

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Cambridge Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 Cambridge Drive Lexington, KY 40504	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure each resident's right to a safe, clean, comfortable and homelike environment by providing maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for 11 of 25 sampled resident rooms, (Rooms 4, 25, 32, 34, 49, 50, 52, 53, 58, 60, and 67). Observation on 02/16/2026 and 02/18/2026 revealed the listed rooms had maintenance issues which included damaged drywall, damaged baseboards, cracked flooring, unpainted drywall patches, an air conditioner with a corroded grille containing a black substance, wall stains, and dirty floors and baseboards. In addition, observation on 02/15/2026 revealed 2 of 2 working shower rooms with cleanliness issues. The shower on the East Unit had fecal staining, fecal deposits, mold, and a soiled shower chair. The shower on the [NAME] Unit had mold and a dirty floor with dark stained grout lines. The findings include: Review of the facility's policy titled, Homelike Environment, dated 08/01/2013, revealed the facility was to provide residents with a safe, clean, comfortable, and homelike environment. Further review revealed the facility staff was to minimize the characteristics of the facility that reflected a depersonalized, institutional setting. 1. Observation of the East Shower Room on 02/15/2026 at 4:30 PM revealed multiple areas of fecal staining and several formed fecal deposits on the floor. Red mold was observed in the shower area, and a single shower chair was visibly soiled. 2. Observation of the [NAME] Shower Room on 02/15/2026 at 4:50 PM revealed mold around the base, faucet, and grab bars. The floor appeared dirty with dark-stained grout lines. 3. Observation of room [ROOM NUMBER] on 02/16/2026 at 10:09 AM revealed a PTAC (Packaged Terminal Air Conditioner which was a self-contained unit that provided through-the-wall heating and cooling), unit with a front grille that was heavily rusted and corroded, with chipped and peeling paint and visible black grime and debris accumulated on and within the vent slats. The black substance was noted along multiple slats and within the interior of the grille openings. The buildup was visibly adhered to the surfaces surrounding the air discharge area. Review of the facility's Work History Report revealed on 04/30/2025, 07/31/2025, 10/31/2025, and 01/31/2026 maintenance staff documented cleaning air filters and inspecting condenser coils with cleaning performed as needed for PTAC systems. However, the documentation did not specify which individual PTAC units were serviced. 4. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:10 PM revealed a large, dried food stain on the wall. There was dried food on the bed rail and the floor. Further observation revealed dirt and dried material consistent with food residue beneath the resident's fall mat, the floor was visibly dirty with multiple dark spill stains, and the baseboards were visibly soiled with dirt and dust. 5. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:18 PM revealed the drywall around the paper towel holder was bare and damaged in the bathroom. 6. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:21 PM revealed the baseboards were damaged, with splintering, exposed, raw wood. 7. Observation of room [ROOM NUMBER] on 02/18/2026</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 185444	If continuation sheet Page 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Cambridge Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 Cambridge Drive Lexington, KY 40504	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>at 2:22 PM revealed the wall behind the A bed was damaged, with exposed drywall visible.8. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:24 PM revealed its walls had drywall patches that had not been painted over.9. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:37 PM revealed the ceiling was noted to have extensive brown water staining and discoloration across multiple areas, with visible deterioration of the ceiling surface. Further observation revealed a black discoloration of the baseboard on the left side of the bathroom and a newly replaced, raw wood baseboard on the back wall of the bathroom. Per observation, the linoleum had a hole missing out of it right in front of the commode and an exposed edge of the linoleum along the back wall, which had not been secured after the baseboard was replaced. Additionally, room [ROOM NUMBER] had a hole in the linoleum by Bed A.In an interview on 02/18/2026 at 2:38 PM, the resident that resided in room [ROOM NUMBER] stated the ceiling had water stains and cracks. Furthermore, she stated in the bathroom there was a large gash on the floor and rotted wood on the baseboard on the left side of the sink. She stated she had reported concerns regarding the condition of her room to staff and the Administrator. The resident stated these conditions made her feel anxious and concerned for her safety including fear of potential mold exposure and that the bathroom floor was a safety hazard.10. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:40 PM revealed the wall behind each bed was damaged with exposed drywall.11. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:46 PM revealed the flooring immediately inside the entrance was cracked and dented.12. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:48 PM revealed the wall behind Bed A was damaged with exposed drywall.13. