STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185327	A. Building B. Wing	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Spencer County	625 Taylorsville Rd Taylorsville, KY 40071

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44974 Based on interview, record review and facility policy review it was determined the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promoted, maintained or enhanceed his or her quality of life, recognizing each resident's individuality for one of 34 sampled residents (Resident (R) 13). The facility must protect and promote the rights of the resident. The findings include: Review of R13's Admission Record revealed the facility admitted the resident on 05/13/2024 with diagnoses including cervical disc disorder with myelopathy, quadriplegia, and cervical fusion. Review of R13's Admission Miminum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of fourteen of fifteen, which indicated R13 was cognitively intact. Review of R13's Baseline Care Plan completed on 05/13/2024 revealed a communication goal for R13 that communication with staff would be understood. Triggers for the need for communication assistance indicated the Resident's communication was not understood and Resident was hearing impaired. Desired approaches for the goal included a communication board, interpreter if needed, facing the resident and speaking directly to them. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/31/2024 at 5:30 PM with R13's Family Member (FM) 1, she stated R13 had been in the facility approximately 3 days when she was contacted by him via video call on his I-Pad. FM1 stated R13 appeared upset, and he communicated to her via speech and sign language he had been abused - he had not had his call light all night. When she and another family member came and spoke with R13 he communicated to them 2 State Registered Nurse Aides (SRNA)'s came into his room after he rang his call light for assistance. He further communicated to the family members he needed assistance rolling over and was unable to make the SRNA's understand. After he was able to communicate his needs to the SRNA's they did assist the resident to turn and reposition. When they left the room he reported he could not find his call light, He further reported to his family he did not have access to the call light all night. Continued interview with FM1 revealed upon admission to the facility she and another family member went to the facility with R13 and informed the staff of R13's deafness, and that he communicated via sign language often. In addition, R13 used a communication book, a white board, and his I-PAD. She further stated she informed staff that if any issues with communication arose, they could contact her or other family member to assist. She further stated their numbers were in R13's IPAD and he could contact them. FM1 further stated initially R13 could not write very much due to the recent surgery and his weakness. During an interview on 08/01/2024 at 2:30 PM with the Occupational Therapist (OT) she stated on the morning of 05/16/2024 when she entered R13's room, he was frustrated and signing. OT stated she handed R13 his IPAD, which was across the room on a table. OT stated R13 pointed to family member's picture on the IPAD and she assisted with video calling. During the call OT was informed by the family member that R13 was signing he had been abused. OT stated she immediately reported to the Nurse on staff and the Social Worker. During an interview on 08/02/2024 at 3:00 PM with the Social Worker (SW) she stated when she was notified of the abuse allegation she notified the daughters and discussed the options. R13 was moved the same day to a different hall. SW stated she spoke with R13 and he stated he felt safe in the facility. SW further stated initially the first few days staff had a hard time with communicating with R13 but communication is better now and R13 and family are very pleased with the facility. During an interview on 08/02/2024 at 4:44 PM with the Assistant Director of Nursing she stated she would expect R13 would have been able to effectively to communicate with staff on arrival to the facility. She stated communication with residents was necessary to assess health needs for the residents. During an interview on 08/02/2024 at 5:25 PM with the Director of Nursing (DON) she stated she was contacted by FM1 regarding the incident and met with 2 family members immediately. R#13 was moved to another hall, all staff were educated on use of the communication board, and other ways to communicate with R13. The DON further stated there had been no further issues. She further stated she expected all resident needs be addressed initially and care planned to be able to meet all resident needs and rights. During an interview on 08/02/2024 at 5:55 PM with the Administrator she stated as soon as the incident was reported an investigation was initiated and needs of R13 were addressed, a room change was made in order to position resident with his left side towards the wall rather than the right, due to left sided weakness. She further stated it was very important for each resident to be able to communicate with staff to avoid the resident feeling isolated, alone and not hinder getting their needs met quickly.