

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Landmark of Danville Rehabilitation and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Bruce Court Danville, KY 40422	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49360</p> <p>Based on observation, interview, facility policy review and facility job descriptions review, it was determined the facility failed to provide residents with a safe, clean, comfortable, and homelike environment for four of 46 resident rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]).</p> <p>The findings include:</p> <p>Review of facility's policy titled Homelike Environment Guidance, revised 06/20/2024, revealed it was the policy of the facility to ensure the environment provided for residents was safe, sanitary, functional, and comfortable. Continued review of the facility policy revealed as part of daily guardian angel rounds, as well as, whenever it was noticed, institutional odors will be addressed and eliminated. Additionally, all room contents to include clothes, furniture, devices, linens, bedspreads, privacy curtains, window coverings, wall hangings, wallpaper, and floors should be clean and in good repair.</p> <p>Review of facility's housekeeping job description, undated, revealed the housekeeper was responsible for cleaning resident rooms and other interior and exterior facility areas and assisting in maintaining a clean and attractive environment for the residents. Continued review of the housekeeping's job description revealed it was the housekeeper's job duties to clean and straighten resident rooms, offices, and common areas, which included vacuuming, wiping, mopping, and polishing. Additionally, it was the duty of the housekeeper to ensure resident's rooms are safe, comfortable, and maintained in an attractive manner.</p> <p>Review of facility's Maintenance Director job description, undated, revealed the Maintenance Director was responsible to ensure the facility was well-maintained in a safe and comfortable manner. Continued review of the facility's maintenance job description revealed it was the job duty to make daily rounds to assure that appropriate maintenance procedures are being rendered to meet the needs of the facility.</p> <p>1. Observation of room [ROOM NUMBER], on 06/09/2024 at 2:23 PM, on 06/10/2024 at 9:12 AM, and on 06/11/2024 at 3:46 PM, revealed three missing floor tiles underneath the B side bed.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Registered Nurse (RN) 2 on 06/09/2024 at 3:10 PM, she stated C hallway (where room [ROOM NUMBER] was located) had recently been closed for repairs but she had not noticed the three missing tiles. RN2 stated she was not sure what happened as the missing tiles were stacked under the bed, but she would let the Maintenance Director know about the missing tiles. RN2 stated the risk could be a fall from either the staff or the resident if the bed was moved around the room. RN2 stated the resident residing in room [ROOM NUMBER] had no recent falls.</p> <p>During an interview with the Maintenance Director, on 06/12/2024 at 10:00 AM, he initially stated he did not have a current work order for room [ROOM NUMBER]'s missing floor tiles, but later stated he did have a work order dated 06/02/2024 for the missing tiles in the floor. The Maintenance Director stated the missing tiles was from the moving of the bed back into the room after C hallway opened back up.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 06/12/2024 at 1:16 PM, she stated she was not aware of the flooring issue in room [ROOM NUMBER] until today but the Maintenance Director was getting tiles to replace/repair the missing tiles in the room.</p> <p>2. Observation of room [ROOM NUMBER] and 25's connecting bathroom, on 06/09/2024 at 2:30 PM and on 06/10/2024 at 11:23 AM, revealed strong urine odor present with sticky flooring around the toilet.</p> <p>Interview with Certified Nurse Aide (CNA) 1 on 06/09/2024 at 2:55 PM, he stated he had been in the shared bathroom of rooms [ROOM NUMBERS] and sprayed the bathroom floor around the commode with a cleaner, but the bathroom still smelled of urine. CNA1 stated he had told housekeeping and they were going to come back and clean it again.</p> <p>3. Observation of room [ROOM NUMBER], on 06/09/2024 at 4:00 PM, on 06/10/2024 at 1:30 PM, and on 06/11/2024 at 9:10 AM, revealed strong urine odors present in room [ROOM NUMBER] and a yellowish-brown discoloration on the floor that was sticky, and the bathroom had an elevated toilet seat with a brown substance on the surface. Continued observation of room [ROOM NUMBER], on 06/12/2024 at 9:20 AM, revealed the strong urine odors and dark yellowish stains were still present on the floor.