

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 West Highway 90 Monticello, KY 42633	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44974</p> <p>45113</p> <p>Based on observation, interview, record review, and facility policy review, it was determined the facility failed to treat each resident with respect, dignity, and care in a manner and in an environment that promoted maintenance or enhancement of their quality of life, and to recognize each resident's individuality for one of two meals observed. Observations during the noon meal on 09/05/2024 revealed staff used labels to identify residents requiring assistance with meals and called the residents feeders during meal service. Additionally, staff initially set-up Resident (R) 6's lunch meal on 09/05/2024 instead of providing feeding assistance.</p> <p>The findings include:</p> <p>A review of the facility's Policy titled Resident's Rights, updated 02/16/2024, revealed the facility believed residents had the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A continued review of the Policy revealed the facility would ensure that all residents were treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. In addition, the facility would ensure the residents were treated with respect and dignity and promote and facilitate resident self-determination through support of resident choice. Further, the policy review revealed the facility would ensure that all staff members were educated on the rights of residents and the responsibility of the facility to properly care for its residents, including the support each resident required in exercising their rights.</p> <p>Review of the clinical record revealed the facility admitted R6 on 04/07/2017, with diagnoses to include type II diabetes mellitus, cerebral infarction, hemiplegia (condition that causes partial or complete paralysis on one side of the body) affecting right dominant side, contracture right hand, right wrist, right elbow and right shoulder, contracture of muscle, multiple sites, abnormal posture, lack of coordination, muscle weakness and mild cognitive impairment of uncertain or unknown etiology.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 West Highway 90 Monticello, KY 42633	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R6's Annual Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 07/08/2024, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated the resident was cognitively intact. Further review of the Annual MDS Assessment revealed the facility assessed the resident with functional limitation and impairment in a range of motion (ROM) to upper and lower right-side extremities, dependent on staff with a self-care performance of eating, which required the helper to make all the effort. The resident made none of the effort to complete the activity. Further, the resident was also assessed as dependent on staff with a self-care performance of bed mobility, transfers, dressing, toilet use, and personal hygiene.</p> <p>Review of R6's Comprehensive Care Plan (CCP) dated 04/08/2015, with a focus on the resident being at risk for alteration in nutrition-less than body requirements related to the resident's mechanically altered, therapeutic diet, history of cerebral vascular accident (CVA), and right upper extremity paralysis. Continued review of R6's nutrition care plan revealed interventions to ensure tray set-up per staff, built-up/large handle spoon to aid with self-feeding, and staff to provide further ongoing resident observation during meal services for signs and symptoms of problems feeding. Further review of R6's at risk for alteration of nutrition interventions revealed an updated revision on 05/28/2024 for staff to feed resident meals as he will allow related to spilling/dropping food.</p> <p>Observation in the dining room, during noon meal service on 09/05/2024 at 12:27 PM, revealed R6 was placed in front of his set-up meal tray attempting to feed himself. The resident was observed to have difficulty getting food items from his plate, onto the eating utensil and to his mouth related to his dominant right sided paralysis and limited ROM of extremities. The resident was observed to attempt to eat using his left hand and was shaking, spilling, and dropping his food back onto the plate and/or into his lap. Further observations revealed R6 attempted to raise his arm with a glass in hand and attempted to take a drink as he poured the drink down the front of his clothing and the cup fell to the floor. Continued observation revealed R6 with an increased red faced appearance as he looked around the room for assistance. Further, after approximately two full minutes of the resident sitting unattended with food and drink all over his clothing, drinking cup in the floor and signs of defeat as he threw his utensil down, two feeding assistants were observed to note the resident's difficulty feeding himself. The feeding assistants were overheard addressing R6 as a feeder tray with need to remove him from the dining room to provide personal care.</p> <p>Observations during noon meal service on 09/05/2024 at 12:42 PM revealed that CNA5 was overheard in the dining room in front of residents, family members, State Survey Agents (SSAs), and employees referring to resident's as Feeders.