STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185333	A. Building B. Wing	12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Klondike Nursing and Rehabilitation Center	3802 Klondike Lane Louisville, KY 40218

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45555 Based on observation, interview, record review, and facility policy review, the facility failed to ensure that one (Resident (R) 54) of two sampled residents who were reviewed for respiratory care were assessed for the ability to self-administer medications. Nursing staff left medication out for R54 to self- administer without an inter-disciplinary team first determining that the practice was clinically appropriate. The findings included: Review of the facility policy titled, Self-Administration of Medication Policy, effective 08/04/2024, revealed, Residents have the right to self-administer medication if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. Policy Interpretation and Implementation 1. As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident. 2. The IDT considers the following factors when determining whether self-administration of medication is safe and appropriate for the resident: a. The medication is appropriate for self-administration, b. The resident is able to read and understand medication labels, c. The resident can follow directions and tell time to know when to take the medication, d. The resident comprehends the medication's purpose, proper dosage, timing, signs of side effects and when to report these to the staff, e. The resident has the physical capacity to open medication bottles, remove medications from a container and to ingest and swallow (or otherwise administer) the medication, and f. The resident is able to safely and securely store the medication. 3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. Review of an Admission Record revealed R54 was admitted on [DATE]. According to the Admission Record, the resident had a medical history that included diagnoses of acute and chronic respiratory failure with hypoxia and chronic obstructive pulmonary disease (COPD). Review of a quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/26/2024, revealed R54 had a Brief Interview for Mental Status (BIMS) score of 11/15, which indicated the resident had moderate cognitive impairment. Review of R54's hard copy and electronic medical record (EMR) revealed no evidence that the resident had been assessed for self-administration of medication. (continued on next page)

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: 185333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Klondike Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3802 Klondike Lane Louisville, KY 40218	

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R54's care plan revealed a focus area, initiated 08/26/2024, that indicated the resident was at risk for respiratory complications. The resident's care plan did not indicate the resident was able to self-administer their medication or keep medications at their bedside. Review of R54's Order Recap Report for the time frame 08/01/2024 to 12/31/2024, revealed an order, dated 11/25/2024, for albuterol sulfate inhalation nebulization solution 0.083%, one vial inhale orally every four hours as needed for wheezing. The Order Recap Report did not reveal evidence to indicate the IDT had assessed and approved R54 for self-administration of their medication. Observations on 12/16/2024 at 10:08 AM and 11:28 AM revealed two vials of albuterol on R54's over-the-bed table. Additional observation on 12/17/2024 at 1:26 PM, and on 12/18/2024 at 11:01 AM, revealed one vial of albuterol on R54's over-the-bed table. During observation and interview on 12/18/2024 at 11:25 AM, the Assistant Director of Nursing (ADON) stated R54 should not have any medications left at the bedside. The ADON entered R54's room and removed a vial of albuterol, which was observed on the resident's over-the-bed table. R54, who was present in the room during this observation, stated the staff brought the medication in, sat it down, and took off. R54 added they would like to be able to self-administer their medication. The ADON confirmed that the resident had not been assessed for self-administration of medication and told R54 that, until they were assessed, they were not able to self-administer their own nebulizer treatment. The ADON said she was going to have to educate the nurses to not leave the medication with the resident, adding that she had previously removed two vials of albuterol on Monday, 12/16/2024 and had done education then, but would have to do it again. During an interview on 12/20/2024 at 9:52 AM, the Director of Nursing (DON) stated if a resident wanted to self-administer medications, then the facility would have to do an assessment to make sure the resident was competent and able to do it. The DON stated R54 did not have an assessment, and she was not aware that medications were being left at the resident's bedside. During an interview on 12/20/2024 at 9:55 AM, the Administrator stated he expected the staff to follow their policy, assess the resident, and get a physician's order for the resident to be able to self-administer their medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Klondike Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3802 Klondike Lane Louisville, KY 40218	

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 45555 Based on interview, record review, and document review, the facility failed to transmit quarterly Minimum Data Set (MDS) assessments in a timely manner for two (Resident (R) 22 and R14) of two sampled residents reviewed for resident assessment. The MDS assessments were not transmitted to the Centers for Medicare and Medicaid Services (CMS) within 14 days of the MDS completion date. The findings included: Review of the CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10/2024, indicated, Transmitting Data: Providers must transmit all sections of the MDS 3.0 required for their State-specific instrument, including the Care Area Assessment Summary and all tracking or correction information. Transmission requirements apply to all MDS 3.0 records used to meet both federal and state requirements .Assessment Transmission: Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date. All other MDS assessments must be submitted within 14 days of the MDS Completion Date. 1. Review of R22's quarterly MDS, with an Assessment Reference Date (ARD) of 11/09/2024, revealed the MDS Coordinator signed the assessment as complete on 11/23/2024. The facility validation report, dated 12/18/2024, revealed R22's quarterly MDS, with an ARD of 11/09/2024, was accepted (transmitted) on 12/09/2024. 2. Review of R14's quarterly MDS, with an ARD of 11/09/2024, revealed the MDS Coordinator signed the assessment as complete on 11/23/2024. The facility validation report, dated 12/18/2024, revealed R4's quarterly MDS, with an ARD of 11/09/2024, was accepted (transmitted) on 12/09/2024. During an interview on 12/18/2024 at 12:44 PM, the MDS Coordinator stated she began her employment with the facility on 11/10/2024. The MDS Coordinator stated she was not aware she had to manually transmit MDS assessments, as the facility she previously worked at had a system that automatically transmitted the MDS assessments. The MDS Coordinator acknowledged the MDS assessments for R14 and R22 were transmitted late, and they should have been transmitted within 14 days of the completion date. During an interview on 12/20/2024 at 9:52 AM, the Director of Nursing (DON) stated the new MDS Coordinator just started, and she was trying to get her access and figure out what needed to be done. The DON stated that as soon as it was caught that these assessments were not transmitted, she did it. During an interview on 12/20/2024 at 9:55 AM, the Administrator stated they had a remote MDS Coordinator until the current MDS Coordinator started, and she was still trying to get acclimated to the position and the policies of the company. The Administrator stated he expected for the MDS assessments to be completed and transmitted timely.