</p> <p>Interview with Licensed Practical Nurse (LPN) 1 on 06/09/2024 at 2:45 PM, she stated she could smell the strong urine odor and stated the housekeeper had been in rooms [ROOM NUMBER] cleaning earlier in the day. LPN1 stated room [ROOM NUMBER] would continue to have a strong smell of urine even after cleaning of the room.</p> <p>During an interview with Certified Nurse Aide (CNA) 1 on 06/09/2024 at 2:55 PM, he stated room [ROOM NUMBER] always had a strong odor of urine even after housekeeping cleaned the room. CNA1 stated one of the residents was blind and would sometimes urinate on the floor, which could be a reason for the strong urine smell in the room.</p> <p>During a second interview with CNA1, on 06/11/2024 at 12:05 PM, he stated not aware of staff reporting the strong urine odor in room [ROOM NUMBER] but would ensure the unit manager was made aware. He further stated he had not noticed room [ROOM NUMBER]'s bathroom being soiled but had not assisted the resident to the bathroom that morning. Additionally, he stated if he was aware that the bathroom was soiled, he would take care of it unless it was something more time consuming then housekeeping would be notified.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Housekeeper 1, on 06/12/2024 at 8:58 AM, she stated she was familiar with and the strong urine odors in the room [ROOM NUMBER]. She stated she had completed deep cleanings on a regular basis including pulling the bed from the wall and ensuring the floor was cleaned and sanitized underneath. She stated no matter what cleaning process was used the tiles were still covered with dark yellow urine stains which she believed would need to be replaced to resolve the issue. She stated the odor had gotten stronger over time. She stated housekeeping had checked the room regularly to ensure there was no urine on the floor and to address the odors. She further stated that if CNAs had observed urine on the floor or bed they would notify housekeeping. Housekeeper 1 stated she loved the residents and wanted to ensure they were treated with respect and dignity because this had been their home. She stated if the soiled tiles had not been addressed the strong urine odors would not be resolved. She stated that residents could experience possible skin breakdown if the bed was soiled. Additionally, she stated residents could experience sadness or anxiety because of an unacceptable home environment.</p> <p>During an interview with Housekeeping Supervisor (HS), on 06/12/2024 at 9:25 AM, she stated she had worked in the facility for a total of [AGE] years. She stated she was aware of the strong urine odors in room [ROOM NUMBER] and had made multiple attempts to resolve the issue. She stated staff had used several cleaning techniques and processes including different chemicals, vinegar, degreasers and scrubbing with a buffer, but nothing had worked to eliminate the odors. The HS stated the next step was to remove the soiled tiles, ensure the floor was cleaned underneath, and have new flooring installed. Per the HS, she was already in the process of correcting the issue when it was reported by CNA1. She further stated she wanted to provide a clean and homelike environment for all residents. She stated her expectations were that housekeepers cleaned the resident rooms daily with more attention given to rooms with odor concerns and to report issues that were not resolved. Additionally, she stated residents could experience negative consequences both emotionally and/or physically due to an unpleasant environment and other incontinent concerns.</p> <p>During an interview with the Maintenance Director, on 06/12/2024 at 10:00 AM, he stated that maintenance staff would repair the issues in the facility if they were skilled to do so otherwise it would be outsourced. He stated certain concerns would be repaired right away if were a potential and immediate danger for residents, otherwise the other facility concerns would be entered into the Technology to Streamline Building Management (TELS) program so they would be addressed as soon as possible. He stated he was made aware this week of room [ROOM NUMBER] and would be addressing the floor tile in that room in an attempt to resolve the odors. He further stated maintenance staff made rounds in the facility on a regular basis to check for any environmental concerns, but staff could also report any concerns to the maintenance department for repairs.