

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  Coldspring Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Plaza Drive Cold Spring, KY 41076	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and facility policy review, the facility failed to provide a homelike environment free of odors for 1 of 8 hallways, the 2100 Hall, with a census of 15 residents.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Environmental Services- Homelike Environment, dated 01/2025, revealed the facility was to provide a clean, odor free facility.</p> <p>Observations on 05/12/2025 at 6:55 PM and 8:27 PM, 05/13/2025 at 3:38 PM and 4:16 PM, and 05/14/2025 at 10:31 AM, revealed a strong urine smell in the 2100 hall, particularly concentrated around Resident (R) 79's room. Continued observation on 05/15/2025 at 10:58 AM revealed the odor of urine was still present, although not as strong as the previous days.</p> <p>In an interview on 05/12/2025 at 6:57 PM, R79 stated he spilled a full urinal by accident earlier that day, and it was a while before staff cleaned it up. He explained staff had not emptied his urinal after the last time he used it, and he did not realize that it had urine in it when he first picked it up.</p> <p>In an interview on 05/15/2025 at 11:05 AM, State Tested Nurse Aide (STNA) 19 stated the urine odor was persistent outside R79's room due to spillage from urinals. She stated the process for odor management was for nursing staff to clean the urine and tell housekeeping when they noticed a spill or lingering odor. STNA19 stated she frequently noticed a urine smell in this part of the hall, but it was not as bad during the interview as it was on prior days.</p> <p>In an interview on 05/15/2025 at 11:15 AM, Housekeeper 1 stated she had already mopped, changed the linens, and cleaned the bathroom for R79's room. Housekeeper 1 stated she could still smell the urine outside the room.</p> <p>Observation on 05/15/2025 at 11:18 AM revealed the Director of Nursing (DON) and Assistant Director of Nursing (ADON) exited R79's room. In an immediate interview, the DON stated she came with the Housekeeping Manager to clean after a staff member alerted them to the urine smell noted in the hallway. She stated they did additional cleaning to attempt to eliminate the odor and did note improvement after the additional cleaning. The DON stated the urine odor was a frequent problem in that area because R79 and his roommate both used urinals that spilled sometimes and would take off their briefs and leave them in the floor.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/15/2025 at 2:50 PM, the Housekeeping Manager stated the process for controlling urine odors was for nursing staff to clean up the worst of the urine spill, then notify a member of the housekeeping staff to mop the floor. She stated the housekeeping staff performed deep cleanings on R79's floor twice per week, including on 05/14/2025. The Housekeeping Manager stated it was important for the facility to be free from odors because urine odors created an unpleasant environment for residents.</p> <p>In an interview on 05/15/2025 at 2:54 PM, the Regional Housekeeping Manager stated she inspected R79's room and found no visibly soiled areas. She stated she believed housekeeping had done everything they could to clean the area. Per interview, the Regional Housekeeping Manager stated the floor needed to be replaced because the odor was now likely in the glue and under the floor, where additional cleanings would not address the issue. In continued interview, the Regional Housekeeping Manager stated it was important to combat odor in the facility to have a clean, homelike environment. She further stated cleaning up urine was important to prevent infections from spreading through the facility's environment.</p> <p>In an interview on 05/15/2025 at 6:44 PM, the Administrator stated his expectations for staff was for them to make note of any odor and come back to see if the odor lingered 30 minutes later. He further stated if the odor lingered, he expected staff to notify housekeeping to perform extra cleaning of the area. Per interview, the Administrator stated it was important to manage odors in the facility because it was the resident's home, and the facility wanted to have a good environment for residents. In continued interview, the Administrator stated for R79's room in particular, he was aware of a lingering odor outside that room. He stated he believed, due to the persistent nature of the odor, the frequently spilled urine could have soaked into the glue of the flooring and the floor would need to be replaced.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>Based on observation, interview, and record review, the facility failed to ensure Minimum Data Set [MDS] assessments were correct for 1 of 32 sampled residents, Resident (R) 45.</p> <p>The findings include:</p> <p>Review of R45's admission Record revealed the facility admitted the resident on 11/19/2022 with admission diagnoses including Parkinson's disease, Alzheimer's disease, and protein-calorie malnutrition.