STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185282	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Shore Nursing and Rehabilitation	405 Sm Roberson Drive South Shore, KY 41175

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policy, the facility failed to provide a safe, clean, comfortable, and homelike environment for 2 of 2 sampled residents, Resident (R) 30 and R45. Observations on 07/29/2025 and 07/30/2025 revealed R30 and R45 shared a room that was malodorous and smelled of urine, with gnats and flies in the room. The findings include:Review of the facility's policy titled, Safe and Homelike Environment, undated, revealed in accordance with resident's rights, the facility would provide a safe, clean, comfortable, and homelike environment, which allowed residents to use his or her personal belongings to the extent possible. This included ensuring the resident could receive care and services safely, and the physical layout of the facility maximized resident independence and did not pose a safety risk.Review of R30's Face Sheet revealed the facility admitted the resident on 08/06/2021 with diagnoses of type 2 diabetes mellitus with no proliferative diabetic retinopathy without muscular edema bilateral, cerebrovascular disease, and unilateral inguinal hernia without obstruction or gangrene recurrent. Review of R30's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 05/21/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 15 of 15, indicating he was cognitively intact. Review of R45's Face Sheet revealed the facility admitted the resident on 07/02/2025 with diagnoses of acute on chronic diastolic (congestive) heart failure, insomnia, and sick sinus syndrome.Review of R45's quarterly MDS, with an ARD of 07/09/2025, revealed the facility assessed the resident to have a BIMS score of 15 of 15, indicating he was cognitively intact. Observation on 07/29/2025 at 11:12 AM of R30's and R45's room revealed R30 lying on dirty bed sheets, with four flies on the bed sheets, a heavy presence of gnats flying around the room, and a strong odor of urine. Further observation revealed a clear tote with a white lid containing 13 opened soda cans, with flies and gnats heavily present. Additional observation revealed a personal refrigerator with a strong foul odor when opened which contained old food. Further observation revealed two empty milk cartons sitting on the shared sink with gnats landing and flying around the milk cartons. Observation on 07/30/2025 at 1:30 PM of R30's and R45's room revealed R30 lying on dirty sheets, with two flies flying around R30's genital area, a heavy presence of gnats flying around the room, and a strong odor of urine. During an interview with R30 on 07/29/2025 at 11:14 AM, he stated he did have flies, gnats, and an odor in the room he shared with R45. He stated when he allowed the staff to clean, they threw away or removed his personal belongings, and he did not like for those items to be thrown away or removed without his permission. He stated he drank soda from a can and placed the unrinsed can in a tote with a lid. He stated he did not think the cans being unrinsed was causing flies and gnats in his room. He stated he tried to wrap all the packages of food up in his room, so they did not cause a smell, mold, ants, flies, or gnats. During an interview with R45 on 07/29/2025 at 4:13 PM, he stated he was just admitted to the facility on [DATE], and he was placed in the room with R30. He stated he had spoken with staff to find him a clean room that was free from flies, gnats, and urine odor. He stated no staff member had come back to give him a response, so he had not said anything else. He stated the urine smell, cluttered environment, molded food, flies, and (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185282	A. Building B. Wing	07/31/2025

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South Shore Nursing and Rehabilitation	405 Sm Roberson Drive South Shore, KY 41175