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Assistant Director of Nursing (ADON) on 06/12/2024 at 1:16 PM, she stated she felt the facility had a homelike environment. The ADON stated she was aware of the strong urine odor and the staff was working to resolve the issue. The ADON stated she would not expect strong urine odors to have a homelike feel to it. The ADON stated she was part of the guardian angel rounds, which are done daily in the facility. The ADON stated in those rounds, the staff would look for cleanliness and for any issues which needed repairs. Per the ADON, the guardian angel forms were brought to the stand-up meeting for discussion on how to fix the issue. The ADON stated on weekends the manager on duty would make rounds and fill out the guardian angel rounds form. Per the ADON, the problems (odors, missing floor tiles) had not been documented on guardian angel rounds. The ADON stated she was aware of the sticky floors, and it was a product issue. She stated the housekeepers would be using hot water with the current product until the new product arrived at the facility. The ADON stated the nursing staff knew to report any cleaning issues or repair issues needed in the facility.</p> <p>In an interview with Family Member (FM) 2, on 06/12/2024 at 1:51 PM, she stated she had observed the strong urine odors in room [ROOM NUMBER] and was concerned. FM2 stated she expected the facility to address the concern.</p> <p>During an interview with the Director of Nursing (DON) on 06/12/2024 at 2:29 PM, she stated daily cleaning of the facility was completed by housekeeping and she had no issues with the cleaning of the facility. The DON stated she made rounds daily as part of the guardian angel rounds and was not aware of the missing tiles or strong urine odors in the facility. The DON stated she expected the facility staff to look at what was on the guardian angel forms, which included things like dirty dishes, floor being dirty, curtains dirty, rooms with odors, or even missing floor tiles, and write it down on the form provided for those rounds. The DON stated the guardian angel forms are brought and discussed in morning meeting and both nursing stations have a binder where to put any housekeeping or maintenance issues. Per the DON, she had not been made aware of problems with odors and missing tile on guardian angel rounds. The DON stated all staff was aware of how to contact either housekeeping or maintenance with issues. The DON further stated she expected staff to be looking in the residents' rooms on rounds for any issues and to report those issues immediately to the appropriate staff to be resolved.</p> <p>During an interview with the Administrator on 06/12/2024 at 3:27 PM, she stated she became aware during the survey of the sticky floors, the missing floor tiles, and the strong urine odors in the facility and the facility was currently working on resolving these issues. The Administrator stated the sticky floors was due to the housekeeper's cleaning product and she had discussed the issue with the HS, and they were going to start using hot water with the product until the other product arrived which had been ordered. The Administrator stated some of the managers had guardian angel rounds and those rounds were tailored around what was currently going on in the facility. The Administrator stated the staff doing the guardian angel rounds would interview the residents (if able) to see how they were being treated and to observe for any environmental issues. The Administrator stated she expected the managers and the floor staff making rounds to look for call lights working, privacy curtains being clean and pulled during care, any odors in the rooms, and any missing floor tiles or ceiling tiles. The Administrator stated those rounds were written down on forms and were discussed in morning meetings. The Administrator stated those issues were again discussed in the daily stand down meeting to ensure the issues had been resolved. However, she stated the problems (sticky floors, missing tile, odors) had not been identified during the guardian angel rounds. The Administrator stated it was her expectation the facility was clean, safe, and odor free for the residents and the staff.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>49360</p> <p>Based on interview and record review, it was determined the facility failed to provide eight consecutive hours of Registered Nurse (RN) coverage for four days (03/27/2024, 04/24/2024, 05/27/2024, and 06/10/2024) out of 104 days from 03/01/2024 through 06/12/2024.</p> <p>The findings include:</p> <p>During an interview with the Administrator on 06/12/2024 at 3:27 PM, she stated the facility did not have a staffing policy. Additionally, the Administrator stated the facility did not have an RN staffing waiver.</p> <p>Review of the facility's daily schedules dated 03/27/2024, 04/24/2024, 05/27/2024, and 06/10/2024, revealed the facility did not have a Registered Nurse (RN) scheduled to work on these dates.</p> <p>Review of the facility's timecards for all nursing staff, dated 03/27/2024, 04/24/2024, 05/27/2024, and 06/10/2024, revealed the facility did not have an RN working on those dates.