STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185290	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Nursing and Rehabilitation Center	1550 Raydale Drive Louisvile, KY 40219

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. Based on observation, interview, record review, and facility policy review the facility failed to follow infection control precautions related to standard and transmission-based precautions for four of 30 residents on Standard and Transmission based precautions (Resident (R)3, 15, 104 and 42). Multiple observations during survey revealed staff failing to don (put on) personal protective equipment (PPE) prior to entering resident rooms identified with infection precautions. Additionally, observation revealed no signage indicating enhanced barrier precautions for a resident with a midline catheter with the tubing end left exposed.The findings include:Review of the facility's policy, Infection Control effective 08/08/2024 stated, the facility infection control policies and practices were intended to maintain a safe, sanitary, and comfortable environment while helping prevent and manage transmission of diseases and infections. Additionally, all personnel were trained on infection control policies and practices upon hire and periodically thereafter including how to find and use procedures and equipment related to infection control. Further review of the policy revealed no mention of prevention of midline catheter infections. e Review of the facility's policy titled, Medication Administration Policy last reviewed 12/22/2025 revealed no mention any intravenous medications. Review of the facility's policy titled, Midline Dressing Changes dated 01/17/2019, stated Midline catheter dressings were changed at specified intervals, or when needed, to prevent catheter-related infections associated with contaminated, loosened, or soiled catheter-site dressings. Additionally, to change a midline catheter dressing 24 hours after catheter insertion, every 5-7 days, or when wet, dirty, not intact, or compromised in any way. The facility was unable to provide any policies specific to intravenous line precautions or intravenous maintenance. A review of the website Medline.com and Infection Prevention, October 2025 titled, IV connector management: Best Practices for disinfection. The 2024 Infusion Nurses Society (INS) Infusion Therapy Standards of Practice presents effective, evidence-based standards on the care and maintenance of needleless connectors. Cap use and disinfection techniques are among the evidence-based best practices the INS recommends. In 2016, the INS advised clinicians to protect central lines with disinfectant caps. Their 2021 standards went further, saying that all catheter lines, not just central lines, should be capped. The INS cites evidence that active disinfection with 70% alcohol-based chlorhexidine gluconate (CHG) swab pads or passive disinfection using disinfection caps is much more effective in reducing, Catheter Associated Bloodstream Infections (CABSI) than alcohol pads alone. 1. Review of R3's electronic health record facesheet revealed the facility admitted the resident on 11/15/2022. Continued review revealed R3 tested positive for Influenza Type A on 01/07/2026 and was currently on Droplet Precautions.Observation on 01/13/2026 at 12:43 PM revealed a staff member, the Front Office Scheduler, entered R3's room to provide a resident's meal tray without donning proper PPE for droplet precaution.In an interview with Front Office Scheduler on 01/13/2026 at 12:26 PM she stated the PPE container located outside resident room did not have any goggles or face shields to don prior to entering room to deliver a meal tray inside a droplet precaution room. 2. Review of R104's electronic health record facesheet revealed the facility admitted the resident on 4/15/2024. Further review of the resident's record revealed he had signs and symptoms of influenza infection related to cough and was on Droplet Precautions effective 01/13/2026.Observation on 01/13/2026 at 10:33 AM revealed (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	Licensed Practical Nurse (LPN) 1 entered Resident (R)104's room, who was on droplet precautions, without donning proper PPE.In an interview with Licensed Practical Nurse (LPN)1 on 01/13/2026 at 10:33 AM she stated she read the wrong sign when she entered R104's room without donning proper PPE for droplet precaution.3. Review of R15's electronic health record facesheet revealed the facility admitted the resident on 12/15/2022. Continued review revealed he was on Contact Precaution for Urinary Tract Infection with E Coli and was placed and currently on Contact Precaution since 12/22/2025.Observation on 01/13/2026 at 10:43 AM, revealed the Quality Assurance staff person entered R15's room who was on contact precaution without donning proper PPE. Continued observation revealed the contact precaution signage directed staff to perform hand hygiene and don a gown and gloves prior to entering. In an interview with Quality Assurance on 01/13/2026 at 10:43 AM she stated she did not look for precaution signage nor don PPE for contact precautions prior to entering R15's room because she wanted to answer the call light as R15 had a history of frequent falls. 