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:49 PM revealed the drywall around the paper towel holder was bare and damaged in the bathroom. Further observation revealed the trim at the top of the sink in the bathroom was damaged, leaving exposed raw wood open to the moisture in the room. Continued observation revealed a water stain on the ceiling in the bathroom.In an immediate interview with the resident residing in room [ROOM NUMBER] and the resident's family, they stated the facility told them they were going to refinish the floor in her room and remodel the bathroom. However, they stated the resident had been in the facility for 14 months, and they had never seen anyone fix the issues in her room. They stated they were disappointed the facility had not delivered on the promise to improve the resident's physical environment.In an interview on 02/18/2026 at 4:06 PM, Licensed Practical Nurse (LPN) 6 stated if she saw damage in a resident's room, she would put a maintenance request in the computer portal the maintenance department used. LPN6 was able to quickly access the portal but stated she had not put in any orders recently.In an interview with LPN4/ East Unit Manager (UM) on 02/19/2026 at 10:55 AM, she stated she was aware that repairs were needed in several rooms but could not speak to the condition of rooms [ROOM NUMBERS] specifically. She stated nursing staff notified her of issues such as damaged walls, baseboards, or water leaks, and she submitted work orders through the facility's maintenance request system computer portal. She further stated she had not personally put one in for the damages to the rooms on her unit. LPN4/UM stated repairs that required an extended time could only be completed when residents were temporarily relocated from the room, and that could be difficult, particularly when the facility was at full census. She stated safety-related repairs were addressed immediately. In an interview on 02/18/2026 at 5:00 PM while the Corporate Director of Plant Operations (CDPO) toured the damaged rooms with the State Survey Agency (SSA) Surveyors, he stated the physical environment was safe, functional, sanitary, and compliant with federal and state regulations. The CDPO stated the facility utilized a maintenance management system called TELS that documented maintenance requests and tracked pending repairs. Additionally, he stated maintenance repairs for walls, ceilings, floors, and baseboards were done through notification on the TELS system and were completed</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Cambridge Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 Cambridge Drive Lexington, KY 40504	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>routinely as the room was vacant. He further stated maintenance staff routinely cleaned and changed filters on heating ventilation and air conditioning (HVAC) units and PTAC units. He stated baseboards had been ordered and would be replaced; however, he could not specify a date for completions. Additionally, the CDPO stated regular upkeep was important because the building itself directly affected resident safety, infection control, and quality of life. He further stated the facility management and regional team were aware repairs needed to be done, but the timeline was so long, they did not want to track it in the computer portal. The SSA Surveyors requested the separate log of tasks to be completed, but the facility failed to provide it prior to exit. In an interview on 02/19/2026 at 4:59 PM, the Director of Nursing (DON) stated she expected staff to enter requests for repairs, including holes in the walls and bathroom repairs, into the maintenance computer portal. She further stated she did not have access to track the items in the computer portal, so she did not know how many unfinished tasks were in there. She stated it was important to provide the residents with a homelike environment, but she did not believe the disrepair resulted in not having a homelike environment for those residents. In an interview on 02/19/2026 at 5:42 PM, the Administrator stated the repairs to the resident rooms had not been completed because they kept a full census by admitting new residents when beds became available instead of using the bed spaces to move residents around to complete repairs in their rooms. He stated there was a plan to maintain census at a lower level to allow temporary room vacancies for painting and flooring replacement. The Administrator stated he would not want to live in a home with damaged walls and floors, and he did not want the residents in his building to live in a sub-par facility. He stated repairs were important to maintain a homelike environment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Cambridge Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 Cambridge Drive Lexington, KY 40504	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of the facility's policies, the facility failed to ensure resident food was stored and prepared in a safe and sanitary manner. The deficient practice potentially affected 106 current residents who received food from the kitchen. The findings include: Review of the facility's policy titled, Food Storage, last reviewed 08/20/2025, revealed foods would be stored, prepared, distributed, and served in accordance with professional standards for food service safety. Further review revealed all foods should be covered, dated, and labeled to assure foods would be safely consumed by their use by or expiration dates. Continued review revealed, for dry storage, food should be dated if removed from the shipping container/box (which contained the delivery date on the