

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 08/23/2024
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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>30898</p> <p>Based on interview, personnel record review, and facility policy review, the facility failed to ensure it had a process in place to ensure contracted employees had the Kentucky Adult Caregiver Misconduct Registry checked as required by KRS 209.032 for 2 of 5 employee files sampled.</p> <p>The findings include:</p> <p>Review of the facility policy Abuse, Neglect, and Misappropriation of Property revised 09/15/2023 revealed the facility included screening to provide protection for the health, welfare, and rights of each resident residing in the facility. Continued review revealed the screening included conducting criminal background checks and a search of the State Nurse Aide Abuse Registry. Review further revealed however, the Kentucky Adult Caregiver Misconduct Registry (KACMR) checks were not included as part of the screening.</p> <p>Review of the Kentucky Revised Statutes (KRS) 209.032 revealed a vulnerable adult services provider, such as a long term care facility was to, Query as to whether prospective or current employee has validated substantiated finding of adult abuse, neglect, or exploitation -- Administrative regulations -- Central registry of substantiated findings made on or after July 15, 2014. Continued review of the Statute revealed an employee included a person hired directly or through contract by a vulnerable adult services provider with duties that involved or might involve one-on-one contact with a resident. Further review revealed a vulnerable adult services provider was to query the cabinet as to if a validated substantiated finding of adult abuse, neglect, or exploitation was entered against an individual who was a prospective employee of the provider.</p> <p>1. Review of the personnel file for Dietary Aide (DA) 2 revealed she was employed by the facility through a contracted company on 05/03/2024. Further revealed no documentation noting the facility conducted the check of the Kentucky Adult Caregiver Misconduct Registry (KACMR) for DA 2 as required.</p> <p>2. Review of the laundry employee's personnel file revealed she was employed at the facility through a contracted company on 08/05/2024. Further review revealed no documentation indicating the facility provided the check of the KACMR for Laundry employee as required.</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
---	-------	-----------

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 08/23/2024
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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In interview with the Director of Nursing (DON) on 08/23/2024 at 5:34 PM, she stated she reviewed contracted employees' personnel information related to education and tuberculosis (TB) checks. She stated she was unaware if anyone verified the KACMR checks were completed as required as those checks were not clinical. The DON stated the purpose of completing the KACMR checks was to see if potential new employees had a report of abuse in a prior setting against them. She stated this was to ensure safety of residents with the new employee coming into the facility. Additionally, she stated the facility would not have employees in their building with a finding of abuse against them. The DON further stated if the KACMR checks were not completed there was a risk to residents' safety.</p> <p>In interview on 08/23/2024 at 6:27 PM, the Administrator stated the facility did not have a Human Resources employee. She stated her expectation for contracted employees potentially working at the facility, was for the contract agency to check them to ensure the contracted employee was ready for employment. The Administrator stated the KACMR was to be completed before a potential employee was hired. She stated the KACMR check was a regulated, mandated law in Kentucky and the facility would not allow their own employee to work if the check was not completed.</p>		

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 08/23/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44396</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure drugs and biologicals were stored in accordance with State and Federal laws for one (1) of three (3) facility medication storage refrigerators. In addition, the facility also failed to ensure medications were secured during medication administration for 1 medication cart.</p> <p>Observation of the medication room on the facility's 100 unit revealed a personal lunch bag with food and drinks stored inside the locked medication refrigerator located in the room.</p> <p>Additionally, observation revealed Registered Nurse (RN) 7 prepared a resident's medications, then stepped away from the medication cart leaving the pills in a medication cup unattended, and out of view of staff.</p> <p>The findings include:</p> <p>Review of the facility policy, Medication Administration, last revised 6/24/2024, revealed medications were administered as prescribed in accordance with manufacturers' specifications. Continued review revealed medications were also administered in accordance with good nursing principles and practices, and only by persons legally authorized to do so. Further review revealed medications were to be administered at the time they were prepared.</p> <p>Review of the facility policy, Medication Storage, dated 01/2023, revealed medications and biologicals were to be stored properly, following the manufacturer's, provider's, or pharmacy recommendations. Per review, proper storage of medications and biologicals was to maintain their integrity and to support safe effective drug administration. Continued review revealed the medication supply should only be accessible to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Further review of the policy revealed the provider pharmacy was to dispense medications in containers that met state and federal labeling requirements, including requirements of good manufacturing practices established by the United States Pharmacopeia (USP). In addition, policy review revealed medications were to remain in the pharmacy containers and were to be stored in a controlled environment.</p> <p>1. Observation on 08/22/2024 at 8:35 AM, of Registered Nurse (RN) 7 during medication administration for Resident (R)65, revealed he prepared the residents' morning medications. Per observation, R65's medications included: Aspiring 81 milligrams (mg) oral (po), Isosorbide (used to treat angina) 30 mg po, Jardiance (used to treat high blood sugar in Type 2 diabetics) 25 mg po and Protonix 40 mg po. Continued observation revealed RN 7 opened and placed the medications in a medication cup on top of the medication cart. Further observation revealed RN 7 then stepped away from the medication cart, going to the medication room, and leaving R65's pills unattended on top of the cart.</p> <p>(continued on next page)</p>

