STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185423	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menifee Meadows Nursing & Rehab LLC	195 Berryman Road Frenchburg, KY 40322

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy, the facility failed to review and revise the comprehensive care plan for 2 of 13 sampled Residents (R). (R14 and R26). Review of the facility policy titled Comprehensive Care Plans not dated, revealed it was the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that included measurable objectives and timeframes to meet a resident's medical nursing, and mental and psychosocial needs and all services that were identified in the resident's comprehensive assessment and meet professional standards of quality.Observation on 03/03/2026 at 11:49AM revealed Resident (R) 14 wearing a soft helmet, that strapped under the chin.Review of R14's face sheet revealed Resident was admitted on [DATE] with diagnoses of Dementia with behavioral disturbance, major depression, and anxiety.Review of R14's Quarterly Minimum Data Set with as Assessment Reference Date (ARD) of 02/14/2026 revealed a Brief Interview for Mental Status (BIMS) score of 01 which indicated R14 was severely cognitively impaired.Review of R14's Care plan revealed a focused care area for falls, initiated on 01/14/2022 and last revised on 01/08/2026 for Physical Therapy but no intervention that included use of the soft helmet or interventions for maintenance of the soft helmet.During an interview on 03/04/2026 at 10:30 AM with R26, she stated she was upset during her shower on 03/03/2026 because it took longer than normal and she became short of breath. She further stated her regular State Registered Nurse Aide (SRNA) was very fast and could take her to the shower without taking the oxygen with her.Review of R26's Face Sheet revealed the resident was admitted to the facility on [DATE] with diagnosis of Chronic Obstructive Pulmonary Disease, Acute and Chronic Respiratory Failure with Hypoxia and anxiety. Review of R26's Physician Orders revealed an order dated 03/04/2026 for Oxygen at three liters per minute (LPM) per nasal cannula, continuous, may use humification for comfort every shift.Review of R26's Kardex revealed no direction for Oxygen use for the SRNA's to follow.Review of R26's Care plan revealed a focus area for altered respiratory status and oxygen to be applied as ordered but no specific interventions for times when/if oxygen could be removed.During an interview on 03/05/2026 at 1:39 PM with SRNA 3 he stated he was the staff who bathed R26 on 03/03/2026. He stated he did not recall R26 stating she felt short of air. SRNA 3 further stated he did not take any portable oxygen in the shower room during the shower but stated if R26 had told him she was short of air he would have went to storage and gotten a portable tank of oxygen. During an interview on 03/05/2026 at 3:43 PM with the Director of Nursing (DON) she stated she was responsible for updating resident care plans. She stated she had failed to add the intervention on R14's care plan for the padded helmet as well as specific times if any that R26 could be without her oxygen that was ordered around the clock. The DON stated R26 should have a portable oxygen tank available at all times even when in the shower room. She further stated the padded helmet was not required to have a physician order due to it was a nursing intervention. During an interview on 03/05/2026 at 2:55 PM with Licensed Practical Nurse (LPN) 1 she stated R26 should not go without her oxygen ever. She further stated the oxygen was ordered at all times. LPN stated the oxygen should be available at all times and while in the shower room the portable oxygen (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
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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should be available.During an interview on 03/05/2026 at 4:00 PM with the Nurse Practitioner (NP) she stated her expectation was for R26 to have oxygen available and near her at all times. NP stated she was aware R26 removed her oxygen at will, but with the diagnoses of R26 the oxygen should be near at all times.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy, it was determined the facility failed to keep portable Oxygen available for a Resident that required continuous Oxygen during the shower. Resident 26 stated she became short of breath and upset during her shower on 03/03/2026. No portable tank was available in the shower room.Review of the facility policy titled Oxygen Administration, not dated, revealed Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. The policy further stated Oxygen is administered under orders of a physician, except in the case of and emergency. Review of R 26's face sheet revealed she was admitted on [DATE] with diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Acute on Chronic Respiratory Failure with Hypoxia, and Congestive Heart Failure. Review of R26's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/23/2026 revealed a Brief Interview for Mental Status (BIMS) score of 8, which indicated R26 had moderate cognitive impairment. Review of R26's Physician Orders revealed an order dated 03/04/2026 for Oxygen at 3 Liters per minute (LPM) every shift.Review of R26's Care Plan revealed a Focus for Altered Respiratory status related to COPD. Respiratory failure, and shortness of breath, initiated on 08/03/2023. The goal indicated R26 would maintain a normal breathing pattern as evidenced by normal respirations, normal skin color, and regular respiratory rate/pattern through the review date of 02/26/2026. Interventions included applying oxygen as ordered, revised on 05/02/2025. Review of R26's Kardex revealed no documentation or direction for the Skilled Registered Nurse Aide's (SRNA's) regarding oxygen.During an interview on 03/03/2026 at 10:30 AM with Resident (R) 26 she stated she became upset during her shower earlier in am. R26 further stated the shower took longer than usual and she became short of breath. She stated there was no portable oxygen available in the shower room for use.During an interview on 03/05/2026 at 1:39 PM with Skilled Registered Nurse Aide (SRNA)3 he stated he was the staff that showered R26 on 03/03/2026, he stated he did not notice R26 short of air and does not require her saying she was short of air. SRNA3 further stated if R26 had stated she was short of air he would have obtained a portable oxygen tank that she could utilize during the shower. Additionally, SRNA3 stated he was not aware of how the oxygen was specifically ordered for R26.During an interview on 03/05/2025 at 3:43 PM with the Director of Nursing (DON) she stated if the physician order was for oxygen continuous every shift, then the resident should keep the oxygen on at all times. She stated her expectation was for the staff to have the oxygen readily available and encourage resident to use at all times.During an interview on 03/05/2026 at 4:00 PM with the Nurse Practitioner she stated her expectation was for R26 to wear the oxygen at all times. NP stated she did realize R26 was very independent and refused to keep oxygen on at times while ambulating to the bathroom but expected the oxygen be available at all times near R26.