

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/03/2025
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of East Louisville		STREET ADDRESS, CITY, STATE, ZIP CODE 2529 Six Mile Lane Louisville, KY 40220	

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 - Immediate jeopardy to resident health or safety</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50153</p> <p>Based on observation, interview, record review and review of facility's policy, the facility failed to develop and implement the care plan for one of three sampled residents, Resident (R) 1.</p> <p>On 01/22/2024, R1 became a ward of the state and was deemed as wholly disabled. She required assistance with managing both her personal and financial affairs. The facility, however, failed to develop the resident's care plan to include her becoming a ward of the state. On 09/17/2024, the resident exhibited exit-seeking behaviors and was placed on 15 minute checks, however, the facility failed to develop the resident's care plan to include the exit-seeking behaviors. Further, interview with facility staff revealed the resident roamed throughout the facility with personal items in her wheelchair or on her walker and verbalized delusions of going home. The facility, however, failed to develop the resident's care plan to include her behaviors of roaming and expressions of wanting to leave the facility.</p> <p>On 11/27/2024, exact time unknown, R1 exited the facility through the main entrance after informing the employee working at the reception desk that she was going to step outside. The employee working the reception desk allowed R1 to exit the facility. At approximately 12:15 PM, R1 was observed by a visitor to be walking with a rolling walker on the sidewalk approximately 0.2 miles from the facility. The visitor notified the facility staff who immediately started to search for the resident.</p> <p>The facility's failure to develop and implement a care plan that reflected the resident's healthcare needs, has caused or is likely to cause serious injury, serious harm, or death to residents.</p> <p>Immediate Jeopardy (IJ) was identified on 12/23/2024 and was determined to exist on 11/27/2024, with deficiencies cited at 42 CFR 483.21, Comprehensive Resident Centered Care Plans, F656, at a Scope and Severity (S/S) of a J. The facility was notified of the Immediate Jeopardy on 12/23/2024.</p> <p>The facility provided an acceptable IJ Removal Plan on 12/26/2024 at 7:56 PM, alleging removal of the IJ on 12/24/2024. The survey team conducted an IJ Removal and Partial Extended Survey on 01/02/2025 through 01/03/2025. The State Survey Agency (SSA) validated the Immediate Jeopardy was removed on 12/24/2024. Remaining non-compliance continued at a S/S of a D at F656.</p> <p>Refer to F689</p> <p>The findings include:</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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy, Comprehensive Care Plans revised 02/09/2024, revealed the facility would develop and implement a comprehensive person-centered care plan for each resident, that included measurable objectives and time frames to meet a resident's medical, nursing, mental, and psychosocial needs that were identified in the comprehensive assessment. Further review of the policy revealed the Comprehensive Care Plan was designed to incorporate identified problem areas, risk factors associated with identified problems, and would be revised as necessary with changes.</p> <p>Review of the facility's policy, Elopement revised 09/12/2024 revealed the intent of the policy was to ensure residents' safety and protect their rights and dignity. The policy indicated the resident would be evaluated for elopement risk upon admission and reevaluated as needed including residents displaying exit-seeking behaviors. The policy continued and stated a care plan would be developed with interventions in place for each resident identified as an elopement risk.</p> <p>Closed record review of R1's facility Face Sheet revealed the facility admitted R1 on 10/31/2023 with a primary diagnosis of fracture of unspecified part of neck of left femur, subsequent encounter for fracture with routine healing. Additional diagnoses included vascular dementia, moderate, with psychotic features which was added after admitting to the facility.</p> <p>Review of R1's Guardianship documents revealed R1 was declared to be wholly disabled for managing both personal and financial affairs on 01/22/2024, including the right to vote due to a history of strokes.</p> <p>Review of R1's Nurses' Note, dated 09/17/2024, revealed the resident was placed on 15 minute checks due to exhibiting exit-seeking behaviors.</p> <p>Review of the Annual Minimum Data Set (MDS) assessment with the Assessment Reference Date (ARD) of 11/07/2024, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of 15 out of 15. The score indicated R1 was cognitively intact. Further review of the MDS indicated R1 was independent in ambulation with use of a rolling walker and capable of ambulation to the maximum assessed distance of 150 feet. Further review of the MDS revealed R1 did not exhibit any behavioral symptoms that included wandering and delusions during the assessment period.