STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185269	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crittenden County Health & Rehabilitation Center	201 Watson Street Marion, KY 42064

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interview and record review, the facility failed to ensure the physician acknowledged the pharmacist's recommendation for a resident's monthly medication regime review for one of five sampled residents (Resident (R) 43) reviewed for unnecessary medications.The findings include: On 03/05/2026 at 10:12 AM, the Director of Nursing (DON) stated the facility did not have a policy that specified the timeframe in which a physician must respond to the consultant pharmacist's monthly medication regime review. Review of R43's Resident Face Sheet revealed the facility the resident on 08/27/2020 with diagnoses which included heart failure, hyperkalemia, and gastro-esophageal reflux disease without esophagitis. Review of R43's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/19/2026, revealed the resident had a Brief Interview for Mental Status score of 14 out of 15, which indicated the resident had intact cognition. Review of R43's Consultation Report for the timeframe 11/01/2025-11/30/2025, 12/01/2025-12/31/2025, and 01/01/2026-01/31/2026, revealed no evidence the physician and/or designee acknowledged the recommendations of the Pharmacist regarding the resident's medication regime review. During an interview on 03/05/2026 at 8:29 AM, the DON stated residents' consultation reports of the pharmacist's medication regime review recommendations were still located in the physician books with documents awaiting a signature. The DON reported she spoke with the physician, who stated they believed the reports had been taken home and not yet returned to the facility. During an interview on 03/05/2026 at 11:58 AM, Nurse Practitioner (NP) 10 stated she currently had a stack of consultant reports from the Pharmacist on her desk that had not yet been returned to the facility. NP10 stated she could not recall whether she had reviewed or signed the consultation reports of the resident's medication regimen review for R43. NP10 stated facility staff placed the recommendations (consultation reports) in a folder, which she typically picked up and took with her to review. NP10 stated their office had experienced staffing shortages, and she was behind on completing the reviews. During a follow-up interview on 03/05/2026 at 9:51 AM, the DON stated she was unaware the consultation reports had not been signed. The DON stated the documents slipped through the cracks But she expected the pharmacy documents to be completed within 30 days. During an interview on 03/05/2026 at 10:05 AM, the Administrator stated she expected the pharmacist's consultation reports were signed when the providers reviewed the folders.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, document review, and facility policy review, the facility failed to ensure staff wore a gown when they provided care to residents on enhanced barrier precautions (EBP) for one (Resident 42) of one sampled residents reviewed for tube feeding, one of (Resident 33) of one sampled residents reviewed for pressure ulcer/injury, and one (Resident 42) of five sampled residents reviewed for infection control.The findings include: A facility policy titled, Enhanced Barrier Precautions, reviewed 01/2025, specified, Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves during high contact resident care activities. The policy specified, 4. High-contact resident care activities include: a. Dressing b. Bathing c. Transferring d. Providing hygiene e. Changing linens g. Changing briefs or assisting with toileting g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, etc. h. Wound care: any skin opening requiring a dressing (may exclude shorter-lasting wounds, such as skin breaks or skin tear covered with a Band-aid or similar dressing). 1. Review of R42's Resident Face Sheet revealed the facility admitted the resident on 05/09/2025 with diagnoses which included diagnoses of encounter for attention to gastrostomy and dysphagia. Review of R42's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/23/2026, revealed R42 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident had intact cognition. The MDS indicated the resident had a feeding tube. Review of R42's Physician Order Report revealed an order dated 02/17/2026 for enhanced barrier precautions (targeted gown and gloves use) during high-contact resident care activities every shift. During a concurrent interview and medication administration observation on 03/04/2026 at 11:54 AM, Registered Nurse (RN) 3 prepared and administered medications to R42 by way of the resident's gastrostomy tube. RN3 washed her hands and applied gloves but did not put on a gown. Observation revealed there was signage above the resident's bed that indicated EBP were required. RN3 stated she was uncertain if R42 still required EBP. During an interview on 03/05/2026 at 10:21 AM, the Director of Nursing (DON) stated all residents who had a wound and any artificially inserted device such as a feeding tube were to be on EBP. The DON stated she would expect staff to put on a gown and gloves when they provide care to any resident on EBP. 2. Review of R12's Resident Face Sheet revealed the facility admitted the resident on 09/22/2025 with diagnoses which included diagnoses of encounter of orthopedic aftercare following surgical amputation and a non-pressure chronic ulcer of other part of right foot with necrosis to the bone. Review of R12's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/22/2025, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident had intact cognition. The MDS indicated the resident had diabetic foot ulcer(s) and surgical wound(s). Review of R12's Care Plan included a problem statement dated 09/22/2025, that indicated the resident required enhanced barrier precautions (EBP) related to a diabetic ulcer of the bilateral feet and a recent amputation of the second toe on the left foot. Interventions specified enhanced barrier precautions (targeted gown and glove use) during high contact resident care activities (initiated 09/22/2025). Review of R12's Physician Order Report revealed an order dated 12/12/2025, for enhanced barrier precautions (targeted gown and glove use) during high contact resident care activities every shift. During wound care observation on 03/04/2026 at 4:47 PM, the Director of Nursing (DON) did not wear a gown when she performed wound care on R12's surgical wound. During an interview on 03/05/2026 at 10:21 AM, the DON stated residents who had wounds and any artificially inserted device such as catheters, feedings tubes, and intravenous lines were to be placed on enhanced barrier precautions. The DON stated she only wore gloves during the treatment, and it slipped her mind that the resident was on EBP and that she should have applied (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a gown during wound care for the resident. During an interview on 03/05/2026 at 12:46 PM, the Administrator stated she expected all staff to wear a gown and gloves during the provision of resident wound care. 3. Review of R33's Resident Face Sheet revealed the facility admitted the resident on 07/26/2018 with a diagnosis of cerebral infarction. Review of R33's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/27/2026, revealed the resident had a Staff Assessment for Mental Status (SAMS) that indicated the resident was severely impaired in cognitive skills for daily decision making. Review of R33's Care Plan included a problem statement initiated 04/29/2025, that indicated the resident required enhanced barrier precautions (EBP) related to a stage 4 pressure injury to their sacrum. During wound care observation on 03/04/2026 at 2:26 PM, Licensed Practical Nurse (LPN) 7 did not wear a gown when he performed wound care on Resident 33. During an interview on 03/04/2026 at 5:18 PM, LPN7 stated he was not aware of EBP or what personal protective equipment was required. LPN7 confirmed he did not wear a gown when provided R33's wound care. During an interview on 03/05/2026 at 7:58 AM, LPN9 stated she was aware of EBP and when wound care was performed, staff were expected to wear a gown and gloves. During an interview on 03/05/2026 at 10:21 AM, the DON stated all residents who had a wound and any artificially inserted device such as a feeding tube were to be on EBP. The DON stated she would expect staff to put on a gown and gloves when they provide care to any resident on EBP. During an interview on 03/05/2026 at 12:46 PM, the Administrator stated she expected all staff to wear a gown and gloves during the provision of resident wound care.