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	02/19/2026

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 - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, review of Droplet Precautions signage, review of the Centers for Disease Control and Prevention (CDC) guidelines, and review of the facility's policies, 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 and control the development and transmission of communicable diseases and to implement interventions to protect facility residents. Observations on 02/17/2026 and 02/18/2026 revealed staff cleaned a glucometer without donning (putting on) gloves; staff failed to sanitize blood pressure cuffs before using on residents and failed to place them on barriers while contaminated; staff failed to wear appropriate personal protective equipment (PPE) in a resident room designated with Droplet Precautions signage; and staff failed to remove a mask after exiting a room designated with Droplet Precautions signage, for 6 of 16 residents sampled for infection control. The deficient practice had the potential to affect the entire facility, with a resident census of 76. The findings include: Review of the facility's policy titled, Personal Protective Equipment-Using Gowns, revision date July 2009, revealed its purpose was to guide the use of gowns with the objective being to prevent the spread of infections. The policy revealed when the use of a gown was indicated, all personnel must put on a gown before treating or touching the resident. Review of the facility policy's titled, Personal Protective Equipment-Gloves, revision date July 2009, revealed gloves must be worn during tasks that included the likelihood of the employees' hands coming in contact with blood during all cleaning and decontaminating procedures. Review of the facility's policy titled, Isolation-Initiating Transmission-Based Precautions, revision date August 2019, revealed transmission-based precautions (TBP) were initiated with symptoms of an infection or a laboratory confirmed infection, and the resident was at risk of transmitting the infection to other residents. Further review revealed TBP included contact, droplet, or airborne precautions. The policy revealed the Infection Preventionist (IP) determined the appropriate notification on the room entrance door so personnel and visitors were aware of the need and the type of precautions. Per the policy, the signage informed staff of the type of CDC precautions, instructions for the use of PPE, and/or to see a nurse before entering the room. Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revision date September 2022, revealed resident care equipment, including reusable medical equipment, would be cleaned and disinfected according to CDC recommendations for disinfection. Review of the policy revealed implementation included using the [NAME] Classification System to distinguish levels of disinfection and sterilization necessary for items used in resident care. Review of non-critical items included blood pressure cuffs that came in contact with intact skin but not mucous membranes. Review of the facility's policy titled, Cleaning and Disinfection of Environmental Surfaces, revision date 2019, revealed environmental surfaces would be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities. Continued review revealed non-critical surfaces would be disinfected with an Environmental Protection Agency (EPA) registered intermediate or low-level hospital disinfectant. Review of the resident room door signage for Droplet Precautions, undated, revealed a typed red laminated sign saying Stop!!! Droplet Precautions, required to enter this room, gowns, gloves, (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was the glucometer could potentially have blood on it. She stated gloves would prevent the spread of infection to staff or other residents and also would protect herself from the chemicals in the wipe. She stated she knew better and was not thinking. She stated, at times, she cleaned her hands with the wipe but should be wearing gloves and practicing hand hygiene after removing gloves.6. Review of R17's Face Sheet revealed the facility admitted the resident on 05/31/2025 with diagnoses to include high blood pressure, chronic kidney disease, and neoplasm of prostate.Review of the facility's document titled Precautions, undated and given to the SSA Surveyor by the IP, revealed R17 was placed on droplet precautions for Influenza A on 02/15/2026.Observation on 02/18/2026 at 2:15 PM revealed the room where R17 resided had a red stop sign indicating Droplet Precautions on the door, and the door was open. Further observation revealed House Keeping (HK) 1 in the room wearing a blue medical mask, gown, and gloves. However, HK1 was not wearing a face shield or eye protection. Additional observation revealed the bin by the door had PPE supplies of gowns and gloves. However, it did not contain surgical masks or face shields/eye protection. Prior to exiting the room, HK1 removed the gown and gloves but did not remove the mask.During an immediate interview with HK1, she stated staff was taught to change the face mask two to three times daily. She stated she did not change the mask after exiting each room. She stated she only changed the mask when they got moist, which was usually two to three times daily.Additional observation on 02/18/2026 at 2:20 PM revealed State Registered Nurse Aide (SRNA) 9 entered R17's room and wore PPE of a gown, gloves, and a blue medical mask. However, no face shield or eye protection was donned. Further observation revealed prior to exiting the resident's room, SRNA9 removed all PPE but failed to remove the mask before she walked up the hallway to the shower room.During an interview with SRNA9 on 02/18/2026 at 2:25 PM, she stated she had worked at the facility for about six months and