STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Edgewood Snf	1 Medical Village Dr Edgewood, KY 41017

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 51155 Based on observation, interview, record review, and review of the facility's policy, 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 1 out of 2 sampled residents, Resident (R) 5. Observation on 01/07/2025 revealed a staff member entered R5's room, a Contact Plus Isolation room, to perform resident care without donning (putting on) personal protective equipment (PPE). The findings include: Review of the facility's policy titled, Standard and Transmission-Based Precautions, Inf-Cntrl-s-09, revised 07/22/2024, revealed Contact Plus Isolation (in addition to Standard Precautions) was used for diseases transmitted by contact with the patient or the patient's environment, such as Clostridium difficile or norovirus. The policy stated the only time no PPE was required was in the Safe Zone, which was approximately three feet of entry into the resident's room. Per the policy these activities included answering call lights, asking questions, visualizing patient, or performing hourly rounding checks; however, any activity while in the resident care environment required donning PPE. These activities included approaching the resident or touching any item, surface, or piece of equipment within the resident's environment. The policy stated a gown and gloves were required when entering the room beyond the Safe Zone to protect exposed skin or clothing. Observation on 01/07/2025 at 4:13 PM revealed Contact Plus Precautions signage was visible outside R5's room, which stated in addition to standard precautions, staff must wear gown and gloves when interacting with the resident. Continued observation revealed Registered Nurse (RN) 1 entered R5's room to perform resident care without donning a gown or gloves, which were readily available in the PPE bin outside of the room. Review of R5's Face Sheet, located in the electronic medical record (EMR), revealed the facility admitted the resident on 12/18/2024 with diagnoses to include endocarditis (an infection of the heart's inner lining). Review of R5's laboratory results, taken during R5's previous admission to the facility and located in the EMR, dated 11/24/2024, revealed R5's C Diff [Clostridium difficile, a highly contagious bacterium that affected the colon] Toxin was positive. On 10/16/2025, R5's blood culture resulted with Klebsiella oxytoca detected. (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
	185394	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Edgewood Snf	1 Medical Village Dr Edgewood, KY 41017

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R5's Physician Orders, located in the EMR and dated 12/18/2024, revealed orders for continuous Contact Plus Isolation: 1. Proper equipment, Gloves, Gown, Sporicidal agent (bleach wipes). 2. Provide patient and family education: Regarding isolation, proper PPE and hand hygiene, avoid visiting public areas while in isolation (Cafeteria / Gift Shop). 3. Disinfect: Clean and disinfect reusable equipment upon removal from room. 4. Transport: Place a clean gown or clean cover on patient. 5. Remember proper hand hygiene. Review of R5's Care Plan, dated 12/18/2024, revealed R5 was care planned for isolation precautions to prevent transmission of multi-drug organisms within the facility. During an interview with Certified Nursing Assistant (CNA) 1 on 01/07/2025 at 2:51 PM, she stated precaution signs were outside of doors and PPE was available outside the room. She stated she donned gown and gloves anytime she entered any isolation room because the resident usually required care that required contact. During an interview with RN1 on 01/07/25 at 4:13 PM, she stated she did not don PPE when providing care to R5, stating, Sorry, I just forgot. PPE should have been donned prior to entering the room. She stated she washed her hands with soap and water in R5's bathroom prior to exiting the room. She stated using appropriate PPE was important to keep the residents and staff safe and preventing the potential spread of C-diff. During an interview with the Infection Preventionist (IP) on 01/08/2025 at 1:35 PM, she stated any residents on precautions were tracked via Epic Dashboard that was specific for each unit on a daily basis. She stated if any resident had an organism detected by the lab, then an automatic notice was sent via Epic to the resident's chart and to the care providers to notify them. She stated staff received education on an annual basis by computer-based learning (CBL) and as needed on infection control topics. She also stated any changes would be mentioned in their daily staff meetings. The IP stated her expectation was that staff should be following protocols/policies and donning PPE when leaving the Safe Zone of the room. During an interview with the Interim Director of Nursing (IDON) on 01/08/2025 at 3:35 PM, she stated PPE was supplied by the materials department for the hospital, and there had never been an issue with getting what was needed. She stated staff was made aware of precautions and what PPE was needed by signage that was placed outside of the resident's room. The IDON stated her expectation was very high for staff following protocols that are laid out for us; we need to follow policy's/protocols. She stated audits on the floor were done often, and staff was expected to hold each other accountable as well. She stated this was important to prevent any kind of infection spread and to have good outcomes for the residents. During an interview with the Administrator on 01/09/2024 at 10:10 AM, she stated it was her expectation that staff wear PPE. She stated this was important to protect the staff, as well as the resident, by decreasing the risk of spreading infection as much as possible.