</p> <p>During an interview with Certified Nursing Assistant (CNA) 1 on 06/11/2024 at 10:27 AM, he stated he was picking up more shifts in the facility due to either call ins or just short on staff. CNA1 stated he had noticed the facility used Kentucky Medication Aide's (KMA) instead of nurses most of the days he was in the facility.</p> <p>During an interview with LPN1 on 06/12/2024 at 12:51 PM, she stated there had been a few occasions in the facility where they had no RN coverage over the past couple of months. LPN1 stated the facility had to use a staffing agency to get enough help in the facility. LPN1 stated nurse management was not always willing to come in and help when the facility had call ins for shifts, especially on the weekends.</p> <p>During an interview with the Scheduler, who was also a KMA, on 06/12/2024 at 2:14 PM, she stated she had been the Scheduler since February 2024, and she was not aware of the RN rule until today. The Scheduler stated the Director of Nursing (DON) had told her about this rule today. The Scheduler stated the facility had gone to set schedules which rotated workdays each week and she stated the facility had a lot of staff to quit over it. The Scheduler reviewed the daily schedules for the past 4 months and stated there appeared to be 4 days with no RN coverage. The Scheduler stated the facility had agency staff to cover holes (lack of staff) in the schedule, but stated someone had to cover the shifts if agency was not available. The Scheduler stated her and the nurse managers had to work to cover holes in the schedule.</p> <p>(continued on next page)</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Assistant Director of Nursing (ADON) on 06/12/2024 at 1:16 PM, she stated the facility usually staffed two RNs on night shift or at least 1 RN and 1 LPN, but stated one RN on night shift was currently on medical leave. The ADON stated the facility usually staffed on dayshift 1 nurse (either LPN or RN) with 1 KMA on both A/C hallway and B hallway with 3 CNAs on each side. The ADON stated on night shift there was usually 2 CNAs on each side, but the census had been low lately. The ADON stated she was not aware of a time when the facility was not staffed in this manner. The ADON stated there were 6 nurses who rotated call for the weekends, and she had to come in to cover call ins for the facility.</p> <p>During an interview with the Director of Nursing (DON) on 06/12/2024 at 2:29 PM, she stated she did not see RN coverage for the dates of 03/27/2024, 04/24/2024, 05/27/2024, and 06/10/2024 on the daily schedule. The DON stated the facility did not have a nursing waiver. The DON stated the Scheduler worked on the schedule and both the Scheduler and the ADON called the staffing agencies whenever coverage was needed. The DON stated the schedule was posted two weeks in advance and it was discussed what the holes or needed staff were for each day. The DON stated the holes had to be filled and if agency could not cover it and the floor staff could not cover it, then she expected the nurse managers to cover the shifts. The DON stated, depending on what the hole in the schedule was for, either nurse, KMA, or CNA, then the Scheduler covered the hole first, then the Unit Manager (UM), the ADON, and then herself. The DON stated she was an RN and could always assist if something happened in the facility. The DON stated she was aware of the regulation for RN coverage, but stated it was hard to find RNs to work in long term care facilities. The DON stated she was not aware of any adverse effects from the four days of no RN coverage. The DON stated she expected to have enough staff to take care of the residents but would not give a number for what enough staff would be to take care of the residents in the facility.</p> <p>During an interview with the Administrator on 06/12/2024 at 3:27 PM, she stated she reviewed staffing daily, and she was aware of the no RN coverage, but she had done various things to get more RNs for the facility. The Administrator stated she had put out sign on bonuses, yard signs out for staffing, and had ads running for RN coverage, but did not have much luck with getting RNs hired at the facility. The Administrator stated the facility did not have a staffing waiver and the facility utilized staffing agencies to cover any holes in the schedule. The Administrator stated nursing management took care of call ins, but it usually took all hands-on deck to get the schedule holes filled up. The Administrator stated she expected her nurse managers to cover if a call in or hole in the schedule could not be filled with regular staff or with agency staff. The Administrator stated she expected to have enough staff to cover the shifts but would not give a number for how much was enough staff to take care of the residents in the facility.