

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Pioneer Trace Group, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Pioneer Trace Flemingsburg, KY 41041	

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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>50990</p> <p>Based on interview and review of the facility's policy, the facility failed to ensure all residents had the right to send and receive mail on Saturdays.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Residents Rights, revised 07/01/2014 revealed the resident had the right to privacy in written communications, including the right to send and promptly receive mail.</p> <p>During the Resident Council meeting on 10/01/2024 at 10:00 AM, Resident (R) 46 stated residents did not receive or send mail on Saturdays at the facility. R46 stated he did receive packages unopened the day they were delivered to the facility. The rest of the resident attendees confirmed there was no Saturday mail delivery.</p> <p>In an interview with the Business Office Manager (BOM) on 10/03/2024 at 12:21 PM, she stated she was unaware it was against residents' rights not to have their mail being delivered on Saturdays. The BOM stated her work schedule was Monday through Friday 7:30 AM to 4:00 PM, and she was not on the campus during the weekends to sort the mail and give it to the Activities Department.</p> <p>In an interview with Activities 1 on 10/03/2024 at 12:35 PM, she stated only department heads had keys to the mailbox which required a key to retrieve the mail. Activities 1 stated packages delivered by carriers were given to the resident as soon as they were delivered to the facility. Activities 1 stated the only time a resident would receive an opened box was if it was a delivery error by the carrier or if a resident asked for a staff member to help them open the package.</p> <p>In an interview with the Director of Nursing (DON) on 10/03/2024 at 1:45 PM, she stated the mailbox was checked by the BOM. The DON stated the BOM got the mail from the mailbox and sorted out the business mail from the residents' mail. The DON stated the Activities Department was at the facility seven days a week, and they gave the residents the mail everyday, including on Saturdays. The DON stated packages were given to residents the day they were delivered to the facility from the carrier. She stated her expectations for staff was to respect residents.</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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview with the Administrator on 10/03/2024 at 12:15 PM, she stated the BOM was responsible for getting the mail, sorting it, and distributing it to department heads. The Administrator stated the Activities Department would distribute the mail to the residents. The Administrator stated that the department heads only worked Monday through Friday, and they were the only ones who had the keys to the mailbox. The Administrator stated a few residents had subscriptions to the newspaper, and they gave those to residents as soon as they were delivered to the facility.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50990</p> <p>Based on observation, interview, record review, and review of the facility's policies, the facility failed to prepare food safely to prevent cross-contamination. Dietary Aide (DA) 2 was observed on 10/01/2024 preparing a puree brownie with gnats flying around the uncovered blender and gnats were observed flying in and around the trash can in the dining area. The deficiency had the potential to affect all residents that received meals from the kitchen.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Resident Rights, revised on 08/01/2013, revealed the facility must care for its residents in a manner and in an environment that promoted maintenance or enhancement of each of the resident's quality of life.</p> <p>Review of the facility's policy titled, Food and Preparation and Service, revised 07/01/2014, revealed the food services employees shall prepare and serve food in a manner that complied with safe preparation and handling.</p> <p>Review of the facility's policy titled, Pest Control, revised 05/01/2008 revealed the facility shall maintain an effective pest control program. Per the policy, the facility maintained an on-going pest control program to ensure the building was kept free of insects and rodents.</p> <p>Review of the facility's Commercial Pest Control Agreement revealed it was dated 10/23/2006.</p> <p>Observation on 10/01/2024 at 11:35 AM, revealed DA2 was preparing puree brownie with gnats flying around the uncovered blender.</p> <p>Observation on 10/01/2024 at 11:49 AM, revealed there was a heavy presence of gnats flying in and around the trash can sitting inside the dining room with residents present for lunch.</p> <p>In an interview on 10/03/2024 at 8:56 AM with DA3, she stated she had received training in the kitchen. DA3 stated she had been educated on cross contamination. DA3 stated she had not seen any gnats, bugs, or rodents. She stated if she saw any gnats, bugs, or rodents she would notify the Dietary Manager (DM).</p> <p>In an interview with DA1 on 10/03/2024 at 9:02 AM, she stated she was educated on cross contamination. DA1 stated she had seen gnats around the trash can, and when she did, she changed the trash bag and cleaned the trash cans. DA1 stated she had not seen nearly as many as she did during the hot humid days of summer. DA1 stated she normally worked the morning shift, and she reported issues to the Dietary Manager (DM) or PM [NAME] , who were always on shift.</p> <p>In an interview with the PM [NAME] on 10/03/2024 at 11:57 AM, he stated cross contamination was taught to him at the facility. He stated gnats were in the kitchen. He stated he reported the issue to maintenance, and people came out and sprayed. He stated if a gnat got into the food, it was cross contamination.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the DM on 10/03/2024 at 9:03 AM, she stated she trained new staff on cross contamination. The DM stated when she was not working or out of the building, the cooks were responsible for the kitchen. The DM stated she had seen gnats in the building. The DM stated having gnats in the kitchen caused cross contamination, and the food could not be served and would need to be discarded if gnats were in the food.</p> <p>In an interview with Housekeeping Aide (HA) 1 on 10/03/2024 at 8:01 AM, she stated gnats were an issue in the building. HA1 stated she mostly saw the gnats around the residents' sinks. HA1 stated housekeeping sprayed bleach in the sinks, and she reported the sighting of gnats to maintenance.</p> <p>In an interview with Maintenance 1 on 10/03/2024 at 8:21 AM, he stated commercial pest control company came to the facility on ce a month. Maintenance 1 stated the last visit was last Tuesday, September 24, 2024, to spray the building for spiders and rodents, but not for gnats. Maintenance 1 stated he had not had any reports of gnats reported to him at the time of the campus visit made by the pest control company. Maintenance stated Housekeeping 1 told him this morning she had a sighting of gnats. He stated he had not received any reports of gnats being in the kitchen.