STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185402	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henderson Nursing and Rehabilitation Center	2500 North Elm Street Henderson, KY 42420

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. Based on observation, interview, and review of the facility's policies, the facility failed to 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 of 6 sampled residents, Resident (R)79. The findings include: Review of the facility's policy titled, Medication Administration, revised 03/2026,ˆrevealed the purpose is for medications to be administered by licensed staff who will follow the established facility infection control procedures. Review of the facility's policy titled, Hand Hygiene Protocol, not dated, revealed hand hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel). Gloves may be used including but not limited to food and medication preparation areas. In addition, gloves changed, and hand hygiene performed before moving from a contaminated-body site to a clean-body site during resident care. Review of the facility's policy titled, Infection Control Policy, revised 03/2026, revealed the facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. Maintaining a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public. All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter. The depth of employee training shall be appropriate to the degree of direct resident contact and job responsibilities. Observation on 06/03/2026 10:19 AM revealed (Kentucky Medication Aid) KMA 2 did not sanitize their hands after each resident medication administration. In addition, KMA 2 dropped Risperidone 0.5 mg on top of medication cart 1. KMA 2 picked up the pill with bare hands instead of discarding the pill, it was administered to 1 resident (R) 79. KMA 2 was observed to administer Flonase for R 79. She did not perform hand washing nor hand sanitizing before or after. During an interview with KMA 2 on 06/03/2026 at 10:31 AM, she stated per the facilities policy she sanitized after every third person she administered to. She stated she should have sanitized after each medication administration to prevent any transmission of infections. She stated she had discarded Risperidone 0.5 mg after it dropped on top of medication cart 1. However, after reflecting to the event, she stated you are right, I did not discard it. During an interview on 06/05/2026 at 2:30 PM with Infection Preventionist Nurse, she stated KMA are to hand wash after each resident when passing out medications, if possible, otherwise the use of hand sanitizer at the very least. She stated in-services related to hand hygiene were held each month.ˆ During an interview on 06/05/2026 at 3:34 PM with the Administrator, she stated her expectation was for staff to follow physician medication orders. She expected KMA to sanitize their hands in between residents at the very least if unable to wash their hands with soap and water. During an interview on 06/05/2026 at 3:42 PM with DON, she stated her expectation was for staff to wash their hands after each medication pass. She stated hand hygiene training was a yearly checkoff and impromptu training when there were concerns.

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