STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185283	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bourbon Heights Nursing Home	2000 South Main Street Paris, KY 40361

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 44001 Based on interview, record review, and review of facility's policy, it was determined the facility failed to ensure residents were free from abuse for four of 24 sampled residents (Residents (R) 3, 4, 5, and 6). 1) On 06/04/2023, staff witnessed R3 strike R4 on the right side while shouting, I told you to move. 2) On 09/05/2023, R4 struck R5 on the cheek while sitting in the lobby, having a conversation. 3) On 10/24/2023, R6 struck R3 on the neck while trying to enter through the door to his room. The findings include: Review of the facility's policy titled, Abuse, Neglect, and Exploitation Policy and Procedure, undated, revealed residents in the long-term care facility had the right to be free from physical abuse, and the willful infliction of injury of any kind was prohibited. 1) Review of the facility's Incident Report, dated 06/09/2023 and signed by the Social Services Director (SSD), revealed on 06/04/2023 at approximately 6:15 PM, R3 slapped R4 for not moving out of his way. As reported by State Registered Nurse Aide (SRNA) 12, R3 stated, I told you to move. It was noted both residents were in the hallway outside of their shared room on Unit 1. Per the report, neither resident sustained any injury. Review of R3's Face Sheet revealed the facility admitted the resident on 02/28/2022 with diagnoses that included atrial fibrillation, unspecified dementia, and congestive heart failure. Review of R3's annual Minimum Data Set (MDS), with an assessment reference date (ARD) of 05/31/2023, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of eight out of 15. This score indicated severe cognitive impairment. Further review of the MDS and goals revealed once seated in a wheelchair the resident could ambulate 50 feet and turn with supervision or touching assistance. No behaviors were exhibited. (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: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bourbon Heights Nursing Home	2000 South Main Street Paris, KY 40361