</p> <p>In an interview with the Director of Nursing (DON) on 10/03/2024 at 1:45 PM, she stated she did see gnats in the building, in the generalized areas. She stated there was a resident in the facility that ate snacks up and down the hallway, dropping food. The DON stated housekeeping would clean up after the residents, as her [NAME] was, We work in their home, and it needed always to be clean. She stated she reported any sighting of gnats to the Administrator or the Maintenance Department. The DON stated her expectations for staff in the facility was to respect residents and follow safety guidelines.</p> <p>In an interview with the Administrator on 10/03/2024 at 12:15 PM, she stated she did see gnats in the building, but the pest control company was at the facility last week to spray. She stated she would call for a revisit from the company and have them visit more often. The Administrator stated she had the expectation for staff to follow all the policies and procedures while they were working inside the facility. The Administrator stated she wanted all staff to treat the residents with respect, love, and dignity as this was their home and needed to be treated as such, as soon as staff entered the facility.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49267</p> <p>Based on interview and review of the facility's policies, the facility failed to establish written standards, policies, and procedures for a documented water management program based on nationally accepted standards for all residents (census 76).</p> <p>The facility did not have a water management program that included a description of the building's water systems where Legionella and other opportunistic waterborne pathogens could grow and spread, flow diagrams, measures to prevent growth, testing protocols, acceptable ranges, and established ways to intervene when control limits were not met.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Control Policy, dated 02/02/2021, revealed the policy's purpose is to prevent, detect, investigate, and control infections in the facility and maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and general public.</p> <p>Review of the facility's policy titled, Prevention of Legionella Growth and Exposure, dated 06/2017, revealed the facility had an established water management program in an effort to prohibit and/or reduce the exposure to Legionella. Further review revealed a text and diagram model of the facility's water system would be maintained and the facility would implement and monitor control measures that might include but was not limited to environmental rounds to identify areas that might promote water stagnation or biofilm, water temperature monitoring, and lab testing of residents with healthcare associated pneumonia.</p> <p>Review of the facility's policy titled, Infection Preventionist, revised 03/2017, revealed the Infection Preventionist was responsible for coordinating the implementation and updating of the facility's established infection prevention and control policies and practices.</p> <p>Review of the facility's Infection Preventionist Job Description, undated, revealed the infection preventionist conducted oversight of the infection prevention and control program including maintaining a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services and following accepted national standards.</p> <p>Review of the facility's . Maintenance Director Job Description, undated, revealed duties and responsibilities included following established safety and infection control procedures and actively participating in the facility's Quality Assurance/Continuous Quality Improvement program to assure departmental activities were conducted in a manner consistent with local, state, and federal regulations.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview with the Maintenance Director on 10/03/2024 at 9:10 AM, he stated he had been maintenance director for just a few months and prior to that he worked in maintenance at an apartment building. He stated he was not able to speak to information related to the facility's water management system and had not received training for anything that related to Legionella. The Maintenance Director stated he was unsure if the facility performed chlorine testing. He further stated he had not performed any chlorine tests on the water. The Maintenance Director stated he did not have a description or diagram of the building's water flow system and was not aware that one existed.</p> <p>In an interview with the Administrator on 10/03/2024 at 10:22 AM, she stated she was not aware of a schematic or description of the facility's water flow system. She further stated the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) shared the responsibility of Infection Preventionist.</p> <p>In an interview with the ADON on 10/03/2024 at 11:57 AM, she stated as part of her Infection Preventionist (IP) responsibilities, she reviewed policies and reported disease outbreaks that included, but was not limited to influenza, COVID, and bed bugs. She stated the facility's infection control and prevention policies were reviewed yearly and as needed. The ADON stated she was not involved in the facility's water management system and believed it was maintenance's responsibility. She further stated, if cases of Legionella were identified in the facility, it was her responsibility to track those cases.</p> <p>In an interview on 10/03/2024 at 12:14 PM with the DON, she stated she assumed the role of DON and IP approximately 17 months ago and shared IP duties with the ADON. The DON stated the Maintenance Director worked with the local water department regarding the water system. She further stated the IP reported and tracked communicable diseases such as Legionella. The DON stated since she started at the facility, she had not reported any cases of Legionella. The DON stated she did not know if the facility conducted chlorine testing on the water. She further stated it was important to monitor the water to prevent sickness and spread of potential diseases.</p> <p>During an interview with the Administrator on 10/03/2024 at 2:18 PM, she stated there was not a current facility water management system in place, and it was not something that had been discussed in their Quality Assessment and Performance Improvement (QAPI) meetings. She further stated it was important to monitor the facility's water system to prevent pathogens like Legionella from entering the facility in efforts to protect residents, staff, and visitors. The Administrator stated she was not aware of any reported cases of Legionella. She further stated tracking and surveillance of potential disease outbreaks were the responsibility of the IP, but she was ultimately responsible as well.</p>		