</p> <p>An interview was attempted with R6 on 09/05/2024 at 12:55 PM, after the resident received personal care. The resident had a red face and nervous appearance of increased involuntary movement of hands and upper extremities. During the interview attempt with the R6, the resident kept his head down and was not attentive nor verbally responsive to questions as he did not make eye contact, looked away with his head down and shrugged his shoulders. Following SSA interview attempt, CNA5 approached the resident to provide feeding assistance.</p> <p>During an interview with feeding assistant/CNA2 on 09/05/2024 at 5:45 PM, CNA2 stated she had heard staff referring to residents who required feeding assistance as feeders; however, she felt it was unprofessional and a dignity issue per facility policy. CNA2 stated the term feeder could make residents feel insecure and like failures because they need help with feeding.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 West Highway 90 Monticello, KY 42633	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further observation of tray delivery on A unit hallway, in front of room [ROOM NUMBER], during dinner meal service on 09/05/2024 at 5:10 PM, revealed the Activities Director (AD) interacting with residents and explaining to them that dinner was taking a little longer to be served. SSA asked the AD if she was aware of what the delay was and she stated, They are feeding the feeders first.</p> <p>Continued observation of meal tray delivery on A unit hallway, in front of resident rooms on 09/05/2024 at 5:25 PM, the Administrator stated to the SSA while referring to resident's that required meal assistance as feeders in reference to a procedural change in the meal service process.</p> <p>During an interview with the Regional Director of Dietary Operations (RDDO) on 09/06/2024 at 11:30 AM, she stated that she was aware the facility provided in-service related to resident rights and the correct terminology for residents that required feeding assistance. The RDDO explained the importance of the in-service to ensure the employees were aware of the correct terminology about resident rights and dignity. RDO expects that the staff would respectfully refer to all residents.</p> <p>During an interview with Director of Rehabilitation on 09/06/2024 at 5:00 PM, she stated that a potential negative impact of referring to a resident as a feeder could cause the resident to feel humiliated and embarrassed and violate the resident's dignity. She stated she felt it was a dignity issue that could make those residents feel less than others.</p> <p>During an interview with a Physical Therapist (PT) on 09/06/2024 at 5:15 PM, she stated that referring to a resident as a feeder was demeaning; it is all about the person, not the condition.</p> <p>During an interview with the Environmental Service Director (ESD) on 09/06/2024 at 5:25 PM, she stated that when she heard a resident referenced as a feeder, she felt it was degrading and belittling to them. ESD emphasized the importance of staff education on communicating and referencing the correct terminology to ensure resident rights and dignity are honored.</p> <p>During an interview with the Business Office Manager (BOM) on 09/06/2024 at 5:00 PM, she stated that when staff refers to residents as a feeder, that is degrading, disrespectful, and a dignity concern. BOM further noted that the facility is the residents' home, and staff must respect them.</p> <p>During an interview with the Director of Nursing (DON) on 09/06/2024 at 8:20 AM, state that staff, including the Administrator, knew not to refer to residents as feeders. If a staff member called a resident a feeder in front of the resident, he would implement a teachable moment because that was not how staff should refer to residents. In addition, he had implemented re-education beginning 09/05/2024 for all staff related to Resident Rights and Dignity to ensure staff were using the correct terminology when communicating and providing the appropriate care for the residents.</p> <p>During an interview on 09/06/2024 at 5:55 PM, the Administrator stated that calling the resident a feeder was disrespectful and a dignity issue, and it could upset the residents. Therefore, she expected all staff, to include herself, to be aware of the importance of resident rights and to ensure all policies and procedures are implemented and followed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 West Highway 90 Monticello, KY 42633	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44974</b></p> <p>Based on interviews, record reviews, and review of the facility's policies, it was determined the facility failed to ensure resident injuries of unknown origin were reported immediately (not later than two hours after the allegation) to the administrator and other officials (including the State Survey Agency), for three of three (Resident (R) 27, R110, and R111) sampled for abuse. The facility failed to report to the administrator and the State Survey Agency when R27 sustained skin tears while receiving care from a male CNA on [DATE], when R110 was diagnosed on [DATE] with a fractured hip which was of unknown origin, and when R111 was noted on [DATE], to have a large bruise to the right upper extremity which was of unknown origin.