4. Review of R42's electronic health record facesheet revealed the facility admitted the resident on 2/5/2016. Continued review revealed the facility care planned for, Potential for infection related to catheter direct access to blood. Midline catheter was placed 12/30/2025 for intravenous antibiotics related to urinary tract infection. Interventions stated to change injection/access port or valve as ordered. There was no mention in electronic health records related to precautions resident would be placed on. Order to remove midline catheter was 01/08/2026.On 01/14/2026 at approximately 10:00 AM upon entering R42's room, there was no appropriate precaution signage outside room related to resident's midline catheter and the end of midline catheter tubing was without a protective cap or covering, leaving the catheter hub exposed to environment placing resident at risk for infection.In an interview with Certified Nursing Assistant (CNA) 6 on 01/14/2026 at 2:47 PM she stated staff have the proper PPE available and for precautions staff should wear gown, mask, face shield and gloves. In an interview with Registered Nurse (RN) 2, on 01/14/2026 at approximately 3:00 PM he stated he believed the facility had the appropriate PPE for droplet precautions and that Management provided continuing education every month. He continued by stating he did not know why the proper PPE was not in the container outside the room, but PPE could be found in the medication room. He stated a resident on droplet precautions should not leave their room without a mask to go to the dining room to eat. In an interview with the North Hall Unit Manager, on 01/14/2026 at 3:40 PM she stated it was her expectation that staff adhered to precaution signage and that she was unaware face shields/goggles were not in PPE container. The North Hall Unit Manager further stated staff could find PPE in the medication room or in central supply. Furthermore, she stated the facility frequently provided education regarding infection control. The North Hall Unit Manager then continued by stating she went into a room yesterday without donning the proper PPE and entered a transmission-based precaution room. She stated she had just told staff to put on their PPE; but she stated she was nervous and was trying to get meal trays on time. She knew what she did and could not back out, so she placed the meal tray with the resident and washed her hands. In an interview with the Infection Preventionist, on 01/15/2026 at 10:46 AM she stated regarding the flu outbreak she expected everyone to follow precaution signage outside a resident's door and staff needed to know and understand why resident was in precautions. A negative outcome could be the spread of infection. She stated she educated staff to educate residents who are on transmission-based precautions to encourage the use of mask in hallways and use hand sanitizer. Residents with a midline catheter are placed on enhanced barrier precautions and it was her expectation that at the end of a catheter hub there was a cap. In an interview with Registered Nurse (RN)6 on 01/15/2026 3:05 PM she stated prior to entering a droplet precaution room staff should don a gown, mask, gloves, goggles or face shield. She continued that a risk of not donning PPE could be an infection or to infect other residents. Additionally, RN6 stated the hub (end) of a midline catheter should have a protective cap or risk a blood infection. In an interview with the Director of Nursing on 01/15/2026 at approximately 5:30 PM she stated it was her expectation for staff to adhere to infection control precaution signage. She continued that risks of not (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	adhering to signage would be hypothetical that she could not speak to. She further stated a resident with a midline catheter was on enhanced barrier precautions because invasive lines caused an increase in the risk for infections. She continued to state that when a midline catheter was not in use the end of the hub should be capped, but she did not want to speculate on any risks of failing to cover the hub with a protective cap. In an interview with the Administrator on 01/15/2026 at 5:50 PM he stated his expectations for staff are to adhere to infection control precautions signage and he expected education be given and policies and procedures followed related to signage. He further stated the risks of not adhering to signage was the spread of infection. He stated the expectations of a resident, on droplet precautions, who left their room was to fully protect the best we can, and attempt with mask and we sanitize and distance as much as possible. A risk of not doing that was the spread of infection.