STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185339	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Irvine Nursing and Rehabilitation Center	411 Bertha Wallace Drive Irvine, KY 40336

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 45990 F641 Based on observation, interview and record review, the facility failed to ensure that each resident recived an assessment that accurately reflected the resident's status. Record review revealed a diagnosis of paraphilia had been entered on Resident (R) 6's admission face sheet on 06/29/2024. Review of the hospital discharge History and Physical (H&P) and the facility's admission H&P did not listed paraphilia as a diagnosis for R6. The findings include: Review of facility's policy titled Comprehensive Care Plans Standard of Practice dated 10/2020 revealed the comprehensive care plan was based on a thorough asessment that includes, but was not limited to the Minimum Data Set (MDS). Added review revealed areas of concern triggered during the resident assessment were evaluated using specific assessment tools, including Care Area Assessments. Observation during initial tour of facility on 12/09/2024 at 11:50 AM revealed R6 was in bed. During an interview at this time, R6 was unable to carry on conversation with exception of answering yes and no questions. Observation on 12/10/2024 at 2:20 PM revealed R6 resting in bed. Observation on 12/19/2024 at 11:15 AM revealed R6 up in wheelchair in hallway. Review of a hospital History and Physical (H&P) for R6 dated 06/26/2024 revealed diagnoses which did not include paraphilia. Added review of the H&P revealed R6 was neurologically alert but disoriented, did not include any sexually inappropriate behavior and was electronically signed by the provider on 06/26/2024 at 1:00 PM. Review of e-mail documentation from the facility's Admission Coordinator (AC) dated 06/28/2024 at 10:05 AM, revealed correspondence stating that R6 was a very sweet guy, was confused, did not get up independently/wander, and family couldn't care for R6 at home. The documentation did not include any sexually inappropriate behavior for R6. Review of an attached document in the e-mail titled Hospital On-Site Information dated 06/28/2024, revealed under Behaviors/Combativeness Section Revealed R6 did not have any inappropriate behaviors of combativeness. (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R6's face sheet revealed the facility admitted R6 on 06/29/2024 with diagnoses to include Alzheimer's disease, depression, paraphilia, and dementia. Review of R6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/04/2024 revealed the resident had a Brief Interview for Mental Status (BIMS) score of six (6) out of fifteen (15) which indicated the resident was severely cognitively impaired. Review of the Quarterly MDS with an ARD of 11/01/2024 revealed R6 had a BIMS score of seven (7) out of fifteen indicating resident remained severely cognitively impaired. Review of R6's MDS Assessment Section E Behavior with ARD of 07/04/2024 and 11/01/2024, revealed inappropriate sexual behavioral symptoms were not exhibited by R6. Review of the Admission History and Physical Examination dated 07/01/2024 revealed the medical history for R6 did not include paraphilia and the document was electronically signed by the Primary Care Physician (PCP) on 07/14/2024 at 3:27 PM. During an interview with State Registered Nurse Aide (SRNA)4 on 12/10/2024 at 1:42 PM, he stated he had not seen or heard of any inappropriate behavior from R6. During an interview with SRNA12 on 12/12/2024 at 2:42 PM, SRNA12 stated she had seen R6 holding hands and touching shoulders of R2 but there was no other behaviors. When asked why she had made the sexually inappropriate entry to R6's chart, SRNA12 stated that was the only entry in the Kiosk that fit the behavior. During an interview with SRNA13 on 12/17/2024 at 3:06 PM, SRNA13 stated he had not observed any inappropriate sexual behavior or verbalization from R6. In an interview with SRNA15 on 12/18/2024 at 2:26 PM, SRNA15 stated she had seen R6 in the dining room a lot and had never witnessed any inappropriate behavior from R6 toward other residents. During interview with SRNA16 on 12/18/2024 at 10:20 AM, SRNA16 stated she had provided the 1:1 staff supervision all night with R6 on 10/20/2024 after the allegation of sexual abuse. When asked if R6 exhibited any inappropriate behavior or language, SRNA16 stated no, R6 actually slept most of the night. During an interview with SRNA7 on 12/11/2024 at 1:44 PM, SRNA7 stated she had not witnessed R6 having any inappropriate behavior. SRNA8 stated in interview on 12/11/2024 at 1:56 PM, he had not seen any inappropriate interactions between R6 and female residents. During an interview with Licensed Practical Nurse (LPN)4 on 12/17/2024 at 2:24 PM, LPN4 stated she had not seen R6 touching anyone inappropriately. During interview with the Unit Manager (UM) on 12/11/2024 at 1:02 PM, the UM stated R6 had not had any inappropriate behavior of touching other residents prior to 10/20/2024 when R6 had his hand between the legs of R3. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview with the MDS nurse on 12/18/2024 at 9:40 AM she stated she shared the workload of the MDS Coordinator, and her tasks included entries in the MDS when residents were admitted to the facility. The MDS Nurse stated some of the information she viewed for MDS entries were diagnoses included in the discharge summaries. The MDS Nurse stated those diagnoses were then pulled over to the resident face sheets by the computerized system. When MDS nurse was asked where R6's diagnosis of paraphilia came from, she stated the diagnosis of paraphilia for R6 had been keyed in wrong when the admission information was entered. The MDS Nurse was unsure if the facility had a system in place to ensure that each resident's admission diagnoses were entered correctly. During an interview with the MDS Coordinator on 12/12/2024 at 12:38 PM, the MDS Coordinator stated he has held that position for almost one (1) year. When asked what tasks the MDS Coordinator was responsible for he stated the MDS Coordinator was responsible to enter the baseline care plans, reviews orders, and perform revisions of care plans. The MDS Coordinator was unsure how the entry for inappropriate sexual behaviors was placed on R6's careplan on 06/29/2024. The MDS Coordinator stated in interview at 10:24 AM on 12/18/2024, he thought the Unit Manager did a three (3) day look back to ensure resident diagnoses had been keyed in correctly and stated his concern would be if a wrong diagnosis was placed in the resident record, direct care would possibly be provided incorrectly. During interview with the Social Service Director (SSD) on 12/10/2024 at 3:05 PM, the SSD stated she had heard that R6 liked to pat residents but had not witnessed any behavior. During an interview with the facility Administrator on 12/19/2024 at 12:46 PM, the Administrator stated she was unsure if a wrong diagnosis entered could have an impact on care, treatment, or care planning of residents. The Administrator added she expected facility staff to assure tasks were performed correctly assuring quality of care of residents. During interview with the Director of Nursing (DON) on 12/12/2024 at 11:28 AM, the DON stated she had never seen R6 inappropriately touching other residents other than patting them on hands, arms, back, or shoulder. The DON stated in interview on 12/18/2024 at 4:08 PM that entering a wrong diagnosis for R6 or any resident would be concerning since treatment or changes in treatment could occur reflective of the diagnosis. In an interview with the Primary Care Provider (PCP) on 12/17/2024 at 12:31 PM, the PCP stated he was unaware of a diagnosis of paraphilia for R6 and was unsure where it came from, adding he didn't recall a history of paraphilia related to R6. During continued interview with the PCP on 12/19/2024 at 10:22 AM, the PCP stated if a misdiagnosis was made, his concern would be adding extra medications/polypharmacy and extra medications need to be limited. The PCP added the medications added to R6's regiment possibly reflective of paraphilia were pretty benign and no side effects had been reported to him, nor had he made any observations of R6 declining during visits. During an interview with R6's family member (FM) on 12/18/2024 at 10:51 AM, the FM stated R6 had never had any inappropriate flirtatious behavior of grabbing or feeling of women. The FM stated he visits with R6 three (3) to four (4) times monthly and has never seen any unusual behavior adding the facility takes real good care of R6. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview with the Psychiatric Nurse Practitioner (NP) on 12/13/2024 at 1:02 PM, the NP stated she was seeing R6 after one of the nurses told her R6 had sexually inappropriate behaviors. The NP denied witnessing any sexually inappropriate behaviors from R6. The NP stated she had witnessed R6 holding hands with a female resident. The NP stated touching and patting other residents could be a sign of paraphilia, but she knew nothing about R6's prior history and was going by what facility staff had reported to her.