

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Elizabethtown Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Woodland Drive Elizabethtown, KY 42701	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30898</b></p> <p>The facility failed to protect resident dignity related to a catheter bag cover for four of four sampled residents. Observation of R7, R8, R14, and R11 during survey revealed the catheter urine bag did not have a privacy cover and contained liquid. Observation of R7 included lunch time in the dining room with other residents present. R11 and R14 expressed they would prefer to have their catheter covered. R8 was vulnerable and catheter without dignity bag was visible from the doorway.</p> <p>The findings include:</p> <p>Review of the facility policy Resident Rights Under Federal Law not dated, revealed the facility would protect and promote the rights of each resident. The policy included the resident had a right to a dignified existence.</p> <p>Review of the facility policy Resident Rights Under Kentucky Law not dated, revealed residents were treated with recognition of his/her dignity and included privacy in treatment and in care for his/her personal needs.</p> <p>Review of the clinical record for Resident (R) 7 revealed the facility readmitted the resident on 09/10/2023. Resident diagnoses included Obstructive and Reflex Uropathy, and Other Specified Disorders of Kidney and Ureter. Review of the resident's Minimum Data Set (MDS) dated [DATE] revealed the facility assessed R7 as cognitively intact with a Brief Interview of Mental Status (BIMS) of 15. The MDS also identified the resident had an indwelling catheter.</p> <p>Review of the resident care plan for impaired bladder elimination, dated 06/09/2020, revealed the resident had a suprapubic catheter. An intervention included use of a dignity cover for the catheter drainage bag, dated 06/09/2020.</p> <p>Observation on 08/26/2024 at 12:40 PM, revealed R7 in the dining room eating his/her meal independently. The resident's catheter bag was on his/her left side of the wheelchair (w/c). The drainage bag was visible with liquid. Other residents were also in the dining room.</p> <p>In Interview on 08/27/2024 at 10:01 AM, R7 stated his/her (urine) drainage bag was changed the previous night and the bag was then covered. R7 stated he/she wanted the bag covered. The resident stated he/she liked having the bag covered and felt different without the cover on the bag.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In interview on 08/28/2024 at 2:29 PM, Certified Nurse Aide (CNA) 6/ Staff Scheduler stated R7 had a urinary catheter when she began employment at the facility on 04/24/2024. She stated catheter drainage bags were to have a privacy bag over it. She also stated the privacy covers were in the supply room behind the nurse's station. The CNA stated the purpose of the cover for the resident's dignity. CNA 6 also stated the bags should not be seen or noticeable and she would report to the nurse if a cover was missing.</p> <p>On 08/28/2024 at 2:42 PM interview with CNA 5 revealed she took R7 his/her meal tray in the dining room. She stated catheter bags were supposed to be covered for a resident's dignity and privacy. She also stated it could be embarrassing for the resident and hurt his/her feelings if the bag was not covered. CNA 5 stated she was unaware of R7's bag uncovered.</p> <p>In interview on 08/28/2024 at 3:14 PM, Licensed Practical Nurse (LPN) 5 stated she did not see R7's catheter bag without a cover. She stated the purpose of the cover was for the resident's dignity. She further stated without the cover the bag was easy to spill when knocked and could burst easier.</p> <p>Interview on 08/29/2024 at 1:10 PM, with the Unit Manager (UM) revealed catheter bags were expected to have a privacy bag for the resident's dignity. She stated the purpose of the cover was so others would not know there was urine in the bag. She stated she checked residents urine bags had covered. The UM also stated resident's should not come out of their rooms without the cover on the bag. She further stated it was not good for other residents in the dining room to see R7's bag during the meal time.</p> <p>In interview on 08/29/2024 at 1:54 PM, the Director of Nursing (DON) stated she expected urinary catheter bags were covered. She stated the purpose of the cover was for the resident's dignity and for those around the resident. She also stated the cover helped residents feel comfortable. The DON stated every resident should have a dignity cover on the drainage bag. The DON stated she was unaware R7 did not have a cover on the bag. She further stated if the resident did not have a cover, the resident did not have his/her dignity.</p> <p>In interview on 08/29/2024 at 3:37 PM, the Administrator stated she was an LPN and was in her position as Administrator since June 2024. She stated the catheter unire bag should be covered to uphold the resident's dignity. She also stated she expected the nursing staff watched for covers in place. The Administrator stated the purpose of the cover was for the resident's dignity and to make the best situation they can for the resident. She stated if the cover was missing, the resident could feel insecure which could impact his/her dignity.</p> <p>49267</p> <p>Review of facility's policy titled, Resident Rights Standard of Practice, dated 04/2024, revealed the purpose was to ensure each resident is treated with respect and dignity, and care for in a manner that promotes maintenance or enhancement of his/her quality of life. Further review revealed the resident has the right to be treated with respect and dignity.</p> <p>The facility did not have a policy specific to catheter care.</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Review of R8's, Admission Face Sheet, revealed the facility admitted the resident on 01/09/2015 with diagnoses including Alzheimer's disease, aphasia and dysphagia following a stroke, and congestive heart failure (CHF).</p> <p>Review of R8's, Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/18/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 00 out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Observation on 08/25/2024 at 11:27 revealed R8 in bed A with the door open. Further observation revealed R8's catheter drainage bag was visible from the hallway and was without a dignity cover. Additional observation on 08/27/2024 at 8:40 AM revealed R8's catheter drainage bag still without a dignity cover.</p> <p>2. Review of R14's, Admission Face Sheet, revealed the facility admitted the resident on 10/12/2023 with diagnoses including Parkinson's disease, quadriplegia, and type 2 diabetes.</p> <p>Review of R14's, MDS with an ARD of 08/10/2024, revealed the resident had a BIMS score of 12 out of 15, which indicated the resident was moderately cognitively impaired.</p> <p>Observation on 8/25/2024 at 10:51 AM revealed a catheter drainage bag secured to the right side of the bed with no dignity cover in place.</p> <p>In an interview with R14 on 8/25/2024 at 10:51 AM, he stated he was unsure why his catheter bag was not covered, and no one had ever asked. He further stated he wished to have a dignity cover, so the urine was not visible.</p> <p>3. Review of R11's MDS with an ARD of 10/19/2023, revealed the facility admitted the resident on 01/16/2020 with diagnoses including non-traumatic spinal cord dysfunction, neurogenic bladder (a condition where normal bladder function is disrupted due to nerve damage), dementia, and CHF.</p> <p>Review of R11's, MDS with an ARD of 07/05/2024, revealed the resident had a BIMS score of nine out of 15, which indicated the resident was moderately cognitively impaired.</p> <p>Observation of R11's catheter drainage bag on 08/28/2024 at 9:31 AM, revealed the absence of a dignity cover.</p> <p>In an interview with R11 on 08/28/2024, she stated she wished they would put something over her catheter bag because she did not like the bag visible to people.