

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Essex Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9600 Lamborne Boulevard Louisville, KY 40272	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>Based on record review, interview, and facility document and policy review, the facility failed to ensure the residents' right to be free from misappropriation of property was maintained for 3 of 3 residents reviewed for misappropriation of resident property (Resident (R)45, R10, and R158).</p> <p>The findings include:</p> <p>Review of the facility policy titled, Abuse, Neglect, or Misappropriation of Resident Property, revised 10/15/2022, from the Administrative Policies manual, revealed the facility believed its residents had the right to be free from .or misappropriation of resident property. Per review, the facility would do whatever was in its control to prevent .or misappropriation of their property.</p> <p>Review of the facility policy titled, Abuse, Neglect, Misappropriation, and Exploitation, dated 08/2019, from the Social Services Manual revealed misappropriation of resident property was defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. Continued review revealed examples of misappropriation of resident property included, but were not limited to: identity theft; theft of money from bank accounts; unauthorized or coerced purchases on a resident's credit card; and unauthorized or coerced purchases from resident's funds.</p> <p>Review of the admission Record for R45 revealed the facility admitted the resident on 07/19/2024, from another skilled nursing facility. Further review revealed R45 had a medical history that included diagnoses of: generalized anxiety disorder, mild cognitive impairment, major depressive disorder and bipolar disorder.</p> <p>Review of the admission Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 07/25/2024 for R45, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating he/she was intact cognitively. Additionally, review of the admission MDS Assessment revealed the facility assessed R45 as considering having a place to lock his/her belongings in order to keep them safe somewhat important.</p> <p>Review of the Significant Change in Status MDS Assessment, with an ARD of 01/31/2025, revealed the facility assessed R45 as having a BIMS score of five, indicating he/she was severely cognitively impaired. Further MDS review revealed the facility again assessed R45 as considering having a place to lock his/her belongings to keep them safe while in the facility as very important.</p> <p>Review of the facility's Inventory of Personal Effects, dated 07/19/2024, for R45 revealed the resident was admitted to the facility with one wallet.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Progress Notes for R45 revealed facility's former SW noted on 09/30/2024, speaking to the resident regarding his/her missing debit card being found in the laundry and documented R45 informed the SW his/her credit card was also missing. Per review of the Note, the former SW told R45 to contact his/her bank to let them know so the credit card could be canceled, but noted it might also be found in the laundry. Continued review revealed the former SW asked R45 if he/she was locking his/her valuables up, and the resident responded saying he/she was no longer leaving his/her wallet or checkbook on the bed tray when not in his/her room.</p> <p>Review of the Progress Notes dated 10/08/2024 revealed Social Services (SS) and the Activity Director (AD) had spoken to R45 and educated the resident on staff not being able to use his/her debit or credit cards or checks to purchase cigarettes for him/her.</p> <p>Review of an untitled log entry dated 11/25/2024 of missing resident items revealed R45 had lost a wallet and \$40.00. Per review, the column titled, Found, (which listed where each item on the log was located) revealed a report of R45's missing wallet and \$40.00 was turned over the Administrator. Further review revealed no documented evidence R45's missing wallet or \$40.00 was ever located.</p> <p>Review of the Missing Resident Item form dated 11/25/2024, revealed R45 alleged missing his/her wallet and \$40.00, which the resident reported on 11/24/2024. Per review, R45 had last seen the wallet on 11/23/2024, and thought he/she might have lost it when out on a facility shopping trip. Continued review of the form revealed the AD reported R45 made his/her own purchase while on the shopping outing, and the AD was not aware if the resident had the wallet during that outing. Review of the form revealed the store where R45 went for the outing was to be contacted. Further review revealed the form had been signed by the Administrator on 11/25/2024; however, had not been signed and completed by the Administrator until 01/10/2025. In addition, review of the form revealed the Administrator's handwritten notes documented R45 said the wallet was lost on outing. Review further revealed the Administrator also noted speaking to R45's previous facility on 01/09/2025, and that facility confirmed having the wallet and would send the wallet to the current facility. Review of the form also revealed the Administrator documented local police and Adult Protective Services (APS) were notified on 01/09/2025, of potential fraudulent activity related to R45's reported missing items.</p> <p>Review of the facility's initial report of an Allegation of Theft or Misappropriation of Property, dated 01/09/2025, revealed the report had been submitted to APS, and noted it served as both an initial and final report. Per review of the report, fraudulent activity began on R45's account in 11/2024, with the alleged perpetrator noted as being unknown. Continued review of the report revealed the facility suspected R45's debit card or other financial information might have been used fraudulently by someone outside of the facility. Further review of the report revealed the facility notified APS that they needed assistance with handling the fraudulent use of R45's debit card, and might need to pursue guardianship for the resident. In addition, review of the report revealed the fraudulent transactions had been made in a variety of cities throughout Kentucky and Indiana.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interview on 04/30/2025 at 2:30 PM, the facility's former SW stated R45 came to her in 11/2024 to report having lost his/her wallet, and the former SW helped the resident look for it. The former SW stated R45 had lost his/her wallet so many times, and facility staff, just helped the resident look for it and usually it was found. She denied having any knowledge of R45 having lost credit or debit cards in 11/2024, and had not been aware of any fraudulent purchases using the resident's accounts until well after the fact. The former SW stated the Business Office Manager (BOM) discovered the fraudulent purchases, after receiving a copy of R45's bank statements. She said in 11/2024, facility staff discussed R45's lost wallet during a morning meeting, and there had been discussion of the facility bus having been searched with the wallet not being located. The former SW reported the morning meeting discussion had not been documented though.</p> <p>During interview on 05/01/2025 at 12:23 PM, the Business Office Manager (BOM) stated in her role, she was not routinely involved in reports of missing items. The BOM said she had not been informed of R45's report of the lost wallet and money in 11/2024. She explained she was not informed until 01/2025, when she became involved. The BOM stated R45 received her own bank statements, and on 01/09/2025, the resident came to her with a copy of the bank statement. She reported R45 wanted her to review the bank statement due to charges that the resident thought looked suspicious. According to the BOM in interview, R45 told her she needed to go to the bank, so the BOM made the resident an appointment with the bank the following Monday, on 01/13/2025. She said the Assistant Administrator (AA) transported R45 to the appointment at the bank that Monday. The BOM stated, I had no idea what was going on. She reported there were some charges R45 said were suspicious; but the resident said they were none of my business. The BOM said at one point, it came up that R45 was paying expenses for a friend in an apartment, but when she asked the resident if the friend had been given the bank cards or permission to pay their bills with them, the resident stated. no. She stated she notified the Administrator of the suspicious charges on R45's account so the Administrator could get Adult Protective Services (APS) involved and maybe consider getting a court-appointed guardianship for the resident.</p> <p>During interview on 05/01/2025 at 12:59 PM, the AA stated he was not normally involved in reports of lost or missing items and did not recall being involved in R45's report of a missing wallet. He said he had taken R45 to the bank on one occasion; however, did not recall exactly when that was. The AA further stated he also did not know the specifics as to what happened when the resident was at the bank.</p> <p>During interview on 05/01/2025 at 1:30 PM, R45 stated when she came to the facility, she had a wallet in her possession. R45 confirmed that was the wallet she reported as missing to facility management in 11/2024. The resident stated the facility helped her contact the bank and credit card company to get her accounts suspended or closed, but the resident could not recall at what point that occurred. R45 said she not recall who State Registered Nurse Aide (SRNA) 36 was; however, she had never given the SRNA permission to use her financial accounts. R45 further stated the facility's Administrator identified what happened, and the SRNA was currently being prosecuted.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interview on 05/01/2025 at 3:15 PM, the Administrator stated that if a resident reported a lost or missing item, facility staff initiated an in-house search. He said the lost or missing item information was posted in order for staff to know to be on the lookout for the item(s). The Administrator stated when R45 reported the missing wallet all he could think to do was call the store where the resident thought he/she might have lost it. He reported therefore, it (the investigation) was just left open until January (2025) when he became aware of extra information. He stated he had not reached out to the resident's listed contact in 11/2024, as the resident thought the wallet had been lost in a store while he/she was on a shopping trip. Per the Administrator in interview, R45 had not cooperated with him after reporting the missing items, so he left the report open until he had more information to go on. The Administrator said R45 went to the BOM on 01/09/2025, with a bank statement and questioned some of the transactions. He said he offered to help R45 contact the financial institutions; however, the resident would not let him.