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 08/23/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During interview with RN 7 on 08/22/2024 at 8:35 AM, he stated he had left R65's medication unsecured; however, the State Survey Agency (SSA) Surveyors were standing by the cart. He further stated the reason medications should not be left unattended was that a resident could access and take pills that were not intended for them.</p> <p>During interview with Licensed Practical Nurse (LPN) 11 on 8/23/2024 at 9:45 AM, she stated she must never leave medications unattended. She stated if she had to step away from her medication cart, then she took any prepped medications with her. In further interview, she stated it was not safe to leave medications unsecured (at any time) because a resident might take them.</p> <p>During interview with LPN 7 on 8/23/2024 at 9:52 AM, she stated medications should never be left unattended.</p> <p>During interview with LPN 12 on 8/23/2024 at 10:15 AM, she stated nurses should never leave medications unattended because it could be unsafe for other residents.</p> <p>During interview with the Assistant Director of Nursing (ADON) on 08/23/2024 at 2:15 PM, she stated medications should never be left unattended. She stated this was because anyone, including residents, could take those medications not intended for them. The ADON stated if a resident took medication not intended for them they could possibly take something they were allergic to or have an adverse reaction from that medication. She stated her expectation was that nurses and Certified Medication Technicians (CMTs) not leave any medications unattended and they should follow the facility's medication administration policy.</p> <p>During interview with the Director of Nursing (DON) on 08/23/2024 at 05:35 PM, she stated medications should never be left unattended. She said the nurse should either take prepared medications with them if they must step away from the medication cart or lock them in an area of the cart until they returned. In further interview she stated you never know who could come by and pick the medications up. The DON stated it was necessary to ensure medications were secure and not put anyone at risk. She further stated the risks (of medication being left unattended) would depend on the person and the medications, but there was the potential the person could have an allergic reaction or other adverse reaction.</p> <p>During interview with the Administrator on 08/23/2024 at 6:36 PM, she stated it was never acceptable to leave medications unattended. She stated she did not want to speculate on associated risks (of medications left unattended), but the protocol was to never leave medications unattended and she expected the staff to follow that.</p> <p>50000</p> <p>[NAME]</p> <p>2. Additional review of the facility policy titled, Storage of Medication dated 01/2023, revealed refrigerated medications should be kept in closed and labeled containers, with internal medications separated from external medications. Continued review revealed all medications should be segregated from fruit juices, applesauce, and other foods used in administering medications. Review further revealed any other foods, such as employee lunches and activity department refreshments, should not be stored in the medication refrigerator.</p> <p>(continued on next page)</p>		