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R3's Comprehensive Care Plan (CCP), undated, revealed a focus of the resident having the potential to be physically aggressive. The goal, with a target date of 09/27/2023, stated the resident would have no decline in mood state. Interventions initiated on 03/25/2024, included a psychiatric consult; and, when the resident became agitated, staff should intervene before agitation escalated. Additionally, interventions included guiding the resident away from the source of distress and engaging calmly in conversation; and if the response was aggressive, staff was to walk calmly away and approach the resident later. Review of R3's Incident Note, dated 06/04/2023 at 4:15 PM, revealed SRNA12 witnessed R3 slap R4 on his right side with moderate force. Further review revealed R3 stated, I told you to move to R4. Per the note, the residents were sitting in their wheelchairs in the doorway of their room. Both residents were separated immediately, and skin assessments were completed with no injuries visualized on either resident. The note stated both residents were placed on 15 minute checks. The facility moved R3 to another room to ensure R4's safety. Further review revealed the note was not signed. Review of R3's Psychiatric Consult, dated 06/05/2023, revealed the resident was interviewed via telehealth by an Advanced Practice Registered Nurse (APRN). Per the report, R3 stated he did get angry and admitted to hitting R4. However, the consult stated he denied any intention to harm his roommate [R4]. Further review of the consult revealed R3 had no previous behaviors, but R3 had been treated recently for a urinary tract infection (UTI). Per the consult, there was no evidence of acute risk of harm to self or others. The APRN recommended R3 be monitored for behaviors and mood changes. During an interview with R3 on 04/04/2024 at 10:12 AM, the resident stated he did not remember hitting anyone. R3 stated he liked his roommates, and there were no problems between himself and R4. The resident stated he felt safe in the facility. R3 stated he liked the room he was in now. Review of R4's Face Sheet revealed the facility admitted the resident on 03/01/2021 with diagnoses that included dementia with behavioral disturbances, type 2 diabetes mellitus, and cerebral infarction. Review of R4's Quarterly MDS Assessment, with an ARD of 03/13/2023, revealed the facility assessed the resident to have a BIMS' score of six out of 15. This score indicated severe cognitive impairment. The MDS also revealed, once seated in a wheelchair, the resident could ambulate 50 feet and turn with partial/moderate assistance to complete the activity. No behaviors were exhibited. Review of R4's CCP, revealed nursing staff care planned the resident on 06/05/2023 for being at risk for a decline in mood related to a resident-to-resident altercation on 06/04/2023 with his roommate. Interventions included a psychiatric consult, observing, reporting, and documenting any changes in behavior. During an interview with R4 on 04/04/2024 at 10:54 AM, R4 stated he did not remember being hit by anyone. R4 further stated he felt safe in the facility. R4 denied any concerns or complaints and stated he liked to ambulate through the facility and talk to people The State Survey Agency (SSA) Surveyor attempted a telephone interview with SRNA12, on 04/04/2024 at 9:52 AM, but was unable to leave a voicemail message. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER: Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 South Main Street Paris, KY 40361	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with SRNA14 on 04/05/2024 at 12:35 PM, she stated R3 continually ambulated in a wheelchair throughout the facility during the day while he was out of his room. However, she stated R3 could sometimes get impatient with staff and other residents if they obstructed his way while he was moving around. She further stated all staff members were aware of this and would redirect R3 if they witnessed any potential conflicts. SRNA14 stated R3 liked to spend his time in the front lobby looking out the windows. During an interview with the Social Services Director (SSD) on 04/01/2024 at 10:35 AM, she stated SRNA12 witnessed R3 hit R4, while both were seated in their wheelchairs, in the hallway beside their shared room. She stated the residents' families and physicians were notified immediately, and the residents were separated. She further stated after a psychiatric evaluation, R3 was cleared to return to his room with R4. She stated a full investigation began, and she interviewed both residents. She stated R3 claimed not to know what happened, and R4 had no recollection of the event. The SSD stated R3 was moved to another room temporarily and placed on 15-minute monitoring. The SSD stated she received permission from both residents and their families before placing R3 back in the room with R4. 2) Review of the R4's Incident Report, dated 09/11/2023 and signed by the SSD, revealed on 09/05/2023 at approximately 6:45 PM, the receptionist witnessed R4 slap R5 on the cheek while the two residents were engaged in a conversation in the front lobby. The report stated there were no injuries, and both residents were placed on 15-minute checks. Review of R4's Incident Statement, dated 09/05/2023 at 6:45 PM and entered by Licensed Practical Nurse (LPN) 7, revealed LPN7 was called to the lobby by the Receptionist because R4 was upset and yelling at staff. LPN7 stated when she arrived, R4 was not yelling. She stated when she asked R4 if he was okay, he smiled. LPN7 stated she took R4 back to the nurse's station on Unit 1. Per the statement, R4 did not exhibit any other behaviors. Review of R4's CCP, undated, revealed there was an additional focus of behavior problems related to not being able to go outside and being involved in a resident-to-resident altercation on 09/05/2023, when he struck another resident. Interventions again included a psychiatric consult, observing, reporting, and documenting any changes in behavior. Review of two 15 Minute Monitoring forms, dated 09/05/2023 and 09/06/2023, revealed staff began 15-minute checks for R4 beginning on 09/05/2023 at 7:30 PM and ended on 09/07/2023 at 6:45 AM. Review of R5's Face Sheet revealed the facility admitted the resident on 09/24/2012 with diagnoses to include cerebral palsy, unspecified intellectual disabilities, and generalized muscle weakness. Review of R5's CCP, revealed a focus of communication problems related to difficulty in making himself understood, initiated on 08/30/2016. Interventions included the staff being conscious of the resident's position during group activities and communication with others, and ensuring and providing a safe environment. Review of R5's quarterly MDS, with an ARD of 07/16/2023, revealed the facility assessed the resident to have a BIMS score of 12 out of 15, indicating moderate cognitive impairment. The MDS also assessed that the resident could ambulate 50 feet and turn independently. No behaviors were exhibited. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R5's Psychiatric Consult, dated 09/05/2023 at 3:30 PM, revealed the resident was interviewed by an APRN as a follow-up to R5's involvement in an altercation with another resident. According to the consult, R5 re-enacted the incident and described the other resident striking him in the face. The consult stated he denied pain or feeling sad, giving a thumbs up sign when asked how he was doing. Per the consult, the APRN discontinued the 15-minute monitoring. Review of R5's Nursing Health Status Note, dated 09/05/2023 at 8:59 PM, revealed the Unit Nurse (UN) was notified by the Receptionist at 6:50 PM that R4 was exhibiting aggressive behavior in the lobby. The UN went to the lobby and returned with R4. Per the note, R4 hit R5 on the cheek with his hand. Further review revealed R4 and R5 were assessed and placed on 15-minute monitoring. The provider, SSD, and the resident's responsible party were notified. An x-ray of the face was ordered for R5, and no injuries were noted. During an interview with R5 on 04/02/2024 at 8:50 AM, the resident nodded yes when asked if another resident hit him in the face. He also gave a thumbs up when asked if he was okay. In a telephone interview with the Receptionist on 04/04/2024 at 9:28 AM, she stated R4 and R5 usually socialized together, and there had not been any prior incidents between them. She stated before the incident, both residents were engaged in a conversation, laughing and getting along, until she saw R4 hit R5 in the face as R5 got up to walk away. She stated there were no injuries, the residents were separated, and nursing staff took the residents back to their rooms. During an interview with the SSD on 04/01/2024 at 10:35 AM, she stated the Receptionist witnessed R4 hit R5 in the face while both were seated in the front lobby. The SSD stated nursing staff initiated 15-minute monitoring for both residents. She stated the residents were under the care of psychiatric services at the time of the incident, which continued to follow the residents. 3) Review of the facility's Incident Report, dated 10/25/2023 and signed by the SSD, revealed on 10/24/2023 at 1:15 PM, SRNA14 witnessed R6 hit R3 on the neck. Per the report, R3 was sitting in his wheelchair at the entrance to his room because housekeeping staff was cleaning the room. The report stated, while R3 was waiting, R6 went behind R3, hit him on the back of his neck, and instructed him to go inside his room. Per the report, the residents were separated and neither of them was injured. Review of another R3 Psychiatric Consult, dated 10/24/2023 at 3:25 PM, revealed R3 was interviewed via telehealth by an APRN as a follow-up to being involved in an altercation with another resident, and there was no evidence of risk to self or others. The consult documented 15-minute monitoring of the resident was discontinued. Review of R6's Face Sheet revealed the facility admitted the resident on 08/27/2019 with diagnoses to include dementia with agitation, congestive heart failure, and type 2 diabetes. Review of R6's Quarterly MDS, with an ARD of 03/11/2023, revealed the facility assessed the resident as having a BIMS' score of three out of 15, indicating severe cognitive impairment. Further review revealed, once seated in a wheelchair, the resident could ambulate 50 feet and turn with substantial assistance to complete the activity. No behaviors were exhibited. