STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185468	A. Building B. Wing	12/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chestnut Ridge Health & Rehabilitation	1015 West Magazine Street Louisville, KY 40203

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview, record review, and facility documentation, the facility failed to complete all pre-employment checks for 2 of 8 sampled new employees' files, (a Dietary Aide and Activities Assistant). The findings include:Review of the facility's policy Abuse,' revised 10/20/2022, revealed the facility was committed to developing and operationalizing policies for screening employees and protection of residents. Further, under the section labeled Screening, the policy stated the organization will screen potential employees for a history of abuse, neglect or mistreating residents. Additionally, multi-state registry checks and license verifications will be checked from every State registry established that the facility believed will include information on the individual.Review of the personnel file for the Dietary Aide (DA) revealed the facility hired the DA on 09/05/2025. Review of the personnel file for the Activities Assistant (AA) revealed the facility hired the (AA) on 09/11/2025. However, continued review revealed no documentation the facility completed the Kentucky (KY) Nurse Aide Abuse Registry check for either employee before they began working at the facility.In interview on 09/19/2025 at 3:14 PM, the Administrator stated the facility did not have anyone in the Human Resources (HR) position at the moment and she was filling in for the HR role for about a month. She stated the pre-employment checks were completed for every employee. The Administrator stated the facility completed license verifications for Certified Nurse Aides (CNAs) and nurses. She further stated the KY Nurse Aide Abuse Registry check was not completed for non-clinical staff as those staff did not have a license to verify. She also stated the pre-employment checks were completed to keep residents in the facility safe.

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
	185468	A. Building B. Wing	12/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chestnut Ridge Health & Rehabilitation	1015 West Magazine Street Louisville, KY 40203

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185468	A. Building B. Wing	12/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chestnut Ridge Health & Rehabilitation	1015 West Magazine Street Louisville, KY 40203

