

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

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>185262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>07/27/2026 |
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| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, review of facility policies, and review of [NAME] 9th edition - Standard of Practice for Nursing Assessment of Change in Condition information which the facility followed as its standard of practice, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice for one (Resident (R) 1) of eight sampled residents. The facility identified a change in condition for R1 on [DATE] and notified the physician of the change in condition. However, the physician ordered labs were not obtained promptly. Additionally, staff had no evidence of ongoing monitoring of the resident for a period of 12 hours, until they documented R1 had decreased blood pressure. Staff notified the Licensed Practical Nurse (LPN) of additional changes in condition and the need to send R1 out to the hospital; however, this did not promptly occur. R1 was ultimately found without respiration or heartbeat, was administered cardiopulmonary resuscitation (CPR) and transferred to the hospital where he was pronounced dead on [DATE]. The findings include: Review of the facility's policy, Quality of Care, reviewed 03/2026, revealed quality of care was a fundamental principle that applied to all treatment and care provided to facility residents. Further review revealed the facility must ensure residents receive treatment and care in accordance with professional standards of practice. The policy noted the need to provide needed care and services for the resident's physical well-being; recognize and/or assess risk factors for specific conditions/problems; implement resident specific care and treatment consistent with the physician's orders and professional standards of practice; and monitor and evaluate the resident's response to interventions, and/or revise as appropriate. Review of the facility's policy, Change of Condition Standard of Practice, reviewed 03/2026, revealed the facility would immediately (as soon as possible/no longer than 24 hours) inform the resident, consult the resident's physician, and the resident representative when there was a significant change in the resident's physical or a need to alter treatment significantly (depending on the nursing assessment, appropriate notification could range from immediate to 48 hours). Further review revealed nursing judgement was an integral part of the skilled care provided at the facility; therefore, such judgement was applied on a case-by-case basis in keeping with acceptable nursing practice. Further review of the policy revealed that it did not address frequency or content of nursing assessments or monitoring of residents after a change in condition was noted. Review of the facility's policy, Lab and Diagnostics Standard of Practice, revised 04/2025, revealed the facility would provide or obtain laboratory services when ordered by a physician. Further review of the policy revealed that it did not address timeframes in which ordered labs were to be obtained. Review of a 2023 [NAME] 9th Edition - Standard of Practice for Nursing Assessment of Change in Condition, provided by the (Corporate) Chief Nursing Officer revealed the core elements of the standard of practice for change in condition included recognition of change, rapid assessment, collaboration, documentation, resident safety, and continuity of care. Further review (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 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>revealed recognition of change included nurses must be vigilant for deviations from baseline vital signs, mental status, pain levels, or functional status. This included both sudden and gradual changes and should be documented promptly. Continued review revealed rapid assessment used the nursing process to determine the cause, severity, and urgency of the change. Additionally, collaboration included notifying the provider immediately if the change was unexpected, life-threatening, or outside expected parameters. Documentation included recording the time, nature, and context of the change, along with interventions and provider responses. Further review revealed continuity of care included reassessing frequently, especially in unstable residents. Review of R1's admission Face Sheet revealed the facility admitted R1 on [DATE] with diagnoses which included cellulitis of the right lower limb and multiple sclerosis. R1's Comprehensive Care Plan included a Discharge Planning Care Plan that R1 wanted to receive short term rehab and discharge to home. R1 was not on hospice services (with no indication of expected or imminent death) and was a Full Code status (indicating the resident wanted all life saving measures taken in the event his heart stopped).Review of R1's medical records revealed no concerns with a change of condition between admission on [DATE] until [DATE] at 3:32 PM. Review of monitoring prior to this time revealed R1's blood pressure on [DATE] at 7:00 AM was 118/65 millimeters of mercury (mmHg).Review of R1's Progress Notes, dated [DATE] at 3:32 PM by Licensed Practical Nurse (LPN) 2, revealed a change