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R6's CCP, revealed a focus of behaviors related to the resident hitting another resident, initiated on 10/24/2023. Interventions initiated 10/24/2023 included allowing the resident to express feelings and redirecting the resident when behaviors occurred; monitoring and documenting any mood or behavior changes; and the resident was to be seen by psychiatric services. Review of R6's Psychiatric Consult, dated 10/24/2023 at 3:00 PM, revealed the resident was interviewed via telehealth by an APRN as a follow-up to an altercation with another resident. The consult stated R6 admitted to the physical altercation and denied any further intent to harm another person or self. Per the consult, a plan to continue the current medication regimen, order labs, and continue behavior monitoring for mood changes was ordered. During an interview with R6 on 04/04/2024 at 10:38 AM, he stated he had not been involved in an altercation with any resident in the facility. He further stated staff treated him well, and he felt safe. During an interview with SRNA14 on 04/05/2024 at 12:38 PM, she stated R6 came up from behind R3 and hit him in the back of the neck. She stated R3 and R6 were roommates, and R6 wanted to go into his bedroom, but R3 was in the way. The SRNA stated, when R3 did not move, R6 struck him. SRNA14 stated she separated the residents and notified the charge nurse of the incident, and neither resident was injured. During an interview with the SSD on 04/01/2024 at 10:35 AM, she stated she interviewed R3 and R6, and neither resident recalled the incident. She further stated no harm occurred, and neither showed any mental or physical distress. The SSD stated psychiatric services evaluated both residents via online appointments. Further, the SSD stated the APRN scheduled both residents for a follow-up evaluation on 11/02/2023. During an interview with the Director of Nursing (DON) on 04/05/2024 at 12:54 PM, she stated the facility's abuse policy prohibited abuse of any type including resident-to-resident abuse. She stated staff was trained upon hire, yearly, and as needed on the facility's abuse policy, which included all types of abuse. The DON stated the quality assurance (QA) nurse was responsible for documentation of abuse training for staff, the QA Nurse was on vacation, and she did not have access to that information. Per the interview, the DON stated the facility monitored residents for behaviors and implemented actions according to the behaviors. She stated it was important to follow facility policies to ensure the safety and well-being of the residents and staff. During an interview with the Medical Director on 04/04/2024 at 9:26 AM, he stated the facility's abuse policy prohibited abuse of any type, including resident-to-resident abuse. He stated it was his expectation that staff members notified their immediate supervisors and the on-call provider of any allegation of abuse or suspected abuse, or any change in a resident's behavior to ensure the well-being and safety of the residents. During an interview with the Administrator on 04/05/2024 at 3:40 PM, he stated the facility's abuse policy prohibited abuse of any type, including resident-to-resident abuse. He stated the SSD educated staff regarding the facility's abuse policy upon hire, and staff received a refresher training every year and as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50000 Based on interview, record review, review of the facility's initial report of abuse and review of the facility's policy, it was determined the facility failed to immediately report alleged abuse to the Administrator and State Agencies within specified timeframes for one of 24 sampled residents (Resident 1 (R1)). R1 reported sexual abuse to staff on 03/19/2024 at 2:48 AM. Staff failed to report the allegation to Administration. Resident #1 again reported sexual abuse to staff on 03/20/2024 at 1:15 PM, and Administration was notified on 03/20/2024 at 2:00 PM. The findings include: Review of the facility's policy titled, Abuse, Neglect, and Exploitation, dated 11/2016, revealed staff was to report all alleged violations involving abuse immediately, but not more than two hours after the occurrence to the Administrator or designee of the facility, and they would in turn immediately report the complaint to Adult Protective Services (APS), Office of Inspector General/State Survey Agency (OIG/SSA), and law enforcement if appropriate. Additional review of the policy revealed all employees received training at orientation and through on-going in-services on how to report incidents of abuse. Review of R1's Face Sheet revealed the facility admitted the resident on 04/28/2023 with diagnoses including dementia, cerebral atherosclerosis (arteries in the brain become hard and narrow due to fatty buildup, decreases the amount of blood to certain areas of the brain), and psychophysiological insomnia (difficulty falling asleep or staying asleep due to heightened body and brain activity). Review of R1's Quarterly Minimum Data Set (MDS), dated [DATE], revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of six out of 15, indicating severe cognitive impairment. Review of R1's Progress Note, dated 03/19/2024 at 2:48 AM, entered by LPN2, revealed R1 informed a State Registered Nurse Aide (SRNA) (unidentified) she was molested. Further review revealed LPN2 went to R1's room to ask her about the allegation and observed the resident as being sleepy and confused. Continued review of the note, revealed R1 requested to go back to sleep and slept without any further issues. In addition, the review revealed LPN2 entered the note for 03/19/2024 at 2:48 AM on 03/21/2024 at 8:53 PM as a late entry. Review of R1's Progress Note, dated 03/20/2024 at 1:15 PM, entered by LPN6, revealed the SRNA (unidentified) reported R1 stated she was raped. Further review revealed LPN6 spoke with R1, who stated a man had raped her the night prior. Per the note, LPN6 reported the incident to the Director of Nursing (DON), Advanced Practice Registered Nurse (APRN), and the Social Services Director (SSD). In addition, review of the note revealed LPN6 entered the progress note for 03/20/2024 at 1:15 PM on 03/22/2024 at 6:12 PM as a late entry. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's initial report of abuse to the SSA, revealed the incident date and time of the allegation was documented as 03/19/2024, time uncertain. Further review revealed the Administrator notification date and time was 03/20/2024 at 2:00 PM. The notification form was faxed to SSA on 03/20/2024 at 4:29 PM. In an interview with R1 on 03/25/2024 at 3:50 PM, she stated she could not recall an exact date or time of the incident, but recalled being asleep. R1 stated she believed a male came into her room and rubbed her groin area. R1 stated she could not recall who she told initially. However, she stated the next morning, while being bathed, she recalled the incident and reported it to the person giving her a bath. In addition, R1 stated after she told the person giving her a bath, people came in and started asking questions. R1 stated she went to the hospital for an examination (exam). In an interview with R1's family member on 03/26/2024 at 9:10 AM, he stated the SSD contacted him on 03/20/2024 around 2:00 PM informing him of the allegation. He stated he was told the police had been notified, and his parent was being sent out to the hospital for an exam. In an interview with SRNA2 on 03/28/2024 at 1:52 PM, she stated she worked through an agency and usually on the first shift. However, SRNA2 stated she worked the night shift on 03/19/2024 and was assigned to Unit 1, where R1 resided. SRNA2 stated R1 had gone to bed, and at an unknown time, the call light went off. She stated she entered R1's room, and R1 told her she [R1] had been raped. SRNA2 stated she left the room, went to the nurse's station, reported the incident to the assigned nurse, and the nurse made a comment that R1 was often confused. SRNA2 stated she could not recall the nurse's name and did not know what the nurse did after being told. In an interview with SRNA1 on 03/26/2024 at 9:58 AM, she stated she worked the day shift on 03/20/2024 and was assigned to Unit 1, where R1 resided. SRNA1 stated while assisting R1 to the bedside commode, R1 told her she [R1] had been drugged and raped the previous night and complained of hurting and burning. SRNA1 stated she reported the incident to the nurse, but could not recall her name and believed she came from an agency. SRNA1 further stated, shortly after notifying the nurse, she saw the SSD and informed her of the incident. In an interview with LPN2 on 03/26/2024 at 7:21 PM, she stated SRNA3 reported R1 had called out and told her someone had touched her inappropriately. LPN2 stated she went to R1's room and woke R1 from sleeping. LPN2 stated when questioned, R1 appeared confused and denied the incident. LPN2 stated she did not report the incident because she felt R1 had experienced a bad dream, and no abuse had occurred. In addition, LPN2 stated the facility's policy was to report the incident immediately to the Director of Nursing (DON), and she should have reported it despite not believing it occurred. Further, LPN2 stated the DON contacted her to enter a progress note, and she mistakenly documented the wrong date because of confusion over working the night shift. She stated the actual date of the incident took place on 03/20/2024, not 03/19/2024. The State Survey Agency (SSA) Surveyor twice attempted a telephone interview with LPN6. A voicemail was left on her phone on 03/26/2024 at 9:08 AM and on 03/28/2024 at 3:10 PM, with no response. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185283	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bourbon Heights Nursing Home	2000 South Main Street Paris, KY 40361