</p> <p>Review of the Comprehensive Care Plan that included all active and resolved problem statements revealed R1 was care planned for elopement with a start date of 11/27/2024. Further review of the Comprehensive Care Plan revealed the resident's having a newly appointed State Guardian on 01/22/2024 was not included on the plan of care or how the state guardianship could affect the resident's care, e.g., affecting the resident's right to vote, make decisions on where the resident lived, major health decisions, etc. Ongoing review of the Comprehensive Care Plan revealed it was completed without mention of significant behaviors that included roaming the building with personal items packed, delusional verbalizations, or the required level of supervision. Further review of the care plan revealed the facility failed to develop an exit-seeking care plan for the resident when she exhibited the behaviors on 09/17/2024.</p> <p>R1 was not present in the facility for observation or interview.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview with R1's State Appointed Guardian (SAG) on 12/20/2024 at 10:14 AM, the SAG stated the resident's whereabouts were to be always known by her as the Guardian and R1 would not be permitted to leave the building without supervision. SAG stated while R1 may be able to appropriately answer questions, there were medical and psychological reasons that had led to the resident requiring a state guardian.</p> <p>In an interview with the Activities Assistant (AA), he stated on 12/18/2024 at 3:45 PM that R1 would roam the facility and would not be safe to leave the facility without supervision. AA stated he knew R1 and due to R1's cognitive status and constant motion, R1 needed to be supervised at all times and would not be safe to be outside without supervision.</p> <p>In an interview with the Social Services Assistant (SSA) on 12/19/2024 at 9:45 AM, the SSA stated she knew R1 and was aware R1 was under State Guardianship and would require supervision to leave the facility. The SSA stated R1 was homeless and living on the streets prior to being admitted to the facility and would exhibit behaviors that included roaming the facility with personal belongings packed up. She stated the resident's BIMS score was not an accurate depiction of judgement, insight, and decisional capacity. The SSA stated R1 had delusions of having a home to go to and had requested the SSA to call the Sheriff to come get her and take her home or to call the Salvation Army to come get her.</p> <p>In an interview with Licensed Practical Nurse (LPN) 6 on 01/03/2025 at 1:43 PM, LPN 6 stated she usually worked on the 200 Hall where R1's room was located. LPN 6 stated while she had observed R1 standing at the door talking to herself with delusions, she stated she had not observed R1 attempt to go out and added that everyone knew to keep their eye on R1.</p> <p>In an interview with the MDS Nurses, (MDS 1 and MDS 2), on 01/03/2025 at 11:55 AM, both indicated they participated in the development of the care plans and gained information regarding the residents through record review, documentation in the progress notes, observations, and assessments. MDS 2 stated if a new behavior or an event was documented in the progress notes, it would be added to the care plan.</p> <p>However, record review revealed the facility failed to care plan for R1 becoming wholly disabled on 01/22/2024 and failed to care plan for the resident's exit-seeking behaviors, documented on 09/17/2024.</p> <p>In further interview, with the MDS Nurses, on 01/03/2025 at 11:55 AM, MDS 1 stated additional sources of information may come through attending the morning meeting when residents and facility events were discussed. Both MDS 1 and MDS 2 indicated they recently started their employment at the facility in the past six to eight weeks.</p> <p>In an interview with the Director of Nursing (DON) on 12/17/2024 at 1:30 PM, the DON stated she had no knowledge of any previous attempts of R1 exiting the building [facility]. Further, she stated an elopement care plan was initiated on 11/27/2024 and included the intervention of 1:1 observation.</p> <p>In an interview on 12/17/2024 at 4:39 PM, the Administrator advised that R1 was not authorized to leave the building. The Administrator added he had experience with only one resident with a State Guardian in the past.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility provided an acceptable removal action plan on 12/26/2024 at 7:56 PM that read verbatim:</p> <p>[Facility Name] 12.23.2024 Abatement Plan for F 689 and F 656</p> <p>Resident #'s medical record was updated to include guardian information upon being appointed a state guardian. The guardian was invited to attend a care conference, and the State guardian attended the meeting on 4/1/2024.</p> <p>Most recent BIMS score of 15, dated 11/06/24, completed by MDS nurse.</p> <p>Upon Resident #'s return to the facility, the Signature Care Consultant completed a skin, psychosocial, and pain assessment on 11/27/2024 at 1:05 p.m. No issues were noted.</p> <p>Resident #1 was placed on 1:1 supervision on 11/27/2024 and remained 1:1 until discharge on [DATE] from the facility. Resident #'s care plan was updated to include 1:1 as an intervention by the Social Services on 11/27/2024.</p> <p>On 11/27/2024, Social Services completed an exit seeking elopement observation (name of assessment in electronic health record)and deemed resident #1 at risk for elopement.</p> <p>Social Services initiated an elopement care plan on 11/27/2024</p> <p>Social Services added Resident #1 to the elopement binder on 11/27/2024.</p> <p>On 11/28/2024, the [Facility Corporation] Consultant educated the identified receptionist on reviewing the elopement binder before allowing unsupervised residents out of the facility.</p> <p>1. (Corrective actions for identified residents affected by the deficient practice.)