in condition. Per the Note, R1 presented with slight confusion this shift (7:00 AM to 7:00 PM) and moderate jerking movements of his bilateral hands. Further review revealed LPN2 notified the Medical Director (R1's physician) of the resident's change in condition with a new order obtained for a urinalysis, complete blood count (CBC), comprehensive metabolic panel (CMP), Covid swab, and a 2-view chest x-ray. Continued review revealed the facility would obtain new orders on the resident and observe the resident's chart for finalized results.Review of R1's chest x-ray report, obtained on [DATE] at 4:03 PM and signed on [DATE] at 5:56 PM, revealed no acute cardiopulmonary disease.Further review of R1's record revealed no evidence that the labs which were ordered (urinalysis, CBC, CMP, and Covid swab) were completed.Review of R1's clinical record revealed no further progress notes from [DATE] at 3:32 PM until [DATE] at 11:51 AM, after R1 was found without pulse or respiration, CPR was initiated, and EMS transported the resident to the hospital where he was ultimately pronounced dead. Review of the facility's 24-Hour Report/Change of Condition Report form revealed that both [DATE] and [DATE] noted that R1 had new orders for lab work. However, further review of the clinical record revealed that the only evidence that staff monitored R1 after the change in condition was first identified on [DATE] at 3:32 PM was blood pressure readings at 7:00 PM (126/80), and on [DATE] at 7:00 AM (90/54). Review of R1's Progress Note, dated [DATE] at 11:51 AM, documented by LPN1, revealed that staff notified LPN1 that R1 was not acting normal this shift (7:00 AM to 7:00 PM). R1's vital signs included blood pressure of 79/54, heart rate (HR) 64, respirations (R) 22 and labored, and oxygen saturation (O2) of 94%. R1 was alert and oriented times one (indicating awake but only aware of one standard marker of orientation, such as person/name) and responded to his name being called; however, when asked questions to gauge consciousness, R1 would not respond. LPN1 got an order to call 911 to send R1 to the emergency room (ER) for evaluation; however, while awaiting transport, R1 became pale, and was not breathing with no detectable pulse and a code (CPR) was initiated. Further review of LPN1's 11:51 AM Progress Note revealed that it was written after Emergency Medical Services (EMS) documented they transported R1 to the hospital at 11:47 AM, per review of the [DATE] EMS run sheet. LPN1's 11:51 AM Progress Note did not indicate at what time each of the above listed facility actions (staff identification of change in resident condition on [DATE], physician notification, or 911 call) actually occurred on the morning of [DATE].Further review of the EMS run (continued on next page)</p> |                                                                                         |                                                 |

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| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>sheet, dated [DATE], revealed EMS received the call at 11:21 AM that the resident had a decline in condition and needed transfer to the hospital and arrived on scene at 11:27 AM. Further review revealed EMS was with the patient at 11:32 AM and departed the scene at 11:47 AM. Per the run sheet, EMS found the resident did not have a heartbeat, provided CPR, and intubated R1 prior to leaving the scene. Review of R1's untimed ER Encounter Note, dated [DATE], revealed R1 presented to the ED in cardiac arrest, was noted to be asystole (no heart rhythm), and CPR was in progress for approximately 25 to 30 minutes. Further review revealed EMS stated R1 had been in asystole since they arrived at the facility and had no shockable rhythm. R1 was pronounced dead at the hospital on [DATE] at 12:08 PM. Further review of R1's record revealed that staff documented R1 had a blood pressure of 90/54 on [DATE] at 12:17 PM, 30 minutes after R1 was transported from the facility and nine minutes after his death. Interview, on [DATE] at 11:05 AM, with LPN2 revealed she worked on [DATE] from 7:00 AM to 7:00 PM. She stated she noticed a change in R1 about an hour before she called the doctor, saying he was shaky, wasn't his normal self. She related that she notified the Medical Director (who was also R1's primary physician), and received orders to obtain labs, a chest x-ray and a Covid swab. LPN2 stated she entered the labs to be drawn routinely with the next lab draw on [DATE] and the lab was also to obtain the Covid swab. LPN2 added that any time a physician was notified of a change in condition, vital signs and nursing assessments should be done every four hours to make sure the resident was not getting worse until they received the lab results. She further stated that was the physician's expectation, as she had heard him say if it was important enough to call him, they should be monitoring the patient every four hours. Interview on [DATE] at 11:20 AM with LPN3 revealed she worked on [DATE] at 7:00 PM until [DATE] at 7:00 AM. LPN3 stated LPN2 gave her report on [DATE] at 7:00 PM and told her that R1 had orders for labs and wasn't feeling good. LPN3 stated she checked on R1 and gave him his scheduled 7:00 PM pain medication (Gabapentin) early in her shift and he