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with the SSD on 03/26/2024 at 12:47 PM, she stated SRNA1 told her of the allegation of abuse on 03/20/2024 between 1:00 PM and 1:30 PM. Further, she stated she immediately went to Unit 1 and started an investigation. She stated every nurse's station had a flow sheet posted with the reporting procedures. She further stated all staff members were educated on abuse and reporting on hire and received in-service training every three to six months. The SSD stated she was responsible for 90 percent of all abuse investigations. In an interview with the DON on 03/26/2024 at 2:00 PM, she stated all staff members including agency staff were educated on abuse upon hire, and in-services were conducted throughout the year. The DON further stated it was her expectation abuse of any kind be reported immediately to the SSD, DON, or Administrator after it was reported to staff, as per the facility's policy. In addition, she stated immediate reporting was important for evidence preservation, and delayed reporting could cause evidence to be lost. In an interview with the Administrator on 03/29/2024 at 7:48 AM, he stated it was his expectation an allegation of any type of abuse be reported immediately to the Administrator and to State Agencies as per policy and regulation. In addition, he stated any delay in reporting to Administration led to delays in activating an investigation and notifying other required agencies. The Administrator further stated important evidence could be lost when there was a delay in reporting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bourbon Heights Nursing Home	2000 South Main Street Paris, KY 40361

