

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 07/04/2025
NAME OF PROVIDER OR SUPPLIER Seneca Place		STREET ADDRESS, CITY, STATE, ZIP CODE 3526 Dutchman's 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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, record review, and facility policy review, the facility failed to provide nail care for 1 of 5 residents (Resident (R) 3) reviewed for activities of daily living (ADL) care. Specifically, the facility failed to regularly trim or clean Resident #3's fingernails. Review of facility policy, Activities of Daily Living (ADLs), dated 01/02/2024, indicated, 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Review of facility policy, Interdisciplinary Team (IDT) Risk Review Meeting, dated 01/02/2024, indicated, 3. Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis. Review of facility admission Record revealed the facility admitted Resident #3 on 06/22/2023 with diagnoses including cerebrovascular disease affecting the left non-dominant side, cerebral infarction (ischemic stroke), and cerebral palsy. Other diagnoses included type 2 diabetes mellitus, vascular dementia, generalized muscle weakness, and contractures of the left elbow, right hand, and left hand. Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/12/2025, revealed the facility assessed Resident #3 with a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS revealed the resident did not reject evaluation or care, such as ADL assistance, that was necessary to achieve their goals for health and well-being. The MDS further indicated Resident #3 had functional limitations in range of motion with impairment of both upper extremities and was dependent on staff to maintain personal hygiene. Review of Resident #3's Care Plan Report included a focus area, initiated 06/22/2023, that indicated the resident needed ADL assistance related to cerebrovascular accident with left hemiplegia (paralysis) and cerebral palsy. Interventions directed staff to check the resident's nail length, and trim and clean them on bath day and as necessary (initiated 06/23/2023). An observation and interview, on 07/02/2025 at 9:10 AM, revealed Resident #3 had long, dirty fingernails that extended approximately one centimeter beyond their fingertips. There was a brownish-gray substance noted under the resident's fingernails. During interview Resident #3 stated they wanted their fingernails trimmed, but only the nurses could do that. An observation on 07/02/2025 at 11:16 AM revealed Resident #3's fingernails remained long and dirty and still extended at least one centimeter beyond their fingertips. There was blackish-grey and brown material underneath the resident's fingernails, and some of their left-hand fingernails had jagged edges. During an interview on 07/02/2025 at 1:18 PM, Registered Nurse (RN) #1 stated only nurses or a podiatrist could cut Resident #3's fingernails because the resident was diabetic. RN #1 stated that he did not remember the last time he cut the resident's nails. During an interview on 07/02/2025 at 1:28 PM, RN #2 stated only the podiatrist could cut Resident #3's fingernails, and the podiatrist only came to the facility once a month. During an interview on 07/02/2025 at 1:39 PM, Licensed Practical Nurse (LPN) #3 stated nurse aides were expected to perform ADL care for residents, including clipping fingernails. She stated if a resident was diabetic, only nurses clipped that resident's fingernails. LPN #3 stated it was not necessary for a podiatrist to provide fingernail care because they provided only toenail care. During an interview on 07/03/2025 at 2:00 PM, LPN #3 confirmed that, when she observed Resident #3's fingernails the prior day, they were long and needed to be trimmed. She acknowledged the resident did not refuse care when she offered to cut their nails. During an interview on 07/03/2025 at 12:10 PM, the Executive Director stated nail care was to be completed as needed for residents. During an interview on 07/04/2025 at 10:06 AM, the Director of Nursing (DON) stated residents' nail care should be done with every shower and between showers as needed. The DON said if a resident had diabetes, nurses could still do diabetic fingernail care. She stated nurses did not give showers, but they had the shower schedule, and nurse aides turned in shower sheets to the nurses after completing residents' showers. The DON stated if a resident was diabetic the nurse would know that a shower had been performed, and the nurse should check the resident's nails at that time. The DON stated it was not an expectation that nurse aides had to remind nurses to perform nail care for diabetic residents.</p>		