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47567</p> <p>Based on observation, interviews, and facility policy review it was determined the facility failed to implement procedures that address and monitor the safe storage and handling of medications for one of three medication storage refrigerators. Observation of the medication storage refrigerator on the A Hall on 06/11/2024 at 10:00 AM revealed the refrigerator was unplugged and the temperature inside the refrigerator registered at 62 degrees Fahrenheit (F).</p> <p>The findings include:</p> <p>Review of facility policy titled, Medication Storage in the Facility, revised 11/21/2022, revealed medications and biologicals are stored safely, securely, and properly following the manufacture or supplier recommendations. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. The policy stated medications shall be stored at temperatures between 36 degrees F and 46 degrees F.</p> <p>On 06/11/2024 at 10:00 AM, a review of the Medication Storage Refrigerator temperature log located on the A Hall revealed it was last checked on 06/10/2024 at 9:00 PM and registered at 38 degrees F.</p> <p>During an observation of the Medication Storage Refrigerator on A Hall on 06/11/2024 at 10:00 AM, the refrigerator was noted to be unplugged and the temperature was registered at 62 degrees F inside the refrigerator.</p> <p>During an in an interview with the Housekeeping Director on 06/11/24 at 11:22 AM, she stated they sweep and mop the medication rooms. She also stated the refrigerators up front in the nurses station is where they kept snacks for residents, and housekeeping is responsible for keeping them clean and defrosted, and that they just got assigned the task of defrosting the medication refrigerators recently. She stated she defrosted the two refrigerators on B Hall this morning, and the night shift nurse did the one on A Hall. She stated the Director of Nursing (DON), told her that she didn't have to do those on the A Hall because the nurse had already done those but did not state which nurse did them. She stated the process to defrost the refrigerators is to ask the nurse to remove the medications first, then she defrosts the fridge. She stated after that occurs she lets the nurse know when she is done and the nurse comes back and puts the medications back in. She stated she nor her staff touch any of the medications that are stored in refrigerator. She stated she documents the task in a file on her computer.</p> <p>During an in an interview with Licensed Practical Nurse (LPN) 4 on 06/11/2024 at 10:00 AM, she stated she was unsure of how the refrigerator became unplugged and that she thought it was because housekeeping mopped the room last night. She stated they shouldn't be unplugging things without notifying nursing staff first. She stated she did not use anything out of the refrigerator this morning and that if she had it could pose potential harm to residents. Per LPN4, 62 degrees F was not acceptable medication refrigerator temperature. She stated they will have to waste the medications and get a replacement from pharmacy.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LPN3 on 06/12/2024 at 4:10 PM, she stated she contacted the facility's pharmacy on 06/11/2024 at 10:00 AM regarding the medications that were being stored in the refrigerator on A Hall at the direction of the Director of Nursing (DON). She stated the pharmacy advised her that all the medications stored in the A Hall refrigerator were good except the Procrit and TB Serum, and she discarded those medications and reordered them at this time.</p> <p>During an interview with the Director of Nursing (DON) on 06/11/2024 at 3:25 PM, she stated that she had asked housekeeping to defrost the refrigerators on B Hall and the night nurse to do the ones on A Hall. She stated they are putting in a process to correct the error by doing audits and having nursing staff sign yes or no if the refrigerator is plugged in. She stated it is ultimately the nurse's responsibility to ensure the medication refrigerator is at the proper storage temperature. She stated she had one of the nurses call the pharmacy and they went over all the medications that were in the fridge and all of them were good except the Procrit and TB Serum. She stated those medications have been reordered and will be in tomorrow.</p> <p>During an interview with the Administrator on 06/12/2024 at 1:20 PM, she stated that she had been made aware of the error and that the Director of Nursing was handling the refrigerator medication storage issue. She stated she expects her nursing staff to follow storage guidelines as a prudent nurse would do. She further stated that the nursing administration was working together to put a plan in place to ensure proper storage so that this does not occur again.