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 0880

Level of Harm - Immediate jeopardy to resident health or safety

Residents Affected - Many

Provide and implement an infection prevention and control program.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 44001

Based on observation, interview, record review, and review of the facility's policies, it was determined 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. The facility's census was 76.

The facility failed to implement the state's Division of Epidemiology and Health Planning's (DEHP) recommendation as communicated by the Local Health Department (LHD) on 03/21/2024, to use faucet filters (or bottled water) until the facility completed further testing to prevent and control the spread of a water-borne infection with legionella. Staff interviews revealed they unaware of water contamination concerns and continued to use the sink faucets in residents' rooms for brushing the resident's teeth, hygiene, and drinking water, as well as hand hygiene for staff.

The facility's failure to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent and control the development and transmission of communicable diseases and infections has caused or is likely to cause serious injury, harm, impairment or death to a resident.

Immediate Jeopardy (IJ) was identified on 04/04/2024 and was determined to exist on 03/21/2024, in the area of 42 CFR 483.80 Infection Control, F-880 at a Scope and Severity (S/S) of an L. The facility was notified of the Immediate Jeopardy on 04/04/2024.

The facility provided an acceptable Immediate Jeopardy Removal Plan, on 04/05/2024, alleging removal of the IJ on 04/05/2024. The State Survey Agency (SSA) determined the IJ had been removed on 04/05/2024 as alleged, prior to exit on 04/05/2024, with remaining non-compliance at a S/S of an F while the facility develops and implements a Plan of Correction (POC) and the facility's Quality Assurance (QA) monitors to ensure compliance with systemic changes.