</p> <p>Review of R45's Comprehensive Care Plan (CCP), not dated, revealed the facility assessed the resident as having a self-care deficit related to range of motion limitations and contractures of her knees. Further review revealed interventions including use of a Broda chair (special adaptive wheelchair), use of a Hoyer lift (mechanical lift to transfer the resident from surface to surface), and assisting with positioning to help maintain proper body alignment.</p> <p>Review of R45's quarterly MDS, with an Assessment Reference Date (ARD) of 03/07/2025, and the quarterly MDS, with an ARD of 05/08/2025, revealed the facility coded R45 as having no impairment in functional range of motion in her upper extremities, including her wrists and hands. Further review revealed the facility coded no impairment in range of motion to R45's lower extremities, including her hips and knees.</p> <p>Observation on 05/14/2025 at 4:51 PM revealed R45 had bilateral contractures of her knees, which could not be extended during perineal care or during bed to chair transfer. Further observation revealed R45 had contractures to her left hand. Continued observation revealed a sign in the resident's room, showing how to apply a brace to the left-hand contractures, as well as the brace lying on top of a side table in the resident's room.</p> <p>In an interview on 05/15/2025 at 4:12 PM, Minimum Data Set (MDS) Nurse 1 stated her process for completing an MDS assessment was to look at nursing assessments and the resident's care plan to know how to code the resident's functional and mobility status. In further interview, MDS Nurse 1 stated she sometimes went to a resident's room to fill out an interview section, but she mostly retrieved information from the resident's medical record.</p> <p>In an interview on 05/15/2025 at 3:46 PM, the MDS Coordinator stated the process for completing the MDS section on mobility status was driven by information from the therapy department. She further stated she had taken care of R45 and remembered she had knee contractures. When shown the MDS assessments that marked No to limitations in joints, the MDS Coordinator stated the nurse who filled out the forms picked the wrong box, or did not understand the question. She stated it was her expectation that MDS assessments be completed accurately to reflect the resident's actual mobility status.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/15/2025 at 4:48 PM, the Director of Nursing (DON) stated it was her expectation that MDS assessments be completed accurately. She further stated the facility's process for MDS assessments related to mobility was to get information from therapy, as well as for the MDS nurses to physically assess a resident they were not familiar with to ensure accuracy of the assessment. The DON stated the information MDS Nurse 1 entered on R45's most recent assessments was incorrect, as a result of a mistake by MDS Nurse 1.</p> <p>In an interview on 05/15/2025 at 6:44 PM, the Administrator stated he was not clinical personnel, so he did not know every aspect of the MDS assessment process. He further stated he expected the assessments to be as accurate as possible, given the large number of components to the assessment. Per interview, he did not know the cause of the error on R45's two assessments that were incorrect.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on observation, interview, record review, and review of facility's policy, the facility failed to provide a nourishing snack at bedtime for 9 of 9 residents, Resident (R) 7, R22, R36, R66, R68, R76, R81, R91, and R94.</p> <p>On 05/13/2025 at 3:16 PM during the Resident Council meeting, all residents present stated the facility did not provide nourishing snacks for residents at bedtime.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, [Facility] Health Care Management Nourishment Center, dated 06/2019, revealed the facility would have light refreshments/snacks available to residents between meals or over-night. Per the policy, the refreshments would be available to new residents arriving to the facility after the evening meal.</p> <p>Observation during the initial tour on 05/12/2025 between 6:14 PM and 10:07 PM revealed State Tested Nursing Aides (STNA) on the 1300 Unit and 1400 Unit were asking residents if they wanted ice but did not inquire to see if the residents needed snacks.</p> <p>During an interview on 05/13/2025 at 3:16 PM in the Resident Council meeting, all residents present (R7, R22, R36, R66, R68, R76, R81, R91, and R94) stated they had not been offered snacks at bed time.</p> <p>1. Review of R7's admission Record revealed the facility admitted R7 on 12/06/2020 with admitting diagnoses including type 2 diabetes mellitus with diabetic neuropathy, unspecified; morbid (severe) obesity due to excess calories; and major depressive disorder recurrent, severe psychotic symptoms.