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. 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 (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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F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	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 PM, she stated she was assigned to provide 1:1 care for R86 on 04/25/2025. She stated a peanut butter sandwich, milk carton, and banana were already present on R86's bedside table. She stated she was aware that R86 was ordered a pureed diet. She stated she had previously observed him eating peanut butter sandwiches without difficulty. She stated she opened the sandwich for him, and after nearly finishing it, he began choking. She attempted the Heimlich maneuver and called for help. Review of written statements from Registered Nurse (RN) 1, Licensed Practical Nurse (LPN) 6 and LPN 7 confirmed their actions during the code, including attempts at the Heimlich maneuver, initiation of CPR, and coordination with EMS.In an interview with CNA 12 on 09/19/2025 at 9:19 AM, she stated that the last time she had provided 1:1 care for the resident, approximately two weeks earlier. She stated R86's diet was pureed with NTL. She stated all staff were aware the resident was restricted from peanut butter sandwiches and that alternative snacks such as pudding and applesauce were available.In an interview with CNA 13 on 09/19/2025 at 3:35 PM, he stated he was aware of the resident's swallowing difficulties and his ordered pureed diet with NTL. CNA 13 stated CNA 11 had multiple options to verify the resident's diet order, including reviewing the KARDEX (a nursing tool that serves as a care plan chart or template to manage and reference critical resident/patient information), checking the EMR, or asking the nurse, and that she (CNA11) failed to do so.In an interview with Licensed Practical Nurse (LPN) 4 on 09/19/2025 at 4:33 PM, she stated she believed the Director of Nursing and someone else were responsible for developing care plans for the residents. She stated all staff help implement the care plans by doing the interventions for the residents. In an interview with the Dietary Manager on 09/20/2025 at 2:42 PM, he stated he started working in this facility on 08/01/2025, and on his first day of work in this facility, he ensured all snacks in the facility were labeled clearly with the type of modified diet consistency. Prior to his employment, all the snacks were in the refrigerators, but they were not labeled with the type of diet they fit into. After he began his employment, the Dietary Manager stated he labeled all the snacks himself, pureed, mechanical and regular for sandwiches, cookies, chips, peanut butter crackers, or any snack that was in the snack rooms. The Dietary Manager stated the labeling of snacks was supposed to already be in place, but someone had, .dropped the ball. In an interview with the MDS Coordinator on 09/19/2025 at 3:26 PM, he stated R86's care plans included all interventions regarding his diet orders. He stated he implemented care plans for residents based on physician's orders and multiple other factors. When asked why there were no interventions regarding the SLP's recommendations or the dietary manager's recommendations, he was not able to answer. The MDS Coordinator stated he and the Director of Nursing were responsible for developing care (continued on next page)

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F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	plans for the residents. In an interview of the Director of Nursing (DON) on 09/20/2025 at 2:52 PM, stated she and the MDS Coordinator were responsible for developing the residents' care plans.In an interview with the Administrator on 09/20/2025 at 3:02 PM, the Administrator confirmed that on 04/25/2025, care plans had not been developed to incorporate the dietary manager or the SLP's recommendations for modified diets, resulting in unsafe and inconsistent practice.The facility provided an acceptable plan for removal of the Immediate Jeopardy on 09/20/2025 at 11:03 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 is 08/01/2025. The deficient practice was determined to be past IJ.The Removal of Immediate Jeopardy Plan was validated with implementation of the following measures:On 04/25/2025, the Dietary Manager labeled all snacks/snack-room foods with correct consistency per residents' diet orders.On 04/25/2025, the DON, ADON, and SDC immediately educated all licensed nurses, CMTs, and CNAs regarding:Reviewing the care plan, KARDEX, and diet orders before providing snacks.IDDSI standards for puree and mechanical soft diets.Specific instruction that peanut butter was not allowed for puree diets unless blended with another food to meet puree consistency.Staff completed return demonstrations and will not work unsupervised until competency verified.Care plans for all residents on modified diets were immediately reviewed and updated by licensed staff to include:Speech therapist and dietary recommendations.Specific snack and supplemental food interventions.Cross-reference to diet order consistency requirements.Administrator initiated ongoing daily audits of snacks and care plans to ensure compliance.New staff will be educated during orientation and before working independently.