</p> <p>Resident# 1 was admitted to the facility on [DATE].</p> <p>Resident #1 was appointed a state guardian on 1/22/24.</p> <p>[Facility Name] 12.23.2024 Abatement Plan for F 689 and F 656</p> <p>1. (Corrective actions for identified residents affected by the deficient practice.)</p> <p>Resident# 1 was admitted to the facility on [DATE].</p> <p>Resident #1 was appointed a state guardian on 1/22/24.</p> <p>Resident #'s medical record was updated to include guardian information upon being appointed a state guardian. The guardian was invited to attend a care conference, and the State guardian attended the meeting on 4/1/2024.</p> <p>Most recent BIMS score of 15, dated 11/06/24, completed by MDS nurse.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Upon Resident #'s return to the facility, the [Facility Corporation] Consultant completed a skin, psychosocial, and pain assessment on 11/27/2024 at 1:05 p.m. No issues were noted.</p> <p>Resident #1 was placed on 1:1 supervision on 11/27/2024 and remained 1:1 until discharge on [DATE] from the facility. Resident #'s care plan was updated to include 1:1 as an intervention by the Social Services on 11/27/2024.</p> <p>On 11/27/2024, Social Services completed an exit seeking elopement observation (name of assessment in electronic health record)and deemed resident #1 at risk for elopement.</p> <p>Social Services initiated an elopement care plan on 11/27/2024</p> <p>Social Services added Resident #1 to the elopement binder on 11/27/2024.</p> <p>On 11/28/2024, the [Facility Corporation] Consultant educated the identified receptionist on reviewing the elopement binder before allowing unsupervised residents out of the facility.</p> <p>[Facility Corporation] has a policy for elopement, and this was reviewed by the [NAME] President of Clinical Services on 11/27/2024, and no changes were needed. Signature does not have a specific policy for guardianship.</p> <p>2. (Identification of other residents who may be affected by the deficient practice and corrective actions that will be put in place to ensure the deficient practice does not reoccur.)</p> <p>All residents have the potential to be affected. On 11/27/2024, the facility had a Census of 109 in-house Residents.</p> <p>Unit Managers completed a head count on 11/27/2024 at 12:42 pm. All 109 residents were accounted for.</p> <p>The plant operations director checked the exit doors to ensure they worked adequately on 11/27/2024 at 3:15 p.m. No Issues were identified.</p> <p>Facility Administrator reviewed last 3 elopements drills conducted on 10/17/2024, 10/30/24, and 11/24/24 and no concerns noted.</p> <p>There were 109 Current facility residents on 11/27/2024, and all 109 current residents were reassessed on 11/27/2024 for exit-seeking observations by Social Services. Any residents identified as at risk for exit seeking their care plans reviewed and revised as indicated. Any residents identified as at risk were placed in the elopement binder. Resident #1 was the only new resident identified as at risk for elopement from the assessments completed. This audit was completed on 11/27/2024.</p> <p>[Facility Corporation] Consultant (SCC) conducted a 30-day (10/27/2024 - 11/27/2024) look back in the EMR on all events in the facility for exit-seeking behaviors; this was completed on 11/27/2024 with no concerns identified.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>[Facility Corporation] Care Consultant (SCC) completed a 30-day (10/27/2024 - 11/27/2024) review of progress notes for exit-seeking behaviors and/or elopement identified in the EMR for all residents. This audit was completed by 11/27/2024. No concerns were identified.</p> <p>From 11/27/24 to 12/23/24, the floor nurse assessed 23 new admissions for exit seeking; none were identified as at risk for exit seeking.</p> <p>On 12/23/2024, the MOS nurse prepared a list of the seven state guardians' residents. The MOS support implemented a state-appointed guardianship care plan for all seven identified residents on 12/23/2024. Per the plan of care, the residents are not allowed to leave the facility unsupervised.</p> <p>3. (Measures put in place and systemic changes you will make to ensure that the deficient practice does not reoccur.)</p> <p>The Systemic Change sign posted by the Facility Administrator on the entry door states that authorized residents are only permitted beyond this point on 11/27/2024.</p> <p>The [Facility Corporation] Consultant educated the facility administrator and DON on the Elopement Policy (the policy includes how often residents are assessed for risk for elopement), Leave of absence policy, Comprehensive Care Plan Policy, Safety and Supervision of Resident Policy, and Change of Condition Policy. All policies named were reviewed in their entirety. This was started on 11/27/2024 and completed on 11/27/2024. A posttest was given to the facility Administrator and DON after the education was provided on 11/27/2024. A score of 100 percent was obtained on the posttest by the Administrator and DON.