</p> <p>In continued interview on 05/01/2025 at 3:15 PM, the Administrator stated after R45 came to staff on 01/09/2025 with his/her concerns, he remembered the resident's report of a missing wallet from 11/2024, so he pulled that information. The Administrator said after discussing with R45 his/her missing items, it was discovered the resident might have been paying for utilities at an apartment, and staff felt something was going on. He stated all they could do at the time (01/09/2025) was talk to APS as it was felt R45 was mismanaging his/her money, and it was thought the resident probably needed a guardian. The Administrator reported he contacted the local police department on 01/09/2025 as well, but did not contacted the State Survey Agency (SSA).</p> <p>In additional interview on 05/01/2025 at 3:15 PM, the Administrator said he thought he had not started interviewing staff or other residents about potential fraud or misappropriation until 01/20/2025, when a second resident's family (R158's) reported some charges they had not approved. He stated the second resident's family sent him a screenshot of an alert they received about a transaction. The Administrator said he recognized one of the places listed on the screenshot as also where a transaction occurred on R45's statements. He reported R158 had only been living at the facility for about a week at that time, so he pulled the staffing sheets for that time period, and that narrowed things down quickly. The Administrator stated R45 and R158 resided on the same unit, so he started looking at staff who had worked there. He said he also pulled the criminal background checks for all of the staff assigned to the residents' unit during the timeframe in question to ensure all of them had been completed.</p> <p>2. Review of the admission Record for R158 revealed the facility admitted the resident on 01/09/2025, with diagnoses that included major depressive disorder and generalized anxiety disorder. Further review of the admission Record revealed Family Member (FM) 35 was listed as the resident's emergency contact.</p> <p>Review of the admission MDS Assessment, with an ARD of 01/16/2025, revealed the facility assessed R158 to have a BIMS score of 15, which indicated the resident had intact cognition. Further MDS review revealed R158 considered having a place to lock his/her belongings to keep them safe while in the facility as, not very important.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 05/01/2025 at 2:05 PM, FM 35 stated the person who used R158's financial information made three or four transactions with the resident's debit card and also took some cash. FM 35 said as FM 36 handled R158's finances, that FM should also be included in the conversation. FM 35 placed the State Survey Agency (SSA) Surveyor on a brief hold and added FM 36 to the call. Once on the call, FM 36 stated the transactions on Resident 158's debit card and resulting fees were reimbursed by the bank; however, the resident also had \$27.00 in cash missing. FM 35 and FM 36 said all they knew was that a facility staff member had made the transactions on R158's account, but they did not know who that staff person was. FM 35 and FM 36 stated when they identified the fraudulent charges on R158's account they contacted the facility. Per the family members in interview, when they contacted the facility, they were informed the facility was very thankful they caught the charges because it helped the facility narrow down which staff might have done it. FM 35 and FM 36 stated they identified the fraudulent charges on their own and had not been alerted by the facility to be on the lookout for potential fraudulent activity.</p> <p>3. Review of the admission Record for R10 revealed the facility admitted the resident on 07/22/2022, with diagnoses of dementia and major depressive disorder.</p> <p>Review of the Quarterly MDS Assessment, with an ARD of 03/13/2025, revealed the facility assessed R10 to have a BIMS score of 12, which indicated the resident was moderately cognitively impaired.</p> <p>During interview on 05/01/2025 at 2:20 PM, R10 stated he/she lost his/her credit card approximately three months prior, but it had since been found. R10 initially stated he/she was not aware of anyone using their card without permission. However, when the SSA Surveyor asked R10 if he/she remembered the bank reimbursing him/her for purchases he/she had not made, the resident recalled there had been a few charges on his/her card while it was lost and the bank reimbursed them. R10 stated it had all been taken care of, and the resident did not wish to discuss further. card while it was lost and the bank reimbursed them.</p> <p>Review of an electronic mail (email) correspondence, dated 01/20/2025, revealed the facility submitted an initial report to the SSA by way of email on 01/20/2025 at 12:44 PM.</p> <p>Review of the facility's, Self-Reported Incident Form- Initial Report, dated 01/20/2025, revealed the facility notified the SSA of Misappropriation of Property and a Suspected Crime involving R45 and R158. Continued review revealed the Report identified SRNA 36 as the potential suspect and noted she had been suspended as of 01/20/2025.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's, Self-Reported Incident Form- Final Report/5 Day Follow-up, signed by the Administrator on 01/23/2025, revealed the facility initiated interviews with interviewable residents and no other potential victims were identified. Per review of the Report, revealed the facility had been unable to interview SRNA 36, the suspected perpetrator, as she had not returned to the facility to meet with the Administrator. Continued review revealed R45 and R158 resided on the same unit where SRNA 36 had been usually assigned to work. Review of the Report revealed on 01/20/2025, another resident, who resided on the same unit with R45, and had been cared for by SRNA 36, was also notified of potential fraudulent activity on his/her account by his/her bank. Further review revealed after completion of their investigation, the facility concluded, Based on similarities in the suspected fraudulent charges on both resident financial statements received, the location being southern Indiana, the home address of the suspected perpetrator, and the verification that her name is associated with a personal account of one of the businesses of suspected fraudulent charges, the facility is verifying that the event did occur and that the identified person [SRNA 36] is the perpetrator.</p> <p>Review of the facility's, Self-Reported Incident Form- Initial Report, dated 01/30/2025, revealed the facility notified the SSA of Misappropriation of Property and a Suspected Crime involving R10. Per review, SRNA 36 was identified as the suspected perpetrator. Continued review revealed on 01/30/2025, R10 provided a bank statement to the BOM with potential fraudulent charges on his/her account during the timeframe from 01/07/2025 through 01/21/2025. Further review revealed the Report noted it was highly probable the case was related to the initial report involving R45 and R158 from 01//2025. In addition, review revealed the Administrator was to update the local police department with the additional information following submission of the initial report.</p> <p>Review of SRNA 36's personnel record SRNA 36's personnel record revealed her date of hire at the facility was 09/13/2024. Per review of SRNA 36's Application for Employment, signed by her on 09/04/2024, revealed the SRNA reported her address was in Kentucky, and her Work History had been limited to Kentucky. Continued review revealed SRNA 36 answered No to questions regarding whether she had ever been convicted of abuse or neglect to another person, convicted of misappropriation of property, convicted of a crime, or had any criminal charges pending.</p> <p>Further review of SRNA 36's personnel record of the criminal background check results, dated 09/04/2024, revealed multiple charges that had been either dismissed, amended down, or no true bill handed down by grand jury. However, further review revealed it was noted that Charge 1, filed on 06/14/2024 for Theft-Receipt of Stolen Credit/Debit Card- 1 Card was disposed on 08/16/2024 as GUILTY.</p> <p>Unsuccessful telephone call attempts were made on 04/01/2025 at 4:08 PM, and 04/02/2025 at 9:52 AM, to reach SRNA 36 and voice mail messages were left requesting a call back. On 04/03/2025 at 10:33 AM, a third telephone call attempt was made and the individual who answered stated it was the wrong number.</p> <p>During interview on 04/03/2025 at 3:19 PM, a Police Department Detective (PDD) from the local police department stated a warrant had been issued for SRNA 36's arrest; however, she had not been detained as of yet. The PDD stated he had been able to compile enough evidence for a felony charge in his jurisdiction. The PDD reported SRNA 36 had been charged in relation to the purchases made using R45's, R158's and R10's funds. He further stated the amounts of fraudulent purchases made or attempted by SRNA 36 were into the thousands of dollars range.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the fraudulent transaction logs for R45, R158, and R10 revealed the facility identified the following amounts of misappropriated funds for each resident: R45-a total of \$2087.03 on the resident's credit card account and a total of \$479.07 on the resident's checking account, for a total of \$2566.10; R158-a total of \$253.49 on the resident's checking account; and R10-a total of \$212.96 on the resident's checking account.</p> <p>During the interview on 05/01/2025 at 3:15 PM, the Administrator stated when he saw State Registered Nurse Aide (SRNA) 36's criminal background check, he thought, hmmm, because he saw the history of charges against her. He said SRNA 36, when originally hired, resided in Kentucky; however, he noticed her address had changed to somewhere in Indiana, where some of the fraudulent charges occurred. The Administrator reported on 01/20/2025, he suspected an employee of the facility made the fraudulent charges, and had narrowed it down to that specific individual. He said he sent an initial report to the SSA on 01/20/2025, and listed both R45 and R158 as the victims. The Administrator stated on 01/30/2025, a third resident (R10) received his/her bank statement for 01/2025 and questioned some of the charges. He further stated at that point he submitted a second initial report to the SSA for the charges affecting R10. He additionally stated the case was in the police departments' hands.</p>

