

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER The Episcopal Church Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7504 Westport Road Louisville, KY 40222	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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>(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: 185310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER The Episcopal Church Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7504 Westport Road Louisville, KY 40222	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</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 adequate supervision and effective assistance devices to prevent accidents for one (Resident (R) 19) of three sampled residents reviewed for elopement risk. R19, who had severe cognitive impairment, eloped from the facility on 07/30/2025. The facility's equipment (alarm system) used for supervision of location failed to sound in a manner to immediately alert staff when the resident left the facility without staff knowledge/supervision. The failure to prevent R19's elopement, at a time when the outdoor heat index was 107 degrees, created an Immediate Jeopardy situation with the likelihood for serious harm or death. Immediate Jeopardy was identified on 08/15/2025 and was determined to exist as of 07/30/2025 (the day of the elopement), in the area of 42 CFR 483.25, Quality of Care. This deficiency also constituted Substandard Quality of Care (SQC). The Administrator and the [NAME] President of Residential Health Care were notified of the Immediate Jeopardy on 08/15/2025 at 10:12 AM. On 08/15/2025 at 10:12 AM, the Administrator and the [NAME] President of Residential Health Care were provided a copy of the CMS IJ Template and were notified that R19's elopement from the facility on 07/30/2025 constituted an Immediate Jeopardy. The facility provided an acceptable plan for removal of the Immediate Jeopardy on 08/15/2025 at 2:00 PM. The survey team validated the Immediate Jeopardy was removed on 08/06/2025 at 2:00 PM following the facility's implementation of the plan of removal of the Immediate Jeopardy and the deficient practice was determined to be past non-compliance. The findings include: Review of the facility's policy, Elopement/Missing Resident Policy ('Code Yellow'), dated 02/06/2024 and in effect at the time of R19's elopement, revealed the facility defined elopement as, When a patient or resident who is cognitively, physically, mentally, emotionally, and/or chemically impaired; wanders away, walks away, runs away, escapes, or otherwise leaves a caregiving facility or environment unsupervised, unnoticed, and/or prior to their scheduled discharge. Review of the policy revealed that although it addressed the steps to take after a resident eloped, it did not describe steps to prevent elopements from occurring. Review of R19's Resident Face Sheet revealed R19 was admitted on [DATE] with diagnoses including unspecified dementia, anxiety disorder, and insomnia due to mental disorder. Review of R19's admission Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 02/05/2025 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 5/15, indicating severe cognitive impairment. Per this MDS, R19 displayed wandering behaviors 1-3 days during the assessment period, and these behaviors placed the resident at a significant risk of getting to a potentially dangerous place, such as outside the facility. The MDS documented the resident was independent with indoor mobility (ambulation) and used a walker. Review of R19's baseline care plan, initiated on 01/15/2025 and comprehensive care plan, initiated 02/11/2025, revealed the resident was at risk for elopement. The care plans included multiple interventions, including placement on a unit for residents with advanced dementia (secured unit), and the use of a Code Alert bracelet (device which sounds an alarm if the resident comes near a door), with its placement and functionality checked every shift. Additional interventions included elopement assessments, redirection of the resident by talking about her past work as a Missionary, and allowing R19 to speak to her family, which calms her. Review of the Observations, tab in the Electronic Medical Record (EMR) revealed that, per the care plan, the facility assessed R19 as being at risk for elopement on the following dates: 01/14/2025, 01/29/2025, 04/18/2025, and 07/13/2025. Review of the 07/13/2025 ECH Elopement Risk Assessment form (most recent prior to R19 eloping on 07/30/2025) revealed that R19's risk factors included a diagnosis of dementia, attempts to leave the facility, independence with mobility in the presence of dementia, a change in medications, verbalizations of intent to leave, wandering to find family, wandering aimlessly, and actively having exit-seeking behaviors. Review of R19's EMR, under Progress Notes, revealed she attempted to exit the facility on each of the following dates: 05/04/2025, 05/07/2025, twice on 06/30/2025, 07/06/2025, and 07/11/2025. Each of these times, R19 was re-directed by staff once the door alarm was engaged. Review of the facility's Initial Report, dated 07/30/2025 and signed by the Administrator, revealed R19 exited the facility without staff's knowledge or supervision on 07/30/2025. At 1:08 PM, the Director of Life Enrichment (DLE), who was driving through the property, found R19 walking on a sidewalk. At that time, the DLE stopped, got R19 into her car, and returned R19 to the facility. Per the report, R19 was immediately assessed and found to be free of injury, and she displayed no signs or symptoms of heat-related concerns. The document estimated R19 was outside the</p>		