

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  Campbellsville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1980 Old Greensburg Road Campbellsville, KY 42718	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>46258</p> <p>Based on interview, record review, and facility policy review, the facility failed to develop a care plan addressing the use of an anticoagulant for 1 (Resident #24) of 6 sampled residents reviewed for unnecessary medications. The facility also failed to develop a care plan addressing hospice services for 1 (Resident #37) of 1 resident reviewed for hospice and end of life.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Comprehensive Care Plans Standard of Practice, dated 10/2020, specified, An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs is developed for each resident. The policy further specified, 3. Each resident's comprehensive care plan is designed to: a. Identify problem areas; b. Incorporate risk factors associated with identified problems; and e. Reflect treatment goals, timetables, and objectives in measurable outcomes; f. Identify the professional services that are responsible for each element of care.</p> <p>1. Review of Resident #24's (R24) Admission Face Sheet revealed the facility admitted R24 on 06/24/2024. Further review revealed the resident had diagnoses that included history of pulmonary embolism and hypertension.</p> <p>An Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/12/2024, revealed Resident #24 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident was prescribed an anticoagulant.</p> <p>Review of R24's Physician's Order Form As of 08/21/2024, contained an order, dated 07/06/2024, for rivaroxaban (an anticoagulant), 20 milligrams (mg) every evening with supper.</p> <p>Resident #24's Careplan Report revealed no goals or interventions related to the resident's use of an anticoagulant medication.</p> <p>During an interview on 08/22/2024 at 12:58 PM with MDS Coordinator #1 and MDS Coordinator #2, MDS Coordinator #2 stated that if a resident received an anticoagulant, there should be a care plan that addressed it. MDS Coordinator #1 confirmed R24 did not have a care plan for anticoagulants; however, they should have had one.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/22/2024 at 2:25 PM, the Director of Nursing (DON) stated care plans were in place to let everyone know what care the residents needed. The DON stated R24 should have had a care plan addressing the use of an anticoagulant.</p> <p>2. Review of R37's Admission Face Sheet revealed the facility admitted the resident on 01/02/2024. According to the Admission Face Sheet, the resident had a history that included diagnoses of Alzheimer's disease, malnutrition, and dementia.</p> <p>Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/10/2024, revealed R#37 had short- and long term- memory problems and severely impaired cognitive skills for daily decision-making per a Staff Assessment for Mental Status (SAMS). The MDS also indicated R#37 received hospice services.</p> <p>Review of R#37's Physician's Order Form As of 08/21/2024, contained an order, dated 01/02/2024, for hospice services.</p> <p>Review of R#37's Careplan Report revealed the facility did not develop a care plan addressing Hospice/Comfort Care until 08/20/2024, during the survey.</p> <p>During an interview on 08/22/2024 at 12:58 PM, MDS Coordinator #2 stated R#37 was admitted to the facility on hospice and confirmed a care plan specifically for hospice should have been developed.</p> <p>During an interview on 08/22/2024 at 2:25 PM, the Director of Nursing (DON) stated care plans were in place to let everyone know what care the residents needed.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39438</p> <p>Based on observation and interview, the facility failed to ensure kitchen surfaces and equipment were free of an excessive amount of rust, black build up, and dust. These deficient practices had the potential to affect all residents who received food from the kitchen.</p> <p>The findings included:</p> <p>On 08/19/2024 at 8:59 AM, the initial tour of the kitchen, was conducted with the Certified Dietary Manager (CDM). At 9:04 AM, the ceiling vent above the two-door reach-in cooler was observed with an excessive amount of rust and black buildup. At 9:05 AM, a black substance was observed on the gasket inside of the two-door reach-in cooler. At 9:17 AM, a ceiling tile above the exhaust fan for the dish machine was missing, and the area where the ceiling tile was missing had a black buildup. At 9:20 AM, the ceiling vent in the dry storage room was observed with an excessive amount of dust.</p> <p>On 08/19/2024 at 9:08 AM, the CDM stated maintenance staff were responsible for cleaning the ceiling vents. The CDM stated that she would have the gasket inside of the two-door reach-in cooler cleaned that day and stated, It needs to be replaced. She stated it was not a part of the cleaning schedule, but she could add it. The CDM stated all staff were responsible for cleaning.</p> <p>On 08/22/2024 at 11:54 AM, the CDM stated that once a month, maintenance staff changed the filters for the ceiling vents. She stated she was not sure who was responsible for checking ceiling vents or ceilings.</p> <p>On 08/22/2024 at 11:55 AM, the District Manager stated he came in two times a month to complete unit inspections. He stated that maintenance staff were responsible for anything in the ceiling. He stated that he had not completed an inspection that month. Per the District Manager, the facility staff utilized an electronic system to add work orders as their way of communicating to maintenance staff.</p> <p>On 08/22/2024 at 11:59 AM, the CDM stated she had not submitted a work order for the ceiling vents.</p> <p>On 08/22/2024 at 12:14 PM, the Maintenance Director stated he changed the filters for the ceiling vents monthly. He stated that the kitchen staff should clean the vents. The Maintenance Director stated that he changed the filters sometime the previous week but could not recall the exact date of the deep cleaning for the ceiling vents.</p> <p>On 08/22/2024 at 4:22 PM, the CDM stated the ceiling had been in the current condition since September 2023.</p> <p>On 08/22/2024 at 4:37 PM, the Director of Nursing stated she did not go in the kitchen and would defer anything related to the ceiling to the maintenance department.</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 - Many</p>	<p>On 08/21/2024 at 2:40 PM, the Administrator stated that there was no policy related to maintenance in the kitchen or cleanliness in the kitchen.</p> <p>On 08/22/2024 at 4:42 PM, the Administrator stated the building was in the process of a remodel.</p>		