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 08/23/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/22/2024 at 4:00 PM, during performance of the medication storage and labeling task, revealed a personal lunch bag stored in the locked medication refrigerator in the medication room on the 100 unit. Continued observation revealed when opened the lunch bag contained a bag of potato chips, a can of Dr. Pepper, and a water bottle. When asked in interview, at the time of observation, RN 2 stated it was a staff person's lunch bag and should not have been in the medication refrigerator. RN 2 stated that refrigerator was only to be used for medication (storage). The SSA Surveyor asked RN 2 what the concern of having food stored in the medication refrigerator was, and she stated it could contaminate the medication in the fridge or the medication could contaminate the food which could be consumed. RN 2 stated that the facility policy for the medication refrigerator was for it to only be used for residents' medication and biologicals storage. Further observation revealed RN 2 removed the lunch bag from the refrigerator, locked it and removed the lunch bag from the medication room.</p> <p>In interview with LPN 1 on 08/22/2024 at 11:30 AM, she stated no food was permitted to be stored inside the medication refrigerators due to risk of contamination of the medications as well as potential contamination to the food products. LPN 1 stated food items used for administering medications was not allowed to be stored in the medication refrigerator and the facility policy was to store those foods in a separate refrigerator only intended for resident food items.</p> <p>In interview with RN 3 on 08/22/2024 at 4:26 PM, she stated the facility policy prohibited any food from being stored in the medication refrigerators throughout the facility. RN 3 stated food could contaminate the medications and/or the biologicals, and the food could also become contaminated from the medications or biologicals.</p> <p>In interview with the DON on 08/23/2024 at 2:37 PM, she stated the facility had three (3) medication storage refrigerators. She stated only the nurse assigned to the medication cart on a unit and the unit managers had keys to the locked medication room and locked medication storage refrigerators in the rooms. The DON stated the policy of the facility was no food storage in medication refrigerators was allowed at any time for any reason. She stated the expectation was for all staff to follow all (facility) policies at all times. The DON further stated education would be provided to staff on the (facility's) medication storage policy. In additional interview, she stated if the owner of the lunch bag was identified that person would receive one on one coaching on the policy, along with the risks of storing food in a medication refrigerator.</p> <p>In interview with the facility Administrator on 08/23/2024 at 6:30 PM, she stated all medication storage rooms and refrigerators should be locked at all times, with only licensed personnel who administered medication on that unit having the keys to access the rooms and refrigerators. In further interview, the Administrator stated no food items should be stored in the medication refrigerators. She additionally stated the facility had designated refrigerators for food storage for residents and staff, and it was the expectation for all employees to follow the facility's policies.</p>		

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 08/23/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44396</p> <p>Based on observation, interview, review of the U.S. Food and Drug Administration (FDA) Food Code, 2022, and review of the facility's policies, it was determined the facility failed to store food in accordance with professional standards for food service safety.</p> <p>During observation on [DATE] of the kitchen walk in refrigerator, multiple produce items were rotting. Additionally, multiple sleeves of bread were found with no label or expiration date. Also, leftover tomatoes were observed in container with no use by date.</p> <p>The findings include:</p> <p>Review of the facility's policy, Food Storage: Cold Foods, revised ,d+[DATE], revealed all Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, were to be appropriately stored in accordance with guidelines of the Food and Drug Administration (FDA) Food Code. Further review revealed all foods were to be stored, wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>Review of the facility's policy, Food Storage: Dry Goods, revised ,d+[DATE], revealed all dry goods were to be appropriately stored in accordance with the FDA Food Code. Further review revealed storage areas were to be neat, arranged for easy identification, and dates marked as appropriate.</p> <p>Review of the FDA Food Code 2022, revealed containers holding food or food ingredients removed from the original packages for use in the food establishment, were to be identified with the common name of the food, except containers holding food readily and unmistakably recognized. Per policy review, packaged foods were required to conform to specific labeling laws. Continued review revealed foods packaged within the food establishment must also conform to the appropriate labeling laws, be accurate, and not misleading. Policy review revealed refrigerated, ready-to-eat, time/temperature control for safety, food prepared and held in a food establishment for more than 24 hours was to be clearly marked to indicate the date or day by which the food was to be consumed. Further review revealed refrigerated, ready-to-eat, time/temperature control for safety food prepared and held was also to be discarded when held at a temperature of 41 degrees Fahrenheit (F) or less for a maximum of seven days, with the day of preparation counted, or the day of opening the original container, noted as Day 1.</p> <p>(continued on next page)</p>		