</p> <p>Review of R7's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 03/06/2025, revealed the facility assessed the resident as having a Brief Interview for Mental Status [BIMS] score of 15 out of 15, indicating the resident was cognitively intact.</p> <p>During an interview on 05/13/2025 at 3:59 PM with R7 in the Resident Council meeting, she stated her blood sugar could be anywhere from 80 to 450 (normal 70 to 99), and she needed the snacks to help with the insulin and making sure her blood sugar did not get too low.</p> <p>2. Review of R22's admission Record revealed the facility admitted R22 on 02/24/2020 with admitting diagnoses including hypertensive urgency, personal history of COVID-19, and type 2 diabetes mellitus with diabetic neuropathy unspecified.</p> <p>Review of R22's annual MDS, with an ARD of 02/24/2025, revealed the facility assessed the resident as having a BIMS score of 15 out of 15, indicating the resident was cognitively intact.</p> <p>3. Review of R36's admission Record revealed the facility admitted R36 on 02/09/2025 with admitting diagnoses of acute and chronic respiratory failure with hypoxia; other spondylosis with myelopathy, cervical region; and acute kidney failure, unspecified.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of R36's admission MDS, with an ARD of 02/15/2025, revealed the facility assessed the resident as having a BIMS score of nine out of 15, indicating the resident had moderate cognitive impairment.</p> <p>4. Review of R66's admission Record revealed the facility admitted R66 on 03/23/2025 with admitting diagnoses including heart failure, unspecified; atherosclerotic heart disease of native coronary artery without angina pectoris; and major depressive disorder, single episode, unspecified.</p> <p>Review of R66's admission MDS, with an ARD of 03/28/2025, revealed the facility assessed the resident as having a BIMS score of nine out of 15, indicating moderate cognitive impairment.</p> <p>5. Review of R68's admission Record revealed the facility admitted R68 on 02/03/2025 with admitting diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side; type 2 diabetes mellitus with hyperglycemia; and type 2 diabetes mellitus with ketoacidosis without coma.</p> <p>Review of R68's quarterly MDS, with an ARD of 05/09/2025, revealed the facility assessed the resident as having a BIMS score of 15 out of 15, indicating intact cognition.</p> <p>During an interview on 05/13/2025 at 3:42 PM with R68 in the Resident Council meeting, she stated her blood sugar dropped to 75, and they had to get her some snacks because her vision was affected, she had a headache, and she had sweating. She stated she now kept snacks in her room because she never knew if staff would give out snacks at bedtime. She stated she needed to make sure she had food to keep her blood sugar from dropping with being on insulin.</p> <p>6. Review of R76's admission Record revealed the facility admitted R76 on 02/16/2021 with admitting diagnoses including chronic obstructive pulmonary disease (COPD), unspecified; Sjogren's syndrome with keratoconjunctivitis; and type 2 diabetes mellitus without complications.</p> <p>Review of R76's annual MDS, with an ARD of 02/16/2025, revealed the facility assessed the resident as having a BIMS score of 15 out of 15, indicating the resident was cognitively intact.</p> <p>7. Review of R81's admission Record revealed the facility admitted R81 on 03/08/2021 with admitting diagnoses including COPD with (acute) exacerbation; acute respiratory failure with hypoxia; and acute respiratory failure with hypercapnia.</p> <p>Review of R81's annual MDS, with an ARD of 03/08/2025, revealed the facility assessed the resident as having a BIMS score of 12 out of 15, indicating the resident had moderate cognitive impairment.</p> <p>8. Review of R91's admission Record revealed the facility admitted R91 on 11/22/2022 with admitting diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side; major depressive disorder; and unspecified mental disorder due to known physiological condition.</p> <p>Review of R91's quarterly MDS, with an ARD of 03/22/2025, revealed the facility assessed the resident as having a BIMS score of eight out of 15, indicating the resident had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>9. Review of R94's admission Record revealed the facility admitted R94 on 12/31/2022 with admitting diagnoses including atherosclerotic heart disease of native coronary artery without angina pectoris; type 2 diabetes mellitus with diabetic neuropathy; and personal history of COVID-19.</p> <p>Review of R94's quarterly MDS, with an ARD of 01/06/2023, revealed the facility assessed the resident as having a BIMS score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>During an interview on 05/12/2025 at 8:14 PM with STNA15, she stated aides passed ice to residents during the evening and snacks if they requested them.</p> <p>During an interview on 05/15/2025 at 8:38 AM with STNA10, she stated during the day, residents went to the snack cart in the activities room and took what they wanted. She stated aides on night shift went around between 10:30 PM and 11:00 PM to pass ice and check on snacks.