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Abuse, Neglect and Exploitation implemented [DATE] revealed the facility would have procedures to assist staff in identifying types of abuse, including injury of unknown source. Further review revealed the facility would report to the state agency immediately, but not later than two hours after the allegation or suspicion of abuse was made if the event involve abuse or result in serious bodily injury, or not later than twenty-four hours if the event does not involve abuse and did not involve serious bodily injury. Further review of the policy revealed the facility would have written procedures to assist staff in identifying the different types of abuse. With possible indicators of abuse including, but not limited to: Resident, staff, or family report of abuse, physical marks such as bruises on a resident's body . and/or injury of an injury of an unknown source.</p> <p>1. Review of R27's admission record revealed the facility admitted the resident on [DATE] with diagnoses which included fracture of the neck of the right femur, convulsions, anxiety, and cerebral infarction.</p> <p>Review of R27's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated the resident had moderate cognitive impairment. Further review of R27's MDS with an ARD of [DATE] revealed a BIMS score of 7, which indicated severe cognitive impairment.</p> <p>Review of R27's Incident Note, dated [DATE] at 9:00 PM revealed Licensed Practical Nurse (LPN) 4 documented the resident became combative with Activities of Daily Living (ADL's) care and with turning/positioning. Per the note, the resident received a skin tear to the right upper arm (back side) with three steri-strips applied and a skin tear to the right inner wrist with two steri-strips applied. Continued review of the note revealed R27 stated she was upset because a male Certified Nursing Assistant (CNA)(unnamed) was in her room and she refused for any male nurses or male CNAs to be in her room. Per the note, the LPN4 gave an as needed anxiety medication and an as needed pain medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 West Highway 90 Monticello, KY 42633	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Family Member (FM) 2 on [DATE] at 10:50 AM revealed the incident happened approximately two years ago. The resident had told the facility prior to the incident, she did not want a male caregiver to provide any type of personal care. The family had been notified R27 had sustained the injuries when a male CNA came into the room to provide care and the resident refused. Per FM2, she was told the CNA provided care even when the resident refused. FM2 stated the facility told her that while the CNA was putting the resident's shirt on, the resident was combative and the shirt caused the skin tears. FM2 stated she knew the shirt could not have caused the skin tears. FM2 further stated the facility was aware R27 did not want male staff providing personal care for R27 even before the incident occurred. FM2 stated no male CNA's have provided care since the time of the incident.</p> <p>During an attempted interview with R27 on [DATE] at 10:55 AM, the resident nodded her head yes, when asked if she remembered the incident when a male staff provided care for her. The resident kept nodding her head yes, when FM2 stated R27 was very private and forbid a male to see her private areas.</p> <p>During an interview on [DATE] at 4:01 PM with CNA3, she stated she was not working when the incident with R27 occurred but she was aware that a male CNA from the staffing agency was working when the incident occurred. CNA3 stated she knew he had not been back since the incident happened.</p> <p>Attempts to interview LPN4 were unsuccessful, as she was not in the facility working and was on vacation.</p> <p>There was no documented evidence the injury of unknown origin involving R27 was reported to the State Survey Agency.</p> <p>2. Review of R110's admission record revealed the facility admitted the resident on [DATE] with diagnoses of diabetes, dementia with behaviors, and psychotic disturbance.</p> <p>Review of R110's quarterly MDS with an ARD of [DATE] revealed a BIMS score of 3 out of fifteen which indicated R110 was severely cognitively impaired.</p> <p>Review of R110's nurse progress notes revealed a communication note dated [DATE] at 12:45 PM by the Assistant Director of Nursing (ADON). Per the note, R110's family told the ADON that R110 did not seem right. R110 would not talk to the daughter or son who were visiting with R110. The daughter also reported that R110 flinched as if in pain when her left leg was moved. Per the note, the ADON informed the resident's nurse of the family concerns and asked her to call for orders.