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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. 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 (continued on next page)

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F 0803 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	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 facility's Initial Incident Report dated 04/25/2025 revealed CNA 11 was the sole witness to an incident at 6:40 PM when R86 requested CNA 11 to give him a peanut butter sandwich, which was not part of his physician-ordered diet. R86 started to eat the sandwich. NEED TO SAY GOT CHOKED , ETC.The report revealed the resident experienced a change in condition, required the Heimlich maneuver and Cardio-Pulmonary Resuscitation (CPR), and was transferred to the hospital, where he expired later that evening. The Kentucky Certificate of Death listed the immediate cause of death as choking on a food bolus.Review of the facility's 5-Day Follow-Up Report dated 04/30/2025 confirmed the resident was provided a snack 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. The statement confirmed the resident choked, became distressed, and CPR was initiated until EMS assumed care. Statements from Registered Nurse (RN) 1, Licensed Practical Nurse (LPN) 6 and LPN 7 confirmed their actions during the code, including attempts at the Heimlich maneuver, initiation of CPR, and coordination with EMS.In an interview with CNA 11 on 09/19/2025 at 3:13 PM, she stated she was assigned to provide 1:1 care for R86 on 04/25/2025. She stated a peanut butter sandwich, milk carton, and banana were already present on R86's bedside table. She stated she was aware that R86 was ordered a pureed diet. She stated she had previously observed him eating peanut butter sandwiches without difficulty. She stated she opened the sandwich for him, and after nearly finishing it, he began choking. She attempted the Heimlich maneuver and called for help. Two nurses entered and took over as she called 911. She stated the resident became unconscious, CPR was initiated, EMS arrived, and he was transported to the hospital.In an interview with CNA 12 on 09/19/2025 at 9:19 AM, she stated that the last time she had provided 1:1 care for the resident, approximately two weeks earlier, his diet was pureed with NTL. She stated all staff were aware the resident was restricted from peanut butter sandwiches and that alternative snacks such as pudding and applesauce were available. She stated she had never observed the resident eating a peanut butter sandwich or choking, although he frequently coughed even when not eating or drinking.In an interview with CNA 13 on 09/19/2025 at 3:35 PM, he stated he was aware of the resident's swallowing difficulties and his ordered pureed diet with NTL. He stated when he had previously provided 1:1 care for R86, the resident never requested food outside of his diet order, although he frequently asked for snacks. CNA 13 stated CNA 11 had multiple options to verify the resident's diet order, including reviewing the KARDEX (a nursing tool that serves as a care plan chart or template to manage and reference critical resident/patient information), checking the EMR, or asking the nurse, and that she (CNA11) failed to do so. In an interview with CNA 20, on 09/20/2025 at 2:15 PM, she stated she received training on diets at hire and annually thereafter. She stated staff were instructed to check diet orders when residents were admitted , returned from the hospital, or experienced a change in condition. CNA 20 stated that when a resident asked for food, staff were to check the diet, confirm with the nurse, and provide the snack only if it was consistent with the orders. She stated that peanut butter and jelly sandwiches were not (continued on next page)

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F 0803 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	part of a pureed diet.In an interview with the MDS Coordinator, on 09/19/2025 at 4:29 PM, he stated the sandwich provided to R86 was inconsistent with his diet order. He stated the 1:1 care sheet included diet information, and the diet orders were available in the KARDEX and care plans. He stated that it was important for all staff to be able to access diet orders to ensure residents' safety.In an interview with the Assistant Director of Nursing (ADON) on 09/19/2025 at 3:26 PM, she stated CNAs can find diet orders on the KARDEX, which includes all relevant diet and Activities of Daily Living (ADLs) information. She reported that if CNAs were uncertain, they were to ask the nurse.In an interview with the Director of Nursing (DON) on 09/19/2025 at 11:00 AM, she stated there had been a prior incident in November 2024 when the resident choked on a peanut butter sandwich, which required the Heimlich maneuver. She stated that following that incident, the physician referred the resident to Speech Therapy, which completed a swallow study and recommended a pureed diet with NTL. The DON stated CNA 11 was suspended immediately following the April 2025 incident and terminated effective 05/01/2025 for failing to follow diet orders. She confirmed the resident's ordered diet was accurately reflected in the KARDEX.In an interview with the Administrator on 09/19/2025 at 4:43 PM, she stated she was notified of the incident immediately and the CNA was removed from the care area. She stated her expectation was staff verified diet orders through the KARDEX and confirmed with a nurse when in doubt, to prevent errors and protect residents.The facility provided an acceptable plan for removal of the Immediate Jeopardy on 09/20/2025 at 11:03 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 is 08/01/2025. The deficient practice was determined to be past non-compliance.The Removal of Immediate Jeopardy/Past Non-compliance was validated with implementation of the following measures:The