

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2025
NAME OF PROVIDER OR SUPPLIER  Edgemont Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  323 Webster Avenue Cynthiana, KY 41031	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview, record review, and review of the facility's policy, the facility failed to develop and implement policies and procedures that established a protocol for the determination of capacity to consent to sexual contact for 2 of 4 sampled residents, Resident (R) 4 and R13. Observations by staff on 07/27/2025 and 07/28/2025 revealed R4 and R13 were engaged in sexual behavior with one another. However, the facility's policy did not address the requirement to assess residents' capacity to consent to a sexual relationship and there was no evidence the facility assessed the residents for their capacity to consent to a sexual relationship. Additionally, the facility's policy failed to contain the eighth required component, in which the facility must coordinate situations of abuse with the Quality Assurance Performance Improvement (QAPI) program. The findings include: Review of the facility's policy titled, Abuse Investigation Policy Statement, dated 11/14/2016, revealed one of the seven components of the policy included prevention. Prevention was defined by identification, correction, and intervention of a situation in which abuse was more likely to occur. Further review revealed the policy did not address the identification of when, how, and by whom determinations of capacity to consent to a sexual contact would be made and where this documentation would be recorded. Continued review of the policy revealed the policy did not contain the eighth required component, in which the facility must coordinate situations of abuse with the Quality Assurance Performance Improvement (QAPI) program. 1. Review of R4's admission Record revealed the facility admitted the resident on 07/28/2021 with diagnoses which included vascular dementia, delusion disorder, bipolar disorder, Alzheimer's disease, and Lewy Body dementia. Review of R4's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 06/23/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 11 of 15, indicating moderately impaired cognition. Review of R4's Care Plan, undated, revealed the resident was care planned for male visitor(s), and staff should allow for privacy. She was also care planned for a history of delusions, dementia, psychotropic medication, and antibiotics related to an acute urinary tract infection (UTI) and cellulitis of her right lower extremity. Review of R4's medical record revealed no documented evidence the facility had assessed the resident for the ability to consent to a sexual relationship prior to the State Survey Agency (SSA) September 2025 survey. Further review of R4's medical record revealed a Judicial Order, dated 07/21/2021, appointing the state as guardian and conservator of the resident. Review of R4's Psychiatric Progress Notes, dated 09/03/2025, revealed the Psychiatric Nurse Practitioner (PNP), performed an evaluation for capacity to sexually consent. During an interview on 09/03/2025 at 8:25 AM with R4's current State Guardian (SG), he stated he first met R4 during the first week of August 2025. He stated the previous SG told him they were waiting for the court to decide R4's capacity to consent. During an interview on 09/03/2025 at 8:33 AM with R4's previous SG, she stated, to her knowledge, they were not waiting on court proceedings but for the Psychiatric Nurse Practitioner (PNP), who had already been working with the resident, or the physician, to do a capacity to consent evaluation. She stated, unless there was a capacity to consent, the residents were not to have sexual relations of any kind. She stated she was under the impression sexual relations only happened one time. However, she stated when she went to the facility, it appeared it was continuing. She stated she did not know if the capacity to consent assessment was ever done because she was no longer R4's SG. 2. Review of R13's admission Record revealed the facility admitted the resident on 09/05/2023, with diagnoses which included anxiety, major depression, and multiple physical co-morbidities. Review of R13's MDS, with an ARD of 06/06/2025, revealed the facility assessed the resident to have a BIMS score of 12 of 15, indicating moderately impaired cognition. Review of R13's medical record revealed no documented evidence the facility had assessed the resident for the ability to consent to a sexual relationship prior to the State Survey Agency (SSA) September 2025 survey. Review of R13's Nurses' Notes dated 07/27/2025 at 7:50 PM and written by Registered Nurse (RN) 3, revealed a State Registered Nurse Aide (SRNA) reported to RN3 that R4 was in R13's room, lying on the bed with no clothes on, and R13 was lying on top of her. The note stated R4 and R13 told RN3 the residents wanted to have sex, and they understood the potential consequences. Per the note, privacy was provided, and the Director of Nursing (DON) and the Administrator were advised of that by phone. Review of R13's Nurses' Notes, dated 07/28/2025 at 2:55 PM and written by RN1, revealed R4 was in R13's room, and R13 was sitting on his bed with his pants down, exposing himself. Per the note, R13's door was closed for privacy, and the Assistant Director of Nursing (ADON), DON, Social Services Director (SSD), and the Administrator were notified. During a telephone interview with State Registered Nurse Aide (SRNA) 15</p>		