</p> <p>Further review of nurse progress notes on [DATE] at 12:48 PM revealed LPN5 documented she called the resident's physician related to family's concern of R110 having pain to the left hip, and not acting alert today. Per the note, new orders were received for a lab work to include Prothrombin Time, Complete Blood Count, Comprehensive Metabolic Profile, and Urinalysis with culture and sensitivity. The orders also include a x-ray of the left hip and pelvis. Further review of the progress notes revealed on [DATE] at 2:40 PM, LPN5 called for Emergency Medical Service (EMS) to transfer the resident to the hospital for complaints of left hip pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 West Highway 90 Monticello, KY 42633	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R110's hospital record and hospital disposition summary dated [DATE] revealed R110 was admitted for a displaced right femur neck fracture. Continued review of the hospital record revealed R110 was transferred to the local hospital then on to another hospital for a higher level of care for the hip fracture. Per the hospital record, R110 was discharged back to the local hospital under hospice care and later expired in ,d+[DATE].</p> <p>The Administrator who was the Director of Nursing (DON) at the time of the incident provided a typed document dated [DATE] which revealed a bruise was noted to the spine of R110. Per the document, after talking with staff and chart review, no change has been noted to resident's behavior. Continue review revealed the resident fell on [DATE]. The resident was found sitting on the floor by the wheelchair after attempting to get out of bed. Per the document, the resident does have a bony spine and bruise is consistent with back bumping front of wheelchair when falling. She stated the incident was reported to the Administrator.</p> <p>There was no documented evidence R110's injury of unknown origin was reported to the State Survey Agency.</p> <p>3. Review of R111's admission record revealed the facility admitted R111 on [DATE] with diagnoses of Parkinson's Disease, cognitive communication deficit, diabetes, rheumatoid arthritis, and contractures of hands. Further review of the record revealed R111 expired in ,d+[DATE].</p> <p>Review of R111's quarterly MDS with a ARD date of [DATE] revealed a BIMS score of fifteen of fifteen which indicated the resident was cognitively intact.</p> <p>Review of the skin assessment dated [DATE] at 6:41 AM documented by LPN6 revealed purpura (red, purple or brown spots on the skin caused by bleeding under the skin) was noted to R111's right upper arm. Further review of the note revealed no documenting of size or shape of the purpura area.</p> <p>Review of R111's nurse progress note dated [DATE] at 5:30 AM documented by LPN7 revealed an aide reported to the nurse that R111 was complaining of her right arm being sore when her shirt was put on. Per the note, LPN7 asked R111 if her arm was sore and she nodded her head forward and whispered, yes. The LPN assessed the resident to have a dark purpura area to her right upper inner arm. LPN7 documented the area was noted and charted on a skin assessment on [DATE]. Per the note, LPN7 took R27's right hand and held her arm out straight in front of her and she denied having pain. LPN7 then held under her elbow and abducted her arm out from her side, and she then complained of pain to her shoulder and upper arm. Further review of the progress note revealed the resident's right shoulder appeared slightly bigger than the left. Per the note, R111 had received routine Tylenol a short while prior to the assessment.</p> <p>Review of R111's Nurse Progress note dated [DATE] at 10:19 AM documented by LPN8 revealed the resident's physician was notified of R111's complaint of being unable to move the right arm without pain, and of the large discoloration to the underside of the upper right arm near her the armpit. Per the note, a new order was received for an x-ray of the humerus and shoulder.</p> <p>Review of a nurse progress note dated [DATE] at 3:30 PM documented by LPN5 revealed there were no fracture or dislocation noted from x-ray. However, further review of resident's record revealed no x-ray report.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 West Highway 90 Monticello, KY 42633	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no documented evidence that the bruise to R111's upper arm was reported to the State Survey Agency as an injury of unknown origin.</p> <p>During an interview on [DATE] at 3:15 PM with the prior Administrator, she stated she does not recall the incident regarding R27. The Administrator stated she would have reported the incident immediately to the state agency if she had been made aware. She stated that during her time as the Administrator from , d+[DATE]-,d+[DATE], she expected to be informed of all injuries of unknown origin and suspected/actual abuse. She stated she always reported to the state agency. The prior Administrator further stated she does not recall any incidents with R110 or R111. She further stated the injuries should have been reported to her and then to the State Survey Agency.