</p> <p>The [Facility Corporation] Consultant, Director of Nursing, Administrator, or Unit Manager (UM) completed an in-service with all staff currently present or working in the facility on the Elopement Policy, Leave of absence policy, Comprehensive Care Plan Policy, Safety and Supervision of Resident Policy, and Change of Condition Policy. All policies named were reviewed in their entirety. Education was started on 11/27/2024 and completed on 11/27/2024. A post-test was given to these staff members after the education was provided. A score of 100 percent was required, and anyone not receiving a score of 100 percent was re-educated and then provided with another post test. This process continued until a 100 percent score was obtained. All staff who have not yet received the education will have this completed before the start of their next scheduled shift. This process will continue until all staff have received the education. All newly hired staff will receive training upon new hire orientation. All agency staff will receive education before the start of the shift.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The Independent Risk Manager and [NAME] President of Clinical Services educated the Facility Administrator, Director of Nursing, Special Projects Administrator, Business Office Manager, HR Business Partner, Plant OPS Assistant, Environmental Services Manager, Plant Operations Director, Dietary Services Manager, Life Enrichment Director, Environmental Account manager, Unit Managers, MDS coordinators, Admissions Director, Rehabilitation Manager, Social Services, and Signature Care Consultant on needing to notify the State Guardian if their resident attempts and/or requests to leave facility unsupervised for approval. This was completed on 12/20/2024. A posttest was provided on 12/20/2024. A score of 100 percent was obtained on the post-test by Facility Administrator, Director of Nursing, Special Projects Administrator, Business Office Manager, HR Business Partner, Plant OPS Assistant, Environmental Services Manager, Plant Operations Director, Dietary Services Manager, Life Enrichment Director, Environmental Account manager, Unit Managers, MDS coordinators, Admissions Director, Rehabilitation Manager, Social Services, and Signature Care Consultant.</p> <p>The Facility Administrator, Director of Nursing, Special Projects Administrator, Business Office Manager, HR Business Partner, Plant OPS Assistant, Environmental Services Manager, Plant Operations Director, Dietary Services Manager, Life Enrichment Director, Environmental Account manager, Unit Managers, MDS coordinators, Admissions Director, Rehabilitation Manager, Social Services, and Signature Care Consultant completed an in-service on needing to notify the State Guardian if their resident attempts and/or requests to leave the facility unsupervised for approval with all staff currently present or working in the facility on Education was started on 12/20/2024 and completed on 12/22/2024. A post-test was given to these staff members after the education was provided. A score of 100 percent was required, and anyone not receiving a score of 100 percent was re-educated and then provided with another post-test. This process continued until a 100 percent score was obtained. All staff who have not yet received the education will have this completed before the start of their next scheduled shift. This process will continue until all staff have received the education. All newly hired staff will receive training upon new hire orientation. All agency staff will receive education before the start of the shift.</p> <p>Starting on 11/28/2024, [Facility Corporation] Consultant, DON, ADON, or UM's will audit five random resident's progress notes looking for exit-seeking behaviors, 5x a week for two weeks, then 3x a week for two weeks, then weekly x 4 weeks, and then monthly until substantial compliance is achieved. Audits are to be performed on random shifts, including evenings and weekends. All results will be forwarded to the Quality Assurance Performance Improvement (QAPI) committee for further review and suggestions.</p> <p>Starting on 12/23/2024, [Facility Corporation] Consultant, DON, or UM's will audit all new admissions with an appointed State guardian to ensure a care plan is developed to include the State appointed guardian is notified if the resident requests or attempts to leave unsupervised 5x a week for two weeks, then 3x a week for two weeks, then weekly x 4 weeks, and then monthly until substantial compliance is achieved. Audits are to be performed on random shifts, including evenings and weekends. All results will be forwarded to the Quality Assurance Performance Improvement (QAPI) committee for further review and suggestions.</p> <p>4. Describe the Quality Assurance & Process Improvement Program that will be implemented (track and trend data over time to ensure the action plan meets the initially identified goal).</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An Ad Hoc Quality Assurance meeting was held on 11/27/2024 with the Medical Director, the Facility Administrator, and the Director of Nursing regarding the review of resident #1 return to the facility on [DATE]. The facility administrator presented the plan and information at the QAPI meeting on 11/27/2024. The Facility Medical Director was notified on 11/27/2024 by the facility administrator of the event. The Medical Director reviewed the plan and made no further suggestions. The medical director stated the plan was appropriate and would be effective. Starting on 11/27/2024, the Facility Administrator will hold a Quality Assurance meeting weekly for 4 weeks; then, it will decrease to monthly for recommendations and further follow-up regarding the above-stated plan. Moving forward, the facility administrator will continue to be the person who presents the information and audits at the QAPI Meetings , and the following members are expected to be present unless unable to attend: Facility Administrator, Medical Director, Director of Nursing , Assistant Director of Nursing, Staff Development Coordinator, Plant Ops Director, Social Services Director, Activity Director, Therapy Director, and MOS Coordinator. The QAPI Committee will determine at what frequency any ongoing audits must continue. The Administrator is responsible for the implementation of this plan.