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility document and policy review, the facility failed to ensure it did not employ staff having been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law, which affected 3 of 3 residents reviewed for misappropriation of resident property (Residents (Rs)45, R158, and R10), and had the potential to affect all residents that resided in the facility.</p> <p>The facility employed State Registered Nurse Aide (SRNA) 36, whose preemployment background check reflected a guilty finding for theft-receipt of stolen credit/debit card. In 01/2025, the facility, in conjunction with the local police department, identified SRNA 36 as the suspect in the misappropriation of Residents (Rs) 45's, 158's, and 10's resident funds. Subsequently charges were filed in Kentucky and Indiana, and a warrant issued for SRNA 36's arrest.</p> <p>The findings include:</p> <p>Review of the facility policy, Abuse, Neglect, or Misappropriation of Resident Property, revised 10/15/2022, from the facility's, Administrative Policies manual, revealed, The facility will do whatever is in its control to prevent mistreatment, neglect, exploitation, and abuse of our residents or misappropriation of their property. Per policy review, the facility would not employ individuals that had been found guilty of abusing, neglecting, exploiting, or mistreating residents by a court of law or who had a finding entered into the state's Nurse Aide Registry concerning abuse, neglect, or misappropriation of their (resident) property. Continued review the facility was to report any knowledge it had of actions by a court of law against an employee, which indicated unfitness for service as a nurse aide or other facility staff to the state's Nurse Aide Registry or licensing boards and/or registries. Policy review revealed screening of potential employees (including contracted, temporary agency and volunteers) would be performed by the facility for abuse, neglect, exploitation, or misappropriation of property. Continued review revealed the policy did not specify the means by which the facility would review to determine if tentative employees had been found guilty of abuse, neglect, mistreatment, exploitation or misappropriation by a court of law, such as criminal background checks. In addition, further review revealed the policy also did not specify crimes which were to prohibit employment at the facility.</p> <p>Review of the, Employee Handbook, dated 10/2021, revealed Criminal & [and] Other Background Checks were required for all employees of the company (facility). Per review, if an employee had been charged, arrested, indicted, or convicted of any crime while employed at the company, the employee was required to notify the Administrator of such action within 24 hours. Continued review revealed the company had the discretion to administer disciplinary action up to and including termination or not hiring an applicant with a felony or misdemeanor charge, arrest, indictment, or conviction, including pending charges. Further review revealed the company also had the option to request a criminal record check at any time during an individual's employment, and continued employment was contingent upon the outcome of the criminal record check. In addition, failure to disclose all requested criminal history, required background information, or failure to comply with the policy by any applicant or employee might be grounds for termination.</p> <p>(continued on next page)</p>		

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review revealed the facility admitted R45 in 07/2024, and noted the resident lost a debit card in 09/2024, which was later found in laundry on 09/30/2024. Per review of R45's progress notes, when the former Social Worker (SW) notified the resident his/her debit card had been found, the resident then also reported a lost credit card. Continued review revealed in 11/2024, R45 reported losing his/her wallet.</p> <p>Review of the facility's, Missing Resident Item form, dated 11/25/2024, revealed R45 alleged his/her wallet and \$40.00 in cash was missing. Per review of the form, revealed R45 reported last seeing his/her wallet on 11/23/2024, when he/she was out on a facility shopping trip. Review of the facility's documentation revealed R45's report of the missing wallet and cash was left open until 01/09/2025, when the resident reported suspicious charges on his/her bank statements. Continued review of the facility's documentation revealed on 01/20/2025, a second resident's family (R158's) contacted the Administrator about what appeared to be fraudulent transactions on the resident's financial account. Further review revealed on 01/30/2025, a third resident (R10) reported to the Administrator also identifying fraudulent charges on his/her bank statement. Additional review of facility documentation revealed the facility, in conjunction with the local police department, identified SRNA 36 as the suspect in the three residents' fraudulent charges on their financial accounts. Review further revealed charges were filed in Kentucky and Indiana, and a warrant was issued for SRNA 36's arrest.</p> <p>Review of SRNA 36's personnel record revealed her date of hire at the facility was 09/13/2024. Review of the, Application for Employment, signed by the SRNA on 09/04/2024, revealed the SRNA reported an address in Kentucky, and the Work History provided was limited to Kentucky. Continued review of the Application revealed SRNA 36 answered No to questions regarding whether she had ever been convicted of abuse or neglect to another person, convicted of misappropriation of property, convicted of a crime, or had any criminal charges pending.</p> <p>Further review of SRNA 36's personnel record revealed the criminal background check results, dated 09/04/2024, noted multiple charges that had been either dismissed, amended down, or no true bill handed down by grand jury. In addition, review revealed, Charge 1, filed on 06/14/2024 for Theft-Receipt of Stolen Credit/Debit Card- 1 Card was disposed of on 08/16/2024 as GUILTY.</p> <p>Review of an electronic mail (email) correspondence, dated 09/09/2024, between the Assistant Administrator (AA), Chief Human Resources (HR) Officer of the facility's management company, and part-time attorney/General Counsel (PTGC) with the facility's management company revealed the AA had provided a copy of SRNA 36's criminal background check results to the Chief HR Officer. Per review of the email communications, the AA advised the Chief HR Officer that it appeared to him all of SRNA 36's charges had been dismissed and/or amended down; however, the AA asked the Chief HR Officer to double check. Continued review revealed the AA also advised the Chief HR Officer there was nothing noted on SRNA 36's application regarding pending charges or convictions. Further review of the email communications revealed the Chief HR Officer agreed with the AA; however, he copied the PTGC on the email to have her review and confirm. In addition, review of the email correspondence revealed the PTGC responded that per the report, all charges drop against SRNA 36 had been dropped; thus, the facility was advised they were good on this one.</p> <p>Telephonic (Phone) attempts were made to interview SRNA 36 on 04/01/2025 at 4:08 PM and 04/02/2025 at 9:52 AM, with voicemail messages left requesting a call back. A third phone attempt was made on 04/03/2025 at 10:33 AM, to reach SRNA 36; however, the individual that answered said it was the wrong number.</p> <p>(continued on next page)</p>		

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interview on 04/30/2025 at 3:46 PM, the PTGC stated she had been employed part time by the facility's management company as an attorney/general counsel. She stated the normal process for pre-employment screening in Kentucky was that an outside service ran background checks and Office of Inspector General (OIG) checks. The PTGC said they also reviewed for barrier crimes, which she stated was an old term for a list of specific crimes considered unacceptable findings. She reported now, the list was not so clearcut, and they had to review to see how long ago the charges were and consider other details, such as did it happen thirty years ago and the person had nothing since. The PTGC stated they would not allow someone to work for the company that was guilty of theft or fraud against an individual. She said abuse, theft, or assault against a child or senior would be a no go for hire.</p> <p>In continued interview on 04/30/2025 at 3:46 PM, the PTGC confirmed she had access to the email correspondence regarding SRNA 36's criminal background check results. She reviewed the email information and stated the guilty finding on the report would have required the circumstances of the credit card theft be determined. The PTGC said they should have asked for more details about who the victim of the credit card theft had been; however, did not see evidence in her emails that they had ever asked for more details. She stated it was, obviously a misinterpretation of the report (on her part). The PTGC reported initially she believed the Charge 1 against SRNA 36 had ultimately been dismissed, but said it was listed on the report as guilty. She said in reviewing the document now, it was very difficult to read, and the Charge 1 disposition was concerning. The PTGC stated if she was reviewing the background check results now, she would ask for all the details of the credit card theft SRNA 36 had been ultimately found guilty of, and then determine whether it was something that should stop the facility from hiring her. She further stated the results of SRNA 36's criminal background check would have warranted gathering more information before proceeding with hire of her.</p> <p>During a follow-up interview on 04/30/2025 at 5:00 PM, the PTGC stated she wished to correct some of what she stated in her previous interview. The PTGC stated after talking with the State Survey Agency (SSA) Surveyor, she reviewed SRNA 36's criminal background check results further, and she felt the Charge 1, with the guilty disposition, was later amended down, then ultimately dismissed. She referenced code numbers associated with Charge 1 and Charge 3 (code 0712630) against SRNA 36, and said she took the Charge 1 and Charge 3 to be the same charge. She stated the code numbers were not associated with the actual crime of theft-receipt of stolen credit/debit card. The PTGC further stated those numbers were associated with SRNA 36's charges, so she interpreted the report to mean all of the charges against her had ultimately been dismissed.</p> <p>Review of the undated document from the Administrative Office of the Courts (AOC) titled, Research and Statistics UOR Code [Uniform Crime Reporting Code] Disclaimer revealed the state police assigned the codes to criminal offenses occurring in the state. Continued review revealed the state official list of UOR Codes by KRS [Kentucky Revised Statutes] number and descriptor could be obtained at the state police website at www.kentuckystatepolice.org.</p> <p>Review of a document titled, UOR Code Descriptions, dated 07/16/2018, revealed there were 338 pages of UOR Codes associated with various criminal offenses. Continued review revealed the, UOR Code 0712630 (listed for SRNA 36) was associated with a Class A misdemeanor for, THEFT-RECEIPT OF STOLEN CREDIT/DEBIT CARD-1 CARD.</p> <p>(continued on next page)</p>		

