

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Westport Place Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE  4247 Westport Road Louisville, KY 40207	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, record review, and review of facility's policies. The facility failed to follow infection control precautions for three of four sampled residents with peripherally inserted central catheters used for intravenous medication administration for Resident (R) 41, R197 and R6.</p> <p>Observation on 04/29/2025 at 09:23 AM revealed R197 had a peripheral inserted central catheter in right upper arm without a protective cap placed on end of catheter hub (the entry port distal of the catheter that connects to tubing or a syringe to deliver medication intravenously) leaving hub exposed.</p> <p>Observation on 04/29/2025 at 09:43 AM revealed R6 had a peripheral inserted central catheter in left upper arm without a protective cap placed on end of catheter hub, leaving hub exposed.</p> <p>Observation on 04/29/2025 at 09:45 AM revealed R41 had a peripheral inserted central catheter in left upper arm without a protective cap placed on end of catheter hub, leaving hub exposed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Catheter Insertion and Care revision date, 12/15, stated under general guidelines, step 7. Apply a sterile end cap to the end of primary tubing when it is disconnected from catheter. The facility's policy does not mention placing a protective cap at the end of peripheral inserted central catheter hub.</p> <p>Review of R41's Physician Orders, located in electronic health record, revealed an order to place caps at the end of peripheral inserted central catheter.</p> <p>Review of R6's Physician Orders, located in electronic health record, revealed an order to place caps at the end of peripheral inserted central catheter.</p> <p>Review of R197's Physician Orders, located in electronic health record, revealed an order to place caps at the end of peripheral inserted central catheter.</p> <p>During an interview with Director of Nursing, acting Infection Preventionist, on 04/30/2025 at 04:10 PM, she stated she was unsure and would follow up to why one of four residents had a cap on the hub of her peripheral inserted central catheter and the others did not. She followed up with Clinical Services and she stated that all peripheral inserted catheters had to have caps at the end of their catheter hubs.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Westport Place Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE  4247 Westport Road Louisville, KY 40207	
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 - Some</p>	<p>During an interview with Registered Nurse (RN) 2 on 05/01/2025 at 04:44 PM, he stated after administering an intravenous medication into a peripherally inserted central catheter he would clean the catheter hub again with alcohol and place a cap at the end.</p> <p>During an interview with Assistant Director of Nursing, on 05/01/2025 at 04:55 PM, she stated that nurses should be cleaning the peripheral inserted central catheters with alcohol after disconnection of tubing or a syringe and placing a cap on the end of catheter's hub. She stated that a potential outcome could be introducing infection to the resident if not placing cap to catheter hub.</p> <p>During an interview with RN3 on 05/01/2025 at 05:12 PM, he stated that after he disconnects intravenous tubing or a syringe, he cleans the end of the catheter hub with alcohol, then flushes and then recaps the end of hub. He stated, there is a hole there and that can introduce bacteria if you do not recap.</p> <p>During an interview with the Administrator, on 05/01/2025 at 05:37 PM, she stated that she is not a nurse, but she expects staff to follow facility policies.</p>		