

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 131 Meadowlark Drive Richmond, KY 40475	
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 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy review, the facility failed to ensure timely dental referral and appropriate follow-up for a resident with missing dentures for one of four sampled residents(R) (R3). In April of 2025, R3's lower dentures were reported missing. There was no documented evidence that the facility initiated a timely dental referral or offered prompt replacement of the missing dentures. Review of the facility's policy titled Dental Services Standard of Practice dated 10/2020 and last reviewed 4/2025, indicated the facility was responsible for assisting residents in obtaining routine and emergency dental services. Further review of the policy revealed residents with lost or damaged dentures should receive prompt dental referrals, and if the facility was responsible for the loss, the facility would incur replacement costs. Review of R3's admission Record revealed she was admitted to the facility on [DATE] with diagnoses of Alzheimer's, cerebral infarction, hemiplegia, and hypertension. Review of R3's Quarterly Minimum Data Set (MDS) with Reason for Assessment (RFA) date of 04/02/2025 revealed a Brief Interview for Mental Status (BIMS) score of 5 out of 10, which indicated R3 was severely cognitively impaired. Review of R3's progress note dated 4/22/2025 at 3:40 PM by RN2 revealed R3 was noted to have missing lower dentures per R3's Responsible Party (RP). The Social Services Director (SSD) was notified, and a Speech therapy evaluation request was placed. Per the progress note, R3 voiced no difficulties experienced with chewing or swallowing at that time. Review of R3's progress note dated 04/23/2026 at 10:47 AM revealed the Interdisciplinary Team (IDT) met to discuss R3 was noted to have missing lower dentures per RP, SSD was notified and Speech therapy request was placed. R3 voiced no difficulties experienced when chewing or swallowing at that time. Review of R3's progress note dated 4/28/2025 at 5:46 PM by the SSD revealed on 04/24/2026, the SSD called R3's responsible party and discussed R3's missing lower dentures. R3 was pending Medicaid, and the contracted dental provider would require full payment prior to replacement of dentures. SSD discussed the situation with Administration and indicated follow-up would occur regarding Medicaid status and cost estimates. Further review of the note revealed the SSD completed a missing item form; however, there was no documentation of a dental referral or that the facility offered to assume financial responsibility. Review of the Grievance/Concern Form dated 04/25/2026 completed by the SSD revealed the SSD had informed R3's RP that the cost of the lower denture replacement would be \$1200.00. The SSD further documented the RP agreed to wait for the Medicaid approval before proceeding. However, there is no documentation the RP was informed the facility may be responsible for the replacement costs. During an interview on 04/08/2026 at 10:36 AM with R3's responsible party, she stated she was never informed that the facility would cover any of the cost for the denture replacement. She further stated she was made aware of the cost of the lower denture replacement being \$1200.00. She further stated R3 experienced difficulty eating requiring small bites and soft foods after the loss of the lower dentures. Also, the RP did inform the facility that R3 would probably need a full set of dentures after waiting so long for a replacement lower denture. During an interview with the SSD on 04/08/2026 at 2:32 PM she stated she was informed of R3's missing dentures and herself, and other staff searched the room for the dentures. The SSD stated she had a discussion (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
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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with R3's responsible party and since R3 was private pay and Medicaid was pending the responsible party wanted to wait until Medicaid was approved before getting dental services. SSD further stated she did not inform R3's daughter that the facility could be responsible for the costs for dental services. The SSD further stated the daughter never requested the facility to pay for replacement dentures. During an interview on 04/08/2026 at 5:00 PM with the Administrator, he stated he replaced missing items on a case-by-case basis and acknowledged it would have been best practice to cover the costs of the replacement dentures for R3. The Administrator stated he was unsure if the offer was made to cover the cost of the replacement dentures. He further stated if the family had requested the facility pay for the dentures he would have. Furthermore, the Administrator stated the facility should have offered to cover the cost of R3's dentures. During an interview on 04/08/2026 at 6:00PM with the Senior Administrator, she stated she was made aware of R3's missing dentures. She stated the family or R3 had not made any insinuation that the facility was at fault for the missing dentures. She further stated she felt the facility did what the family wanted as far as waiting for the Medicaid approval so R3 could get a full set. She further stated the inventory sheet on R3, that was normally done on admission with all residents could not be located for R3. Furthermore, the Senior Administrator stated the facility probably should have offered to cover the cost of the dentures.		