</p> <p>In an interview with Certified Nursing Assistant (CNA) 5 on 08/28/2024 at 9:14 PM, she stated all residents with catheters should have a dignity bag, but they did not. She further stated she was not exactly sure why but thought maybe it was because they did not have enough at the facility.</p> <p>In an interview with CNA 8 on 08/28/2024 at 3:17, she stated some of the residents had dignity covers over their catheter drainage bags and some did not, but she was unsure why.</p> <p>In an interview with the central supply clerk on 08/28/2024 at 3:29 PM, she stated the facility had an ample supply of catheter dignity bags.</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 08/28/2024 at 3:29 PM in supply closet behind the nurse's station revealed one opened box that contained one dignity bag and two unopened boxes of 20.</p> <p>In an interview with CNA10 on 08/28/2024 at 9:55 AM, she stated all catheter drainage bags should be covered with a dignity bag to protect residents' privacy.</p> <p>In an interview with Licensed Practical Nurse (LPN) 5 on 08/29/2024 at 10:24 AM, she stated every resident with a catheter should have a dignity cover over the drainage bag. She further stated, Nobody wants you looking at their urine.</p> <p>In an interview with the Unit Manager (UM) on 08/29/2024 at 10:48 AM, she stated all residents with catheters should have a dignity cover over their catheter drainage bag for privacy and respect.</p> <p>In an interview on 08/29/2024 at 2:28 PM with the Assistant Director of Nursing/Infection Preventionist (ADON/IP), she stated every resident with a catheter should have a dignity cover over the drainage bag. She further stated it was important for the bag to be covered because it protected the resident's privacy.</p> <p>In an interview with the Director of Nursing (DON) on 08/29/2024 at 3:03 PM, she stated it was her expectation any resident with a catheter had dignity cover in place over the drainage bag.</p> <p>In an interview with the Administrator on 08/29/2024 at 3:55 PM, she stated it was her expectation nursing ensured all residents with a catheter had a dignity cover over the drainage bag. She further stated no one wanted a catheter and they should make the situation the best scenario possible. The Administrator stated failure to provide a dignity cover resulted in potential impact to a resident's dignity and feelings of insecurity.</p>		

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30898</p> <p>The facility failed to update the electronic clinical record to reflect resident code status per signed advanced directive for two of five sampled residents, R38 and R45. The Advanced Directives forms were signed for CPR, however, the electronic record revealed DNR.</p> <p>The findings include:</p> <p>1. Review of the facility policy Advance Directive Standard of Practice reviewed ,d+[DATE], revealed it was the resident's right to formulate an Advance Directive. The facility would determine if the resident had executed an Advance Directive on admission to the facility and copies would be in the resident's medical record and scanned into the electronic medical record (EMR). If the resident was determined to not have decision making capabilities, the facility would approach the legal representative or health care proxy for the resident in regards to Advance Directives.</p> <p>Review of the facility policy Resident Rights Under Federal Law not dated, revealed the facility would protect and promote the rights of each resident. Residents had the right to create Advance Directives in accordance with state law.</p> <p>Review of the clinical record for Resident (R) 38 revealed the facility admitted the resident on [DATE] and readmitted the resident on [DATE]. The resident's diagnoses included Congestive Heart Failure (CHF) and Mild Neurocognitive Disorder. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed the facility assessed the resident with a Brief Interview of Mental Status (BIMS) of 11 out of 15.</p> <p>Review of R38's Cardiopulmonary Resuscitation Consent (CPR) form dated [DATE] revealed the resident and his/her POA both signed to choose CPR be performed in the event of cardiac arrest.</p> <p>Review of the care plan, dated [DATE], for R38's Advance Directive revealed on [DATE] the resident was a Full Code status and the resident had a Power of Attorney (POA). The care plan also revealed on [DATE] the resident was Do Not Resuscitate (DNR) upon return from the hospital. An intervention included the resident would have his/her health care wishes/ advance directives honored.</p> <p>Review of R38's Advance Directives Order Form dated [DATE] revealed a physician order for DNR.</p> <p>In interview on [DATE] at 3:14 PM, Licensed Practical Nurse (LPN) 5 stated the nurse completing a resident admission obtained the resident's code status. She stated the purpose of the Advance Directive was to know if the resident wanted CPR in case his/her heart stopped. The LPN stated if there was a question on a resident's status, staff would look in the electronic health record as she did not have access to the signed paper copy. She further stated she was unsure how the discrepancy with R38's Advance Directive occurred. She stated if the computer was different from the signed form, there was the potential for staff to do what they are not supposed to do.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interview on [DATE] at 9:20 AM, the Admissions Director (AD) stated she completed the admission packet for the resident, however if the resident entered the facility after 5:00 PM the nurse on duty would complete the resident's code status. She stated she was only involved for a resident re-admission if the resident's code status changed. The AD stated she did not recall R38's code status on return from the hospital, however she stated the hospital mentioned comfort measures with the family and palliative care services saw the resident in the hospital. She further stated the purpose of the Advance Directive was in case the resident's heart stopped, the facility knew what the resident's wishes were. She also stated the nurse would refer to the directive in the computer which came from the physician's order entered into the system. She further stated if the resident's heart stopped, staff would follow the order for DNR. The AD stated staff would not perform CPR on R38 and he/she could pass away.</p> <p>In interview on [DATE] at 1:10 PM, the Unit Manager (UM) stated she began employment at the facility on [DATE]. She stated when a resident returned from the hospital as a new admission, the resident's code status was reviewed and changed if needed. The UM stated code status was reviewed by the Interdisciplinary Team (IDT). She stated the nurse did not have access to the paperwork and the computer record was the resource for staff to know a resident's code status. The UM stated if there was a discrepancy between the computer record and the paperwork, staff would not perform CPR as the computer said DNR.</p> <p>On [DATE] at 1:54 PM interview with the Director of Nursing (DON) revealed a resident's Advance Directive was not completed when he/she returned from the hospital. She stated residents with a DNR status were reviewed in the IDT clinical meeting. The DON stated she did not recall reviewing R38's code status upon return from the hospital. She stated if there was a discrepancy between the computer and the paperwork, the resident's wishes would not be followed and CPR would not be provided.</p> <p>In interview on [DATE] at 3:37 PM, the administrator stated the facility audited resident admissions for the Advance Directive when a resident returned to the facility. She stated no one at the facility identified R38's code status did not match what was in the computer. She stated the purpose of the Advance Directive was to make a resident's wishes and choice if he/she wanted CPR or progress a natural course. The Administrator stated if there was a discrepancy the resident's wishes may not be followed and would not receive CPR.