</p> <p>Interview with the current Administrator on [DATE] at 5:55 PM revealed her expectation was that all abuse allegations, and injuries of unknown origin be reported immediately to the State Agency. She further stated a complete investigation should be completed. Per the Administrator, all nurses' stations have the investigation forms to initiate when an incident happens. The Administrator stated there had been a change in ownership of the facility and when she had taken over as administrator, the facility had no process in place for reporting and investigating allegations of abuse/injury of unknown origin. Per the Administrator, there was now a abuse prevention policy and process for staff to follow. She further stated she was the Abuse Coordinator and it was her responsibility to ensure all allegations of abuse were reported timely and fully investigated. She further stated that she had no record of the above incidents with the three residents being reported to the State Survey Agency.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 West Highway 90 Monticello, KY 42633	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44974</p> <p>Based on interview and record review, it was determined the facility failed to ensure the services of a Registered Nurse (RN) was utilized for at least eight consecutive hours a day, seven days a week. The facility failed to provide eight consecutive hour RN coverage for 12 days between 05/01/2024 and 08/31/2024.</p> <p>The findings include:</p> <p>Interview with the Director of Nursing (DON), on 09/06/2024 at 10:16 AM, revealed the facility did not have a policy to ensure RN coverage for the facility for at least eight consecutive hours a day, seven days a week.</p> <p>Review of the facility's scheduled staffing sheets for 05/01/2024 to 08/31/2024, revealed, no RN coverage for eight consecutive hours for following dates: 05/04/2024; 05/25/2024; 06/07/2024; 06/16/2024; 06/30/2024; 07/06/2024; 07/20/2024; 07/28/2024; 08/09/2024; 08/16/2024; 08/30/2024; and 08/31/2024.</p> <p>Interview with the DON, on 09/06/2024 at 10:16 AM, revealed, she was aware of the regulation that required a RN eight consecutive hours a day, seven days a week. Continued interview revealed, the facility had not consistently scheduled a RN to work eight consecutive hours a day, seven days a week.</p> <p>Interview on 09/06/2024 at 5:55 PM with the Administrator (who has been the Administrator for approximately 2 years) revealed she was aware the facility was required by regulation to have RN coverage for eight consecutive hours a day, seven days a week. Continued interview revealed that she was an RN and did work some weekends for RN coverage but didn't know if her hours counted toward the regulation coverage. Administrator further stated new ownership started as of 08/01/2024 and they were still getting acclimated to the changes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 West Highway 90 Monticello, KY 42633	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51157</p> <p>Based on observation, interview, and facility policy review, it was determined the facility failed to store, prepare, distribute and/or serve food in accordance with professional standards for food service safety. Observations revealed uncovered food and drink in the refrigerator on 09/03/2024 and 09/04/2024 potentially affecting 25 of 55 residents of the facility.</p> <p>The findings include:</p> <p>Review of facility policy Food Receiving and Storage, undated, revealed all foods stored in the refrigerator or freezer will be covered, labeled and dated.</p> <p>During the initial kitchen tour on 09/03/2024 at 2:30 PM, eight (8) cups of pureed watermelon were observed in the refrigerator uncovered and undated, as well as, lemonade in a pitcher uncovered and undated. On 09/04/2024 at 3:30 PM, at least twenty-five (25) cups of sliced watermelon were observed in the refrigerator uncovered, without date and time. Observation of meal service on 09/04/2025 at 3:40 PM revealed dietary staff were serving the previously observed uncovered watermelon to residents. According to the Matrix (CMS-802), there were no residents who received tube feeding in the facility.</p> <p>Interview with Dietary Manager on 09/03/2024 at 2:45 PM revealed that the dietary staff had been educated on covering and dating all items placed in the refrigerator for storage. The Dietary Manager stated that the Dietary Aide was aware of this policy and was just in a hurry and forgot to do it. The Dietary Manager stated that it was important to cover items when storing them to prevent anything from falling into it. Per the Dietary Manager, it was her expectation for dietary staff to follow the Storage Policy for the facility kitchen.</p> <p>Interview with Regional Director of Operations on 09/06/2024 at 11:30 AM revealed that it was her expectation that the Dietary Manager and staff would cover and label all items that required protection from harmful bacteria, objects, and chemicals. She stated it was the responsibility of all dietary employees working in the kitchen to ensure all items were covered, labeled, and checked for expiration dates. Additionally, she stated it was her expectation for the Dietary Manager to enforce the policy and to retrain staff as needed.</p> <p>In an interview with the Administrator on 09/06/2024 at 5:55 PM she stated that it was her expectation that all staff followed all policies in place at the facility.</p>		