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	gnats were not a homelike environment and was not what he was comfortable living in. During an interview with Housekeeping Aide 1 on 07/31/2025 at 1:23 PM, she stated R30 was homeless before coming to the facility. She stated housekeeping could only clean R30's room when he went to take a shower. She stated R30 refused showers to keep housekeeping from cleaning his room. She stated aides, housekeeping, and other facility staff tried to reassure R30 he did not have to keep things in excess, and he could request anything at any time. She stated the flies, gnats, and smell of urine was affecting the roommate's well-being. She stated R30's room was scheduled for a deep clean every Wednesday to try and reduce the clutter, flies, gnats, and urine odor. During an interview with the Director of Nursing on 07/31/2025 at 1:31 PM, she stated she did not consider the room R30 and R45 shared as a homelike environment. She stated the room had a strong odor of urine and molded food, flies, and gnats were present in the room. She stated the facility had the room scheduled for a deep clean every Wednesday. During an interview with the Executive Director on 07/31/2025 at 2:22 PM, she stated she had a hard time trying to keep R30's and R45's room cleaned. She stated R30 did not like for his room to be cleaned. She stated even with him present in the room while housekeeping came in the room to clean, he did not like for the housekeeping aides to wipe surfaces or throw away old food, non-stored food, empty soda cans, or milk cartons. She stated she was unaware of R45 wanting to change rooms due to the unsanitary conditions and the strong smell of urine. She stated she did not consider the room shared with R30 and 45 as a homelike environment. She stated she had a discharge on this date (07/31/2025) and would move R45 to a new room. She stated if she was to get a new male admit she would have to place the new admit in the room with R30.

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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 0774 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Help the resident with transportation to and from laboratory services outside of the facility. Based on interview, record review, and review of the facility's transportation agreement, the facility failed to provide transportation services to 1 out of 1 sampled resident, Resident (R) 30. Record review revealed R30 had a scheduled computed tomography (CT) scan on 07/01/2025. However, the appointment was cancelled due to no transportation.The findings include:Review of R30's Face Sheet revealed the facility admitted the resident on 08/06/2021 with diagnoses of type 2 diabetes mellitus with no proliferative diabetic retinopathy without muscular edema bilateral, cerebrovascular disease, and unilateral inguinal hernia without obstruction or gangrene recurrent. Review of R30's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 05/21/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 15 of 15, indicating he was cognitively intact. Review of the facility's Transportation Agreement with [Name of Ambulance Company] revealed the resident was not eligible for transport for outpatient services for a CT scan.Review of R30's written statement from the Executive Director, dated 07/01/2025, revealed the resident was scheduled for a CT scan on 07/01/2025. Per the statement, the transportation became unavailable on 07/01/2025 due to the Maintenance Director calling off work; however, the facility had two other drivers available, the Executive Director and Central Supply personnel.Review of R30's Progress Note, dated 07/01/2025 at 1:05 PM and documented by nursing staff revealed, due to no transportation today, resident was rescheduled for CT scan at [name of facility] on 07/15/2025 at 8:30 AM.During an interview with R30 on 07/29/2025 at 11:14 AM, he stated he was frustrated with the facility. He stated he had a hernia and had no idea if the hernia was healing or making progress to being healed. He stated he had appointments cancelled by the facility due to staff calling off work, and there was no one able to transport him to his appointments.During an interview with Registered Nurse (RN) 2 on 07/31/2025 at 12:44 PM, she stated residents must qualify to be transported by the facility's contracted transportation company. She stated R30 was ambulatory and would not qualify to be transported by the facility's contracted transportation company. Therefore, she stated the facility was responsible for transporting R30 to all his appointments outside the facility. During an interview with the Maintenance Director on 07/31/2025 at 1:13 PM, he stated he was the main driving operator for the facility bus. He stated on 07/01/2025, he called off work due to not feeling well. He stated there were two other insured driving operators at the facility, the Executive Director and Central Supply personnel. During an interview with the Director of Nursing on 07/31/2025 at 1:31 PM, she stated the nurses scheduled appointments for the residents. She stated R30 was transported to appointments by the facility's bus. She stated on 07/01/2025 the Maintenance Director was scheduled to take R30 to his appointment, but the Maintenance Director called off work due to being ill. She stated the facility should always have a backup system in place to ensure all residents were being transported at all their scheduled appointments. She stated the facility was responsible for transporting R30 as he was ambulatory and required no assistance during transport. During an interview with the Executive Director on 07/31/2025 at 2:22 PM, she stated for a nonambulatory resident a nurse would contact the facility's contracted transportation company first to schedule an outside appointment for residents. She stated if a resident was ambulatory, the resident would be transported to their appointment by the facility's bus. She stated there were three insured drivers at the facility. She stated those insured drivers were the Maintenance Director, Central Supply personnel, and the Executive Director.