</p> <p>During an interview on 05/15/2025 at 9:20 AM with the Executive Chef, she stated staff provided snacks to the residents that were available 24 hours a day, seven days a week (24/7). She stated she and dietary staff were in charge of keeping the carts stocked every day. She stated the cart was organized for every diet for each resident and were audited daily. She stated nurse aides were responsible for taking carts around and offering snacks to the residents. She stated one resident took the cheesy peanut butter crackers, and the residents were upset about that. She stated dining rooms were opened 24 hours a day with drinks (coffee, tea, juice, other beverages). She stated there also were sandwiches available 24/7. She stated all the aides had to do was go to the kitchen and get them because they were pre-made. The Executive Chef stated she attended the Resident Council meetings, and residents were told aides could go and get sandwiches upon request.</p> <p>During an interview on 05/15/2025 at 4:42 PM with the Director of Nursing (DON), she stated it was her expectation that staff was to offer snacks to residents when they were passing ice between meals and at night. She stated there was a snack cart located in the activities room where residents could go and obtain snacks if they needed some. She stated staff was expected to check with residents who were unable to get snacks themselves and take them to residents.</p> <p>During an interview on 05/15/2025 at 5:01 PM with the Administrator, he stated it was his expectation staff was providing residents with snacks during the day and at bedtime.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review, review of the Centers for Disease Control and Prevention (CDC) guidelines, and review of the facility's policies, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 32 sampled residents, Resident (R) 122, in Transmission-Based Precaution (TBP) or Enhanced Barrier Precautions (EBP).</p> <ol style="list-style-type: none"> <li>1. Observation and interview on 05/12/2025 revealed State Tested Nurse Aide (STNA) 2 provided direct care to R122 who was under EBP. The STNA did not don (put on) Personal Protective Equipment (PPE) before providing direct care. STNA2 was observed to exit R122's room wearing gloves while transporting trash to the dirty utility room.</li> <li>2. Observation and interview on 05/12/2025 revealed Licensed Practical Nurse (LPN) 4 used a portable vital sign machine on R142 who was in EBP. The LPN did not clean and disinfect the vital sign machine after using it. Furthermore, the nurse left the shared equipment in the hallway and walked away, without returning to clean the machine during the observation.</li> <li>3. Observation and interview on 05/12/2025 revealed STNA3 walked out of room [ROOM NUMBER] wearing gloves and holding a bag of contaminated trash.</li> <li>4. Observation and interview on 05/12/2025 of the 2400 Hall revealed STNA3 removed a Hoyer lift (mechanical lift to transfer residents from surface to surface) from room [ROOM NUMBER]. The STNA took the lift to the shower room and immediately exited the room without cleaning and disinfecting the shared equipment.</li> <li>5. Observation and interview on 05/12/2025 on the 2400 Hall revealed STNA4 and STNA5 transported a Hoyer lift down the hall. The STNAs took the lift to the shower room and immediately exited the room without cleaning and disinfecting the shared equipment.</li> <li>6. Observation and interview on 05/14/2025 revealed STNA6 changed the linen on the bed without wearing appropriate PPE. No residents were present in the room at the time.</li> <li>7. Observation on 05/13/2025 on the 2400 Hall revealed a medical provider exited a room wearing gloves. She removed her gloves as she continued to walk down the hall and as she entered the nurse's station.</li> <li>8. Observation of the 200 Hall on 05/12/2025 revealed a box of clean gowns were stored on the floor outside of room [ROOM NUMBER], a TBP Droplet isolation room.</li> </ol> <p>The findings include:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the CDC Guidelines titled, Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 04/12/2024, revealed hand hygiene (HH) should be performed immediately before providing resident care and after care was completed. It stated staff should ensure the proper selection and use of PPE based on the nature of the patient interaction and potential for exposure to blood, body fluids, and/or infectious materials.</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program [IPCP], revised September 2024, revealed the facility maintained an infection prevention and control program designed to provide a safe sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections per accepted national standards and guidelines.