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interview on 05/01/2025 at 8:33 AM, the [NAME] County Deputy Clerk reviewed SRNA 36's case history and stated the SRNA pled guilty to Charge 1. She stated Charge 3 was amended down to a lower charge and then dismissed. The [NAME] County Deputy Clerk stated the UOR Code, 0712630, was a code used in the state that coincided with the crime SRNA 36 had been charged with. She explained that in the state, the codes were assigned to a variety of charges people could be charged with. She stated the Charge 1 and Charge 3 for SRNA 36, having the same code listed did not indicate both of the charges had been dismissed; it just meant the SRNA had been charged with two counts of theft/receipt of stolen credit/debit card. The [NAME] County Deputy Clerk reiterated for Charge 1, SRNA 36 pled guilty, and stated the SRNA's Charge 3 was amended down to a lower charge and then dismissed.</p> <p>In an additional interview on 05/01/2025 at 11:48 AM, the PTGC stated they believed everything had been dismissed on SRNA 36's criminal background check report. She stated the facility needed to talk about their system for reviewing background check results for potential employees. The PTGC said they perhaps should implement reaching back out to the third-party company that obtained the background check results to have them [NAME] more information when the results were not clearcut. She reported she had known SRNA 36 had been found guilty of Charge 1, but the guilty charge alone was not a reason not to hire her. The PTGC stated they should have asked for more details, such as whose credit card it was, in order to determine if they should proceed with hire or not. She again said they believed the charges had been dismissed, so they did not ask for additional details. The PTGC explained it was important to accurately review potential employees' background check reports so they could filter out people who might be a danger to residents or someone else. She further stated this was the first time she had ever misinterpreted an employee's background report. The PTGC additionally stated more than one person came to the wrong conclusion when reviewing SRNA 36's background check results before her hiring.</p> <p>In interview on 05/01/2025 at 11:00 AM, the Chief HR Officer stated if something came up during preemployment screening for potential employees, such as their background check or something was questionable, the facility sent it to him and he got legal (the PTGC) involved if they needed to be. He said he and the PTGC then reviewed the potential employee's preemployment screening and advised the facility as per the regulations. The Chief HR Officer explained there was not an all-inclusive list of crimes prohibiting the hiring of someone. He stated however, if there was anything on a criminal background report that might be a felony or findings that were not clear, such as amended, dismissed, or changed charges, then the Chief HR Officer and the PTGC got involved. The Chief HR Officer stated he and the PTGC got involved so they could look and make sure the facility was meeting the regulatory requirements.</p> <p>In continued interview on 05/01/2025 at 11:00 AM, the Chief HR Officer confirmed he had access to the email correspondence regarding SRNA 36's criminal background check results. He reviewed the email information and stated the AA sent a copy of the background check results to him to double check to ensure they were in line with the facility's guidelines and hiring requirements. The Chief HR Officer reported there had been several lines of charges and some appeared to have been amended down or dismissed. He said that, to him, it appeared all the charges had been dismissed. The Chief HR Officer stated he forwarded a copy of the background check results for R36 to the PTGC to have her review the results as well to be sure. He said the PTGC reviewed the information and agreed all charges had been ultimately dismissed, so they let the facility know they were okay to proceed with hire of SRNA 36.</p> <p>(continued on next page)</p>		

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In further interview on 05/01/2025 at 11:00 AM, the SSA Surveyor requested the Chief HR Officer review SRNA 36's criminal background check results and provide his interpretation of the results. He stated SRNA 36's results were tricky. He stated they noticed the Charge 1 and Charge 3 for theft-receipt of stolen credit/debit card both had a number of 0712630, so they determined the charges had been dismissed on 08/16/2024. The Chief HR Officer said he was not aware the number 0712630 was a UOR Code that was assigned to that particular offense. He reported he was not in law enforcement, but because it had the same number and charge description, they thought the charges matched, and the report meant the charges had all been dismissed. The Chief HR Officer stated they identified SRNA 36 as not to have been found guilty of theft-receipt of stolen credit/debit card, and would have reviewed her application to see if it included any explanations. He reported if it had been a felony, SRNA 36 probably would not have been approved for hire, and if it had been a misdemeanor, the SRNA might or might not have been approved for hire. The Chief HR Officer said per the email correspondence from the AA, there had been nothing noted on SRNA 36's application about pending or old convictions.</p> <p>In additional interview on on 05/01/2025 at 11:00 AM, the Chief HR Officer stated they needed to have analyzed SRNA 36's guilty finding to see if it was a misdemeanor or felony or if there had been anything that fell under abuse, neglect, or misappropriation per state regulations. He said had they realized SRNA 36 had a guilty finding, they would have sought more information. The Chief HR Officer reported they would also have asked the applicant why she had not disclosed that information on their application, determined who the victim had been, and then, depending on circumstances, they might or might not have hired her.</p> <p>In interview on 05/01/2025 12:59 PM, the AA stated he occasionally reviewed potential employees' preemployment background checks, typically if the Administrator was off or was not in the building for some reason. He said the facility normally conducted what they called a 'triple check for preemployment screening. The AA reported the triple check consisted of criminal background checks, abuse registry checks, and a check to make sure any necessary certifications were active. He stated he recalled being involved in that process for SRNA 36. The AA said he recalled SRNA 36's criminal background check came back with at least one charge that looked to be initially a felony charge that had been amended down or dismissed or both. He explained that anytime there were concerns noted on a potential employee's background check results, they forwarded the results to the Chief HR Officer for review. The AA stated the Chief HR Officer then advised the facility as to whether they could proceed with hiring that employee. He further stated for SRNA 36, the facility had been advised that everything was dismissed or amended down, so the facility proceeded with hiring her.</p> <p>In interview on 05/01/2025 at 2:49 PM, the Administrator stated the facility's preemployment screening process consisted of an interview with the applicant. He said if there was interest in the applicant, they checked the abuse registry, any applicable certifications, the state adult caregiver misconduct list, the Office of Inspector General's (OIG's) exclusion list, and performed a criminal background check. The Administrator stated per his understanding, a felony offense, abuse, neglect, exploitation, or a sexual crime would prohibit employment of that individual. He reported he had been out at the time SRNA 36's criminal background check results were reviewed. The Administrator said however, the AA reviewed SRNA 36's results and forwarded them to the Chief HR Officer to ensure the SRNA was not classified under categories where the facility could not employ her. He reported to his understanding, one of SRNA 36's charges had been dropped to a misdemeanor, which would not prohibit the facility from hiring her. The Administrator further stated a guilty finding for theft, specifically receipt/use of stolen credit/debit card, would not necessarily exclude the SRNA from being eligible for hire.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview, record review, and facility document and policy review, the facility failed to ensure a thorough investigation was completed and submitted to the State Survey Agency (SSA) within five days of forming the suspicion a resident's financial information was being used fraudulently for 3 of 3 residents sampled for misappropriation of resident property (Residents (R)45, 158, and 10).