

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Seneca Place		STREET ADDRESS, CITY, STATE, ZIP CODE 3526 Dutchmans Lane Louisville, KY 40205	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46710</p> <p>Based on observation, interview, record review, review of facility signage, and review of facility policy, the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections for one of three residents (Resident (R) 8) investigated for enhanced barrier precautions.</p> <p>The findings include:</p> <p>Review of the facility policy, Enhanced Barrier Precautions not dated, revealed the facility was to implement enhanced barrier precautions to prevent the transmission of multidrug resistant organisms. Further review revealed all staff were to comply with designated precautions, including wearing personal protective equipment (PPE) while dressing a resident or while changing resident linens. Continued review revealed residents with chronic wounds, such as pressure ulcers, were to be placed in enhanced barrier precautions.</p> <p>Review of the facility signage, Enhanced Barrier Precautions, not dated, posted outside R8's room revealed staff were to don PPE, including gown and gloves, before performing high-contact resident care activities, including changing resident linens and assisting the resident with getting dressed.</p> <p>Review of R8's Admission Record revealed the facility admitted the resident on 12/03/2022 with diagnoses including Parkinson's disease, protein calorie malnutrition, and adult failure to thrive.</p> <p>Review of R8's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/13/2024, revealed the facility was unable to conduct a Brief Interview for Mental Status (BIMS), as the resident never or rarely made herself understood. Further review revealed the staff assessed R8's cognitive skills as moderately impaired, with short and long-term memory problems noted. Continued review revealed the facility assessed R8 as having a Stage 4 pressure ulcer that was not present on admission.</p> <p>Review of R8's Care Plan, dated 07/26/2024 revealed the facility included enhanced barrier precautions as an intervention for the focus area for impaired skin integrity and stage 4 pressure wound on the resident's sacrum.</p> <p>Observation on 01/14/2025 at 3:06 PM revealed State Registered Nurse Aide (SRNA)1 failed to don a gown when she repositioned R8. Further observation revealed SRNA1 continued to provide high-contact care, including changing R8's clothes and linens, while SRNA1 was not wearing a gown.</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/14/2025 at 3:11 PM, SRNA1 stated she should have worn a gown while providing care for R8, but she forgot to check the sign posted outside R8's door.</p> <p>In an interview on 01/16/2025 at 3:02 PM, the Assistant Director of Nursing (ADON) stated her expectations for staff caring for a resident in enhanced barrier precautions (EBP) were for the staff members to follow the signage posted outside the resident's room and don a gown and gloves when performing high-contact care.</p> <p>In an interview on 01/17/2025 at 10:02 AM, the Director of Nursing (DON) stated her expectations were for staff to wear a gown and gloves when providing direct patient care for residents with wounds. She further stated this was important to protect residents and staff from the spread of pathogens.</p> <p>In an interview on 01/17/2025 at 11:11 AM, the Administrator stated her expectations were for staff to follow the facility policy on enhanced barrier precautions. She further stated staff were to wear PPE, including gowns and gloves with high-contact care, such as changing linens.</p>		