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Based on interview, record review, and facility policy review, the facility failed to develop and implement a comprehensive, individualized care plan that accurately reflected the nutritional and dietary needs for 1 of 7 residents sampled for dietary needs out of the total sample of 21 residents, (Resident (R)86). The facility failed to develop and ensure R86's care plans accurately reflected the resident's risk for choking, the Speech Therapy (ST) recommendations, dietary consistency requirements, and safe snack provisions consistent with the resident's physician's orders and with interventions necessary to address the risk. On 04/25/2025, Certified Nurse Aide (CNA) 11 gave R86 a peanut butter sandwich, the resident choked on the sandwich, became unresponsive, and eventually expired at the hospital. The official Kentucky Certificate of Death noted R86's immediate cause of death as choking on a food bolus (when an aspirated material occludes the upper airways resulting in the inability to breathe). Immediate Jeopardy (IJ) was identified on 09/19/2025 and was determined to exist as of 04/25/2025 (the day R86 choked on the sandwich), in the area of 42 CFR 483. 21, Comprehensive Person-Centered Care Planning. The Administrator was notified of the Immediate Jeopardy on 09/19/2025 at 6:01 PM and was provided a copy of the CMS IJ Template notifying the facility of its failure to ensure residents had the necessary care plans to address a resident's risk for choking. The facility provided an acceptable plan for removal of the Immediate Jeopardy on 09/20/2025 at 9:58 AM. On 09/20/2025, the State Survey Agency (SSA) team validated the IJ was removed on 04/29/2025, following the facility's implementation of the IJ removal plan. The facility's alleged date of compliance was 08/01/2025. The IJ was determined to be past. The findings include: No policy related to resident centered care plans was provided or obtained. Review of the facility's policy titled Specialized Diets dated 10/01/2021 revealed that attending physicians prescribe therapeutic diets to support resident treatment and the plan of care. The policy defined mechanically altered diets as foods modified in texture or consistency to facilitate oral intake and thickened liquids as dietary adjustments intended to prevent choking. Further, the policy stated that snacks will be compatible with therapeutic diets. No policy or standard was provided from the facility regarding what food items were acceptable for the different types of therapeutic diets. However, review of the National Dysphagia Diet Task Force (2002), Dysphagia Diet Level 1 revealed to avoid breads not pureed, and peanut butter, unless purred into another food item. Review of the facility's comprehensive care plan for Resident (R) 86 for altered nutrition, dated 09/26/2018, revealed no specific interventions directing staff to ensure all snacks provided outside of scheduled meals met the resident's ordered therapeutic diet. The care plan only stated for the diet per physician's orders, general pureed and nectar thick liquids (NTL). Review of the Speech Therapy records revealed a referral on 11/05/2024 following an incident where R86 choked on a peanut butter sandwich. An evaluation revealed swallowing disorders involving the pharyngeal and esophageal phases. The Speech-Language Pathologist (SLP) recommended a mechanical soft diet with thin liquids and explicitly noted no peanut butter sandwiches. A Fiberoptic Endoscopic Evaluation Swallow (FEES) study performed on 11/08/2024 revealed a decline from prior studies, and the SLP recommended a pureed diet with NTL (nectar thick liquids). Therapy Encounters notes between 11/05/2024 and 12/24/2024 documented ongoing treatment, repeated education of staff and the resident, and trials of mechanical soft food and thin liquids. However, despite occasional therapeutic trials, the care plan was not developed to include individualized interventions to include the SLP's recommendations. Review of the facility's Initial Incident Report dated 04/25/2025 revealed a Certified Nursing Assistant (CNA) was the sole witness to an incident at 6:40 PM when R86 requested the CNA to give him a peanut butter sandwich, which was not part of his physician-ordered diet. R86 started to eat the sandwich. The report revealed the resident experienced a change in condition [choked] and required the Heimlich maneuver and Cardio-Pulmonary Resuscitation (CPR). R86 was transferred to the hospital, where he expired later that evening. The official Kentucky Certificate of Death noted R86's immediate cause of death as choking on a food bolus (when an aspirated material occludes the upper airways resulting in the inability to breathe).Review of the facility's 5-Day Follow-Up Report dated 04/30/2025 confirmed the facility provided a snack [peanut butter sandwich] inconsistent with his prescribed diet. The report described unsuccessful attempts with the Heimlich maneuver, CPR initiation by staff, and transfer to the hospital by EMS. Review of staff attestations revealed CNA 11 stated she provided the peanut butter sandwich at the resident's request. Further review revealed CNA 11 acknowledged she was aware R86 was ordered a pureed diet, but she had observed him eating peanut butter sandwiches previously without difficulty. In an interview with CNA 11 on 09/19/2025 at 3:13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2025
NAME OF PROVIDER OR SUPPLIER Chestnut Ridge Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 West Magazine Street Louisville, KY 40203	

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 0803 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185468	A. Building B. Wing	12/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chestnut Ridge Health & Rehabilitation	1015 West Magazine Street Louisville, KY 40203