</p> <p>2. Review of the facility policy Advance Directive Standard of Practice reviewed ,d+[DATE], revealed the resident had the right to formulate an Advance Directive. The facility determined if the resident had an Advance Directive upon admission to the facility and copies would be in the resident's medical record and scanned into the electronic medical record (EMR). If the facility determined the resident did not have decision making capabilities, the the legal representative or health care proxy for the residentwas approached in regards to Advance Directives.</p> <p>Review of the facility policy Resident Rights Under Federal Law not dated, revealed the facility protected and promoted the rights of each resident. Residents had the right to create Advance Directives in accordance with state law.</p> <p>Review of the clinical record for Resident (R) 45 revealed the facility admitted the resident on [DATE] and readmitted the resident on [DATE]. The resident's diagnoses included Congestive Heart Failure (CHF) and Left Ventricular Failure. The Quarterly Minimum Data Set (MDS) dated [DATE] revealed the facility assessed the resident with a Brief Interview of Mental Status (BIMS) of 10 out of 15.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Cardiopulmonary Resuscitation (CPR) Consent form signed on [DATE] revealed R45 chose CPR in the event of cardiac arrest.</p> <p>Review of the Advance Directives Order From dated [DATE] revealed the physician order for Do Not Resuscitate (DNR).</p> <p>Review of R45's care plan dated [DATE] for Advance Directives revealed the resident had a DNR status with an onset date of [DATE].</p> <p>In interview, on [DATE] at 8:42 AM, R45 stated he/she wanted to be let go if found unresponsive and did not want chest compressions. The resident stated yesterday the facility also asked him/her.</p> <p>In interview on [DATE] at 3:14 PM, Licensed Practical Nurse (LPN) 5 stated the resident's code status was completed by the nurse completing the resident admission. She stated the purpose of the Advance Directive was to know if the resident wanted CPR in case his/her heart stopped. The LPN stated staff looked in the electronic health record as she did not have access to the signed paper copy. She stated if the computer was different from the signed form, there was the potential for staff to do what they are not supposed to do.</p> <p>In interview on [DATE] at 9:20 AM, the Admissions Director (AD) stated she completed the admission packet for the resident, unless the resident entered the facility after 5:00 PM and the nurse on duty would complete the resident's code status. She stated she was only involved for a resident re-admission if the resident's code status changed. The AD stated R45's code status was followed by what was in the computer from the physician order. She further stated the purpose of the Advance Directive was in case the resident's heart stopped, the facility knew what the resident's wishes were. She also stated the nurse would refer to the directive in the computer which came from the physician's order entered into the system. She further stated if the resident's heart stopped, staff would follow the order for DNR and would not perform CPR on R45 who could pass away.</p> <p>In interview on [DATE] at 1:10 PM, the Unit Manager (UM) stated the resident's code status was reviewed and changed if needed when a resident returned from the hospital as a new admission. The UM stated code status was reviewed by the Interdisciplinary Team (IDT). She stated the nurse did not have access to the paperwork and the computer record was the resource for staff to know a resident's code status. The UM stated R45 returned to the facility this month and would not receive CPR as the computer noted DNR and staff would not have the paperwork.</p> <p>On [DATE] at 1:54 PM interview with the Director of Nursing (DON) revealed the Advance Directive for a resident was not completed upon return from the hospital. She stated residents with a DNR status were reviewed in the IDT clinical meeting. The DON stated if there was a discrepancy between the computer and the paperwork, the resident's wishes would not be followed and CPR would not be provided.</p> <p>In interview on [DATE] at 3:37 PM, the administrator stated the facility audited resident admissions for the Advance Directive when a resident returned to the facility. She stated She was sure R45's code status was discussed and reviewed. The Administrator stated the purpose of the Advance Directive was to make a resident's wishes and choice if he/she wanted CPR or progress a natural course. The Administrator stated if there was a discrepancy the resident's wishes may not be followed and would not receive CPR.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47798</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure residents who are unable to carry out activities of daily living receive the necessary services to maintain good grooming and personal hygiene for ten (Resident (R) 9, R14, R25, R26, R35, R39, R40, R42, R108, and R254) of 21 sampled residents. Residents did not receive regularly scheduled showers and/or baths, and grooming/hygiene, including nail care, as needed.</p> <p>The findings include:</p> <p>Review of a facility policy, titled Activities of Daily Living (ADLs), dated 10/2020, revealed the facility would work to provide care and services to residents that were person-centered, and honor and support each resident's preferences, choices, values, and beliefs. The policy stated the facility protocol would be to provide the resident the appropriate care and services to maintain or improve his/her ability to carry out the ADLs. The facility would provide care and services for the following ADLs: hygiene (bathing, dressing, grooming, oral care) and any resident who was unable to carry out ADLs would receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. However, the facility did not include specifics related to the provision of these services.</p> <p>1. Review of R9's Admission Face Sheet revealed the facility admitted the resident on 11/04/2016 with diagnoses including multiple sclerosis (MS), morbid obesity, and type 2 diabetes.</p> <p>Review of R9's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/04/2024 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15/15, which indicated the resident was cognitively intact. Per the MDS, the resident was dependent on staff for bathing and had no refusals of care. Review of the resident's care plan revealed the resident required two-person assistance with the use of a mechanical lift.</p> <p>Review of the resident's shower/bath schedule revealed the resident was supposed to receive a shower twice a week. Per the shower sheet, each day was to be documented that either a bath was given, a shower was given, the activity did not occur, or the resident refused care.</p> <p>Review of R9's shower sheets from 11/01/2023 through 01/31/2024 revealed no documented showers, baths, or refusals between 11/12/2023 and 11/20/2023; between 12/04/2023 and 12/10/2024; between 12/15/2023 and 12/22/2023; between 12/24/2023 and 01/05/2024; or between 01/07/2024 and 01/21/2024.</p> <p>During an interview with R9 on 08/26/24 at 08:37 AM, she stated her showers were often not provided on her shower day because of staffing issues. She further stated it was very depressing when she did not receive a shower.</p> <p>During an interview with Certified Nursing Assistant (CNA) 3 on 08/27/24 at 07:49 PM, she stated R9 required two people for her care and preferred her shower during the day. CNA3 stated R9's showers were not always provided on her scheduled shower day because there were not enough people to help on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of R14's Admission Face Sheet revealed the facility admitted the resident on 10/12/2023 with diagnoses including Parkinson's disease, quadriplegia, and type 2 diabetes.