</p> <p>An Ad Hoc Quality Assurance meeting was held on 12/23/2024 with the Medical Director, the Special Projects Administrator, the Director of Nursing , the Signature Care consultant , the [NAME] President of Clinical Services, and the Clinical Reimbursement Specialist. Regarding the plans formulated and implemented on 12/23/2024. The Special Projects Administrator presented the plan and information at the QAPI meeting on 12/23/2024. The Facility Medical Director was notified on 12/23/2024 by the facility administrator of the immediate jeopardy and the abatement plan. The Medical Director reviewed the plan and made no further suggestions. The medical director stated the plan was appropriate and would be effective. Starting on 12/23/2024, the Facility Administrator will hold a Quality Assurance meeting weekly till compliance; then, it will decrease to monthly for recommendations and further follow-up regarding the above stated plan. Moving forward, the facility administrator will continue to be the person who presents the information and audits at the QAPI Meetings, and the following members are expected to be present unless unable to attend: Facility Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing , Staff Development Coordinator, Plant Ops Director, Social Services Director, Activity Director, Therapy Director, and MOS Coordinator. The QAPI Committee will determine at what frequency any ongoing audits must continue. The Administrator is responsible for the implementation of this plan.</p> <p>The jeopardy removal date is 12/24/2024.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50153</p> <p>Based on observation, interview, record review, facility document review, facility policy review and Google Maps review, the facility failed to provide residents with adequate supervision to prevent elopement for one of three sampled residents, Resident (R)1.</p> <p>R1 became a ward of the state on 01/22/2024 and although the resident had a Brief Interview of Mental Status (BIMS) score of 15 (indicating cognitively intact), the resident was legally deemed wholly disabled for managing both personal and financial resources, including the right to vote, and required supervision when leaving the facility. The facility, however, failed to ensure staff were aware the resident could not exit the facility unsupervised.</p> <p>On 11/27/2024, exact time unknown, R1 exited the facility through the main entrance after informing the employee working at the reception desk that she was going to step outside. The employee working the reception desk allowed R1 to exit the building. At approximately 12:15 PM, on the same day, R1 was observed by a visitor to be walking with a rolling walker on the sidewalk. The resident crossed a three-lane road, then walked on the sidewalk, which was 0.2 miles from the facility.</p> <p>The facility's failure to correctly identify R1 as being unauthorized to exit the facility and to follow the established system to ensure each resident received adequate supervision and monitoring to prevent elopement has caused or is likely to cause serious injury, harm, impairment, or death to a resident.</p> <p>Immediate Jeopardy (IJ) was identified on 12/23/2024 and was determined to exist on 11/27/2024, in the area 42 CFR 483.25 Quality of Care, F689 at a Scope and Severity (S/S) of a J. Substandard Quality of Care (SQC) was also identified at 42 CFR 483.25 Quality of Care, F689. The facility was notified of the Immediate Jeopardy on 12/23/2024.</p> <p>The facility provided an acceptable IJ Removal Plan, on 12/26/2024 at 7:56 PM, alleging removal of the IJ on 12/24/2024. The State Survey Agency (SSA) conducted an IJ Removal and Partial Extended Survey on 01/02/2025 through 01/03/2025. The SSA validated the IJ had been removed on 12/24/2024 with the remaining non-compliance at a S/S of a D for F689.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Safety and Supervision of Resident, last reviewed/revised date of 09/15/2023, revealed the resident safety and the supervision would be appropriate based on the individual resident needs, as well as, through identified safety risks and hazards. Additionally, the policy stated it would include a combination of employee training, employee monitoring, and reporting processes to mitigate or remove the hazards to the extent possible.</p> <p>Continued review of the policy, dated 09/15/2023, revealed the information obtained from the medical history, physical exam, observation of the resident, and the Minimum Data Set (MDS) would be utilized to target interventions, to reduce the potential for accidents, and to monitor the effectiveness of the interventions.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled, Elopement, reviewed and revised date of 09/12/2024, revealed residents would be evaluated for risk of elopement and preventative interventions implemented for those identified as an elopement risk. Further review of the policy revealed each resident should be evaluated upon admission and reevaluated as needed. The policy further revealed residents displaying exit-seeking behavior would be evaluated for elopement risk as well as residents with a known history of substance use disorder. The policy identified that an elopement risk binder would be kept at a secure location known by stakeholders and routine checks of the entrance and exit doors would be completed to ensure their proper functioning.