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47567</p> <p>Based on observation and interview, it was determined the facility failed to follow professional standards for proper sanitation practices and maintaining equipment to prevent cross contamination. Observation on 06/10/2024 revealed an ice scoop stored uncovered by an ice machine in the kitchen which is used to provide ice to all residents. Additionally, observations on 06/11/2024, revealed dietary staff towel drying plate covers which were then used to cover the residents lunch meal.</p> <p>The findings include:</p> <p>Review of the 2017 United States Food and Drug Administration Food Code Section 4-903.11 (B)(1) Equipment, Utensils, Linens, and Single-Service and Single-Use Articles revealed Clean Equipment and Utensils shall be stored in a self-draining positron that allows air drying. Further review of the food code revealed ice scoops may be stored handles up in an ice bin except for an ice machine.</p> <p>Observation during initial kitchen tour on 06/10/2024 at 3:20 PM revealed an ice scooper stored in an uncovered bin by the ice machine which was used for all residents.</p> <p>Observation during lunch time meal service on 06/11/2024 at 11:40 AM revealed Dietary Aide 1 drying plate covers with a dry towel and not allowing them to air dry. Further observation revealed the dietary aide had already dried approximately 5-6 plate covers before the surveyor entered the kitchen, and dried an additional 3-4 more before the Dietary Director asked her to stop towel drying them, leaving the rest to drip dry on the cart.</p> <p>During an interview with Dietary Aide 1 on 06/11/24 at 12:10 PM, she stated she had just started in the kitchen a couple of weeks ago. Dietary Aide 1 stated no one had ever told her that she was not to towel dry the plate covers and that they were to air dry.</p> <p>During a brief interview with the Dietary Director on 06/10/2024 at 3:30 PM, he stated the ice machine was used for all residents and the ice scoop was stored separately from the ice. He stated he was not aware that the storage container for the ice scoop needed to be covered and he would take care of it.</p> <p>In an additional interview with the Dietary Director on 06/11/2024 at 11:45 AM, he stated staff were drying them the plate covers, because they felt pressed for time as they had gotten behind today. He further stated that he would remind staff to allow them to air dry and not wipe them dry.</p> <p>During an interview with the Administrator on 06/12/2024 at 1:20 PM, she stated she expected the dietary staff to provide clean and sanitary conditions in which to prepare nutritious food for residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Landmark of Danville Rehabilitation and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Bruce Court Danville, KY 40422	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49360</p> <p>Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to maintain an infection 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 one of 35 sampled residents (R) R8.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled Infection Prevention and Control Guideline, revised 02/25/2022, revealed it was the policy of the facility to ensure a comprehensive system was in place which prevents, identifies, investigates reports, records and controls infections and prevent the development and transmission of communicable disease processes for residents/care providers, staff, visitors, and others within the facility to include those providing contractual services in an effort to provide a safe, sanitary, and comfortable environment. Continue review of the facility policy revealed the facility would determine the most effective practices to reduce infection rates as well as identifying ways to integrate these practices into the everyday workday to create a culture of safety as related to infection control. Additionally, newly hired staff would be educated on infection prevention conducted by the infection preventionist on topic to include but not limited to hand hygiene, blood borne pathogens, personal protective equipment (PPE), and sharps handling.</p> <p>Review of the facility's policy, titled Syringe and Needle Disposal, dated March 2023, revealed used syringes and needles are disposed of safely in conformance with applicable laws and safety regulations. Continued review of the policy revealed immediately after use, syringes and needles are placed into sharps containers.</p> <p>Observation of medication pass with Licensed Practical Nurse (LPN) 6 on 06/11/2024 at 8:12 AM revealed LPN6 was preparing to administer R8's Insulin, Detemir and Insulin Aspart, in two separate syringes. Continued observation revealed after LPN6 administered the injectable insulin to the resident, the LPN laid down both syringes on R8's bed without first covering the needles.