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 0803 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Based on interview, record review and review of the facility's policy, the facility failed to ensure residents received a therapeutic diet per the physician's order for 1 of 7 residents sampled for diets out of the total sample of 21 residents, (Resident (R)86). The physician ordered a pureed diet for R86; however, on 04/25/2025, a Certified Nurse Assistant (CNA) gave the resident a peanut butter sandwich. R86 choked on the sandwich and subsequently lost his pulse. The Emergency Medical Services (EMS) transferred R86 to a hospital where R86 expired. Review of the official Kentucky Certificate of Death listed the immediate cause of death as, choking on a food bolus. Immediate Jeopardy was identified on 09/19/2025 and was determined to exist as of 04/25/2025 (the day R86 choked on the sandwich), in the area of 42 CFR 483.60, Food and Nutrition Services. The Administrator was notified of the Immediate Jeopardy on 09/19/2025 at 6:01 PM and provided a copy of the CMS IJ Template and was notified that the facility failed to have a system to ensure residents received physician ordered, therapeutic diets. The facility provided an acceptable plan for removal of the Immediate Jeopardy on 09/20/2025 at 9:58 AM. The survey team validated the Immediate Jeopardy was removed on 04/29/2025 following the facility's implementation of the plan of removal of the Immediate Jeopardy. The facility's alleged date of compliance was 08/01/2025. The Immediate Jeopardy was determined to be past non-compliance. Review of the facility's policy titled Specialized Diets dated 10/01/2021 revealed that attending physicians prescribe therapeutic diets to support resident treatment and the plan of care. The policy defined mechanically altered diets as foods modified in texture or consistency to facilitate oral intake and thickened liquids as dietary adjustments intended to prevent choking. Further, the policy stated that snacks will be compatible with therapeutic diets. No policy or standard was provided or obtained from the facility regarding what food items were acceptable for the different types of therapeutic diets. However, review of the National Dysphagia Diet Task Force (2002), Dysphagia Diet Level 1 revealed to avoid breads not pureed, and peanut butter, unless purred into another food item. Review of Resident (R) 86's admission Record revealed an admission date of 07/14/2015 with diagnoses including unspecified cerebrovascular disease, anoxic brain damage, dementia, dysphagia - oropharyngeal phase (difficulty in swallowing), generalized anxiety disorder, major depressive disorder, and disturbances of salivary secretion. A Quarterly Minimum Data Set (MDS) Assessment, dated 07/18/2024, identified the resident with a Brief Interview of Mental Status (BIMS) score of 8/15, consistent with severe cognitive impairment.Review of the facility's comprehensive care plan for R86 initiated on 09/26/2018, revealed R86 has altered nutrition related to multiple diagnoses such as dysphagia, bipolar disorder, anoxic brain damage, mood and impulse disorders, dementia, type II diabetes mellitus, and unspecified protein-calorie malnutrition. Interventions included a physician-ordered general pureed diet with nectar-thickened liquids (NTL), initiated on 11/23/2024, and nutritional supplements per physician order, initiated on 02/07/2023. A subsequent care plan initiated on 06/30/2021 revealed risk for aspiration (inhaling food, liquid or other foreign substances instead of swallowing), with interventions including dietician and therapy consultation as needed, and provision of a modified diet. Another care plan initiated on 10/26/2022 documented the resident's behavior of chewing on foreign objects, including his fingers and fingernails, with interventions including the provision of a snack, initiated on 04/05/2023.Review of the physician's orders located in the Electronic Medical Record (EMR) revealed several changes to the resident's diet. On 04/04/2023, the order reflected a general diet with regular consistency and thin liquids. On 04/10/2023, the order was changed to a general diet with regular texture and NTL. On 11/05/2024, the order was changed to a mechanical soft texture with thin liquids. On 11/08/2024, the order was changed to a regular diet, pureed texture with NTL, sugar-free condiments, and beverages. The Order Summary Report also reflected one-to-one (1:1) staff supervision from 6:30 PM-6:30 AM, and 15-minute checks during daytime hours related to behaviors. Review of the Speech Therapy records revealed a referral on 11/05/2024 following an incident where R86 had choked on a peanut butter sandwich. An evaluation revealed swallowing disorders involving the pharyngeal and esophageal phases. The Speech-Language Pathologist (SLP) recommended a mechanical soft diet with thin liquids and explicitly noted no peanut butter sandwiches. A Fiberoptic Endoscopic Evaluation Swallow (FEES) study performed on 11/08/2024 revealed a decline from prior studies, and the SLP recommended a pureed diet with NTL. Therapy Encounters notes between 11/05/2024 and 12/24/2024 documented ongoing treatment, repeated education of staff and the resident, and trials of mechanical soft food and thin liquids. Despite occasional therapeutic trials, the physician order as of 11/08/2024 remained a pureed diet with NTL. Review of the