Immediate Jeopardy identified at F803, related to the facility's failure to follow R86's physician-ordered therapeutic diet, was removed on 04/29/2025. The facility's plan of removal, submitted and initiated on 04/25/2025, was reviewed and validated through interviews, observations, record review, and audit verification on 09/20/2025.On 04/25/2025, all mechanical soft and pureed snacks in the snack room and refrigerator were labeled by the Dietary Manager with the appropriate consistency. The Administrator reviewed all snacks and supplemental foods available outside of meal service to ensure compliance with current diet orders. Education was initiated immediately by the Director of Nursing, Assistant Director of Nursing, and Staff Development Coordinator for all licensed nurses, certified medication technicians, and certified nurse aides. Staff were instructed on the new process for labeled snacks, the requirement to verify diet orders through the Kardex, care plan, or physicians' order, and the inappropriateness of peanut butter on a pureed diet unless blended to proper consistency under IDDSI standards. All staff completed return demonstrations prior to working their next scheduled shifts, and competency validation was confirmed.A 100% audit of all resident diet orders and Kardex entries was completed on 04/25/2025 by the DON, MDS nurse, and Regional Nurse. On 04/26/2025, the ADON completed a 100% audit of all physician diet orders in Point-Click-Care against tray tickets to ensure accuracy. Ongoing monitoring was implemented, including nursing audits of 10 trays per week for four weeks, followed by 10 trays monthly for three months, and the Administrator audited snacks three times per week for four weeks, then decreased frequency over the following two months.The Administrator and DON confirmed that all new hires will receive training on therapeutic diets, Kardex review, and snack verification during orientation prior to assuming care responsibilities.The QAPI Committee held an ad hoc meeting on 04/28/2025 to review corrective actions, with a monthly follow-up scheduled for three months. The Medical Director was notified on 04/26/2025 of all corrective measures and ongoing monitoring efforts and agreed with the plan.Through interviews with staff, review of educational materials and attendance records, validation of snack labeling and tray card audits, and confirmation of QAPI oversight, the survey team determined the Immediate Jeopardy was removed on 04/29/2025, although the facility remained out of compliance at F803 until 08/01/2025, the facility's alleged date of compliance for the IJ tags (F656 and F803). Top of Form Bottom of Form

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **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 it had an effective system to prevent the transmission of infection on 3 of 4 units for 5 of 21 sampled residents (R) 9, R12, R41, R63 and R77. The findings include:Review of the facility policy titled Infection Control Program, undated, stated the facility will establish and monitor environmental infection prevention and control practices in accordance with the Center for Disease Control (CDC), local and state requirements; develop isolation precaution protocols to control an infectious disease is required in accordance with current CDC guidelines and recommendations.The Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, facility policy, dated 09/23/2022 revealed if the facility has a resident with a positive test for COVID, or a resident with symptoms of COVID-19, or health care personnel with high risk exposure the facility will implement; a process to make everyone entering the facility aware of recommended actions to prevent transmission to others and universal use of Personal Protective Equipment (PPE) for staff.The Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, facility policy, dated 09/23/2022 revealed if the facility has a resident with a positive test for COVID, or a resident with symptoms of COVID-19, or health care personnel with high risk exposure, the facility will implement; a process to make everyone entering the facility aware of recommended actions to prevent transmission to others and universal use of Personal Protective Equipment (PPE) for staff.Observations on 09/16/2025, 09/17/2025, 09/18/2025, 09/19/2025 and 09/20/2025 revealed no signage at the facility entry to indicate there were resident/s with COVID.1. Observation of Lakeview Hall, on 09/16/2025 at 2:00 PM, revealed an Enhanced Barrier Precaution (EBP) sign on the open door of room [ROOM NUMBER], and Resident (R)77 could be seen lying in bed with closed eyes. Directly across the hall from room [ROOM NUMBER] was a plastic bin with drawers. The bin was to the left of room [ROOM NUMBER] and contained gloves, gowns, surgical masks and shoe covers. The door to room [ROOM NUMBER] was closed and a Contact Precaution sign was on the door.Observation of CNA3 on 09/16/2025 at 2:48 PM revealed she exited room [ROOM NUMBER] without any PPE on. She then retrieved a particulate mask and put it on as she walked down the hallway. An observation on 09/18/2025 at 9:55 AM on the Lakeview Hall. revealed CNA2 and CNA 4 exited R77's room [ROOM NUMBER] with no PPE on. During an interview on 09/18/2025 at 10:00 AM CNA4 stated she had doffed (removed) her PPE inside the room, applied new gloves, removed bag and walked it to dirty utility room. Immediately following her exit an observation of 313's garbage bin revealed a small open bin with plastic a liner and blue gloves inside.On 09/18/2025 at 2:30 PM an observation of revealed a Maintenance Assistant entered the open door of room [ROOM NUMBER] without putting on PPE. He crossed to the far side of the room and checked the light switches, then to the bed nearest the door and checked those switches. Interview with the Maintenance Assistant as he exited room [ROOM NUMBER] revealed