</p> <p>Review of the facility policy titled, Resident Leave of Absence, review and revision date of 11/07/2018, stated the organization promotes person-centered care and affords leave from the facility based on physician approval. A leave of absence (LOA) was defined as a period the resident was away from the facility while maintaining the status of the resident. The Guideline of the policy identified that a resident may be afforded leave based on physician orders and approval, appropriate supervision by a responsible party when indicated and instructions provided to the responsible party for care and medication administration. Ongoing review of the guideline stated a resident who wished to take an unsupervised leave of absence may do so contingent on a completed and signed written Release of Responsibility for Leave of Absence form, approval of the Licensed Health Professional, Documentation of Interdisciplinary agreement, and inclusion of the leave of absence in the care plan.</p> <p>On 12/20/2024 at 11:20 AM the facility Special Projects Administrator stated the facility had no policy that identified specific considerations for residents assigned a State Guardian.</p> <p>Closed Record Review of R1's Face Sheet located in the closed medical record, revealed the facility admitted the resident on 10/31/2023 with diagnosis of vascular dementia, moderate, with psychotic features, and cognitive communication deficit. Continued review of R1's closed medical record revealed the resident had been under state guardianship and deemed wholly disabled to manage both personal and financial affairs on 01/22/2024, including the loss of the right to vote.</p> <p>Review of the Admission assessment dated [DATE] revealed the resident was assessed on admission for elopement risk. The elopement assessment noted on 10/31/2023, R1 to be ambulatory without wandering into unsafe areas, not making statements about leaving, and not demonstrating behaviors that may indicate an attempt to leave the facility and was not found to be an elopement risk.</p> <p>Review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/07/2023 indicated a Brief Mental Status Score (BIMS) of 11 out of 15 indicating the resident had moderate cognitive impairment. Further review of the MDS indicated the resident required moderate assistance to ambulate 10 feet and utilized a wheelchair for mobility and did not exhibit any behavioral symptoms, including wandering, during the assessment period. Further review of the MDS revealed the resident did not exhibit any behavioral symptoms, including wandering, required moderate assistance to ambulate 10 feet, and utilized a wheelchair for mobility.</p> <p>Review of R1's Nurse's Note, dated 09/17/2024, revealed the resident exhibited exit-seeking behaviors when she had an associated urinary tract infection. R1 was placed on 15-minute checks until the exit-seeking behaviors resolved.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the Annual comprehensive MDS with an ARD date of 11/07/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15/15 indicating the resident was cognitively intact. Further review of the MDS indicated R1 was independent in ambulation with use of a rolling walker and capable of ambulation to the maximum assessed distance of 150 feet and resident did not exhibit any behavioral symptoms that included wandering during the assessment period. Continued review of the annual comprehensive MDS, dated [DATE], revealed the resident was independent in ambulation with use of a rolling walker with the assessment tool indicating R1 was able to independently ambulate the maximum distance on the assessment tool of 150 feet using a walker.</p> <p>Review of the Comprehensive Care Plan that included all active and resolved problem statements revealed R1 was care planned for elopement with a start date of 11/27/2024. Further review of the Comprehensive Care Plan revealed the resident having a newly appointed State Guardian on 01/22/2024 was not included on the plan of care or how the state guardianship could effect resident care, e.g., affecting the resident's right to vote, make decisions on where the resident lived, major health care decisions, etc. Additionally, the care plan did not include the resident's exit-seeking behavior noted 09/17/2024, in which the resident was placed on 15 minute checks.</p> <p>Observation of the facility initiated on 12/16/2024 at 6:30 PM, revealed the front entrance of the facility was accessible via a doorway which had a locked keypad. The front entrance opened into an office area and the residential areas/hallways were accessible through another doorway with a locked keypad. The second interior keypad doorway was observed to be locked on 12/16/2024 at 6:45 PM upon initiation of the investigation and required staff assistance to pass through the doorway. On 12/17/2024 through 12/20/2024 the second door was observed to be unlocked during business hours 8:00 AM through 5:00 PM while the reception desk was attended. Residents and Visitors would require the assistance of a staff member to enter the code to exit through both keypad locking doors after business hours.