went back to sleep. LPN3 added that she checked on R1 throughout the night and checked his vitals but failed to document the assessments and could not recall specifics to validate her contention that R1 was stable throughout the night. She stated it was the expectation that any time a physician was notified of a resident's change in condition, the staff provided increased assessments and vital signs, but the facility did not designate how often to do the increased assessments or vital signs. LPN3 further stated she verbally notified LPN 1 at shift change on [DATE] at 7:00 AM that she had given R1 a pain pill during the shift and told LPN1 the information regarding R1's change in condition and pending lab orders. During an interview, on [DATE] at 1:45 PM, Kentucky Medication Aide (KMA) 2 stated she passed medication on R1's hall on [DATE] day shift. She further stated that she gave R1's medication around 8:00 AM or 8:30 AM on [DATE] and R1 stated he didn't feel good. KMA2 noted that later, staff got LPN1 in the room because R1 was not doing well; however, she was not involved after she gave R1 his morning medications. Further interview with KMA2 revealed she did not inform the nurse (LPN1) that R1 was not feeling well because she thought he was already aware of the concern and saw him in R1's room at an unidentified time. Review of a timeline provided by the Unit Manager revealed that although KMA2 thought she gave R1 his medication 8:00 - 8:30 AM, R1's medication was documented as administered at 10:01 AM. During an interview on [DATE] at 3:00 PM, State Registered Nurse Aide (SRNA) 2 stated she and SRNA3 were assigned to R1 on [DATE] day shift. She further stated R1 was shaking at the beginning of the 7:00 AM - 7:00 PM shift and could not hold his drink and did not eat breakfast. SRNA2 noted that she checked on him again after she passed all breakfast trays and offered to feed R1, but he said he did not feel like eating. SRNA2 stated she and SRNA3 notified LPN1 of R1's change in condition and stated that the resident needed to be transported to the hospital at that time. SRNA2 (continued on next page)</p> |                                                                                         |                                                 |

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| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>noted that she then returned to R1's room at approximately 10:00 AM for the resident's every two-hour check and change round and found that R1 was still shaking and continued to not feel well. She stated LPN1 obtained R1's vital signs at some time during that morning, but she was not sure what time this occurred or what the vital signs were. During an interview, on [DATE] at 3:39 PM, SRNA3 stated she was working with SRNA2 on [DATE] day shift. She further stated she went with SRNA2 to take R1, his breakfast tray and R1 was very shaky. She stated she notified LPN1 and asked him to send R1 to the ER around 7:30 AM and LPN1 stated to keep an eye on him. SRNA3 stated she again notified LPN1 that R1 was shaky after breakfast trays were picked up. SRNA3 stated LPN1 took R1's vitals sometime around 10:00 AM and she again asked LPN1 if he could send R1 to the ER. She stated LPN1 stated he could not send R1 to the hospital without getting approval from The Boss. SRNA3 stated that sometime around 11:00 AM, she was taking a break when SRNA2 came to the break room to get her, stating LPN 1 had said R1 was going to the hospital and she needed assistance to clean him up. She further stated she left the break room and saw LPN1 at the nurse's station when SRNA2 came down the hall, stating R1 was gone. SRNA3 added that in response, nurses began CPR and EMS were already in the building when LPN1 ran into the room. Interview on [DATE] at 3:30 PM with LPN1 revealed he was taking care of R1 on [DATE] day shift (7:00 AM to 7:00 PM). Although LPN3 stated that she passed on information about R1's pending labs and not feeling well, LPN1 denied he received any information from the nurse on the prior shift about R1 other than she had given R1 pain medication. LPN1 also denied that two direct care staff (SRNA2 and SRNA3) asked him to send the resident out to the hospital as early as 7:30 AM. Further interview with LPN1 revealed that R1 seemed fine at the beginning of the shift, even though R1's documented blood pressure for 7:00 AM was low at 90/54. Further interview with LPN1 on [DATE] at 4:00PM, revealed that later that morning, staff reported to him that R1 did not feel well and was shaking. He stated that he assessed R1 and notified the Unit Manager (UM) of R1's change in condition and was told to notify the physician. He then called the Medical Director and obtained an order for R1 to be transported to the ER, then he called EMS. He stated prior to EMS arrival, R1 coded and he performed CPR for about 5-10 minutes before EMS arrived and continued to code R1. However, further interview with LPN1 revealed that he could not provide approximate times of when any of these listed actions occurred, or the intervals of time between each action. Interview with LPN1 revealed he could not explain the apparent time delay until 11:21 AM when LPN1 finally called for an ambulance in response to R1's change in