had received infection control training. When asked if she had received training on types of isolation, she stated, Yes. When asked what PPE should be worn if the resident was on Droplet Precautions, she stated gloves, a gown, a face shield, and a surgical mask. She stated all PPE should be removed inside the room after providing care, and hand hygiene should be performed before and after care. When asked why it was important to wear proper PPE, she stated to protect residents and staff from germs. She stated it was important to remove PPE before leaving the isolation room, so germs did not get spread around. During an interview with the facility's Infection Preventionist (IP) on 02/19/2026 at 10:35 AM, she stated her tasks included tracking infections, antibiotic surveillance, and training staff of all departments on infection control. When asked how she presented the training, she stated it depended but mostly verbal with handouts. She stated she performed quizzes to check retention of information given in trainings. She stated staff was trained in isolation procedures including donning and doffing (removing) PPE. When asked what PPE staff was trained to wear entering a Droplet Isolation room, she stated they should be wearing all PPE, including eye protection such as a face shield. She stated she also believed glasses were available too. She stated the facility did not have any problems obtaining PPE. She stated staff should be removing PPE prior to exiting the rooms so germs were not taken to the hallway. She stated if PPE was not removed prior to exiting, there was a chance residents and staff would be exposed to germs which would place them at risk. She stated each resident had their own glucometer, and staff should be wearing gloves when cleaning them to reduce exposure and cross contamination. She stated blood pressure cuffs should be cleaned and disinfected with Sani-Wipes, and the Sani-Wipes were in individual packets kept on the medication cart. She stated there was no policy for not keeping the wipes on the medication cart. She stated staff should be following door signage for isolation, and if they were not, she would be concerned infection could be spread. When asked if it was a requirement for isolation room doors to be closed, she stated in the perfect world yes, but it was a safety issue for residents who had dementia or were fall risks. During an interview with facility's Director of Nursing (DON) on 02/19/2026 at 3:00 PM, she stated she had been the DON for approximately a year and oversaw clinical operations as well as the nurses. She stated she did not help with any of the training. She stated she expected staff to follow the trainings (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	given to protect residents and staff from any Multi-Drug-Resistant Organisms (MDRO), outside infections, and spreading infections. She stated she expected staff to properly don and doff PPE as trained and as the isolation room signage guided them. The DON stated isolation signage for rooms was important since it let staff know what PPE to wear. She stated she would be concerned if staff was not donning PPE prior to entering and removing PPE when exiting rooms, since that could spread infection. She stated staff should properly clean equipment after usage to prevent contamination to themselves and residents and that included donning gloves when disinfecting equipment.During an interview with the Administrator on 02/19/2026 at 3:33 PM, he stated he provided oversite of the entire operation. He stated his expectations of staff were to follow policy and procedures to prevent infections spreading from one team member to another or to residents. He stated staff should follow their training, and if personal protective equipment (PPE) was required, they should be wearing the PPE that was required each time they went into that resident's room. He stated it was the residents' right to be protected from cross contamination and other infections they might not have.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. Based on review of the facility's document and interview, the facility failed to ensure its binding arbitration agreement contained appropriate verbiage granting residents the right to rescind the agreement within 30 days of signing it. This deficient practice had the potential to affect 56 of the facility's current census of 76 residents.Review of a facility provided list of residents who had signed binding arbitration agreements revealed 56 residents had signed binding arbitration agreements. Review of the facility's document Agreement to Resolve Disputes by Mediation and Binding Arbitration, not dated, did not include the explicit verbiage granting residents or representatives the right to rescind the agreement within 30 calendar days of signing it.In an interview with the Admissions/Marketing Director (A/M) on 02/18/2026 at 8:43 AM, she stated she had been in that role with the facility for approximately one year, although she had been in the Admissions/Marketing role for 20 years. She stated the binding arbitration agreement had been in use when she took the A/M position. She stated she did inform residents or representatives of their right to rescind the agreement within 30 days of signing it. However, she stated she was not aware it was required to be documented on the form/document prior to the State Survey Agency (SSA) Surveyor reviewing the regulation with her. In an interview on 02/19/2026 at 10:02 AM with the Administrator, he stated the facility's binding arbitration agreement pre-dated the regulatory requirements, and he was unaware the required verbiage was not on the form. He stated, although not documented, his expectation would be residents would have the opportunity to rescind their binding arbitration agreement within the first 30 days after signing.