label). Review of the facility's policy titled, Employee Sanitary Practices, undated, revealed all food and nutrition services employees would practice good personal hygiene and safe food handling. Further review revealed all employees would wear hair restraints (hairnet, hat, and/or beard restraint) to prevent hair from contacting exposed food. 1. Observation on 02/15/2026 at 11:25 AM revealed two 128-ounce jars of mayonnaise and one 128-ounce jar of sweet pickle relish, which were unopened but out of the original box packaging, undated. Further observation revealed a 36-ounce box of au gratin potatoes with no opened date. Continued observation revealed an opened bag of cereal that was rolled up and placed on a shelf, unsealed and undated. Additional review revealed an opened box of 1000 coffee creamers, 2.5-gram packets, with no received date. Observation of the walk-in freezer revealed an opened 30-pound bag of frozen sweet peas, inside an opened box, with no opened date. Further review revealed an opened case of 210 frozen, 1.2-ounce biscuits with no opened date. During an interview with the Head [NAME] on 02/15/2026 at 11:25 AM, he stated the received date was important so staff could calculate the use by date, and all items should have been dated. 2. Observation on 02/15/2026 at 12:05 PM revealed Dietary Aide (DA) 1 at a food preparation table before the lunch meal with a hair bonnet that only partially restrained her hair, and her bangs and her hair on both sides of her face were loose from restraint. During an interview with the Dietary Manager (DM), on 02/15/2025 at 11:35 AM, he stated DA1 should have a hairnet under the bonnet that restrained all her hair, to prevent it from falling into and contaminating food. He further stated hairnets were required for anyone coming into the kitchen. During an interview with DA2 on 02/18/2026 at 3:19 PM, she stated when the food truck was unloaded, staff first went to the freezer, then to the refrigerator, and then to dry storage. She stated staff marked, with a sharpie, the received date on the box or container. Then when opening containers or boxes, she stated, staff marked the items inside the box or container with the date opened. She stated that it was important so staff did not give a resident old or expired food or so staff knew if there was too much of something that needed to be stored elsewhere. She stated that it was important because old or expired food could make the residents sick from bacteria. She stated all staff must wear hair restraints at all times including over beards. She stated if a staff member wore a bonnet, they still had to wear a hair net, so no hair got in the residents' food. She stated anyone who came into the kitchen must wear a hair net. She stated that it was important for infection control because hair was exposed to the home, outside, or wherever anyone had been. During an interview with DA3 on 02/18/2026 at 4:24 PM, he stated staff labeled food with the day's date when items were delivered, and new items went to the back, so items were used first in, first out. He also stated after opening a box or container, the items must be labeled with the opened date. He stated that it was important, so staff knew how long it had been opened. He stated if the food was kept too long, it could go bad and make the residents sick. DA3 stated everybody was supposed to have a cover on their hair, and all hair</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Cambridge Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 Cambridge Drive Lexington, KY 40504	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>had to be restrained. He stated that it applied to anyone who came into the kitchen for any reason. He stated hair restraint was necessary, so hair did not get in food because it was unsanitary. During an additional interview with the Head [NAME] on 02/18/2026 at 3:48 PM, he stated staff dated delivered items to prevent them from using food that was not safe, as they did not want to give residents expired food that could make them sick. He stated opened bags should be wrapped in plastic wrap and dated. He stated the expectation for hairnets was everyone who came into the kitchen wore them at all times with all hair contained, and it was important to prevent cross contamination, as hair could be dirty or have lice. He stated a bonnet was not appropriate because it could be worn outside and potentially exposed to something infectious. During an additional interview with the DM on 02/18/2026 at 4:40 PM, he stated when storing delivered food, staff must date and label the food with the received date. He also stated when a box was opened and the item removed; staff also must label the item with that date. He stated dating was important, so the staff knew what went out to be used, and the point was to have fresher foods. He stated that process was a safety precaution for preventing foodborne infection by using old, expired food. He stated the purpose of everyone wearing hair nets was to keep hair off plates, trays, and food, and it was an infection control measure as hair could contaminate food. He stated anyone in the kitchen must have all hair restrained. During an interview with the Administrator on 02/19/2026 at 5:42 PM, he stated his expectation was that the kitchen staff followed policy to date stored food items and remaining food items after opening the container to be dated and stored per the facility's policies. He further stated his expectation for kitchen staff was that they wear a hair restraint with all hair covered, as required for anyone in the kitchen.</p>		