</p> <p>On 01/09/2025, R45 reported suspicious charges on his/her financial statement to facility staff. However, the facility failed to submit an initial report of suspected misappropriation of resident property to the SSA or conduct interviews with residents to determine if other residents were potentially impacted, or interview staff to determine what knowledge they might have had until 01/20/2025. On that date a second resident's family (R158's) contacted the Administrator about what appeared to be fraudulent transactions on their family member's financial account. Additionally, on 01/30/2025, a third resident (R10) reported to the Administrator he/she identified fraudulent charges on his/her bank statement. The facility, in conjunction with local police, eventually identified State Registered Nurse Aide (SRNA) 36 as the suspect with charges filed in Kentucky and Indiana, and a warrant issued for the SRNA's arrest.</p> <p>The findings include:</p> <p>Review of the facility's, Administrative Policies manual policy titled, Abuse, Neglect, or Misappropriation of Resident Property, revised 10/15/2022, revealed the facility would do whatever was in its control to prevent mistreatment, neglect, exploitation, and abuse of our residents or misappropriation of their property. Per review of the policy, Investigation allegations of abuse, neglect, exploitation, or misappropriation of resident property and injuries of unknown origin will be investigated by the facility. Continued review revealed the Administrator was responsible to direct the investigation process and ensure all appropriate agencies were notified, as indicated. Review of the policy further revealed it did not provide specific instructions as to what a thorough investigation should consist of, or when certain investigatory actions should be taken.</p> <p>Record review and review of facility documentation revealed the facility admitted the resident in 07/2024, and the resident reported losing a debit card in 09/2024, which was noted as found in the laundry on 09/30/2024.</p> <p>Review of the Progress Notes for R45 dated 09/30/2024, revealed the facility's former SW documented talking to the resident about his/her missing debit card being found in the laundry and noted the resident told her he/she had a credit card that was also missing.</p> <p>Review of an untitled facility log notation dated 11/25/2024, for missing resident items revealed documentation of R45 losing a wallet and \$40.00 in cash. Continued review of the untitled log, under the column titled, Found, (which listed where each item on the log was located) revealed a report of R45's missing wallet and \$40.00 was turned over the Administrator. Further review revealed no documented evidence R45's missing wallet or \$40.00 was ever located.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Missing Resident Item form dated 11/25/2024, revealed R45 reported on 11/24/2024, missing a wallet and \$40.00 in cash. Review revealed the form had been signed by the Administrator on 11/25/2024; however, had not been signed and noted as completed by the Administrator until 01/10/2025. Further review of the form revealed the Administrator documented notifying the local police and Adult Protective Services (APS) on 01/09/2025, of potential fraudulent activity related to R45's reported missing items (from 09/2024 and 11/2024).</p> <p>Review of the facility's Allegation of Theft or Misappropriation of Property, initial report dated 01/09/2025, revealed the report had been submitted to APS, and was noted to have served as both an initial and final report. Review of the report revealed in 11/2024, fraudulent activity had began on R45's account and the alleged perpetrator noted as being unknown. Per review, the facility suspected R45's debit card or other financial information might have been used fraudulently by someone outside of the facility. Continued review revealed the facility notified APS regarding needing assistance with handling the fraudulent use of R45's debit card, and might need guardianship pursued for the resident. Further review of the report revealed the fraudulent transactions had been made on R45's account in several cities throughout Kentucky and Indiana. However, the facility failed to conduct interviews, at that time, with staff to determine if they might have had knowledge of SRNA 36's misappropriation of residents funds. Nor, did the facility interview other residents to determine whether other residents had also been impacted until 01/20/2025, when another resident reported suspicious charges on his/her account.</p> <p>The facility failed to provide documented evidence of a report of misappropriation of resident property having been submitted to the SSA on 01/09/2025, when suspicion of potential misappropriation of resident property was formed. Review of an electronic mail (email) correspondence dated 01/20/2025, revealed the facility submitted an initial report of R45's misappropriated funds to the SSA by way of email on 01/20/2025 at 12:44 PM.</p> <p>Review of the facility's, Self-Reported Incident Form- Initial Report, dated 01/20/2025, revealed another resident's (R158's) family notified the facility of fraudulent transactions they had not approved on the resident's account. Per review, the State Survey Agency (SSA) was notified on that date of Misappropriation of Property and a Suspected Crime involving R45 and R158. Further review revealed the report identified State Registered Nurse Aide (SRNA 36) as the potential suspect and noted she had been suspended as of 01/20/2025.</p> <p>Review of the facility's, Self-Reported Incident Form- Final Report/5 Day Follow-up, signed by the Administrator on 01/23/2025, revealed the facility initiated interviews with interviewable residents with no other potential victims identified. Review revealed the facility had been unable to interview SRNA 36, the suspected perpetrator, as she had not returned to the facility to meet with the Administrator and was unable to be reached. Per review, R45 and R158 were identified to have resided on the same unit where SRNA 36 had usually worked. and on 01/20/2025, another resident (R10), who also resided on that same unit was notified of potential fraudulent activity on his/her account by his/her bank. Continued review revealed after completing the investigation, the facility concluded based on similarities in the suspected fraudulent charges on the residents' financial statements occurring in the same area of southern Indiana, where the suspected perpetrator resided, the facility verified the events occurred and the identified person (SRNA 36) was the perpetrator.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's, Self-Reported Incident Form- Initial Report, dated 01/30/2025, revealed another resident (R10) provided the facility's Business Office Manager (BOM) with his/her bank statement with potential fraudulent charges occurring during the timeframe of 01/07/2025 through 01/21/2025. Per review, the facility notified the SSA of Misappropriation of Property and a Suspected Crime involving R10 on that date. Continued review revealed SRNA 36 was again identified as the suspected perpetrator. Review further revealed it was noted as highly probable the case was related to the initial report involving R45 and R158 from 01//2025.</p> <p>In interview on 05/01/2025 at 12:23 PM, the BOM stated R45 received his/her own bank statements. She said on 01/09/2025, R45 came to her with a copy of his/her bank statement, wanting her to review the statement due to charges the resident thought looked suspicious. The BOM reported R45 also told he/she needed to go to the bank, she made the resident an appointment with the bank the following Monday, 01/13/2025. She stated the Assistant Administrator (AA) transported R45 to the appointment at the bank. The BOM said she had no idea what was going on. The BOM further stated she notified the Administrator of the suspicious charges on R45's account in order for the Administrator to get APS involved and maybe consider getting court-appointed guardianship for the resident.</p> <p>During interview on 05/01/2025 at 3:15 PM, the Administrator stated when R45 reported his/her wallet missing, the resident would not give him much information. He said, so he told R45 all he could do was call the store the resident thought they lost the wallet at to see if someone turned it in. The Administrator reported as a result of that the investigation was just left open until January [2025] when he found out the extra information. He explained on 01/09/2025, R45 had gone to the BOM with his/her bank statement and questioned some of the transactions. The Administrator stated R45 did not come to facility staff with concerns about his/her finances until 01/09/2025, and that was when he remembered the resident's report of a missing wallet from 11/2024, so he pulled that information. He said all the facility could do at the time (01/09/2025) was talk to Adult Protective Services (APS) as it was felt R45 was mismanaging his/her money and probably needed a guardian. The Administrator stated he contacted APS and the local police department on 01/09/2025; however, had not contacted the SSA then. He reported he had not made a report to the SSA on 01/09/2025, as there had been no reason to suspect anything fraudulent, and the facility just needed APS' assistance in getting the resident a guardian.</p> <p>In continued interview on 05/01/2025 at 3:15 PM, the Administrator stated he initiated an investigation on 01/09/2025, which included calling R45's contact, the local police, and scheduling an appointment at the bank for the resident. He said however, he had not started doing any sort of interviews with staff or other residents to determine if others might have been affected on 01/09/2025. The Administrator reported he did not think he started any sort of resident or staff interviews regarding potential fraud or misappropriation until 01/20/2025. He stated on that date R158's family called to report some charges the resident and/or family had not approved. The Administrator explained he thought he acted appropriately, and further said, I do not see what a few days difference makes, and I did not suspect fraud at first. I did not think an employee did this. He said R158's family sent him a screenshot of an alert they received about a transaction, and he recognized the transaction occurred at similar place and area as was on R45's statements. The Administrator stated after he started comparing he realized it was the exact same place as one of the transactions on R45's account. He explained as R158 had only been in the facility for about a week, he was able to pull the staffing sheets for that time period and that narrowed things down quickly. The Administrator reported R45 and R158 resided on the same unit, so he looked at the staff who had worked on it and started there.