwork from the facility about R117's transfer to the hospital.In an interview on 03/09/2026 at 2:00 PM, the Medical Records Nurse stated she took the transfer forms after the nurses filled them out and scanned them into the medical record before turning them over to the Social Services Director (SSD) to be mailed to the resident's representative.In an interview on 03/09/2026 at 1:52 PM, the SSD stated she had been the SSD since 07/2025, but she had not been responsible for mailing the transfer forms until a few weeks prior to the survey. She further stated she did not know who had been mailing the transfer notices prior to her taking over that task, but she thought it was the Medical Records Nurse. The SSD stated she would look for documentation that the facility had mailed the forms. However, the facility did not provide such evidence.In an interview on 03/09/2026 at 1:20 PM, the Administrator stated his expectations were for either the Medical Records Nurse or the SSD to mail the form [Notice of Transfer or Discharge/Notice of Bed Hold] to the resident's representative, especially if the resident was cognitively impaired.