</p> <p>Review of R14's MDS, with an ARD of 08/10/2024, revealed the resident had a BIMS score of 12/15, which indicated the resident was moderately cognitively impaired. Per the MDS, the resident was dependent on staff for Activities of Daily Living (ADLs) and did not refuse care. Review of R14's care plan, with a date of 10/12/2023, revealed the resident would be provided ADL assistance per assessment. The resident's shower schedule was twice weekly.</p> <p>Review of R14's shower sheets from 05/26/2024 through 08/24/2024 revealed documentation of partial or total bed baths, but no showers. Further review revealed no documentation of any bath hygiene between 06/21/2024 through 06/30/2024; 07/23/2024 through 07/31/2024; or 08/07/2024 through 08/13/2024.</p> <p>Observation on 08/26/24 at 9:39 AM revealed R14's fingernails were approximately one to one and a half inches long; were yellowed in color; and dirt was observed underneath all ten fingernails. During an interview with R14 on 08/26/2024 at 9:39 AM, he stated he was not sure the last time his nails were trimmed. He further stated he liked to have his nails trimmed and clean. Further interview with R14 revealed that yesterday (08/25/2024) was the first time in about six months he was offered a bath.</p> <p>3. Review of R26's Admission Face Sheet revealed the facility admitted the resident on 04/05/2024 with diagnoses including legal blindless, right below the knee amputation (BKA), and type 2 diabetes.</p> <p>Review of R26's MDS, with an ARD of 07/04/2024, revealed the resident had a BIMS score of 14/15, which indicated the resident was cognitively intact. Per the MDS, the resident required assistance with bathing/showering, and did not refuse care. Review of the care plan, dated 04/04/2024, revealed the resident would be provide the level of assistance required with ADLs. The resident's shower schedule was twice weekly.</p> <p>a. During interview with R26 on 08/27/24 at 8:36 AM, he stated he had not received a shower last month.</p> <p>Review of R26's shower sheets from 05/27/2024 through 08/24/2024 revealed no documented showers, baths, or refusals between 07/07/2024 and 08/09/2024.</p> <p>During an interview with CNA5 on 08/28/2024 at 9:14 AM, she stated R26 was scheduled for a shower yesterday, but it was missed because she did not have time or help.</p> <p>b. Observation on 08/27/2024 at 8:36 AM revealed R26's fingernails were approximately one to one and a half inches long, yellow in color, brittle, and dirty underneath. During an interview with R26 on 08/27/2024 at 8:36 AM, he stated he wanted to have his nails trimmed and cleaned. He further stated he had a visual impairment and frequently used his hands when he ate finger type foods.</p> <p>During an interview with CNA 10 at 08/29/2024 at 9:55 AM, she stated the CNAs trimmed residents' fingernails unless the resident was a diabetic. If the resident was diabetic, then nursing staff was responsible for nail care. CNA 10 further stated it was important fingernails were kept trimmed and cleaned because of cleanliness, especially when the resident ate.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Elizabethtown Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Woodland Drive Elizabethtown, KY 42701	
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of R25's Admission Face Sheet revealed the facility admitted the resident on 03/20/2019 with diagnoses including left sided paralysis following a stroke and contracture of left hand and left wrist.</p> <p>Review of R25's MDS, with an ARD of 08/06/2024, revealed the resident had a BIMS score of 14/15, which indicated the resident was cognitively intact. Per the MDS, the resident required assistance with bathing/showering and did not refuse care. The resident's care plan, dated 11/08/2019, noted the resident had a self-care deficit and required assistance with ADLs.</p> <p>Review of R25's shower sheets from 05/26/2024 through 08/25/2024 revealed no documented showers, baths, or refusals between 07/06/2024 and 08/05/2024.</p> <p>Observation on 08/25/24 at 11:47 AM revealed R25's hair was dirty, greasy, and matted to the resident's head. During interview with R25 on 08/25/2024 at 11:47 AM, he expressed concern about the frequency of baths and stated it had been about a month since he received a shower or bath.</p> <p>In an additional interview with R25 on 08/27/2024 at 8:48 AM, he stated he still had not received a shower. He further stated he wanted a bath because he felt dirty.</p> <p>5. Review of R35's Admission Face Sheet revealed the facility admitted the resident on 01/06/2023 with a diagnosis of left sided paralysis following a stroke.</p> <p>Review of R35's MDS, with an ARD of 08/20/2024, revealed the resident had a BIMS score of 15/15, which indicated the resident was cognitively intact. Per the MDS, the resident was dependent on staff for showers/bathing and did not refuse care. The care plan, dated 01/17/2023, noted the resident had a self-care deficit and staff were to provide ADL assistance per the MDS assessment. The resident's shower schedule was twice weekly.</p> <p>Review of R35's shower sheets from 05/26/2024 through 08/25/2024 revealed no documented showers, baths, or refusals between 07/19/2024 and 07/31/2024 or between 08/11/2024 and 08/25/2024.</p> <p>During an interview with R35 on 08/25/2024 at 11:15 AM, she stated her scheduled showers were not always provided. Observation during this interview revealed the resident had dirty, uncombed hair.</p> <p>6. Review of R40's Admission Face Sheet revealed the facility admitted the resident on 08/18/2022 with diagnoses including, acute and chronic respiratory failure, type 2 diabetes, and stroke.</p> <p>Review of R40's MDS, with an ARD of 07/31/2024, revealed the resident had a BIMS score of 15/15, which indicated the resident was cognitively intact. Per the MDS, the resident required assistance with bathing and did not refuse care. The resident's care plan, dated 08/18/2022, noted the resident required assistance with ADLs per their assessment. The resident's shower schedule was twice weekly.</p> <p>Review of R40's shower sheets from 11/01/2023 through 01/31/2024 revealed no documented showers, baths, or refusals between 11/08/2023 and 11/13/2023 or between 01/03/2024 and 01/10/2024. Review of R40's shower sheets from 05/26/2024 through 08/24/2024 revealed no documented shower, bath, or refusals between 07/19/2024 to 07/31/2024 or between 08/11/2024 to 08/25/2024.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>No observation or interview was conducted as the resident was out to the hospital during the survey.</p> <p>7. Review of R108's Admission Face Sheet revealed the facility admitted the resident on 10/17/2023 with diagnoses including paraplegia and type 2 diabetes. Per this closed record, the resident's discharge date was 05/08/2024.</p> <p>Review of R108's MDS, with an ARD of 04/03/2024, revealed this resident required assistance with bathing. Per the care plan, dated 10/16/2023, the resident had a self-care deficit and ADL assistance was to be provided as required per assessment.</p> <p>Review of R108's shower sheets from 11/01/2023 through 01/31/2024 revealed one documented entry on 12/01/2023 for a shower.</p> <p>8. Review of R254's Admission Face Sheet revealed the facility admitted the resident on 12/04/2023 with diagnoses that included paralysis following a stroke, dementia, and congestive heart failure (CHF). Per this closed record, the resident's discharge date was 01/11/2024.</p> <p>Review of R254's shower sheets from 12/04/2023 through 01/10/2024 revealed no documented showers, baths, or refusals between 12/04/2023 and 12/10/2023.</p> <p>9. Review of a face sheet revealed the facility admitted R39 on 02/15/2024 with diagnoses including cognitive communication deficit, history of transient ischemic attack (TIA) and cerebral infarction, and unspecified dementia with other behavioral disturbance.</p> <p>Review of a Quarterly MDS, with an ARD of 08/21/2024, revealed the facility assessed R39 to have a BIMS score of 3/15 indicating the resident had severe cognitive impairment. Per the MDS, the resident needed staff assistance with bathing and did not refuse care.