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	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Edgewood Snf	1 Medical Village Drive 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 - Many	Provide and implement an infection prevention and control program. Based on observation, interview, record review, review of the Centers for Disease Control and Prevention (CDC) guidance, and review of the facility's policies, 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 and control the development and transmission of communicable diseases. The facility failed to implement its infection prevention and control policies and procedures and identify and correct problems relating to infection prevention practices for 4 out of 14 sampled residents, Resident (R) 4, R11, R40, and R44. The deficient practice had the potential to affect the whole facility with a census of 28.Four observations on 02/11/2026 revealed a physician entered two residents' rooms without wearing the required personal protective equipment (PPE). One of the residents was on Contact Plus isolation precautions, and one of the residents was on Airborne isolation precautions. Another observation revealed a Nutrition Ambassador (NA), after delivering a meal tray to a resident in Contact isolation precautions, continued to wear the contaminated PPE down the hallway, did not perform hand hygiene after removing the PPE, and continued her meal service. Further observation revealed a Registered Nurse (RN), after administering medication to a resident in Contact Plus isolation precautions, touched the door handles in the room and failed to wash her hands with soap and water after exiting the room.The findings include:Review of the Centers for Disease Control and Prevention's (CDC) guidance, Clinical Guidance for C. diff Infection Prevention in Healthcare Facilities, reviewed 08/2024, revealed C. difficile (Clostridioides difficile, C. diff) was a spore forming organism transmitted by contact with contaminated hands and environmental surfaces. The CDC stated alcohol-based hand sanitizers were not effective against C. diff spores, and hand hygiene with soap and water was required after contact with residents on C. diff precautions to prevent transmission. The CDC further recommended healthcare personnel must adhere to appropriate use of personal protective equipment (PPE) and hand hygiene to prevent transmission. Per the CDC, failure of staff to properly remove contaminated PPE, perform hand hygiene with soap and water after exiting the room, and prevent movement through the hallway while wearing contaminated PPE created the potential transmission of infection to other residents within the facility.Review of the facility's policy titled, Standard and Transmission-Based Precautions [TBP], Inf-Cntrl-S-09, revised 07/2024, revealed standard precautions were applied to all residents in all healthcare settings, based on the principle they were treated as potentially infectious. The policy recommended hand hygiene before and after contact with a resident or the resident's environment, and gloves were not a substitute for hand hygiene. Per the policy, Contact and Contact Plus Precautions for diseases transmitted through direct contact with the resident or the resident's environment, such as C. diff., required the use of gowns and gloves when entering the resident care area beyond the designated safe zone, with removal of PPE and performance of hand hygiene before exiting. The policy stated Airborne Precautions were used for COVID-19, and required at a minimum a N95 respirator, gown, and gloves. Further review revealed Enhanced Barrier Precautions (EBP) were implemented in conjunction with standard precautions to reduce transmission of multidrug-resistant organisms and included the use of gown and gloves during high-contact resident care activities.Review of the facility's policy titled, Hand Hygiene Practice, Inf-Cntrl-H-01, revised (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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