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F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure resident rooms measured at least 80 square feet per resident in multiple occupancy rooms. Observation of eight dual-occupancy rooms (two residents per room) for Rooms 127, 128, 129, 130, 132, 133, 135 and 138, revealed each room measured less than the required square footage, with rooms measuring anywhere from approximately 17 square feet short (Rooms 127, 128, 129, 130) to approximately 26 square feet short (room [ROOM NUMBER]). The findings include:Observation with the Maintenance Director (MD) and the Maintenance Assistant (MA) on 02/18/2026 at 3:00 PM revealed Rooms 127, 128, 129, and 130 had the same layout, and measured 142.79 square feet in diameter, 17.21 square feet below the required 160 square feet for a dual occupancy room, or 80 square feet per resident. Observation of room [ROOM NUMBER] with the MD and the MA on 02/18/2026 at 3:04 PM revealed the room to measure 133.92 square feet, 26.08 square feet below the requirement for a dual occupancy room.Observation of room [ROOM NUMBER] with the MD and the MA on 02/18/2026 at 3:04 PM revealed the room to measure 135.86 square feet, 24.14 square feet below the requirement for a dual occupancy room. Observation of room [ROOM NUMBER] with the MD and the MA on 02/18/2026 at 3:05 PM revealed the room to measure 141.94 square feet,18.06 square feet below the requirement for a dual occupancy room. Observation of room [ROOM NUMBER] with the MD and the MA on 02/18/2026 at 3:05 PM revealed the room to measure 134.93 square feet, 25.07 square feet below the requirement for a dual occupancy room. In an interview on 02/19/2026 at 9:57 AM with the Administrator, he stated there had been a waiver years ago for the rooms in question. He stated when he had been at the facility previously, he had an architect look into adding additional rooms with the intent of changing rooms with less than the required footage to private rooms, as he did not want to give up needed licensed beds. He stated this was something he would like to do in the future, but currently, the facility was not in a financial situation to enable him to do this.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, record review, and review of the facility's policy, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 1 of 15 residents sampled. The resident preferred to remain anonymous.Interview with 1 of 15 sampled residents who wished to remain anonymous stated their room was too small.Refer to F912The findings include:Review of facility's policy titled, Resident Rights, no date given, revealed the facility must protect and promote the rights of each resident to ensure a dignified existence and self-determination; and the resident had a right to be treated with dignity and respect. Further review revealed the resident rights included to retain and use personal possessions including furnishings and clothing as long as it did not infringe upon the rights, health, or safety of other residents. Review of the anonymous resident's Face Sheet revealed the facility admitted the resident in July 2025. Further review of the anonymous resident's record revealed the room the resident was residing in was the same room the resident was assigned when admitted . Review of the anonymous resident's latest quarterly Minimum Data Set [MDS], revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 15 out of 15, which indicated the resident was cognitively intact.Observation on 02/17/2026 at 9:34 AM revealed the anonymous resident's room appeared smaller than other rooms observed by the State Survey Agency (SSA) Surveyor, and the resident's personal items were stacked on top of each other.During an interview at the time of the observation on 02/17/2026 at 9:34 AM with the anonymous resident who resided in a semi-private room, she stated she had asked for a bigger or a private room. She stated she was told by the Administrator she would never have a private room or a bigger room. She stated, I feel like I am living in a box. When asked if she had enough space to store her personal belongings, she stated not really, and she had a lot of items at home and understood she could not bring all. Observation of the anonymous resident's room by the SSA Surveyor, with the Maintenance Director and the Maintenance Assistant, on 02/18/2026 at approximately 3:00 PM revealed the room was over 24 square feet below the requirement for a dual occupancy room.During an interview with the Administrator on 02/19/2026 at 3:33 PM, he stated he provided oversite of the entire operation. When asked if resident rights were violated if they resided in a room that was smaller than regulatory requirements, he stated room sizes had never impacted the health and care of residents and had never been raised as an issue. He stated the problem was identified on the form the survey team had him complete, and the facility had a waiver on the beds. When asked if he had a process to remedy the issue, he stated he had not had time to talk to anyone, but he would. When asked if any resident had ever complained about the size of rooms, he stated the only thing they complained about was incompatibility of roommates. He stated staff tried to accommodate residents and make changes if possible.