The findings include:

Review of the facility's policy titled, Infection Control Program, undated, revealed its purpose was to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infections to residents and employees.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of the facility's policy titled, Legionella Water Management Plan, undated, revealed the facility would document all aspects of the water management system and maintain maintenance logs. Per the policy, the facility would have a water management program in place to prevent detect and control water-borne contaminants and ensure water was safe for consumption and use. Documentation for all aspects of the water management program will be maintained within the maintenance logs. Hot water temperatures in residence areas, tubs, showers, full immersion wash stations, water heaters, and holding tanks will be tested every week. Additionally, weekly sampling points for residents' rooms will be rotated so that all sinks will be tested at least annually. If water quality is not within appropriate parameters per the water testing kit or parameters of the contracted testing site, further investigation will occur, a plan of correction developed and implemented if appropriate and the results brought to the facility Quality Assurance and Performance Improvement (QAPI). For abnormal water conditions that can pose risks to residents, visitors, and employees, the facility is to notify regulatory agencies and activate the appropriate emergency action plan. Review of the facility's policy titled, Water Emergency Policy, undated, revealed the facility would follow directions from the Health Department. During an interview with the Infection Preventionist (IP), on 03/29/2024 at 9:44 AM, she stated her job duties included monitoring and tracking infectious diseases within the facility, implementing and enforcing infection control protocols, and providing guidance and response to outbreaks. Additionally, the LP stated she was responsible for alerting the Local Health Department (LDH) of any reportable diseases. She stated the LHD called her asking about the facility's water system and made her aware that a PRN (as needed) employee at the facility became sick and was diagnosed with Legionnaires' Disease. She stated she could not recall the exact date of the call, but she believed it was in 10/2023. The IP stated an independent water service company tested the facility's water system in 02/2024 and recommended the facility flush the system and take the Unit 3 shower out of service. Additionally, the IP stated after the water testing, the LHD told her the only concern was the shower in Unit 3. The IP stated the facility was waiting for the results of the most recent water testing completed on 03/22/2024. She stated the only control measures the facility was taking was to provide bed baths instead of showers for all residents. During an interview with the LHD Infectious Disease Nurse (IDN), on 04/01/2024 at 11:24 AM, she stated she investigated a report from a local hospital in 11/2023 where a patient had tested positive for Legionnaires' Disease. She stated the identified patient was a former employee at the facility. Additionally, she stated she reached out to the facility's IP to inform her of the situation and recommended the facility test the water. The IDN stated the first test came back positive, so the facility was instructed to test again. She stated, after the second test results showed an increase in legionella, she sent the results to the state's epidemiologist. The IDN stated on 03/21/2024, during a conference call, the LHD conveyed the state's DEHP's recommendations to the facility's IP, for the facility to discontinue showers and switch to bed baths. She stated the recommendations also included the facility install a filter on every shower head and every faucet or use bottled water. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of the microbiology analysis report, performed by a third party contracted by the independent water systems company to test for legionella, dated 02/08/2024, revealed testing for the Unit 1 and 3 showers, and the kitchen sink. The sample result from the Unit 3 shower showed a positive result for legionella pneumophila Serogroup 1 Strain (SG1) at 0.7 colony-forming unit per milliliter (CFU/ml) with a detection limit of 0.1 CFU/ml. Additionally, the report for the Unit 3 shower legionella pneumophila Serogroup 1 Strain (SG1) showed legionella non-pneumophila at 20.0 CFU/ml with a detection limit of 0.1 CFU/ml. No legionella was detected in the kitchen sink. Review of the microbiology analysis report, performed by a third party contracted by the independent water systems company to test for legionella, dated 02/23/2024, revealed testing for the Unit 1 breakroom ice machine, room [ROOM NUMBER]'s hot faucet, room [ROOM NUMBER]s sink, room [ROOM NUMBER]s bathroom, Unit 3 shower, and a sink on Unit 2. The sample result from the Unit 3 shower showed a positive result for legionella non-pneumonia at 5.0 CFU/ml with a detection limit of 0.1 CFU/ml. Additionally, the report showed room [ROOM NUMBER]s sink tested positive for legionella non-pneumonia at 0.4 CFU/ml with a detection limit of 0.1 CFU/ml. No legionella was detected in the other test sites. Review of an email from the DEHP, dated 03/21/2024, revealed the state's Legionella Team and the Regional Epidemiologist recommended using point-of-use filters for faucets and shower heads. The Local Health Department (LHD) communicated this recommendation to the facility's Infection Preventionist (IP) per email on 03/21/2024 at 4:00 PM. The email stated, After discussing with our Regional Epidemiologist [name], and the state Legionella Team, they are recommending sponge bed baths and faucet filters (or bottled water) until further testing is completed and results reviewed. Additionally, the Environmental Health Capacity Manager with the Kentucky Division of Public Health Protection and Safety provided examples of the faucet filters to use. Review of the microbiology analysis report, performed by a third party contracted by the independent water systems company to test for legionella, dated 03/25/2024, revealed testing results for the janitor's room, activity room, bathroom sink, kitchen sink, Unit 3 shower, room [ROOM NUMBER], and the therapy room kitchen. Unit 3 shower showed a positive result for legionella non-pneumonia at 0.1 CFU/ml with a detection limit of 0.1 CFU/ml. No legionella was detected in the other test sites. Review of an email to the IP from the LHD's PHD, on 03/29/2024 at 11:14 AM, revealed the facility should follow the state's original recommendations provided on 03/21/2024, which stated shower and faucet filters should be used if the facility decided not to provide residents with bottled water. Observations during the Survey from 03/25/2024 through 04/01//2024, revealed the facility did not provide residents with bottled water as recommended by the DEPH. Observation on 04/03/2024 at 9:35 AM, revealed Kentucky Medication Aide (KMA) #3 used water during medication administration that she obtained from a sink that did not have a faucet filter. During an interview with State Registered Nurse Aide (SRNA) 1, on 03/25/2024 at 10:00 AM, she expressed concerns about the facility's water quality. SRNA1 stated the facility closed the shower on Unit 3 several weeks ago. She further stated since then, the residents on Unit 1 were not allowed to take showers, and staff had provided bed baths. SRNA1 stated the facility had not explained to staff why the showers were not to be used. During continued interview, she stated the residents continued to use the sink faucets in their rooms for hand hygiene, brushing their teeth, and drinking water, SRNA1 stated administration had not provided bottled water for the residents. She stated staff was using the water from the sinks to perform their hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During an interview with SRNA2, on 03/25/2024 at 11:30 AM, the SRNA stated staff had concerns that the water system was contaminated because several weeks ago the facility closed the showers on Units 1 and Unit 3 and residents were provided bed baths. SRNA2 further stated there were rumors the water was contaminated with legionella, but the facility had not apprised staff of any water contamination concerns. SRNA2 stated the residents continued to use water from the faucets in their rooms for hygiene, brushing their teeth, and drinking water. In continued SRNA2 stated staff was using the water from the sinks to perform hand hygiene. The SRNA stated at no time had the administration provided bottled water for distribution to the residents to use for daily hand hygiene, drinking, or oral hygiene. Furthermore, SRNA2 stated staff would not drink the water in the facility and would bring bottled water from home to drink throughout the day, stating they were afraid the water was contaminated. During an interview with Registered Nurse (RN) 6, on 04/05/2024 at 2:20 PM, she stated she was concerned management did not inform staff and residents about the water contamination when it occurred. RN6 stated it was an infection control concern for staff and residents, especially for those who were immunocompromised. Review of an email from the facility's IP to the LHD's PHD, on 03/29/2024 at 11:06 AM, revealed the IP was unaware the residents were drinking out of the sink faucets in their rooms. The IP stated in the email she had spoken with the Administrator about purchasing and installing filters for the sinks and showers and asked whether they should be using bottled water for the residents. During an interview with the Director of Maintenance (DOM), on 03/29/2024 at 9:26 AM, he stated the facility's water management program required routine testing of the water system's temperatures, but he could not provide documentation of any temperature logs. He stated the previous DOM did not record temperatures on the logs. The DOM stated he was hired after the water testing had already began and initially did not know why an independent water testing service was hired. He stated the water testing company had tested the water for legionella at various locations throughout the facility, but the 03/22/2024 test results had not been received. In continued interview, he stated the water service company recommended draining the water system, flushing it out, and treating it with 2 % (percent) chlorine. The DOM confirmed he had flushed and treated the Unit 3 shower on 03/20/2024. He further stated the only place where a positive test for legionella was found was in the Unit 3 shower. The DOM stated current control measures to mitigate the spread of waterborne infections included closing the showers on Units 1 and 3. During an interview with the LHD Health Environmentalist, on 04/01/2024 at 8:54 AM, he stated he was in touch with the facility to have the state's DEHP test their water supply. He further stated he recalled the issue had come up when the LHD received a report from a local hospital that an employee of the facility was hospitalized for pneumonia and tested positive for Legionnaires' Disease in November 2023. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During an interview with the LHD PHD, on 4/01/2024 at 11:24 AM, she stated in 11/2023 she was made aware a former employee of the facility tested positive for Legionnaires' Disease and succumbed to the illness in 12/2023. She stated, after reviewing the facility's water testing results, she contacted the state's DEHP Epidemiologist who provided recommendations for the facility based on the positive results. The PHD stated the sponge bath recommendation was discussed on a conference call on 03/21/2024 with the DEHP, Senior Regional Epidemiologist, Environmental Health Capacity Manager, and the LHD Infectious Disease Nurse (IDN). She stated the Environmental Health Capacity Manager/EPI III for the state's DEHP sent a link with information for point-of-use filters he recommended the facility use if the facility was going to continue using the showers or if the facility was not providing residents with bottled water. She stated she forwarded the information in an email to the facility. Further, the PHD stated, on 03/29/2024, the IP reached out to her in an email and told her she (the IP) was unaware that the residents were drinking out of the sink faucets in their rooms. The PHD stated the IP, in the email, wrote that she had spoken with the Administrator about purchasing and installing filters for the sinks and showers and asked whether the facility should be using bottled water for the residents. Per the PHD, she stated she communicated to the IP that the facility should follow the state's DEHP original recommendation as sent to the facility on [DATE]. During a follow up interview with the IP, on 04/01/2024 at 3:15 PM, she stated she received a recommendation from the LHD last week to either install filters on all showerheads and faucets or switch to using bottled water. She also stated she informed the Administrator of the LHD's recommendation when she received the email. When interviewed related to the facility not providing residents with bottled water or not installing the point-of-use filters for faucets and shower heads as communicated to her on 03/21/2024 at 4:00 PM per the LHD email, the IP stated only that she had informed the Administrator of the LHD's recommendation when she received the email. Review of the microbiology analysis report, performed by a third party contracted by the independent water systems company to test for legionella, dated 04/02/2024, revealed testing for the Unit 3 shower showed no legionella pneumophila SG1 or legionella non-pneumophila was detected. During an additional interview with the DOM, on 04/03/2024 at 3:15 PM, he stated the facility ordered shower head filters and they would be installed immediately upon arrival. He further stated the water fountain and ice dispenser machines were out of order and not covered up due to water contamination. In continued interview, he stated during the last water test on 03/20/2024, he replaced the shower head and nozzle on Unit 3 and flushed and treated the water system. He stated the latest advisory from the LHD was to use bottled water until further testing results were analyzed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER: Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 South Main Street Paris, KY 40361	