</p> <p>Review of R39's shower sheets from 05/27/2024 through 08/28/2024 revealed no documented showers, baths, or refusals from 07/07/2024 through 08/05/2024.</p> <p>10. Review of a face sheet revealed the facility admitted R42 on 10/17/2022 with diagnoses including cervical disc disorder with myelopathy, major depressive disorder, and neurogenic bowel.</p> <p>Review of a Quarterly MDS, with an ARD of 07/28/2024, revealed the facility assessed R42 to have a BIMS score of a 15/15 indicating the resident was cognitively intact. Per the MDS, the resident needed staff assistance with bathing and did not refuse care.</p> <p>Review of R42's shower sheets from 05/27/2024 through 08/28/2024 revealed no documented showers, baths, or refusals from 07/04/2024 through 07/12/2024, 07/15/2024 through 07/22/ 2024, and 08/15/2024 through 08/26//2024.</p> <p>During an interview with R42 on 08/29/2024 at 1:10 PM, he stated he did not receive showers regularly. R42 stated he has had to wait several days between showers due to a lack of staff to assist. R42 stated he had waited up to a week in the past. R42 stated he did like to take his showers and it was frustrating to him when he could not receive a shower. R42 further revealed there had been many times that staff wouldn't even ask him if he wanted a shower because they did not have enough help.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with CNA5 on 08/28/2024 at 9:14 AM, she stated that typically, four to five showers were completed on day shift, and she was unsure about night shift. CNA5 stated sometimes they had a shower aide, but lately the facility was short staffed. She further stated when they had one aide per hall and the mechanical lift required two staff, it was hard to get showers completed. CNA5 stated residents had complained to her about missed showers. She further stated residents had missed outside appointments because they told her they felt dirty.</p> <p>During an interview with CNA10 on 08/29/2024 at 9:55 AM, she stated residents were usually showered twice a week; however, some residents had complained to her their showers were missed.</p> <p>During an interview with CNA9 on 08/28/2024 at 1:57 PM, she stated if a shower aide was not scheduled to work, the CNA on the floor was responsible for showers and she found it difficult to give showers on top of her other assigned duties. CNA9 stated she often worked without a shower aide scheduled and they were short staffed.</p> <p>During an interview on 08/29/2024 at 10:24 AM with Licensed Practical Nurse (LPN) 5, she stated residents had complained their showers were not received. She further stated some days they had a shower aide and that helped, but other days there was not enough staff to make certain all showers were completed.</p> <p>During an interview with the Unit Manager (UM) on 08/29/2024 at 10:48 AM, she stated there should not be any reasons showers were not provided unless a resident refused.</p> <p>During an interview with the Director of Nursing (DON) on 08/29/2024 at 2:37 PM, she stated residents have assigned shower days twice a week. The DON stated she expected the facility to be staffed appropriately to be able to provide the care the residents required, and she thought the facility had been. Further interview with the DON, on 08/29/2024 at 3:03 PM, revealed she had no concerns with the overall hygiene of residents. She further stated it was her expectation nurses helped with ADL's if needed.</p> <p>During an interview with the Administrator on 08/29/2024 at 3:39 PM, she stated she was aware there was work to be done, and the facility was working on an action plan related to showers. The Administrator stated she wanted to ensure a shower aide was staffed at least three days a week. She stated showers should not be missed and the CNA working the floor was responsible to ensure the resident received their shower or bath. The Administrator stated their goal was to ensure all scheduled showers were given, adding that there should never be a day a resident did not receive their scheduled shower.</p> <p>49267</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>30898</p> <p>The facility failed to ensure performance evaluations were completed for two of two sampled CNAs. The facility did not provide evaluations for CNAs employed over one year and trained based on those evaluation results.</p> <p>The findings include:</p> <p>Review of the personnel files for Certified Nurse Aide (CNA) 10 and CNA 13 revealed they did not have annual performance evaluations completed. The facility hired CNA 10 on 05/12/2017, the last performance evaluation completed was signed on 08/28/2018. The facility hired CNA 13 on 12/10/2015, and the last completed evaluation was signed 04/06/2021.</p> <p>In interview on 08/29/2024 at 9:57 AM, the Human Resource (HR) and Payroll Manager stated she worked at the facility 5 years and began as the HR Manager in December 2023. She stated employee performance evaluations were completed once a year based on their anniversary date. The HR Manager stated she places the completed evaluation into the employee's file, which she was responsible to maintain. She also stated the facility used a computer program to enter the employee hire date and the computer auto-populated when an evaluation was due. She stated when this occurred, she had to dismiss the autopopulated alert as it did not automatically go away. She stated when an employee's evaluation was due, she informed the Administrator. The HR Manager further stated the computer program did not flag if an evaluation was overdue. She stated she was unsure the reason CNA 10 and CNA 13 did not have their evaluations completed.</p> <p>In interview on 08/29/2024 at 1:54 PM, the Director of Nursing (DON) stated she began employment at the facility in April 2024, and as the DON about 2 weeks ago. She stated the purpose of the employee performance evaluation was to ensure the employee did his/her job appropriately and provided good resident care. The DON stated the CNA evaluations were completed by the HR Manager. She further stated she completed the nurses evaluations, and the nurses were responsible to supervised the CNAs. The DON stated she was unsure if the nurses provided input into the CNA evaluations. She also stated she wanted to know if a CNA evaluation was not completed, as she oversees the clinical department. The DON stated if the evaluation was not completed the facility was not able to follow up on the employee's job performance.</p> <p>On 08/29/2024 at 3:37 PM, interview with the Administrator revealed she started employment at the facility at the end of June 2024. She stated she was not aware how far back employee performance evaluations were not completed until the survey. The Administrator stated she or the DON were responsible to complete the CNA evaluations. She stated the HR Manager received notifications from a computer program when evaluations were due. She further stated she asked the HR Manager to inform her when she (the HR Manager) sees them. The Administrator stated if the evaluations were not completed, employees had less information of what they did that was, good or where they needed to improve or areas to work on.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>30898</p> <p>The facility failed to ensure daily nursing staffing was posted in the facility for two of five days during the survey. The last posted daily staffing 08/27/24.</p> <p>The findings include:</p> <p>Observation of the posted staffing on 08/29/2024 at 3:16 PM revealed the last posted date was 08/27/2024.</p> <p>In interview on 08/29/2024 at 3:24 PM, the Director of Nursing (DON) stated the Staff Scheduler/Certified Nurse Aide (CNA) 6 was responsible to post staffing in the morning during the week. The DON stated she did not check on this morning to see if the daily staffing was posted. She further stated the purpose of posting staffing information was so everyone knew the facility had adequate staffing to provide patient care. The DON stated if the information was not posted, the facility would have a hard time proving the staffing for the day. She also stated if the Scheduler was out during the week, she, the DON, would post the information.