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In further interview on 05/01/2025 at 3:15 PM, the Administrator stated he pulled the criminal background checks for all of staff assigned to R45's and R158's unit during the timeframe in question to make sure all of the checks had been completed. He said as he looked at SRNA 36's checks he thought, hmmm, when he saw a history of charges against her. The Administrator stated it was at that point, on 01/20/2025, that he suspected it was an employee of the facility and narrowed it down to a specific individual. He said it was at that point he proceeded with an initial report to the SSA. The Administrator stated in his initial report to the SSA on 01/20/2025, he listed both R45 and R158 as the victims. He stated R10 received his/her bank statement for 01/2025 and the resident reported questioning some of the charges on the statement. The Administrator further stated he submitted a second initial report to the SSA for the charges affecting R10, and the case was in the police departments' hands.</p> <p>During interview with the Senior [NAME] President of Health Services (SVPHS) and the [NAME] President of Health Services (VPHS) on 05/02/2025 at 12:14 PM, they both reported working for the facility's management company. The VPHS stated when an Administrator suspected fraudulent activities or a residents reported suspicious charges on their account, the expectation would be consistent with the regulatory requirements (for conducting investigations). The VPHS reported an initial report was to be made within 24 hours (to the appropriate agencies) and an investigation began as soon as possible. The VPHS said an investigation should consist of interviewing staff and other residents to determine what knowledge they might have or whether other residents were potentially also impacted. She further stated those interviews should be initiated as soon as an allegation was made.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview, record review, facility document and policy review, the facility failed to provide care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choice for 1 of 2 residents sampled for skin conditions out of the total sample of 32, (Resident (R)95).</p> <p>R95 sustained a skin tear; however, staff failed to notify the physician and obtain an order for treatment and failed to complete an incident report and/or skin assessment. Staff then provided treatment to the skin tear without an order.</p> <p>The findings include:</p> <p>Review of the facility's Wound Care Manual of the policy titled, Skin Tear Dressing Procedure, version dated 05/22/2018, revealed to obtain a Physician's order and May Follow Facility Skin and Wound Protocol'. Per review, the Wound Protocol noted to cleanse a wound with normal saline or appropriate wound cleanser; if a skin flap remained to gently approximate skin edges and apply steri strips; apply a transparent dressing; and change the transparent dressing prn [as needed] or when wound has healed.</p> <p>Review of R95's admission Record revealed the facility admitted the resident on 10/29/2024, with diagnoses that included dementia and acute kidney failure.</p> <p>Review of the Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 02/01/2025, revealed the facility assessed R95 to have a Brief Interview for Mental Status (BIMS) score of seven out of 15, which indicated the resident was severely cognitively impaired. Further MDS review revealed the assessed R95 as having no skin concerns, including ulcers, skin tears, or surgical wounds.</p> <p>Review of R95's, Skin Check assessments for 03/05/2025, 03/12/2025, 03/19/2024, 03/26/2025, 03/29/2025, and 04/02/2025 revealed no documentation of skin integrity concerns noted.</p> <p>Review of R95's current Care Plan Report, initiated on 10/30/2024, revealed it included a focus area that indicated the resident had the potential for skin integrity impairment such as skin tears related to fragile skin, decreased safety awareness, poor coordination/balance, weakness, syncope, and medication use. Further review revealed the interventions included: staff to observe R95's skin per the facility protocol; provide skin care per the protocol; and provide treatment as ordered by the physician.</p> <p>Review of R95's Order Summary Report, with active orders documented as of 04/04/2025, revealed no orders for treatment of a skin tear or any wound prior to 04/03/2025, when the State Survey Agency (SSA) Surveyor intervened.</p> <p>During observation of R95's skin on 03/31/2025 at 11:37 AM, a wound was noted on the resident's right leg, with a transparent bandage in place to the wound. In interview, at the time of observation, R95 was unable to state how he/she had gotten the wound, but facility staff were aware of its presence.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 04/03/2025 at 3:44 PM, with the Unit Manager (UM) 4 revealed she completed an observation of R95's right leg. In interview, at the time of the observation, she stated there appeared to be a small skin tear on the leg, which she described as smaller than quarter size, with a skin flap present. UM 4 said skin checks were done on the third shift on Tuesdays by the nurses. She reported the skin tear on R95's leg was something that needed to be documented on a skin check and she needed to notify the Administrator of it. During a concurrent interview, R95 stated the nurse who put on the dressing on said she would be back to take it off when it was ready; however, that had been days ago, and the nurse never returned.</p> <p>During interview on 04/03/2025 at 4:04 PM, Registered Nurse (RN) 21 stated the facility protocol for a new wound was to do an incident report (so they knew where the wound came from), then let the physician know, put in an order, complete a pain assessment, and complete a skin check. She said documentation was done in the chart and was to include a non-ulcer skin assessment and an order for treatment. RN 21 explained if someone found a wound first, they were to report it to her as she was the treatment nurse. She further stated she had been unaware of the skin tear on R95's leg and she did not know who applied the transparent dressing over the wound.</p> <p>During interview on 04/03/2025 at 4:20 PM, State Registered Nursing Assistant (SRNA) 34 stated a skin assessment was done at admission, but he also checked residents' skin during incontinence brief changes or shower. SRNA 34 reported residents could easily get injured by bumping into a table, bed, or wheelchair. He said if he noticed any skin concerns, he would immediately report it to the charge nurse. SRNA 34 further stated he noticed a skin tear on R95's right leg the previous week and reported it to a nurse immediately.</p> <p>During interview on 04/04/2025 at 02:02 PM, SRNA 31 stated the previous week, she noticed a skin tear on R95's right leg while she was assisting the resident into bed, using a gait belt transfer. She further stated she reported it to the nurse, Licensed Practical Nurse (LPN) 32, immediately after observing it.</p> <p>During interview on 04/04/2025 at 9:53 AM, LPN 32 stated she had been aware of R95's skin tear. She said on 03/31/2025, an SRNA had reported to her that the resident had an injury from a gait belt. The LPN reported she gave first aid to the resident, applied a transparent bandage, and called the provider to get treatment orders. She stated however, she did not document that information in the resident's chart. LPN 32 further stated nor had she notified the resident's family; put in orders; reported the wound to any other staff; or completed an incident report due to becoming too busy on her shift.</p> <p>During interview on 04/04/2025 at 9:31 AM, Nurse Practitioner (NP) 33 stated skin tears were expected to be reported to the provider. The NP said staff could call her or the on-call provider, and she would provide treatment orders. She further stated if staff did not report the skin tear, there would be the possibility of the skin tear progressing and causing infection.</p> <p>During interview on 04/04/2025 at 9:38 AM, the Director of Nursing (DON) stated for skin checks, she expected staff to look at the resident's skin every time they provided care, and if they saw anything they were expected to report it. The DON stated a SRNA was expected to report any issues to the nurse, who would contact the provider to get an order, and staff were then expected to follow the physician's order.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 04/04/2025 at 9:42 AM, the Administrator stated skin checks were to be performed weekly, and if anyone noticed any concerns, they were to act on it. He stated he expected staff to apply first aid to stop any bleeding and cleanse a wound and follow the facility's wound care protocol. The Administrator reported he also expected staff to then follow through with an incident report so they knew what happened to the resident. He further stated staff were expected to document skin checks in the electronic medical record (EMR) in full and communicate with the nurse and the provider for obtaining treatment.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to provide an assistive device in a manner designed to prevent accidents for 1 of 4 sampled residents (Resident (R) 28).</p> <p>Staff failed to follow instructions for the use of a mechanical lift while providing care for R28.</p> <p>The findings include:</p> <p>Review of the facility document Active Stand Up Lifting, of the policy titled, Mechanical Lift, dated 04/2013, revealed, active stand-up lifting with [NAME] and Liko Safety Vest, (product designed to help with patient support and stability) revealed instructions for use of the stand-up lift, including directions to, Position [NAME] and adjust the width of the base, so that the patient's feet can be centered on the footrest. Further review revealed, Attach and tighten the strap around the lower legs.</p> <p>Review of the admission Record for R28 revealed the facility admitted the resident on 06/19/2023, with diagnoses that included hemiplegia and hemiparesis (partial weakness on one side of the body) following a cerebral infarction (stroke) affecting the left non-dominant side.