</p> <p>Review of the facility investigation revealed that on 11/27/2024 at 12:15 PM a visitor to the facility reported to staff that she saw someone she recognized to be a resident, outside the facility unaccompanied and unsupervised. Per the investigation, upon notifying staff, multiple staff went outside to search for R1. Ongoing review of the facility investigation revealed staff reported upon exiting the facility to search for R1, R1 was visualized walking with a walker on the sidewalk. Staff approached and talked to the resident, then assisted R1 back into the facility. The facility investigation revealed R1 re-entered the facility at approximately 12:25 PM.</p> <p>The State Surveyor drove to the location where R1 was first reportedly seen by the facility visitor, the route was also verified by Google Maps, and was noted to be 0.2 miles from the facility. Google Maps indicated it was a six (6) minute walk from the facility.</p> <p>R1 was not observed or interviewed as she had transferred to another facility with a locked dementia unit on 12/16/2024.</p> <p>In an interview with Receptionist 1, on 01/03/2025 at 1:40 PM, she stated she had walked with the resident back to the facility. Per the interview, the resident had crossed the three (3) lane road and had walked an additional approximate distance of 30 feet on the sidewalk. She stated the resident had crossed the three-lane road at the red light and the resident told her she knew how to push the button to cross the road.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The Weather Underground, a website that reports current and historical weather conditions for a specific city location, revealed the temperatures on 11/27/2024 was between 54 - 59 degrees Fahrenheit (F) in this location.</p> <p>In an interview with R1's State Guardian, on 12/20/2024 at 10:14 AM, she stated R1 was a ward of the state and was deemed wholly disabled. She stated the resident was not capable of managing her own resources and required supervision when leaving the building.</p> <p>In an interview with the Human Resources Specialist (HRS) on 12/19/2024 at 9:12 AM, she stated that on the day of the incident [11/27/2024] she worked the receptionist desk. She stated she was relieving the receptionist and had been doing a little bit of everything that included answering the phone, transferring calls, and pushing the button to let someone out of the facility. Per the interview, she stated the facility's Thanksgiving Luncheon was taking place at the time. The HRS stated she knew R1 and had talked to her before, even earlier in the day on 11/27/2024. The HRS stated R1 seemed like her normal self. She said R1 came to the desk and stated she was going to step outside. Per the HRS, she was aware of the resident's sign out book and the elopement book but did not check either before allowing the resident to exit the building.</p> <p>In further interview, on 12/19/2024 at 9:12 AM, the HRS stated there was a lot going on and she assumed R1 had signed out on the facility sign out sheet and opened the door and allowed R1 to leave the building without supervision. The HRS stated she did not recall R1 being in the elopement book. HRS stated that while she didn't look in the book that day, she had looked in it before. The HRS stated she was not sure of the exact time R1 exited the building but stated she thought the resident was gone from the building approximately 10 minutes when it was determined that R1 had exited the building and thought approximately 15 minutes had passed when R1 returned. HRS stated R1 did not appear any different when she returned. She stated that after the event, education was started with everyone in the building, the elopement books were checked to ensure they were on the halls. She stated the facility posted signs which advised staff not to let residents out of the facility. However, she stated she was unaware of how long the signs had been in place. HRS stated that she had never seen R1 with exit seeking behaviors.</p> <p>In an interview on 12/17/2024 at 2:00 PM, Certified Nursing Assistant (CNA) 2, stated she knew who R1 was and stated she worked on 11/27/2024, but she was not assigned to the resident. She reported the resident left the facility independently during the Thanksgiving Family luncheon and reported that a family member visiting another resident informed staff that they had seen R1 at the red light with her walker. CNA 2 stated that she and CNA 3 immediately ran outside and started to look for R1. CNA 2 stated CNA 3 found the resident and stated R1 wanted to walk back to the facility. CNA 2 stated R1 was placed on 1:1 supervision upon return to the facility. CNA 2 reported R1 did not have any injury.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/17/2024 at 3:52 PM, CNA 3 stated a family member approached him on 11/27/2024 during the Thanksgiving luncheon and told him they had seen a female wearing glasses using a walker outside on the sidewalk. CNA 3 stated he immediately informed the nearest nurse and then went outside on foot running toward the church and saw R1 walking on the sidewalk. CNA 3 stated he caught up with her and she turned toward him when he called her name. CNA 3 stated the resident stated she was going to the doctor to see about her ear. CNA 3 reported that another employee [Receptionist 1] had gotten in her car and drove to assist with looking for R1. CNA 3 reported that R1 declined to ride in the car back to the facility but wanted to walk back with the Receptionist 1 and CNA 3 drove the car back to the facility. CNA 3 reported the resident had no injuries and did not experience a fall. CNA 3 stated the resident was placed on 1:1 supervision and leadership instructed staff to give R1 space but to watch her continually. CNA 3 stated the leadership began educating staff regarding elopement and Code Green, which was an overhead page to alert employees that a resident was missing and to begin looking for the missing resident.