</p> <p>In interview on 08/29/2024 at 3:28 PM, the Staff Scheduler/CNA 6 stated she was responsible to post the daily staffing sheets and she did not post the sheet for this day. She stated when she came to work this day, she knew she would work as a CNA and was worried about resident care. The Scheduler also stated the day before (08/28/2024) the Administrator told her she would find someone to post the staffing for the day. The Scheduler further stated she posted in the morning when she comes in to work, however she worked as a CNA yesterday and this day. She stated the purpose to post daily staffing was to know how many staff to residents ratio. She stated without the posting, it was possible the facility would not have proper staffing available to provide resident care.</p> <p>On 08/29/2024 at 3:37 PM, interview with the Administrator revealed the Scheduler was responsible to post daily staffing. She stated the purpose to post was for transparency so others would know the facility had staff. The Administrator further stated the Scheduler worked as a CNA on 08/28/2024 and 08/29/2024, and the Unit Manager was the backup to post. She also stated the Scheduler worked as a CNA about once per week. The Administrator stated if the staffing was not posted daily, whomever looked for staffing posting would not have the information he/she was looking for.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47798</p> <p>Based on observation, interview, and review of facility policy, the facility failed to establish and 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 6 (six) of 21 sampled residents (R8, R11, R30, R31, R36, R45).</p> <p>Observation on 08/26/2024 at 2:23 PM revealed R45's catheter bag on the floor. Additionally, observation of a unit manager not donning a gown prior to entering R9's room, which was in contact precautions.</p> <p>The findings include:</p> <p>Review of a facility policy titled, Isolation-Categories- Transmission-Based Precautions, not dated, revealed Transmission-Based Precautions (TBP) were initiated when a resident developed signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or had a laboratory confirmed infection; and was at risk of transmitting the infection to other residents. Contact Precautions specify that staff and visitors would wear a disposable gown upon entering the room and remove before leaving the room.</p> <p>Review of Appendix PP in the State Operations Manual (SOM) revealed, Contact precautions were intended to prevent transmission of pathogens that were spread by direct (e.g., person-to-person) or indirect contact with the resident or environment, and required the use of appropriate Personal Protective Equipment (PPE), including a gown and gloves before or upon entering (i.e., before making contact with the resident or resident 's environment) the room or cubicle.</p> <p>Review of a facesheet revealed the facility admitted Resident #9 (R9) on11/04/2016 with diagnoses to include: Carrier of carbapenem-resistant Enterobacterales, chronic candidiasis of vulva and vagina, and neuromuscular dysfunction of bladder, unspecified.</p> <p>Review of a facesheet revealed the facility admitted Resident #45 (R45) on 07/28/2024 with diagnoses to include: Benign prostatic hyperplasia with lower urinary tract symptoms, exocrine pancreatic insufficiency, and peripheral vascular disease.</p> <p>Observation on 08/26/2024 at 2:20 PM, R45's catheter bag was laying on the floor while the housekeeping staff swept and mopped around the bag. The housekeeper exited the room and proceeded to the next room without notifying nursing staff the catheter bag was laying on the floor.</p> <p>Observation on 08/27/2024 at 2:40 PM revealed Unit Manager (UM) #1 answered R9's call light. A sign was posted on R9's door alerting staff and visitors that R9 was placed on Contact Precautions. Prior to entry, the UM donned gloves, reached for a gown from the PPE bin but did not remove a gown and entered R9's room without a gown on.</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 - Some</p>	<p>During an interview on 08/26/2024 at 2:23 PM with Housekeeper (HK) #1, she stated she should have notified a Certified Nursing Assistant or a Nurse that the catheter bag was laying on the floor. HK1 stated she cleaned around the catheter bag on the floor instead of notifying staff that it was laying on the floor.</p> <p>During an interview on 08/27/2024 at 3:35 PM with Unit Manager (UM) #1, she stated staff should wear a gown and gloves prior to providing care for residents on Contact precautions. UM1 read the sign on R9's door and stated she should have put on gloves and a gown everytime she entered the room if a resident was on contact precautions. UM1 stated it was important to follow the precautions put in place to prevent the spread of infection throughout the facility.</p> <p>During an interview on 08/29/2024 at 2:37 PM with the Director of Nursing (DON), she stated catheter bags should always be secured to a bed or chair. The DON stated she expected non-clinical staff to notify nursing staff immediately so it could be corrected.</p> <p>During an interview on 08/29/2024 at 3:39 PM with the Administrator, she stated a catheter bag should never touch the floor because of cleanliness and positioning could impact the flow of urine in the tubing. She stated if someone saw a catheter bag on the floor they should always let a nurse know.</p> <p>49267</p> <p>Review of the facility's policy titled, Policies and Practices - Infection Control, revised 10/2018 revealed the objective is to maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.</p> <p>Review of the facility's undated policy titled, Isolation - Categories of Transmission-Based Precautions revealed staff and visitors will wear gloves (clean, non-sterile) when entering room. Further review revealed staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.</p> <p>The State Survey Agency (SSA) Surveyor requested a respiratory/oxygen policy on 08/27/2024 at 3:16 PM and a catheter care policy on 08/28/2024 at 8:20 AM. The Administrator stated the facility did not have a catheter care policy. The Administrator further stated the facility followed physician orders related to oxygen tubing because they did not have a specific respiratory and/or oxygen policy.</p> <p>1. Review of R8's, Admission Face Sheet, revealed the facility admitted the resident on 01/09/2015 with diagnoses including Alzheimer's disease, aphasia and dysphagia following a stroke, and congestive heart failure (CHF).</p> <p>Review of R8's, Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/18/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) of 00 out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Review of R8's, Physician Order Form, dated as of 08/29/2024 revealed an order in place for oxygen at two liters. Further review revealed no orders in place related to resident's oxygen tubing.</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 - Some</p>	<p>a. Observation on 08/25/2024 at 11:27 revealed R8 in bed A with the door open. Further observation revealed R8's catheter drainage bag was visible from the hallway. An additional observation revealed R8's catheter drainage bag positioned on the floor.</p> <p>During an interview with Certified Nursing Assistant (CNA) 5 on 08/28/2024 at 9:14 AM, she stated a resident's catheter drainage bag should not be placed on the floor because of infection concerns.</p> <p>During an interview with CNA8 at 08/28/2024 at 3:17 PM, she stated she worked at the facility as a CNA since May of this year and received training during orientation related to infection control and prevention. CNA8 stated catheter bags should never be left where they touched the floor because of the risk for infection.