STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185382	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Countryside Center for Rehabilitation and Nursing	47 Margo Avenue Bardwell, KY 42023

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Number of residents sampled: Number of residents cited: Based on facility policy review, record review, review of the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument [RAI] 3.0 User's Manual and interview, the facility failed to ensure comprehensive Minimum Data Set (MDS) assessments were completed timely for 2 Residents (R)23 and R40 of 2 residents reviewed for resident assessment requirements. The findings include: Review of facility policy titled, RAI Assessment-MDS 3.0 Completion, revised March 2025, revealed residents were assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. The policy further revealed Types of OBRA [Omnibus Budget Reconciliation Act] Assessments included, b. admission Assessment- completed within 14 days of admission counting the day of admission as day #1 when, which included, i. The resident had no prior admission. Review of the CMS Long-Term Care Facility Resident Assessment Instrument 3.0, dated October 2024, included an RAI OBRA-required Assessment Summary that indicated that an admission assessment's completion date (Z0500B) was to be no later than the 14th calendar day of the resident's admission (admission date + 13 calendar days). 1. Review of R23's Face Sheet revealed the facility admitted the resident on 09/16/2025. According to the Resident Face Sheet, the resident had a medical history that included a diagnosis of peritoneal abscess. Review of R23's admission MDS, with an Assessment Reference Date (ARD) of 09/21/2025, revealed, A1900. admission Date was entered as 09/16/2025. Per the MDS, the completion date (Z0500B) was dated 09/30/2025, the 15th calendar day of the resident's admission. During an interview on 02/19/2026 at 11:09 AM, the MDS Coordinator stated the resident's admission assessment was completed late, and she expected the MDS to be completed by day 13. She stated that the assessment was signed as completed late due to sections being signed late, but she did not have a specific reason for the late completion. 2. Review of R40's Face Sheet revealed the facility admitted the resident on 09/08/2025. According to the Resident Face Sheet, the resident had a medical history that included a diagnosis of atherosclerotic heart disease of the native coronary artery with unstable angina pectoris. Review of R40's admission MDS, with an Assessment Reference Date (ARD) of 09/12/2025, revealed, A1900. admission Date was entered as 09/08/2025. Per the MDS, the completion date (Z0500B) was dated 09/24/2025, the 17th calendar day of the resident's admission. During an interview on 02/19/2026 at 11:09 AM, the MDS Coordinator stated an admission MDS assessment was to be completed by day 13 after admission. The MDS Coordinator reviewed Resident #40's medical record and admission MDS assessment and verified the facility admitted the resident on 09/08/2025 and the admission MDS assessment indicated the assessment was completed on 09/24/2025. She stated that she expected the MDS to be completed by 09/20/2025. The MDS Coordinator stated that she did not know why it was not completed on time. During an interview on 02/19/2026 at 11:45 AM, the Director of Nursing (DON) stated she was not involved in (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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the MDS process or what time requirements were for completion or submission. The DON stated she expected MDS assessments to be completed timely for the facility to receive payment. During an interview on 02/19/2026 at 12:14 PM, the Administrator (ADM) stated she did not have knowledge of the timeliness required for MDS assessments and was not familiar with what guide was used to determine the time requirements. The ADM stated she had a regional MDS consultant as a resource if she had questions related to the MDS process; however, she expected all MDS assessments to be completed timely.