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During an interview with the contractor from the independent water systems company, on 04/05/2024 at 9:12 AM, he stated on the first set of legionella tests dated 02/22/2024, there was a positive result of legionella non-pneumophila in the Unit 3 shower. The contractor stated because it was such a low detection, the company did not recommend sanitizing the system but only flushed the area. He further stated the Centers for Disease Control and Prevention (CDC) had changed their recommendations from flushing the system to sanitizing the system. Therefore the company sanitized the domestic hot and cold water systems on 03/20/2024 and retested for legionella on 03/22/2024. He stated those results showed one slight positive non-pneumonia at the same location in the Unit 3 shower as did the 02/22/2024 results. Additionally, the contractor stated he was not aware of the state's DEHP's and the LHD's recommendations to change the filter on shower heads and faucets or use bottled water. He stated the facility replaced the shower head and hose in the Unit 3 shower, and it was retested on [DATE]. He further stated the report from the third party contracted by the independent water systems company to test for legionella, dated 04/04/2024, showed no legionella of any type was detected. During an interview with the Director of Nursing (DON), on 04/04/2024 at 2:23 PM, and on 04/05/2024 at 12:54 PM, she stated the IP was responsible for implementing all infection control and health department guidelines and recommendations. She could not recall when she became aware of the presence of legionella in the facility's water system; however, the DON stated she was aware there were several times when water testing results on Unit 3 indicated legionella was detected, and the facility treated it and then did more testing. She stated the IP communicated to her and the Administrator regarding the closure of showers and the use of sponge bed baths. The DON stated, despite her concerns related to the water testing, she did not call the LHD to discuss their recommendations, as she expected the IP to perform her job. In continued interview with the DON, she stated she did not ask to read the DEHP's recommendations from 03/21/2024 because she did not know about the emails between the IP and the LHD. The DON stated she asked the IP to communicate the recommendations to the Administrator and DOM, and the IP stated she had. During continued interview with the DON, on 04/04/2024 at 2:23 PM, and on 04/05/2024 at 12:54 PM, she stated the IP did not mention the state's DEHP's recommendation from 03/21/2024 to install filters on all the faucets or provide bottled water to residents until a few days ago, at the end of March 2024. She stated she was not made aware the facility needed to use bottled water for resident care. She stated the IP never brought the recommendations up at previous Interdisciplinary Team (IDT) meetings; however, the team discussed them at the IDT meeting and Quality Assurance Performance Improvement (QAPI) meeting on 04/04/2024. The DON stated, retrospectively she should have called the LHD to clarify any recommendations, as it would have been important to receive clarification so the facility could have followed the health department's recommendation to prevent the spread of infection and keep staff and residents safe. The DON stated the facility started providing bottled water to the residents on 04/01/2024 per the LHD recommendations. The DON further stated the water was given to residents once per shift, which was every twelve 12 hours. In continued interview, the DON stated she was unaware a former employee had Legionnaires' Disease, and only knew he was sick and had pneumonia. She stated she did not know why the decision was made by the Administrator not to make staff, residents, or families aware of the water issue. However, she stated, If you put too much out there it creates a panic. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During interview with the Administrator, on 03/26/2024 at 9:08 AM, the Administrator stated there was a water line break in front of the building in December 2023. The Administrator stated, as a precautionary measure, the facility hired an independent water systems company to test the water system for contamination. He stated a company tested the system on 02/22/2024, and the results indicated the presence of legionella in the water. However, the Administrator stated he did not immediately inform staff residents, or responsible parties about the results. During additional interview with the Administrator, on 04/05/2024 at 3:40 PM, he stated he was initially unaware of the state's DEHP's recommendation as communicated by the local health department on 03/21/2024, to use faucet filters (or bottled water) until the facility completed further testing in order to prevent the spread of legionella. He further stated after speaking with the LHD on 04/04/2024, the water results showed no legionella. He stated the plan moving forward would be to work with the LHD on a water management plan that would include testing. He further stated it was his expectation the facility followed CDC and LHD recommendations related to infection prevention and control. The Administrator stated he expected the maintenance staff to follow the water management plan and to document according to regulations. He further stated it was important to maintain infection control measures to prevent the spread of infections. During an interview with the Medical Director, on 04/05/2024 at 9:26 AM, he stated he had been the Medical Director at the facility for one year. He further stated he was made aware a former employee had passed away from legionella pneumonia. In continued interview, he stated the Administrator and DON had discussed the water contamination situation at the last QAPI meeting on 02/24/2024, and he was aware of the health department's recommendations. He stated he attended an Ad Hoc QAPI meeting via phone on 04/04/2024, and the meeting included the Administrator and DON. The Medical Director stated the committee members discussed the State Survey Agency's findings during the meeting and developed a plan to remove the immediate jeopardy. Furthermore, he stated it was essential to follow water management policies and the health department's recommendations to maintain resident safety and prevent the spread of infection. The facility provided an acceptable Immediate Jeopardy (IJ) Removal Plan on 04/05/2024, alleging removal of the IJ on 04/05/2024. Review of the IJ Removal Plan revealed the facility implemented the following: 1. On 04/04/2024 at 1:00 PM the facility's Administrator, Director of Nursing (DON), Infection Preventionist (IP), and Plant Maintenance Director (PMD) participated in a conference call with representatives from the state's Department of Public Health (DPH), Division of Epidemiology and Health Planning's (DEHP), Local Health Department (LHD), and the independent water systems company to determine an appropriate plan to move forward. 2. An Ad Hoc Quality Assurance and Performance Improvement (QAPI) meeting was held on 04/04/2024 with the Medical Director, the Administrator, and the DON to discuss the findings and plan for removal of the Immediate Jeopardy. The Quality Assurance Performance Improvement (QAPI) Committee would meet monthly starting on 04/04/2024, to review compliance and adjust as deemed necessary by the QAPI Committee to maintain compliance for recommendations and further follow-up regarding the plan of correction. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185283	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bourbon Heights Nursing Home	2000 South Main Street Paris, KY 40361

