STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185409	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Healthcare and Rehabilitation	1871 Midland Trail Shelbyville, KY 40065

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. 46710 S483.80 Infection Control Based on observation, interview, record review, and facility policy review, 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 5 residents sampled for transmission-based precautions, Resident (R) 38. The findings include: Review of the facility policy, Infection Prevention and Control Program, revised 03/14/2024, revealed the facility was to maintain an environment that prevented transmission of infections. Further review revealed residents with an infection were to be placed in transmission-based precautions. Review of the facility sign Contact Precautions, not dated, revealed staff were required to wear protective gowns and gloves prior to entering the resident's room. Review of R38's Resident Face Sheet revealed the facility admitted the resident on 08/05/2022 and R38's diagnoses included Alzheimer's disease and extended spectrum beta lactamase (ESBL) resistance (an antibiotic resistant infection). Review of R38's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/05/2024 revealed the facility assessed the resident with a Brief Interview for Mental Status (BIMS) of three out of 15, indicating the resident was severely cognitively impaired. Further review revealed the facility assessed the resident as having a multi-drug resistant organism (MDRO). Review of R38's Care Plan, dated 09/29/2024, revealed the facility identified R38 as requiring contact isolation for ESBL in her urine and included the intervention for nursing staff to follow isolation precautions. (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 10/01/2024 at 9:12 AM revealed R38 was lying in bed, yelling for staff to help her get up for the day. Per observation, Certified Nurse Aide (CNA) 2 and CNA3 entered R38's room without donning gowns that were hanging in a container on the resident's door. Further observation revealed the CNAs closed R38's door, and again failed to don (put on) gowns. Continued observation at 9:21 AM revealed CNA3 exited R38's room with a bag of soiled linens and trash, but no personal protective equipment (PPE) in the trash bag. Additional observation revealed signage for contact precautions hanging on the resident's door that described the need for staff to don gowns and gloves prior to entering the resident's room. In an immediate interview on 10/01/2024 at 9:21 AM, CNA3 stated she did not notice the transmission-based precautions sign on R38's door and was not familiar with the resident, since she normally did not work this hallway. In further interview, CNA3 stated staff did not need to wear PPE in R38's room unless they touched the resident. CNA3 continued to state that she should have worn a gown because getting a resident up and changing dirty linens was a high contact care activity. In an interview on 10/03/2024 at 12:30 PM, the Assistant Director of Nursing/Infection Preventionist (ADON/IP) stated R38 was in contact precautions due to a urinary tract infection with ESBL (extended-spectrum beta-lactamase, an antibiotic resistant organism). The ADON/IP further stated staff should have worn gowns and gloves when assisting R38 to get out of bed. In continued interview, the ADON/IP stated she educated staff upon hire and at least annually about what PPE they needed to wear with each type of transmission-based precautions. In an interview on 10/03/2024 at 1:32 PM, the Director of Nursing (DON) stated her expectations were for staff to wear PPE including gowns and gloves when providing any care for a resident in contact precautions. She stated CNAs should have worn gowns and gloves when assisting R38 to get out of bed for the day. In an interview on 10/03/2024 at 2:43 PM, the Administrator stated he expected staff to follow signage on resident doors for transmission-based precautions.