</p> <p>Review of R8's admission record revealed R8 was admitted to the facility on [DATE] with admitting diagnoses of acute and chronic respiratory failure with hypoxia, unspecified congestive heart failure, chronic obstructive pulmonary disease, type 2 diabetes mellitus, schizophrenia, obstructive sleep apnea, and anxiety disorder.</p> <p>Review of R8's physician's orders, dated June 2024, revealed R8 had an order for Insulin Detemir 100 unit/milliliter inject 80 units subcutaneously two times a day. Continued review of the physician's orders revealed R8 had an order for Insulin Aspart 100 unit/milliliter inject 80 units subcutaneously four times a day and to hold if blood sugar was less than 70.</p> <p>Review of R8's medication administration record (MAR), dated June 2024, revealed R8 had a blood sugar of 369 on 06/11/2024 at 11:30 AM and both insulin's were to be given per physician's orders.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R8's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) dated 03/13/2024, revealed R8 had a Brief Interview for Mental Status (BIMS) of 7 out of 15, which indicated severe cognitive impairment.</p> <p>Review of R8's comprehensive care plan (CCP), dated 10/25/2022, revealed R8 was at risk to have an alteration in carbohydrate metabolism related to the diagnosis of type 2 diabetes mellitus with a goal for R8 to be free from complications through the next review date. Continued review of the CCP revealed R8 had interventions to give medications as ordered, obtain labs as ordered, obtain blood sugar as ordered, and to observe for signs and symptoms of hypoglycemia or hyperglycemia and report abnormal findings to the physician as needed.</p> <p>Review of Licensed Practical Nurse (LPN) 6's employee file revealed LPN6 was hired in May 2024 and had received education in orientation for infection control, safe sharps handling, and medication administration and had made 100% passing score on all posttests.</p> <p>An interview with LPN6 on 06/11/2024 at 8:24 AM, revealed she knew she was supposed to push the safety needle up after usage, but she was nervous and forgot to do it. LPN6 stated she had been working at the facility for about a month, but she had been a nurse for almost 7 years and knew better. LPN6 stated the risk for not disposing of needles immediately after usage could be a needlestick for either the resident or the staff member who was handling the sharps, which could spread infection such as bloodborne pathogens.</p> <p>During an interview with the Director of Nursing (DON) on 06/11/2024 at 8:42 AM, she stated LPN6 had training in orientation on medication administration, sharps disposal, and infection control. The DON stated LPN6 had training on the floor with another nurse on proper medication administration, which included injections and safely disposing of sharps after usage. The DON stated it was her expectation for all sharps to be disposed of immediately after being used to prevent infection control issues. The DON stated the risk for not disposing of needles immediately after usage could be the spread of infection via needlestick.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 06/12/2024 at 1:16 PM, she stated she would not expect needles to be placed on a bed uncovered. The ADON stated she and the DON re-educated LPN6 about glucose monitoring, proper insulin administration, and syringe/needle disposal. The ADON stated LPN6 was being placed back in orientation for another week.</p> <p>During an interview with the DON on 06/12/2024 at 2:29 PM, she stated she expected her nurses to always follow the needle safety policy. The DON stated when nurses complete an injection, the needle and the syringe should immediately be disposed of properly in a sharp's container. The DON stated a syringe, or a needle should never be put anywhere other than a sharps container. The DON stated LPN6 had been re-educated by the DON, an Ad Hoc Quality Assurance Performance Improvement (QAPI) meeting had been done, and a performance improvement plan (PIP) had been initiated. The DON stated she would review LPN6's performance in a week and would go from there.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Administrator on 06/12/2024 at 3:27 PM, she stated the facility did an Ad Hoc Quality Assurance (QA) meeting over the syringe issue with LPN6. The Administrator stated she expected all staff to follow the infection control policy and she expected the nurses to dispose of syringes and needles properly by immediately placing the used syringe or needle in a sharps container and not lay the items down on the bed. The Administrator stated LPN6 was re-educated by the DON and put back in orientation for another week. The Administrator stated the DON would review LPN6's progress and would continue to work with the PIP which had been started on LPN6. The Administrator stated the risk of not disposing of sharps immediately would be the spread of infection.</p>		