</p> <p>During an interview with Housekeeper #1 on 08/29/2024 at 9:45 AM, she stated resident rooms were cleaned daily. Housekeeper #1 stated if she found a resident's catheter bag or oxygen tubing on the floor, she stopped and notified the nurse or the aide. She further stated it was not acceptable to sweep or mop around a catheter bag or oxygen tubing on the floor because it was dirty and increased the chances for infection.</p> <p>During an interview with Licensed Practical Nurse (LPN) 5 on 08/29/2024 at 10:24 AM, she stated if she observed a resident's catheter drainage bag on the floor, she replaced it with a new bag. She further stated catheter drainage bags should not be on the floor because of infection risks.</p> <p>During an interview with the Unit Manager (UM) on 08/29/2024 at 10:48 AM she stated catheter drainage bags should not be on the floor because of contamination risks. The UM stated she performed rounds and room checks every morning. She further stated she had observed catheter drainage bags on the floor when she made rounds and provided immediate education to staff.</p> <p>During an interview with the Assistant Director of Nursing/Infection Preventionist (ADON/IP) on 08/29/2024 at 2:28 PM, she stated she had been in her role for only two weeks but had started work on a new IP training program for both orientees and current employees. She further stated she planned for more skills checks, yearly check offs and return demonstrations. The ADON/IP stated she currently monitored for compliance with infection control practices through random audits. The ADON/IP stated catheter drainage bags should not be on the floor because of infection control concerns, The ADON/IP stated she had not observed any breaks in infection since she started at the facility.</p> <p>During an interview with the Administrator on 08/29/2024 3:52 PM, she stated catheter drainage bags should not touch the floor because of cleanliness and if positioned incorrectly affected urine flow. She further stated she expected staff to follow the facility's policies and procedures related to infection control and that included location of catheter drainage bags.</p> <p>b. Observation on 08/27/2024 at 8:40 revealed R8 with oxygen in use at two liters. Further observation revealed oxygen tubing contained no label or date.</p> <p>2. Review of R11's MDS with an ARD of 10/19/2023, revealed the facility admitted the resident on 01/16/2020 with diagnoses including non-traumatic spinal cord dysfunction, neurogenic bladder (a condition where normal bladder function is disrupted due to nerve damage), dementia, CHF.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Elizabethtown Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Woodland Drive Elizabethtown, KY 42701	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R11's, MDS with an ARD of 07/05/2024, revealed the resident had a BIMS score of nine out of 15, which indicated the resident was moderately cognitively impaired.</p> <p>Observation on 08/26/2024 at 9:43 AM revealed R11's oxygen tubing dated 08/09/2024.</p> <p>3. Review of R31's, MDS, with an ARD of 02/14/2024 revealed the facility admitted the resident on 07/08/2020 with diagnoses including unspecified neurological condition and depression.</p> <p>Review of R31's, MDS with an ARD of 06/24/2024, revealed the resident had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Observation on 08/25/2024 at 11:38 AM revealed R31 with oxygen in use. Further observation revealed R31's oxygen tubing dated 08/09/2024.</p> <p>4. Review of R30's, MDS, with and ARD of 07/26/2024 revealed the facility admitted the resident on 07/26/2024 with diagnoses including CHF and chronic obstructive pulmonary disease (COPD).</p> <p>Review of R30's, MDS with an ARD of 07/29/2024, revealed the resident had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Review of R30's, General Order Form with an original date of 07/26/2024 and a renewed date of 08/01/2024, revealed an order to change oxygen tubing, humidification, and filter every 14 days.</p> <p>Observation on 08/25/2024 at 11:18 AM revealed oxygen in use at three and a half liters. Further observation revealed tubing was not labeled or dated.</p> <p>5. Review of R36's, MDS, with an ARD of 12/08/2023 revealed the facility readmitted the resident on 12/04/2023 with diagnoses of stroke, CHF, and pneumonia.</p> <p>Review of R36's, MDS with an ARD of 06/09/2024, revealed the resident had a BIMS score of six out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Review of R36's, General Order Form with an original date of 08/23/2023 and a renewed date of 08/01/2024, revealed an order to change oxygen tubing, humidification, and filter every 14 days.</p> <p>Observation on 08/25/2024 at 11:21 AM revealed R36 with oxygen in use at two liters. Further observation revealed R36's oxygen tubing was not dated.</p> <p>An interview was attempted with CNA 12 on 08/28/2024 at 9:01 PM. CNA12 was not reached and the (SSA) surveyor was unable to leave a message.</p> <p>An interview was attempted with CNA 13 on 08/28/2024 at 9:03 PM, but the number provided by the facility was incorrect.</p> <p>An interview was attempted with LPN6 on 08/28/2024 at 9:06 PM. The (SSA) surveyor left a message, but a return call was not received.</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 - Some</p>	<p>During an interview with LPN5 at 08/29/2024 at 10:24 AM, she stated she did not know how often oxygen tubing was changed, but thought it was changed by night shift. LPN5 stated it should be changed on a regular basis because over time the tubing became dirty and posed a risk for infection.</p> <p>During an interview with the UM on 08/29/2024 at 10:48 AM, she stated oxygen tubing should be changed as needed or at least monthly because of infection risks.</p> <p>During an interview with the ADON/IP on 08/29/2024 at 2:28 PM, she stated oxygen tubing should be changed every seven days or per physician's order.</p> <p>During an interview with the Staff Development Coordinator (SDC) on 08/29/2024 at 2:41 PM, she stated she did not know if the facility had a policy related to how often O2 tubing was changed. She further stated, it should be changed regularly because of the risk for infection.</p> <p>During an interview with the Director of Nursing (DON) on 08/29/2024 at 3:03 PM, she stated it was her expectation staff followed facility policies and procedures related to infection. She further stated oxygen O2 tubing should be changed weekly.</p> <p>During an interview with the Administrator on 08/29/2024 at 3:52 PM, she stated it was her expectation staff followed the facility's policies and procedures related to infection control. The Administrator stated they did not have a specific oxygen policy and the facility followed the physician's orders related to how often oxygen tubing was changed but stated it should be changed regularly for cleanliness purposes.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28707</p> <p>The facility failed to maintain an effective pest control program so that the facility is free of pests and rodents. Gnats were observed in common areas and resident rooms throughout the survey process. Interview with residents indicated this had been an ongoing issue, with multiple resident reporting concerns with gnats getting on their food or drinks at meal times (R3, R9, R10, R15, R42, R45, R48).</p> <p>The findings include:</p> <p>Interview with Maintenance Director on 08/29/2024 at 10:45 AM and Administrator on 08/29/2024 at 3:37 PM revealed facility did not have a pest control plan or policy. A Pest Control Agreement was requested, but not provided during survey.</p> <p>Review of the Homelike Environment Standard of Practice, dated 10/2020, revealed the purpose of the policy was to ensure residents are provided with a safe, clean, comfortable and homelike environment, with the facility responsible for maximizing cleanliness and order.</p> <p>Review of a facility Work Order #2059, created on 03/14/2024, noted broken tiles around dish machine, holding water, causing water to attract gnats. Further documentation noted Regional is supposed to bring some spare tile from another facility. Floor being cut out 05/20/24 to 05/22/24 for new plumbing in dish washing area.