

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2026
NAME OF PROVIDER OR SUPPLIER  Perkins Country Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  5269 Asbury Road Augusta, KY 41002	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and review of the facility's policies, the facility failed to protect and preserve the dignity of 1 of 16 sampled residents, Resident (R) 13, by standing while assisting the resident with her meal. The findings include: Review of the facility's policy titled, Resident Rights Policy, copyrighted 2026, revealed the resident has the right to be treated with respect and dignity, including: the right to reside and receive services in the facility with reasonable accommodation for the resident's need or preferences, except when to do so would endanger the health and safety of the resident or other residents. Review of the facility's policy titled, Meal Supervision and Assistance, updated 08/20/2025, revealed compliance guidelines including the resident should be positioned so his or her head and upper body are as upright as possible and with the head tipped slightly forward. If the resident is served his or her meal in bed, use wedges and pillows to achieve a nearly upright position. It also instructed staff to provide a relaxing, enjoyable environment during mealtime. Review of R13's Face Sheet revealed the facility admitted the resident on 01/14/2023 with diagnoses to include late-onset Alzheimer's disease, protein malnutrition, metabolic encephalopathy, and multiple co-morbidities. Review of R13's Physician Orders from 01/13/2023 revealed her diet was ordered as a mechanically altered diet with thin liquids. Review of R13's quarterly Minimum Data Set [MDS] with an Assessment Reference Date (ARD) of 02/16/2026, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 1 out of 15, which indicated the resident had severe cognitive impairment. Further review revealed the facility assessed the resident to have swallowing concerns, including pocketing food and residual food, after oral intake. R13 was further assessed as requiring supervision and intermittent, hands-on assistance with her meals. Review of R13's Care Plan, dated 01/13/2023, revealed a focus of a mechanically altered diet with thin liquids, a goal of maintaining a stable weight, and interventions that included monitoring for any signs or symptoms of dysphagia, pocketing, choking, coughing, drooling, holding food in the mouth, several attempts at swallowing, and refusing to eat or appearing concerned during meals. A revision was added on 02/05/2024, which required staff to assist R13 with all meals. Observation of the meal service on 03/16/2026 at 12:22 PM, revealed Certified Nursing Assistant (CNA) 1 was feeding R13 her entire meal from a standing position, while R13 was sitting at the dining room table. During an interview with CNA1 on 03/16/2026 at 3:29 PM, she stated she normally sits beside the resident to assist her, but another resident's walker was in the way, so she stood. She stated she should have moved the walker and sat at eye-level with the resident so she could be seen, and that not doing so could make the residents feel as if the staff did not care about them. During an interview with the Director of Nursing/Infection Preventionist (DON/IP) on 03/18/2026 at 2:46 PM, she stated it was her expectation that staff would feed residents from an eye-level position. This was to provide dignity, and it would allow for better observation of how the residents were tolerating the meal. During an interview with the Administrator on 03/18/2026 at 3:35 PM, she stated her expectation depended on who was in the dining room, as it would look a little different if it were a cue versus a feeding. She added that feeding a resident was normally done one at a time. She expected whoever assisted a resident with a meal would be focusing on the resident and expected the staff to sit beside the (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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