</p> <p>Review of the Annual Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 03/02/2025, revealed R28 had a Brief Interview of Mental Status (BIMS) of nine out of 15, which indicated the resident had moderate cognitive impairment. Continued review of the MDS revealed R28 had impairment of an arm and a leg on one side of their body and used a wheelchair for mobility. Further review revealed the facility assessed R28's ability to move from a sitting to a standing position to require substantial staff assistance.</p> <p>Review of R28's Care Plan revealed the facility identified a focus area, initiated 06/19/2023, that indicated the resident required assistance for potential to restore or maintain maximum function of self-sufficiency for transferring from one position to another. Per review, the focus area noted R28's need for assistance was related to cognitive deficit, deconditioning, generalized muscle weakness, physical limitations, poor judgement, and a cerebral vascular accident with left sided weakness. Further review revealed the interventions included: staff to monitor safety awareness (initiated 06/19/2023); provide substantial/maximal assistance for chair to bed to chair transfers (initiated 01/17/2024); and use the [NAME] lift L-Sling (initiated 12/11/2024).</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 03/31/2025 at 2:21 PM, revealed State Registered Nursing Assistant (SRNA) 6 was observed moving R28 to his/her wheelchair from the hall to the shower room. Observation revealed R28's pants were wet in the rear of the pants, down to their knees. During a concurrent interview, SRNA 6 stated it was easier to change the resident with the mechanical lift. Per observation, at 2:26 the stand lift (a [NAME] II EE Liko brand) was placed in position, and SRNA 6 placed the stand up lift leg strap around the leg rest and did not place the strap around the back of the resident's legs. Continued observation revealed R28 was wearing slide-on slippers, and his/her left foot, which was on the footrest, was part of the way out of the slipper. Observation revealed R28's right foot was halfway on the footrest, with the resident's heel hanging off the back of the footrest. Further observation revealed SRNA 6 was unable to assist R28 as his/her left hand was holding on to the lift bar, so SRNA 6 then requested assistance from SRNA 7. In addition, observation revealed at 2:31 PM, SRNA 6 attempted to lift R28's left foot to remove his/her pants; however, was unable to complete that maneuver, and the SRNA's then placed the resident back into the wheelchair.</p> <p>During interview on 03/31/2025 at 2:40 PM, SRNA 6 stated staff always used the stand lift because R28 was not able to stand independently. SRNA 6 further stated R28's left hand was weaker, but the resident could manage using the standing lift.</p> <p>During interview on 04/02/2025 at 2:43 PM, SRNA 9 stated the leg strap should always be fastened around the back of the resident's legs, and the resident's feet should be flat on the footrest for safety.</p> <p>During interview on 04/03/2025 at 1:01 PM, Certified Medication Technician (CMT)/SRNA 2 stated for a standing lift, the resident should have the leg strap around the legs to prevent falls.</p> <p>During interview on 04/03/2025 at 1:21 PM, SRNA 6 stated R28's feet should have been flat on the footrest, but the resident had a foot problem. She said she fastened the leg strap around the leg rest to protect the front of the resident's legs, adding that she did it the correct way it should be done.</p> <p>Review of the [NAME] Lift Skills Checklist, for SRNA 6, with an observation date of 01/06/2025, revealed the skills checklist was signed by the Director of Staff Development (DSD). Per review, the Sabrina Lift Skills Checklist noted SRNA 6 met the requirements of the skills checklist. Continued review of the Checklist revealed the section titled, Lifting with Vest, included to center a resident's feet/foot on the foot support placed flat enough to bear 25-30% of body weight. Further review revealed to adjust the lower-leg support touching and parallel to shins, just below kneecap, for comfortable resistance and support, with calf straps being used for safety when necessary. Additional review revealed to secure the calf strap behind a resident's calves to remind the resident to avoid stepping off the lift while in motion.</p> <p>During interview on 04/03/2025 at 2:19 PM, the Physical Therapist (PT) stated therapy did the initial evaluation for a resident's ability to use a standing lift and then informed the nursing department of the recommendations. The PT said use of the standing lift required the resident's feet to be flat on the footrest, and the leg strap should go behind the resident's legs. The PT further stated if the resident's feet were not flat and their legs were not secured with the strap, it could contribute to a fall because it decreased the resident's stability.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 04/03/2025 at 2:25 PM, the Director of Rehabilitation (DOR) stated they received referrals from the nursing department or for a new admission and evaluated the residents for the use of a standing lift. She reported the resident's feet should be flat on the footrest, not half off the footrest, and the strap should be around the back of the resident's legs. The DOR stated that was preventative if the resident's legs buckled. She further stated the risk was a probable fall if the resident's feet fell off the footrest or if his/her legs buckled with no strap around them.</p> <p>During interview on 04/03/2025 at 2:30 PM, Licensed Practical Nurse (LPN) 3 stated for the standing lift, a resident's feet should be flat on the footrest, and the strap should go around the back of the resident's legs. She further stated staff should follow the directions for use of the lift. LPN 3 additionally stated she monitored staff using the standing lift randomly.</p> <p>During interview on 04/03/2025 at 2:40 PM, Unit Manager (UM) 4 stated for use of the standing lift, it was not safe to have a resident's foot half off the footrest. UM 4 said the leg strap should go around the back of the resident's legs for safety. She further stated staff should follow the directions for use of the lift.</p> <p>During interview on 04/03/2025 at 3:35 PM, the Director of Nursing (DON) stated the expectation was for the resident's feet to be flat on the footrest, but if the resident could bear weight, it would not matter. She said if the resident's legs buckled, the leg rest was the main protection, and the fact that they had a leg strap was sort of extra. The DON further stated generally she expected staff to follow directions for use for the standing lift, but it was not a cut and dry situation.</p> <p>During interview on 04/04/2025 at 10:53 AM, the Director of Staff Development (DSD) stated when she taught staff on using the standing lifts, she prioritized safety and following the instructions for the lifts. She reported all residents should use the leg strap, because the resident's feet could slide, and the leg strap would help to stabilize them. The DSD said staff should have the resident's feet positioned correctly on the footrest, with their whole foot on the footrest, and the strap should be around the resident's legs. She further stated if the leg strap was not on and the feet were not fully on the footrests, a resident could fall.</p> <p>During interview on 04/04/2025 at 4:09 PM, the Administrator stated the leg strap was optional for the standing lift but was not required. He stated it should be used if it was care planned to be used. The Administrator said both of a resident's feet should be flat on the footrest unless the resident decided to move them. He further stated he expected staff to focus on safety during the transfer and make sure the resident was supported.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observation, interview, record review, facility document review, and facility policy review, the facility failed to take action to ensure nutritional parameters were maintained for one (Resident (R) 48) of two residents reviewed for nutrition. R48, who was clinically underweight, based on a low Body Mass Index (BMI), had orders for a nutritional supplement. The Registered Dietitian (RD) and medical provider were not promptly informed when the resident was not offered and/or did not consume the full amount of ordered supplement.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Weight Policy, dated 08/2013, revealed, The weight committee/care plan team will review and take appropriate measures to resolve weight loss or gain.</p> <p>Review of the admission Record for R48 revealed the facility admitted the resident on 07/30/2021, with diagnoses of adult failure to thrive and other symptoms and signs concerning food and fluid intake.</p> <p>Review of the Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 03/21/2025, revealed R48 had a Brief Interview for Mental Status (BIMS) score of 9/15, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident required setup or clean-up assistance with eating, was 60 inches (5 feet, 0 inches) tall, and weighed 78 pounds.</p> <p>Review of R48's Care Plan Report included a focus area revised on 03/21/2025 that indicated the resident was far below the ideal body weight and required a therapeutic diet, therapeutic approach, and supplemental approaches. Interventions included for staff to provide the diet as ordered by the physician, refer to the dietitian for evaluation/recommendations (initiated 01/10/2023), and weigh/review weights per facility protocol with weekly weights times for four weeks (revised on 03/21/2025).</p> <p>Review of R48's weight record revealed the resident was weighed monthly for the last six months. Weights included 83.0 pounds on 09/24/2024 and 77.6 pounds on 03/25/2025. This constituted a 5.4-pound (6.5%) weight loss in a six-month period.</p> <p>Review of the Progress Note, dated 03/07/2025 for R48, uploaded at 12:00 AM, and written by the Nurse Practitioner (NP), revealed the resident reported they were doing well, and staff reported the resident was eating some of the meals and supplements. The resident's weight was noted and had been stable over the past year. The note indicated the resident was underweight, and the NP would continue to monitor this closely, along with the treatment team. The note indicated that the resident's BMI was below normal parameters, and that the resident had been referred to the RD for dietary consultation and recommendations/strategies for achieving a healthy BMI.