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	3. Beginning on 04/04/2024, the DON, IP, and the Minimum Data Set (MDS) Nurse would educate staff on Legionnaires' Disease. Staff must complete all education and post-testing before being allowed to work. The DON, IP, and MDS Nurse would educate agency staff before they worked assigned shifts. A post-test was given, requiring a minimum score of 100 percent. Those who did not receive a score of 100 percent were re-educated and tested again until they achieved a score of 100 percent. Any staff members not receiving education by 04/04/2024 would be provided with the education before working their next shift. The DON was responsible for tracking all education to ensure all facility and agency staff were educated before working. The State Survey Agency validated the implementation of the facility's IJ Removal Plan as follows: 1. During interviews with the DOM on 04/05/2024 at 9:00 AM; the IP on 04/05/2024 at 9:20 AM; the DON on 04/05/2024 at 12:54 PM; and the Administrator on 04/05/2024 at 3:40 PM, they all stated they participated in a Zoom meeting call on 04/04/2024, with representatives from the state's DPH, DEHP, LHD, and the independent water systems company to discuss a plan of action moving forward. During a telephone interview with the independent water systems company's contractor on 04/05/2024 at 9:12 AM, he stated he participated in a Zoom meeting call with representatives from the state's DPH, DEHP, LHD, and the facility's leadership. During a telephone interview with the LHD's Infectious Disease Nurse (IDN), on 04/05/2024 at 2:58 PM, the IDN stated representatives from the state's DPH, DEHP, LHD, the independent water systems company, and the facility had a Zoom meeting to discuss the results of the water testing completed on 04/02/2024 and to develop a plan moving forward. Review of an email from the LHD's PHD who was the liaison at the health department to the state's DPH, DEHP, LHD, and the facility's leadership, dated 04/04/2024 at 4:20 PM, revealed there was a Zoom call to make a plan to work with the facility to develop a water maintenance plan, to include monitoring water testing results taken from the Unit 3 shower. Further review revealed the state's Infection Preventionist Team and the LHD's Environmentalist would visit the facility to monitor the water exposure using the CDC's Module 11 Infection Control Assessment and Response (ICAR) water exposure guide. Additionally, after completing the Module 11 ICAR, the facility, with the assistance of the state's Infection Preventionist Team and the LHD, would develop a water maintenance plan and test Unit 3's shower in two weeks to monitor water results. 2. During interview on 04/05/2024 with the DON at 12:54 PM, and Administrator at 3:40 PM, they confirmed participating in an Ad Hoc QAPI meeting held on 04/04/2024 with the Medical Director to discuss the findings and plan for removal of IJ. The Administrator and DON stated the QAPI committee would discuss the facility's performance improvement plan related to water management during monthly QAPI meetings in the future. During a telephone interview with the Medical Director, on 04/05/2024 at 9:26 AM, he stated he attended an Ad Hoc QAPI meeting via phone on 04/04/2024 and the meeting included the Administrator and DON. The Medical Director stated they discussed the State Survey Agency's (SSA's) findings during the meeting and developed a plan to remove the Immediate Jeopardy. Additionally, he stated as part of the facility's performance improvement plan, the QAPI committee would discuss water management at future monthly meetings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Bourbon Heights Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 South Main Street Paris, KY 40361	

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	3. Review of Legionnaires Disease education, posttests with a score of 100 percent achieved, and sign-in sheets, dated 04/04/2024, revealed 55 staff (47 full time employees and eight agency staff) were educated. The facility employed 123 full time staff. During interview with facility staff including RN7 on 04/05/2024 at 10:47 AM; SRNA14 on 04/05/2024 at 12:38 PM; Restorative Aide (RA) 1 on 04/05/2024 at 2:05 PM; SRNA1 on 04/05/2024 at 2:08 PM; SRNA15 on 04/05/2024 at 2:10 PM; SRNA16 on 04/05/2024 at 2:13 PM; RN6 on 04/05/2024 at 2:20 PM; Housekeeping Director on 04/05/2024 at 2:23 PM; SRNA17 on 04/05/2024 at 2:25 PM; Kentucky Medication Aide (KMA) 1 on 04/05/2024 at 2:29 PM; Courtesy Aide on 04/05/2024 at 2:31 PM; LPN8 on 04/05/2024 at 2:33 PM; Dietary Aide (DA) 1 on 04/05/2024 at 2:35 PM; DA 2 on 04/05/2024 at 2:43 PM; and, DA3 on 04/05/2024 at 2:51 PM, they confirmed the DON, IP, and the MDS Nurse provided education on Legionnaires' Disease. The education included a discussion about the disease and a handout was given to the staff. During the training, staff took a pre-test and post-test, and to pass, they had to score 100 percent. If a staff member failed to score 100 percent, nursing leadership provided re-education and the staff member retook the test.