STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185361	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kindred Hospital - Louisville	1313 St. Anthony Place Louisville, KY 40205

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on interview, record review, and facility policy review, the facility failed to ensure each resident's medical record included documentation that the resident or their representative was provided education regarding the benefits and potential side effects of the influenza and pneumococcal immunization. This failure affected three (Resident (R) 20, R28, and R35) of five sampled residents reviewed for immunizations.The findings include: Review of facility policy titled, Immunization, dated 10/2022, revealed, 2. The information/education provided regarding the benefits and risks of immunization is documented in the patient's medical record. 1. Review of facility Face Sheet revealed the facility admitted R20 on 07/26/2024. According to the Face Sheet, the resident had a medical history that included diagnoses of acute respiratory failure and pneumonia. Review of the facility annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/31/2025, revealed the facility assessed R30 with a Staff Assessment for Mental Status (SAMS) which indicated the resident was severely impaired in cognitive skills for daily decision making. The MDS further indicated the influenza and pneumococcal vaccines were offered and declined. R20's Immunizations Report revealed on 07/26/2205, the influenza and pneumococcal vaccines were refused. Review of R20's record revealed no evidence that information/education regarding the benefits and risks of immunization was provided to the resident and/or their representative. During an interview on 12/29/2025 at 2:56 PM, the Infection Preventionist (IP) stated R20 refused the pneumococcal vaccine on 07/26/2025 and confirmed there were no notes to indicate if the resident or their family were given education regarding the risks and benefits of vaccination.2. Review of facility Face Sheet revealed the facility admitted R28 on 05/24/2023. According to the Face Sheet, the resident had a medical history that included diagnoses of acute and chronic respiratory failure and dependence on a respirator. Review of the quarterly MDS, with an ARD of 10/03/2025, revealed the facility assessed R28 with a Brief Interview for Mental Status (BIMS) score of 15/15, which indicated the resident had intact cognition. The MDS indicated the influenza and pneumococcal vaccines were offered and declined. Review of R28's Immunizations Report revealed on 11/01/2025, the influenza and pneumococcal vaccines were refused. Review of R28's record revealed no evidence that information/education regarding the benefits and risks of immunization was provided to the resident and/or their representative. During an interview on 12/29/2025 at 2:56 PM, the IP stated R28 refused the influenza and pneumococcal vaccine on 11/01/2025. The IP stated she provided verbal education including the benefits and side effects of the vaccines but did not document the education provided.3. Review of a facility Face Sheet revealed the facility admitted R35 on 08/01/2024. According to the Face Sheet, the resident had a medical history that included diagnoses of acute and chronic respiratory failure and dependence on a respirator. Review of the annual MDS, with an ARD of 08/08/2025, revealed the facility assessed R35 with a SAMS indicating the resident was severely impaired in cognitive skills for daily decision making. R35's Immunizations Report revealed the resident received the pneumococcal vaccine on 08/27/2024 and the influenza vaccine on 09/23/2025. Further review of R35's record revealed no evidence that information/education regarding the benefits and risks of immunization was provided to the resident and/or their representative.During an interview on 12/29/2025 at 2:56 PM, the IP stated R35 received the influenza vaccine on 09/23/2025. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The IP stated she explained the vaccine to the resident's family but did not document the education that was provided.Interview with the Director of Nursing (DON) on 12/31/2025 at 10:05 AM regarding these three residents revealed the IP was responsible for monitoring the residents' vaccinations. The DON stated she expected vaccine education, as well as administration and declination, to be documented.