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45990 The facility failed to have a system in place to develop and implement a care plan with individualized person-centered interventions, to include adequate supervision and monitoring for one (1) of three (3) residents, Resident 6 (R6). R6 was observed by staff to display behaviors of touching and patting the hands, arms, shoulders, and backs of female residents shortly after admission to the facility on [DATE]. Review of the comprehensive care plan for R6 revealed this behavior had not been addressed in the care plan and there were no person-centered specific interventions in place regarding these behaviors. The findings include: Review of facility's policy titled Comprehensive Care Plan dated 10/2020 revealed the purpose of the policy was to have an individualized care plan that included measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychosocial needs. The policy stated the Comprehensive Care Plan (CCP) was based on a thorough assessment that included, but was not limited to the Minimum Data Set (MDS), was designed to identify problem areas and incorporate risk factors associated with identified problems. The policy revealed assessments of residents were ongoing and care plans were required to be revised as the resident's condition changed, when a significant change occurred in the resident's medical condition or when an outcome was not met. Observation during the initial tour of the facility on 12/09/2024 at 11:50 AM revealed R6 was in bed. During an interview at this time, R6 was unable to carry on conversation with exception of answering yes and no questions. Observation on 12/10/2024 at 2:20 PM revealed R6 was resting in bed. Observation on 12/19/2024 at 11:15 AM revealed R6 was up in wheelchair in the hallway. Review of R6's face sheet revealed the facility admitted R6 on 06/29/2024 with diagnoses to include Alzheimer's disease, depression, paraphilia, and dementia. Review of R6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/30/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of seven (7) of fifteen (15), which indicated the resident was severely cognitively impaired. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R6's CCP included the resident desired affection from peers (i.e. sitting too close together, holding hands, touching or patting arms and hands) dated 08/16/2024 with an intervention to redirect R6 as needed; however, no review or outcome of the intervention was found. Review of the problem list in the CCP for R6 dated 08/19/2024 included the resident displayed sexually inappropriate behaviors with an intervention for staff to monitor and redirect the resident as needed; however, no review or outcome of the behaviors or interventions were found. Continued review of the CCP for R6 revealed on 10/20/2024, the problem list included inappropriate touching of female residents with interventions implemented to remove R6 from the area, provide 1:1 staff supervision for R6 with fifteen-minute checks of R6 initiated on 10/21/2024; however, no review or outcome of the intervention were found. In an interview with SRNA3 on 12/10/2024 at 2:33 PM, she stated R6 had behaviors of touching other residents on the arms/hands/shoulders about one (1) to two (2) months ago. During interview with the Social Service Director (SSD) on 12/10/2024 at 3:05 PM, the SSD stated she had heard that R6 liked to pat other residents but had not witnessed any behavior. During an interview with State Registered Nurse Aide (SRNA)2 on 12/10/2024 at 3:28 PM, SRNA2 stated R6 had behaviors of touching/patting other residents on the arms/hands/shoulders not long after R6 was admitted to facility. During interview with the Unit Manager (UM), on 12/11/2024 at 1:02 PM, the UM stated she had seen R6 rubbing other residents' arms at times. In an interview with Licensed Practical Nurse (LPN)2 on 12/11/2024 at 1:02 PM, LPN2 stated the purpose of resident care plans was so staff would be aware of the care to be provided to each resident and the interventions were guides for the care to be provided for each resident. SRNA7 stated in interview on 12/11/2024 at 1:44 PM that she had witnessed R2 kissing R's jaw on one occassion. SRNA8 stated in interview on 12/11/2024 at 1:56 PM, he had not seen any inappropriate sexual interactions between R6 and other female residents adding he at one time had seen R6 tapping R2's shoulder. During an interview with SRNA12 on 12/12/2024 at 2:42 PM, SRNA12 stated she had seen R6 holding hands and touching the shoulders of R2 but there was no other behaviors. When asked why she had made the sexually inappropriate entry in R6's medical record, SRNA12 stated that was the only entry in the Kiosk that fit the behavior. During interview with the Psych Nurse Practitioner (NP) on 12/13/2024 at 1:02 PM, the NP stated she had witnessed R6 holding hands with a female resident. During an interview with SRNA11 on 12/17/2024 at 3:38 PM, SRNA11 stated she had been advised about R6's touching other residents in verbal report and was just told to supervise R6. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Licensed Practical Nurse (LPN)4 on 12/17/2024 at 2:24 PM, LPN4 stated she had not seen R6 touching anyone inappropriately. LPN4 added she had seen R6 holding hands with R2 at times. LPN 4 stated new interventions should be added to CCP for any resident and reported to the next shift verbally. When asked if she added interventions to the CCP, she stated she does as needed. In an interview with SRNA15 on 12/18/2024 at 2:26 PM, SRNA15 stated R6 was in the dining room a lot, but she had never seen any inappropriate behavior from him toward other residents. During interview with the Director of Nursing (DON) on 12/12/2024 at 11:28 AM, the DON stated she had seen R6 patting other residents on the hands, arms, back, or shoulder at times. In additional interview with the DON on 12/18/2024 at 4:08 PM, the DON stated the importance of resident care plans was to assure all staff understood the care to be provided for each residents to include the nurse aides. The DON added assessments, reviews, and care planning were on-going for all residents. During an interview with the MDS Coordinator on 12/12/2024 at 12:38 PM, the MDS Coordinator stated he was unsure if the staff nurses placed interventions on care plans for problems identified with residents, adding he reviewed physician orders each day and placed interventions on the resident CCP. When asked how the nurse aides were made aware of the care needs for each resident, he stated they would look in the Kiosk. The MDS Coordinator added that care plans were in place to direct resident care and if the interventions in the Kiosk or CCP were incorrect, this would incorrectly guide the care of residents.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 45990 During initial facility observations, a dark discolored area was noted to be under the stairwell of the facility where the wall meets the floor on the ground floor in a non-resident area. During interviews and record reviews, there was no documentation that an outside certified entity or lab inspected the area for identification of the discoloration. The findings include: Review of the facility policy titled Resident Rights Standard of Practices dated 04/2024, revealed the facility was to ensure the right for residents to have a safe, clean, comfortable, and homelike environment. Review of the facility policy titled Water Intrusion and Mold Remediation Policy and Procedure, no date given, revealed the purpose of the policy was to identify and mitigate the growth of fungi including mold within all facilities. Added review of the policy revealed the definition of mold was a simple microscopic fungus found virtually everywhere including ceiling tiles, carpet, drywall, porous surfaces, and wood. Review of health effects listed in the facility policy stated health problems could occur when a simple microscopic fungus entered the air and was inhaled in large numbers. Continued review of the facility policy revealed identification of mold or moisture problems included the appearance of discoloration ranging from white to orange and from green to brown to black and should be reported to the Supervisor, the Administrator, and the Plant Operations Manager. During an initial facility tour observation on 12/10/2024 at 09:50 AM, with the Maintenance Director present, revealed a non-resident area under the stairwell on the ground floor to have a dark discoloration between the floor and the wall in a corner approximately one (1) inch tall. Additional observation revealed the Rehabilitation Unit to be located on first floor in the same area. During a brief interview at that time the Maintenance Director stated a sample of the substance had not been sent out for evaluation but added a friend had performed a moisture test of the area under the stairwell and there was no moisture noted. When asked what that meant, he stated if there was no moisture, then there was no mold. When asked for copies of an inspection, he stated there were none that he was aware of. Review of a facility document titled Facility Inspection 7-18-2024 revealed maintenance performed a walk through inspection and did not identify any findings regarding water intrusion at the facility. Review of the facility document, no title given, revealed the Regional Plant Operations (RPOD) Director had visited the facility on 07/18/2024 to investigate the discolored wall under the staircase. Added review revealed the RPOD performed a moisture reading on the wall and the reading was under four (4) percent (%). Continued review revealed no organic matter was found, scraping did not dislodge any material from the discolored area and recommendations were to prime and paint the wall. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility document titled Mold under stairs 7-18-2024 revealed the RPOD had been to the facility, performed a moisture test which read four (4) percent (%) and determined mold could not live without water. Added review of the document revealed the Maintenance Director (MD) and (RPOD) had determined the area was just a discolored wall. Added review revealed the whole wall was bleached and when dried a mold destroyer paint was applied. During interview with the Regional Plant Operation Director (RPOD) on 12/12/2024 at 9:54 AM, he stated facility maintenance contacted him in July of this year about the discoloration on the wall under the stairwell at the facility. He stated his conclusion after scrapings and a moisture reading of less than four (4) percent (%) revealed the area was not mold, only a dirty wall and concrete wearing through paint. When asked what he was expecting by performing scrapings of the area, he stated if it was an organic matter/mold there would be flakes falling onto the white piece of paper he had held under the area for samples adding there were none. He added in interview he recommended the whole wall under the stairwell be primed and painted. When asked if there had been any water intrusion at the facility, he stated none was reported to him. When asked about inspections for water related issues, he stated facility Maintenance performed regular inspections and the surveyor should ask him for reports. When asked if he had any concerns at the facility regarding mold, he stated he did not. In an additional interview, he stated he did not hold any formal certification for identifying mold or inspection. During an additional interview on 12/12/2024 at 2:03 PM, with the Maintenance Director, he stated his tasks included performing facility inspections every month to check the overall condition of the facility. He stated the last one was for the month of November and there were no concerns with the building. When asked if there was a form or any type of documentation of inspections, he said there were not adding he only documented any concerns he found. When asked again about the discolored area under stairwell, he stated he had received a few complaints in July about the area under the stairwell and had contacted the RPOD. He added per recommendations after inspection of the RPOD, he bleached the wall and applied a coat of water-based paint to the entire area. When asked why the area close to the floor was still discolored after painting, he stated he had avoided that area to prevent getting paint on the floor. He stated the RPOD was the only one who had performed an inspection of the area. During an interview with Housekeeping on 12/17/2024 at 9:02 AM, she stated there had been a report of a discolored area under the stairwell about four (4)-five (5) months ago and she had reported this to maintenance. She added housekeeping doesn't do anything with concerns of mold other than reporting to maintenance. During an interview with the Health Department Environmentalist on 12/17/2024 at 9:40 AM, he stated the first step for any concerns of mold would be to first identify it by an outside lab. When asked if a moisture test would indicate the presence of mold, he stated again, the only way to determine if mold was present was to have an outside lab company perform testing. When asked if bleaching and painting the area was sufficient if it was mold, he added that was not recommended. When asked if mold could grow on cement blocks, he stated it could. During an interview with the Director of Nursing (DON) on 12/18/2024 at 4:08 PM, she stated she had not received any reports of mold under the stairwell other than the concern that was reported in July of this year. She stated there had been no increase in any respiratory illnesses in staff or residents since July. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Administrator on 12/19/2024 at 12:46 PM, she stated she had been the Administrator of the facility since March of 2023 and her tasks included oversight of the day-to-day operations of the facility in all departments including maintenance. She added her expectations of maintenance were to report any concerns regarding the building to her and she could not recall any concerns reported from maintenance regarding the discolored area. When asked if there had been an outside lab or entity contacted for identification of the discolored area under the stairwell, she stated she felt if this was a concern, maintenance would have addressed it.