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 49360 Based on observation, interview, and facility policy review, the facility failed to provide a safe, clean, comfortable, and homelike environment for three of 34 sampled residents (Resident [R]29, R44, and R67). The findings include: Review of the facility's policy, titled Resident Rights, effective 06/20/2005, revealed a resident had the right to care in an environment that promoted maintenance or enhancement of each resident's quality of life. Continued review of the facility's policy revealed the resident had the right to a safe, clean, comfortable, and homelike environment, including, but not limited to receiving treatment and support for daily living safely. Observation during initial facility rounds on 07/30/2024 at 10:50 AM, revealed R29 and R44's room shared a bathroom with R67 ' s room. A strong urine odor was noted in the bathroom. Observation of R29 and R44 and R67's shared bathroom on 07/31/2024 at 11:36 AM and on 08/01/2024 at 2:56 PM revealed a strong odor of urine was still present in the shared bathroom. During an interview with the Social Services Director (SSD) on 08/02/2024 at 3:19 PM, she stated the department heads did ambassador rounds daily in resident rooms. The SSD stated the ambassador rounds covered things such as foul odors, clean rooms, and checking for ice in water. The SSD stated she believed all residents had the right to a clean, homelike environment, which meant rooms, especially bathrooms, should not stink. The SSD stated she felt the strong urine odor in the bathroom was caused by the urine being soaked into the floor. During an interview with the Environmental Services Director (ESD) on 08/02/2024 at 3:45 PM, she stated she did not normally smell odors in the facility but had noticed the shared bathroom between R29 and R44's room and R67's room did have urine smell at times. The ESD stated the housekeepers cleaned the bathroom at least twice a day to keep the odors down but stated it did not always work very well. During an interview with the Director of Nursing (DON) on 08/02/2024 at 5:24 PM, she stated she was aware of the bathroom issue but had housekeeping cleaning the room daily and as needed for any urine odors. The DON stated the strong urine odor was where the male resident missed the commode and it hit the floor. During an interview with the Administrator on 08/02/2024 at 5:53 PM, she stated she expected all rooms to be comfortable and homelike for all residents in her facility. The Administrator stated she expected the facility to be free from odors and did not expect any odors during resident care to linger. The Administrator stated she had smelled the urine odor in the shared bathroom and considered it to be a lingering odor. The Administrator stated housekeeping had an ongoing issue with the shared bathroom and cleaned it a couple of times a day.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 44974 Based on observation, interview, and review of facility policy, the facility failed to provide food at palatable temperature for hot foods and at a palatable point of service temperature for three of 34 sampled residents (Residents [R]19, R60 and R13). A test tray was requested on 08/02/2024 and the eggs were 90.7 degrees Fahrenheit (F). The findings include: Review of the facility policy, titled Meal Distribution, revised 02/2023 revealed foods were to be transported to the dining locations in a manner that ensures proper temperature maintenance, protected against contamination, and are delivered in a timely and accurate manner. Interview with R19 on 07/31/2024 at 3:40 PM revealed the food was okay but was often cold. Review of admission record revealed the facility admitted R19 on 07/11/2013 with a diagnoses of cerebral palsy. Review of Minimum Data Set (MDS) with a Assessment Reference Date (ARD) of 01/21/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15 of 15 which indicated resident was cognitively intact. During an interview with R60 on 08/01/2024, at 11:45 AM, the resident stated the food was fair but was frequently cold. Review of R60's Quarterly MDS with an ARD date of 05/23/2024, revealed a BIMS score of 11 of 15 which indicated moderately impaired cognition. Interview with R13 on 08/01/2024 at 12:00 PM revealed the resident was hard of hearing but he was able to communicate that the food was often cold. Review of R13's admission record revealed the facility admitted the resident on 05/13/2024 with diagnosis of cervical disc disorder with myelopathy, quadriplegia, and cervical fusion. Review of R13's Admission MDS with ARD dated 05/31/2024 revealed a Brief Interview for Mental Status (BIMS) score of fourteen of fifteen, which indicated R13 was cognitively intact. A test tray was requested and observation on 08/02/2024 at 8:26 AM revealed the last food cart was loaded by dietary staff and taken to the 300 Wing. At 8:35 AM, the last resident tray was served and the test tray was removed by the District Dietary Manager (DDM). The tray was immediately placed at the nurse's station and temperatures checked by the DDM. The food was noted to be served in a Styrofoam container with lids. The temperatures were as follows: Scrambled eggs 90.7 degrees Fahrenheit (F), Oatmeal 129.3 degrees F, muffin 104.8 degrees F milk 37.9 degrees F, coffee 146 degrees, and orange juice 37 degrees. During an interview with the DDM on 08/02/2024 at 8:35 AM she stated the food should be served at a temperature that is palatable to the residents. She is not sure why the eggs temperatures were so low. She further stated that food that was not kept at appropriate temperatures could cause foodborne illnesses. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 08/02/2024 at 5:55 PM, with the Administrator, revealed she did a test tray every two weeks for two different meals and had not identified any concerns. She stated she expected foods to be at an appropriate temperature when foods were served to the residents. She further stated she expected the dietary staff to be trained, educated and to follow the food code policy to ensure safety with food served to the residents.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 44974 Based on observation, interview, and review of the facility's policy, it was determined the facility failed to prepare, distribute, and serve food in a sanitary manner and in accordance with professional standards for food service safety. Dietary staff failed to wash hands and wear gloves prior to cooking resident foods and checking food temperatures on the steam table during the lunch meal on 07/30/2024. A cook, who was crying, was observed to stand at the tray line for approximately five minutes with no face covering and a contract staff member, who was not wearing a hair net, walked through the kitchen three times by the food cart which was being filled with resident food trays. The findings include: Review of the facility's policy titled Food: Preparation revised 02/2023, revealed all foods were prepared in accordance with the Food and Drug Administration (FDA) Food Code. Per the policy, all staff would practice proper hand washing techniques and glove use and the staff would be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination. Observation on 07/30/2024 at 11:55 AM in kitchen revealed [NAME] 1 was at the tray line and began plating foods for the lunch meal. [NAME] 1 informed the District Dietary Manager (DDM), that he did not have mashed potatoes prepared yet. The DDM, without first washing her hands, went to the back of the kitchen, brought back a kettle of water and placed it on the stove to boil. She also brought out a plastic bag of potato flakes. The tray line was held up while waiting on the mashed potatoes to be cooked. Continued observation revealed the DDM poured the potato flakes from the bag into the container that she had pulled from steam table and added boiling water, stirred, and placed the mashed potatoes onto the steam table. All tasks were completed without handwashing or gloves. After mixing the potatoes with the boiling water, the DDM checked the temperature of the potatoes. Continued observation at the steam table revealed [NAME] 1 started to cry while standing in front of the tray line while serving food. He had no mask covering his mouth or tears on his face. After approximately five minutes, another staff member came and relieved him. On 07/30/2024 at 12:15 PM, after some resident meals had been plated, the surveyor requested the food temperatures for the foods on the steam table for the lunch meal. The DDM was unable to find or provide the food temperatures. The DDM, without wearing gloves, proceeded to check the food temperatures for the foods on the steam table. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 07/30/2024 at 12:40 PM in the kitchen revealed a contract staff member who services the fish tank entered the kitchen without wearing a hair net. The contact staff was carrying a five-gallon bucket and he passed by a resident food cart which was currently being filled with foods from the tray line. He was noted to fill the bucket in the washroom area of the kitchen three times and take the bucket of water out of the kitchen. Further observation revealed he was noted to be filling the fish tank. An attempt to interview the contract staff was unsuccessful as the contract staff had already left the facility. Interview on 08/02/2024 at 3:45 PM, with the DDM, revealed the facility's dietary manager was responsible for oversight to ensure that staff were wearing appropriate personal protective equipment (PPE) and abiding by guidelines to ensure appropriate food service to residents. Per the DDM, the dietary manager had quit on Sunday prior to the survey and the DDM was currently filling in. She further stated she was in the facility last month but had not been to the facility until 07/30/2024 upon arrival of SSA. Per the DDM, she expected staff to follow the food handling guidelines to ensure safety of food served to residents. She further stated hand washing should be completed anytime a staff member stepped away from the steam table while serving or touched anything else not directly on the steam table. She further stated if appropriate guidelines were not followed the resident goals for nutrition would not be met and could cause an adverse effect to the resident. Interview on 08/02/2024 at 5:55 PM, with the Administrator, revealed she expected the kitchen supervisory staff to educate all the food service staff on sanitation, and handwashing policy and procedures. She stated she expected the Dietary Manager to ensure all the kitchen staff followed the facility's and food code policy and to maintain a clean and sanitary kitchen environment. She further stated the facility has a contract with the fish tank cleaning company and he comes monthly to clean the fish tank. She stated she was not aware he had been utilizing the kitchen area to fill the buckets to refill the fish tank. 50828