condition, adding that he should have documented the actions when they occurred. During a follow-up interview on [DATE] at 4:00 PM, LPN1 stated he was told R1 wasn't acting right during morning med pass, but he looked at R1 and got his vital signs and was not concerned. However, he acknowledged he had no evidence this occurred, as the only vitals that were charted on [DATE] prior to R1's transfer from the facility was the low blood pressure that the KMA charted at 7:00 AM shift change. LPN1 stated he told the SRNAs to keep an eye on R1, and staff told him a little later in the morning R1 was not doing well and he assessed R1 to have a low blood pressure. He stated he called Unit Manager (UM) 1 who gave him permission to send R1 out to the hospital, then called the Medical Director for the order, then called 911. LPN1 further stated he told the SRNA's to clean him [R1] up before he made the phone calls and he was not sure where they were or if anyone was with R1 while he (LPN1) was at the nurse's station. He added that SRNA 2 then came running down the hall, stating R1 was not breathing. He walked to R1's room, while LPN4, who was coming down the hall, grabbed the crash cart. He stated EMS arrived 5-10 minutes later and continued CPR. Attempts to clarify on [DATE] at 4:00 PM, possible concerns with lack of monitoring and/or delays in in care with LPN1 were unsuccessful. When asked for a timeline (due to discrepancies with staff statements, lack of (continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>185262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>07/27/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Madison Health and Rehabilitation Center                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>131 Meadowlark Drive<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                 |
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| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>evidence of timely vital signs and monitoring, and the failure to call for an ambulance until 11:21 AM), LPN1 stated he was unable to recall time frames or specifics such as vitals or monitoring. LPN1 noted that it was the facility's procedure to get approval from the Administrative Nurse on call prior to sending out residents to the hospital. LPN1 reported that he had no delay in getting approval to send R1 out to the hospital and was unable to provide a rationale for the apparent delay in services. Additionally, LPN 1 added that he should have accurately documented the resident's status and actions the facility took that day. During an interview, on [DATE] at 12:02 PM, UM1 stated LPN1 called her the morning of [DATE] and said R1 wasn't acting right with low vital signs. She further stated she told LPN1 to call the physician, and the next thing she knew, LPN1 called her back to state that R1 coded. UM1 noted the protocol stated to provide an assessment every 4 hours, but as a nurse she would check on the resident way more often. During an interview on [DATE] at 2:32 PM, the Medical Director stated he was notified on [DATE] in the afternoon that R1 had a change in condition and he gave orders for labs to be drawn. He further stated that it was his expectation staff would have obtained labs at that time for a sick resident, but he failed to state the labs were to be performed stat (immediate) as he thought it was understood. He stated it was his expectation that staff would assess the resident and obtain vital signs every two hours following a change in condition that warranted a phone call to him. Further interview with the Medical Director confirmed that when he was called again on [DATE] and was told R1 had declined, he ordered R1 sent to the hospital at that time. During an interview on [DATE] at 3:50 PM, the Director of Nursing (DON) stated it was his expectation if a physician was notified of a resident's change in condition and ordered labs that the labs would be obtained stat. He further stated 24-hour acute charting should be completed every shift for 72 hours for residents with a change in condition. He added that his expectation was that nurses usually remained in the room with the resident if the resident's condition required them to be sent to the hospital unless the nurse was printing paperwork. Further interview with the DON revealed that he was unaware of the facility's nursing standard of practice. During an interview, on [DATE] at 4:23 PM, the Administrator stated the facility followed [NAME] for nursing standard of practice. He further stated he believed staff did everything correctly except they should have documented their assessments and vital signs. During this interview, the Administrator referenced a facility-created timeline, which, he stated, indicated that nursing staff had been in R1's room several times during the morning, (i.e. to apply an anti-fungal treatment). However, review of this timeline revealed no evidence to indicate that staff were actively monitoring or assessing the resident's change in condition, including obtaining and recording vital signs and other changes in status to determine what further steps (if any) were needed.</p> |                                                                                         |                                                 |