</p> <p>In an interview with the Receptionist 1 on 12/17/2024 at 2:40 PM, she indicated that she was coming into work for her 1:00 PM shift on 11/27/2024 and after entering the building, she learned R1 had left the building unattended. The Receptionist 1 stated she used her personal vehicle to help in the search for R1. The Receptionist stated she walked back with R1 to the building after R1 declined to ride back in the car. Per the Receptionist, she had no knowledge of any injury to R1 as a result of the incident.</p> <p>In an interview with Licensed Practical Nurse 6 (LPN 6) on 01/03/2025 at 1:43 PM, LPN 6 stated she regularly worked on the 200 hall where R1 resided. She stated she was familiar with R1. LPN 6 stated R1 would roam within the facility with her personal items and stated she never saw her try to get out. LPN 6 stated she had seen R1 standing at the door looking out and talking to herself with delusional verbalizations. LPN 6 went on to say that R1 would sometimes lay on the couch in the sunroom, kept to herself, and did not wander into other people's rooms. LPN 6 stated everyone kind of knew to watch her.</p> <p>In an interview with the Activities Assistant (AA) on 12/18/2024 at 3:45 PM, he stated that he knew R1 and that due to her cognitive status and behavior of being in constant motion, and needing to be observed at all times, R1 was not permitted to go outside unassisted. The AA went on to say that residents were taken out onto the porch with supervision when weather permitted for activities such as exercises. He stated R1 was permitted to go outside during the supervised smoking times in the enclosed supervised smoking area to allow for additional time outdoors.</p> <p>In an interview with the Assistant Business Office Manager (ABOM), on 12/19/2024 at 10:11 AM, she stated she had been employed with the facility for approximately two (2) weeks. ABOM stated that during her onboarding process she received training regarding the elopement binder and the smoker's box with the list of residents who were allowed to go out of the facility unsupervised. ABOM went on to say that if she was not familiar with a resident, she would get someone to verify the resident before allowing a resident to leave the facility. She also stated that residents who leave the facility were to sign out when they leave.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview with the Business office Manager (BOM) on 12/20/2024 at 12:44 PM, she stated that she had been employed at the facility since October 2024. The BOM stated that she would check the elopement binder and check with administration or nursing before allowing a resident to exit the building. She added that if a resident was under State Guardianship, then the State Guardian made the final decision regarding a resident [ability to leave the facility unsupervised].</p> <p>In an interview on 12/19/2024 at 9:45 AM, the Social Services Assistant (SSA) stated she knew R1 and the resident had a history of being homeless prior to being admitted to the facility. She stated the resident would keep her personal items with her as she roamed in the facility. Per the interview, the SSA stated R1 had in the past asked her to call the sheriff's office to take her to her home or the Salvation Army to come get her. The SSA stated that although R1 did not make attempts to leave the facility after being advised that she could not leave, the resident would verbally voice being upset with not being able to leave. The SSA stated R1 did not have a home to go to and that was a delusion. Further, she stated the BIMS score was not an accurate depiction of judgement, insight, and decisional capacity. The SSA stated she was aware R1 had a State Guardian and would require supervision if R1 left the building.</p> <p>In a phone interview with the Primary Care Physician (Physician/Medical Director) for R1 who also serves as the facility Medical Director on 12/19/2024 at 11:15 AM, he stated that he was informed that R1 had left the building without supervision on 11/27/2024 and was returned to the building on 11/27/2024. On further inquiry with the Physician/Medical Director, he stated he was aware that R1 was under State Guardianship, however, he stated he was not aware that an individual under State Guardianship was not eligible to leave the facility without supervision.</p> <p>In an interview with the Director of Nursing (DON) on 12/17/2024 at 1:30 PM, the DON stated that she was notified of the event on 11/27/2024 and notified the Administrator and the Regional Support nurse. The DON stated an investigation was started. She stated R1 had no previous attempts to exit the building to her knowledge. She reported elopement risk assessments were completed quarterly and with a significant change.</p> <p>In an interview on 12/17/2024 at 4:39 PM, the Administrator reported that a facility visitor had alerted staff that a resident was seen outside the facility without supervision. He reported that staff responded, and the resident returned after about 10 minutes. The Administrator stated R1 told him she was trying to go to the bus station to go to a doctor's appointment. He reported there was no previous history of the resident trying to leave the facility. Per the interview, the Administrator stated R1 was not authorized to sign out of the building [facility].</p>		