he was educated on isolation precautions, he said this wasn't his first nursing home job. He further stated the yellow sign meant they have an infection or a skin graft that could go bad. 2. Observation on 09/16/2025 at 2:07 PM, revealed a sign for Enhanced Barrier Precautions (EBP) and a sign for Contact precautions on the door to Resident (R)12's room. Additional observation on 09/17/2025 at 8:22 AM revealed R12's door had an EBP and Contact Precautions sign.Observation on 09/17/2025 at 1:15 PM, revealed Registered Nurse (RN)1 in Resident (R)12's room. The nurse moved R12's overbed table closer to the resident sitting on the side of the bed. Another staff member handed RN1 R12's meal tray at the doorway to R12's room. A staff member then handed RN1 the meal tray for the R12's roommate. RN1 did not use any PPE while in the room delivering the meal tray to R12 and her roommate.In interview on 09/17/2025 at 1:21 PM, RN1 stated she spaced out for R12's EBP precautions (for wearing PPE). She stated she was not aware R12 had Contact precautions and looked at the Contact precautions sign on the door to R12's room. RN1 stated R12 should not be in (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Contact precautions, only EBP. She further stated using PPE was to keep herself safe from the resident who was positive for COVID-19.3. Observation at 2:36 PM revealed Certified Nursing Assistant (CNA)2 and CNA3 applying PPE before entering room [ROOM NUMBER] for R41 and R63. CNA2 donned a gown, gloves and two surgical masks. CNA3 donned a gown, shoe covers, gloves and a surgical mask. Observation of their exit revealed neither CNA wearing PPE. Continued observation revealed, revealed the Minimum Data Set (MDS) Coordinator carrying a Contact Precaution sign and two boxes of particulate masks toward rooms [ROOM NUMBERS]. He placed the masks into the plastic PPE bin but did not place the Contact Precaution sign.An interview with CNA2 on 09/16/2025 at 2:55 PM revealed R77 in room [ROOM NUMBER] and both residents in room [ROOM NUMBER], R53 and R41 diagnosed with COVID. She further explained the signs on the door indicate what PPE staff wore upon entry to the room. She was unsure why room [ROOM NUMBER] only had a EBP sign but she was certain R77 had COVID. She further stated, the facility supplies ?M14' masks, but I literally cannot wear them I feel like I am suffocating, so I put on two masks. Review of R41 and R63's records indicate they both tested positive for COVID 19 on 09/09/2025. Record review of R77 indicated they tested positive for COVID 19 on 09/11/2025. 4. Record review of R9, room [ROOM NUMBER], revealed an active order indicating the need for Contact Isolation Precautions related to C diff infection. On 09/17/2025 an observation of room [ROOM NUMBER], on the Maple hallway at 9:30 AM revealed room [ROOM NUMBER] with no signage at the entrance to the room.An interview, on 09/18/2025 at 10:36 AM, on the Maple Hallway with Registered Nurse (RN)4 revealed she was an agency nurse. She reported R9 did have a history of C diff. She further stated she thought she saw a note indicating the C diff ended and there should have been an end date on the Contact Precautions order. She noted there was no signage on the door. Additionally, she reported she found the order in the electrotonic medical record, and it was still active. An interview with the MDS coordinator on 09/19/2025 at 930AM revealed staff nurses were responsible for Infection Control, and they documented all COVID test results in the Progress Notes. If a resident tested positive, they notified the provider and placed the signage and the PPE. He stated facility communication regarding active resident infections occurred in stand-up and stand-down meetings each morning and evening. He further stated nurse managers attended those meetings and shared information with staff nurses Monday through Friday. He stated he was not sure who was responsible for facility Infection Prevention. Lastly, he stated residents with COVID 19 were placed in Contact/Droplet precautions, which meant gloves. gown, particulate mask and face shields. He wasn't sure how staff would know those residents needed droplet precautions, as there were no droplet precaution signs posted on their doors. A telephone interview on 09/19/2025 at 11:20 AM with Wound Medical Director (MD)1 revealed she provided care to R12 on 09/17/2025. She stated she was unaware R12 was in isolation. Wound MD1 further stated the Enhanced Barrier Precaution sign was up and she followed that protocol. On 09/19/2025 at 10:05AM an interview with the Director of Nursing (DON) revealed she was currently also working the Staff Development Coordinator and Infection Preventionist roles. She stated her expectation was when a resident tested positive for COVID they were placed in Droplet Isolation/Contact Precautions for 10 days. A Droplet Isolation/Contact Precaution sign was placed on their room door and PPE was provided outside the resident's room door in a bin. The nurses always have access to signs and PPE. Staff check the PPE stock in the bins every shift. She stated staff should wear gown, gloves, an N95 mask and a face shield upon entry to Droplet Isolation/Contact Precaution rooms. She stated PPE was important to prevent infectious diseases from spreading among staff and/or residents, which could potentially harm them. An interview with the Administrator on 09/20/2025 indicated she expected the appropriate signage posted on the residents' doors, whatever type of isolation the resident needed and access to hand sanitizer and PPE. Additionally, she expected staff to round daily and ensure the PPE was available. She further stated incorrect precaution and/or staff non-compliance may increase the likelihood of infection for other individuals.

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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.