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R48's, Progress Note, dated 03/20/2025 at 8:43 PM and written by the RD, 11 days after the NP referral, revealed R48 had fluctuations in weight with no significant weight loss in the last 30/90/180 days. The resident's current weight was 78 pounds with a body mass index of 15.3, indicating the resident was underweight. The resident's meal intake was less than 50% of most meals on average. The resident was offered many supplements daily due to less-than-optimal intake, and these included Med Pass 2.0 120 milliliters (ml) by mouth twice a day with medication delivery. The note indicated the resident's preferences were being honored by dietary. The RD's recommendation was to continue to encourage intakes and monitor for changes with needs and treatment plans.</p> <p>Review of R48's current Physician Orders confirmed an order, dated 11/10/2023, for Med Pass 2.0 (a dietary supplement) 120 ml three times a day with medication pass.</p> <p>Observation of a medication pass on the 200 Hall on 04/02/2025 at 7:25 AM, Certified Medication Technician/State Registered Nursing Assistant (CMT/SRNA) 2 was observed to administer 60 ml of Med Pass 2.0 to 48 (Not the ordered amount of 120 mls).</p> <p>In interview on 04/02/2025 at 7:25 AM, CMT/SRNA 2 said R48 had a physician order to receive 120 ml of Med Pass 2.0; however, 60 ml was all that was poured because the resident would not drink more than that. CMT/SRNA 2 further stated when a resident took only 60 ml of Med Pass 2.0, the amount was be entered into the system (electronic medical record) and the hall nurse was notified.</p> <p>Review of the 02/20/2025 Medication Administration Record (MAR) for R48 revealed the resident only received a partial amount of the ordered volume of Med Pass 2.0 supplement on 50 out of 84 occasions. Review of the 03/2025 MAR revealed R48 only received a partial amount of Med Pass 2.0 on 63 out of 93 times. Further review revealed as of 04/02/2025, the 04/2025 MAR noted R48 only received a partial amount of Med Pass 2.0 supplement for three out of four doses.</p> <p>During interview on 04/02/2025 at 9:22 AM, Licensed Practical Nurse (LPN) 3 stated if a resident refused a medication/supplement, the CMT was expected to report that information to one of the three nurses that covered the unit. She said she was the desk nurse for the 200 Hall on 04/02/2025, and had not received a report on 04/02/2025 that a resident had refused anything. LPN 3 reported once a nurse was informed of a refused medication or supplement, they should attempt to get the resident to take the medication or supplement. She further stated if a resident continued to refuse, the physician should be called if it was life threatening or the Nurse Practitioner (NP) notified if it was not life threatening.</p> <p>In interview on 04/02/2025 at 9:37 AM, LPN 1 stated if a medication was refused by a resident, a CMT was expected to complete a form that would be provided to the nurse. LPN 1 said he would try to determine why the resident was not taking the medication and would encourage them to take it. He reported if the resident continued to refuse, he would then chart the refusal and include the effort to readminister the medication, along with the resident's preference. LPN 1 explained he had not been informed on 04/02/2025 that the Med Pass 2.0 was not delivered in the full amount to R48. He said R48 did not care for the supplements and sometimes thought they were baby food. He stated when a situation like that occurred, he would report it to LPN 3, and if he had a good reason, he would be in touch with (update) the NP, within nursing judgement. He clarified it was discretionary on what items he would report to a physician or NP.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interview on 04/02/2025 at 9:59 AM, Unit Manager (UM) 4 stated when a resident refused a medication or supplement, the CMT was expected to notify the nursing team (desk nurse, cart nurse, or UM) of the refusal. UM 4 said if the CMT reported that information to her, she would make a note in her notebook. She explained she would review with the resident, assess if needed, and chart what she discovered in a progress note, along with the education she provided to the resident. UM 4 stated If a resident did not have the cognition to be educated, she then contacted the family and provided education. She said it was expected the other two nurses on the unit would complete the same process. She stated if a resident took only a portion of the medication or supplement, she would notify the physician and the department that ordered/recommended the medication or supplement. The UM reported if the resident desired a partial dose of a supplement, the nurse should try to discover the root cause of the refusal of the whole amount as it could be something they could adjust. She said the partial refusal would be documented, and the information reported in the morning meeting. UM 4 explained that in the morning, prior to the meeting, a UM would review the 24-hour report in the electronic medical record (EMR), but a partially administered supplement would not show up on that report. She stated that information would have to be verbally reported to the IDT, based on the report received by staff. The UM reported that information would then be discussed in the morning Interdisciplinary Team (IDT) meeting, and they would watch the resident for trends. She stated she had been made aware of R48's partial refusal of Med Pass 2.0 on 04/02/2025 (after SSA Surveyor intervention). UM 4 said she would document R48's partial refusal later in the shift. She further stated if it was a chronic refusal, there might not be a note every time; however, the previous refusals should be documented and then care planned by another department.</p> <p>In interview on 04/02/2025 at 11:47 AM, the RD stated she worked onsite at the facility two days per week. She said upon her arrival at the facility, she evaluated residents based on various factors, including but not limited to assessment dates, weight changes, and the use of supplements. The RD reviewed the previous Progress Note, dated 03/20/2025, and explained that the phrase, less than optimal intake, referred to the meal intake and not the supplement intake. She reported if a resident was consuming a partial dose of Med Pass 2.0, she would investigate for a trend and if the trend continued, she would decrease the supplement to the desired amount. The RD said she should be made aware by word of mouth (verbally) of a resident consuming less than the ordered amount of their supplement. She stated it had not been reported to her that R48 was being provided and/or consumed less than the ordered amount of Med Pass 2.0. The RD further stated her expectation was for staff to report to her if a resident did not desire the ordered amounts, and, in response, she would change the order/recommendation. She additionally stated because R48 had a low meal intake, she was pushing as much supplement as possible to keep the resident's calorie intake up.</p> <p>In interview on 04/03/2025 at 11:44 AM, the NP stated her expectation for someone refusing medication, including a supplement, was for the CMT to notify a nurse and then the nurse to notify her. She reported R48 had been underweight the entire time while a resident of the facility, and had multiple interventions, including dietary supplements. The NP said she was aware R48 had consumed smaller amounts of the supplement the last few days (prior to this interview). She stated it was her expectation staff notify the RD of the amount of supplement consumed. The NP further stated R48's weight loss was of concern, and she continued to review the resident frequently and adjust as necessary.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Essex Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9600 Lamborne Boulevard Louisville, KY 40272	

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interview on 04/04/2025 at 11:25 AM, the Infection Preventionist/Quality Assurance (IP/QA) Nurse stated during morning meeting, departmental staff, which included dietary, nursing, and other departments, reviewed progress notes from the previous 24 hours. The IP/QA Nurse said the Administrator documented notes on the concerns on the Cardinal IDT team meeting minutes. The IP/QA Nurse further stated the team had discussed R48's weight in the past, but did not recall discussing the resident in 02/2025 or 03/2025.</p> <p>In interview on 04/04/2025 at 10:43 AM, the Director of Nursing (DON) revealed when a supplement was recommended by the RD, the nursing team was to receive the order and enter it into the EMR. She said for Med Pass 2.0 supplements, the clinical staff member passing the medication was expected to document the amount the resident consumed. The DON reported for a partial dose, the amount consumed was to be documented on the resident's MAR, and the refused amount reported to the nurse, who would then provide notification to the NP and the RD, depending on the situation. She stated the refusal or partially missed dose should also be reported by the UM to the IDT team during the morning meeting to discuss weight loss. The DON said she did not recall anything being brought up in the morning meeting regarding R48. The SSA Surveyor reviewed the partial administrations of Med Pass 2.0 with the DON, and she stated R48 had not lost significant weight and asked why it mattered.</p> <p>In interview with the Administrator, on 04/04/2025 at 12:33 PM, he stated when a resident refused a medication/supplement or consumed only a portion, he expected staff to honor the resident's desires. He said when there was a partial refusal, the CMT should report that information to the nurse. The Administrator stated the clinical staff should then try to give the refused medication/supplement. He reported once the refusal became a trend, the UM was to report that information to the IDT team, and if the IDT team observed a pattern, they would intervene before it impacted the health of the resident. The Administrator said the nursing team was responsible to communicate any information documented on the MAR to the RD. He stated he was aware R48 was taking partial amounts of the Med Pass 2.0 supplement and had a Quality Assurance (QA) document that was evidence of the resident being reviewed and discussed by the IDT team. However, review of the referenced document revealed it did not indicate a date, nor did it include the Med Pass 2.0 supplement under the supplement section.</p>