</p> <p>Review of a Customer Service Report from Ecolab pest control dated 06/07/24 revealed the facility was treated for large flies, with glueboards checked and replaced. Glueboards were documented as 25% full. Sanitation Issues were identified in the kitchen, specifically the floor under cook/steam line was observed in need of cleaning. Drains need to be cleaned pipes need to be cleaned out [AGE] years worth of small fly larva, and pipe. Please clean regularly. Material Applied: Ecolab Drain Cleaning Gel, targeting small flies.</p> <p>Review of a Customer Service Report from Ecolab pest control, 07/12/24 revealed the facility was treated for large and small flies, with glueboards checked and replaced. Glueboards were documented as 50% full.</p> <p>Review of a Customer Service Report from Ecolab pest control, 08/28/24 the facility was treated for large and small flies, with glueboards checked and replaced. Documentation goes on to reveal pest activity was found in the kitchen area, with small flies noted during service throughout the kitchen. Area was inspected and serviced.</p> <p>Observation on 08/25/24 at 10:45 AM revealed several gnats swarming around R42's overbed table. Resident had no open food items or other items in area that would be attracting gnats. Resident had a covered thermos-style cup on overbed table. Observed two gnats on resident's thermos. Counted six gnats on ceiling in area to the side and above resident bed. No gnats were observed around sink or anywhere else in resident area.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with R42 on 08/25/2024 at 10:45 AM revealed when he finished his breakfast that morning and put the napkin down over his plate, in just a matter of seconds there were a dozen gnats all over it. He shared the only thing he has concerns about regarding his care here is the gnats, states they are everywhere.</p> <p>Continued observation, returned to R42's room on 08/25/2024 at 12:30 PM following lunch service. Resident had his eyes closed, observed three gnats on resident napkin placed over his plate.</p> <p>Observation on 08/25/2024 at 1:10 PM revealed a gnat flying around R45's tray. Interview with R45 at that time revealed he sees gnats often.</p> <p>Interview on 08/25/2024 at 1:10 PM with R45 stated he sees gnats often around his tray, and won't eat his food when gnats are swarming around it.</p> <p>During resident council on 08/26/2024 at 2:30 PM, R9, R10, R3, R15, and R48 all complained of seeing gnats on their food or on their drink cups. R48 stated if gnats land in her food, she doesn't eat because of it. R9 stated if gnats land in her coffee cups or cokes, she doesn't drink them when that happens.</p> <p>On 08/29/24 at 10:20 AM surveyor observed bug attracting lights with glue paper filled mostly with gnats on small hallway beyond [NAME] Lane.</p> <p>Interview on 08/29/24 at 10:34 AM with the Housekeeping Supervisor (HS) from another facility here to assist as this facility housekeeping supervisor recently quit, stated maintenance handles pest control, works with eco lab, treats for gnats. The HS stated there are some rooms that gnats are more prevalent in, including one resident on [NAME] Lane, whose refusals for room cleaning and personal hygiene may contribute to the gnat problem. We have deep cleaned that room, offered to deep clean yesterday, but resident refused. When we go to clean, roommate asks us to do as much as possible. No other areas come to mind, but I'm not extremely familiar with this building either.</p> <p>Interview on 08/29/24 at 10:45 AM with the Maintenance Director (MD) stated there is a plumbing issue contributing to the gnat problem, we have an outside vendor coming to redo plumbing to seal off one of the drains in the kitchen. The MD stated Ecolab was here yesterday and treated for gnats, but didn't replace all the glue strips in the lights. The MD stated the gnat issue has improved, but we still have more to do to eliminate them. The MD stated gnats have been an issue for about three weeks, with the MD being newly employed as MD as of 5 weeks ago. The MD stated he has replaced the troubled part of the drain line, that got rid of a lot of them, but have an outside vendor coming in to replace the part where it goes into the floor.</p> <p>Observation with MD on 08/29/2024 at 10:50 AM revealed one of four bug light stations had glue strips which had not been replaced, the one at the end of the small hallway beyond [NAME] Lane which surveyor noted earlier. MD was able to replace with an extra glue strip from another bug light station.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 08/29/2024 at 3:37 PM with the Administrator stated when she came to the facility as Administrator at the end of June 2024, she did see their were gnats. She stated the facility started working on it, started calling pest control, consulted a plumber. She stated her goal was to find the root cause, and fix it. She was not aware of any resident complaints specific to gnats. She stated her expectation is to be pest free, including gnats, and if something arises we figure it out and get it fixed.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>30898</p> <p>The facility failed to ensure CNAs received 12 hours of yearly training for two of three sampled CNA personnel files. The facility did not provide the required 12 hours of yearly training for the three CNAs reviewed.</p> <p>The findings include:</p> <p>Review of personnel files for Certified Nurse Aide (CNA) 10 revealed the facility hired the CNA on 05/12/2017. Review of the personnel file for CNA 13 revealed the facility hired the CNA on 12/10/2015. The facility did not provide the required 12 hours of annual training for review for both CNAs.</p> <p>In interview with the Staff Development Coordinator (SDC) on 08/29/2024 at 1:43 PM, the SDC stated she worked at the facility for 3 weeks and was still looking for the CNA training hours. She stated her expectation was the training hours were completed monthly and within 1 year of the CNA's hire date. She further stated the facility had a lot of new staff and the trainings would be completed face-to-face and online. The SDC stated the purpose of the yearly training was to keep the CNAs up to date with what was going on in care. Additionally, she stated the trainings were a refresher on various topics including the facility abuse policy, resident rights, blood borne pathogens, use of the mechanical lifts, safety awareness, emergency preparedness. The SDC stated the CNAs may not be able to complete their shift until their training was up to date.</p> <p>On 08/29/2024 at 1:54 PM interview with the Director of Nursing (DON) revealed she was the DON for 2 weeks, although she was employed at the facility since 04/29/2024. She stated the SDC was responsible for most of the staff education. The DON stated she was unaware the SDC was unable to find any CNA training hours in the 2 weeks since she (the SDC) was hired. She stated the purpose of the yearly training hours for the CNAs was to show they received continuing education in their field to be up to date in their knowledge as a CNA. The DON stated if the CNAs did not receive the yearly training, they would not be up to date on their knowledge as a CNA and possibly not be able to renew their certification.</p> <p>In interview on 08/29/2024 at 3:37 PM, the Administrator stated she was employed at the facility since June 2024. She stated she was first aware of the lack of the CNA training hours during the survey. The Administrator stated the SDC was new in the last 2 to 3 weeks and filled a vacant position. She further stated the purpose of the yearly training hours was to ensure the CNAs skills and knowledge were where they needed to be. She stated if the CNAs did not have the yearly training, the CNAs may not know what they need to do which could directly impact the care they provide.</p>