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 08/23/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(1) Observation on [DATE] at 9:38 AM, during kitchen tour, revealed four small bowls of applesauce, undated, in the stand-up refrigerator. Continued observation also revealed slices of tomatoes in a pan, covered with no label or date. (2) Observation of the walk-in refrigerator, revealed a ham, noted as packed on [DATE], with no delivery date on the unopened box, and bacon noted as packed [DATE], opened [DATE], but with no expiration date documented. Review of the labeling information noted to keep the meat frozen until used. Continued observation in the walk-in refrigerator revealed celery, delivered [DATE], that was brown and softening on the ends, and a box of tomatoes, with one tomato rotted on one side. Observation also revealed one watermelon that was cracked open, in a box that was wet with (juice) saturation. Further observation in the walk-in refrigerator revealed 33 packages of prepared red apple slices in individual packs with expiration date of [DATE], and a box of eight cucumbers, delivered on [DATE] with five of the eight cucumbers being soggy and spongy. (3) Observation in the dry storage area of the kitchen revealed a package of cornstarch, delivered [DATE], with packaging description that indicated best if used by [DATE]. Continued observation of the dry storage revealed three sleeves of thick bread loaves, and four sleeves of hot dog buns, stored with no further packaging, nor labeled or dated.</p> <p>During interview with the District Certified Dietary Manager (CDM) on [DATE] at 10:35 AM, she stated she was covering for the facility's CDM, also known as the account manager, who was not working that week. She stated the facility went by the policy for how long to store food items. She further stated the account manager was responsible to do a walk through daily to check for decaying produce. Additionally, the CDM stated expired or spoiled food items served to residents may increase their risk of illness.</p> <p>During interview with the Healthcare Services Registered Dietician (RD) on [DATE] at 11:30 AM, he stated daily tasks were posted by the tray line for dietary staff. He further stated it was a CDM task to conduct a check of produce quality and for expiration dates for any food item.</p> <p>During interview with the Senior Director of Operations (SDO) on [DATE] at 11:15 AM, he stated his expectation was expiration dates on food packaging were followed. He stated the facility followed labeling and dating sheets, and produce was a different matter, but the CDM should be checking food items and discarding food if it appeared degraded.</p> <p>During interview with the Administrator on [DATE] at 6:36 PM, she stated there were guidelines and protocols that needed to be adhered to for proper food storage. She stated she did not want to speculate on the protocols; however, they were in place for a reason and staff should follow them.</p>		

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 08/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44396</p> <p>Based on observation, interview, and review of standard of practice reference, it was determined the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of six sampled residents, Resident (R) 65.</p> <p>Observation of medication administration revealed Registered Nurse (RN) 7 failed to perform hand hygiene after administering medications for the resident, and prior to preparing medications for another.</p> <p>The findings include:</p> <p>Review of the facility's reference book, Fundamentals of Nursing, 10th Edition, by [NAME] and [NAME], pages 439 and 618, revealed the most effective basic technique for preventing and controlling the transmission of infection was hand hygiene. Per review, hand hygiene was defined as a general term that applied to four techniques: handwashing, antiseptic hand wash, antiseptic hand rub, or surgical hand anti-sepsis. Continued review revealed handwashing was defined as the vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing and stream of warm water for 15 seconds. Review revealed the fundamental principle behind handwashing was removing microorganisms mechanically from one's hands. Further review revealed if hands were not visibly soiled, using an alcohol based, waterless, antiseptic agent for routinely decontaminating hands in clinical situations. Review further revealed clinical situations in which antiseptic hand rubs were before, after, and between direct patient contact such as taking a pulse. Additionally review of the reference revealed hand hygiene should be performed both before and after medication administration.</p> <p>Observation of medication administration for R65 on 08/22/2024 at 8:35 AM, revealed RN 7 failed to wash or sanitize his hands before preparing the resident's medications. Per observation, RN 7 also failed to don gloves to administer insulin. During interview at the time of observation, RN 7 stated the reason hand hygiene was necessary was to prevent spread of infection.</p> <p>During interview with Licensed Practical Nurse (LPN) 11 on 08/23/2024 at 9:45 AM, she stated it was expected for staff to wash their hands or use hand sanitizer between residents. She further stated hand hygiene was important to prevent cross contamination.</p> <p>During interview with LPN 7 on 08/23/2024 at 9:52 AM, she stated hand washing or using hand sanitizer was necessary when providing care between residents, including giving medications. She further stated hand washing was important to help prevent infection.</p> <p>During interview with LPN 12 on 08/23/2024 at 10:15 AM, she stated staff giving medications should wash or sanitize their hands between residents. In addition, she stated staff should also wash or sanitize their hands before medication preparation and then again when exiting the resident's room to prevent spread of infection.</p> <p>(continued on next page)</p>

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 08/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview with the Assistant Director of Nursing (ADON) on 08/23/2024 at 2:15 PM, she stated her expectation was for staff to follow the facility's medication administration policy. The ADON further stated handwashing helped prevent spreading infections.</p> <p>During interview with the DON on 08/23/2024 at 5:35 PM, she stated she expected nurses to follow the facility's medication administration policy and standard of practice. She additionally stated that included handwashing between residents.</p> <p>During interview with the Administrator on 08/23/2024 at 6:36 PM, she stated she did not want to speculate on the risks associated with not using sanitizer or washing hands. She further stated however, she did expect staff to follow the protocol and accepted practice.</p>