</p> <p>Review of the facility's policy titled, Standard Precautions, revised September 2024, revealed standard precautions would be applied to all residents, regardless of diagnosis or infection status. It stated hand hygiene (HH) must be performed using soap and water or alcohol-based hand rubs (ABHR), especially when hands were visibly soiled or after contact with contaminated items. Per the policy, gloves should be removed before touching non-contaminated surfaces or other residents, and hands should be washed to prevent transferring microorganisms. Additionally, the policy stated shared equipment must be cleaned and disinfected before use on another resident.</p> <p>Review of the facility's policy titled, Transmission Based Precautions [TBP], revised April 2024, revealed TBPs should be used when caring for residents who were documented or suspected to have communicable diseases or infections that could be transmitted to others. The policy outlined Enhanced-Barrier Precautions (EBP) to reduce the transmission of specific multi-drug-resistant organisms (MDROs). It stated staff must wear a gown and gloves during high-contact care with residents, which included dressing, bathing, transferring, providing hygiene, changing linens and briefs, aiding with toileting, and caring for wounds.</p> <p>Review of the CDC signage Enhanced Barrier Precautions, posted in the facility, indicated for enhanced barrier precautions, everyone must clean their hands before entering and upon leaving a room. In addition, providers and staff were required to wear gloves and gowns during high-contact activities to reduce the risk of multidrug-resistant organism (MDRO) transmission. These high-contact activities included dressing, bathing, transferring patients, providing hygiene care, changing linens, changing briefs, and during device care or use.</p> <p>1. Review of an admission Record, found in R122's electronic medical records (EMR), revealed the facility admitted R122 on 04/04/2025 with diagnoses that included critical illness myopathy (generalized weakness involving the muscles of the extremities, trunk, and respiration), dysphagia, and protein calorie malnutrition.</p> <p>Review of R122's admission Minimum Data Set [MDS], found in the EMR, with an Assessment Reference Date (ARD) of 04/10/2025, revealed a Brief Interview for Mental Status [BIMS] score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Observation on the 1300 Hall on 05/12/2025 at 9:03 PM revealed STNA2 entered a room designated as under EBP. The STNA provided direct care to R122. STNA2 did not put on Personal Protective Equipment (PPE) before providing direct care. Additionally, STNA2 exited R122's room wearing gloves while transporting a clear plastic bag of trash to the dirty utility room.</p> <p>(continued on next page)</p>		

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<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 STNA2 on 05/12/2025 at 9:10 PM, he stated R122 was not under any isolation precautions, and he did not have to wear a gown to provide direct care. When asked by the State Survey Agency (SSA) Surveyor what EBP was and when to use PPE, STNA2 was unable to explain the meaning of EBP. He stated he forgot to remove his gloves and perform hand hygiene before leaving the room. STNA2 stated he had received education on infection control upon hire and periodically through in-service training. He stated he was unaware that the facility's policy required staff to wear a gown and gloves while providing direct care to a resident in EBP. Furthermore, he stated it was important to perform hand hygiene before and after providing care to protect the residents and staff from spreading infection.</p> <p>During an interview with STNA1 on 05/12/2025 at 8:51 PM, she stated she only wore gowns for residents in droplet or contact isolation. STNA1 was unable to explain the necessity of following infection control guidelines for residents under EBP. She stated she had received training on infection control during her initial orientation and occasionally through ongoing in-service training. However, she stated she was not familiar with the facility's policy regarding the use of gowns and gloves when providing direct care to a resident under EBP.</p> <p>During an interview with R122 on 05/12/2025 at 9:13 PM, he stated STNA2 provided direct care but did not wear a gown. He stated he helped him with the bedpan. R122 stated most of the staff did not put on gowns when providing care. He stated he could not recall the last time someone wore a gown during bathing assistance, while providing care for his g-tube site, or when he was offered a bedpan. He stated he was aware of being in EBP and that PPE was in the bathroom, but he stated, Nobody wears it.</p> <p>2. Observation of the 1300 Hall on 05/12/2025 at 8:48 PM revealed LPN4 exited room [ROOM NUMBER], an EBP room, with a portable vital sign machine. The LPN did not clean and disinfect the vital sign machine after using it. Furthermore, the nurse left the shared equipment in the hallway and walked away. Continued observation for 15 minutes revealed LPN4 did not return to clean the machine.</p> <p>During an attempted interview with LPN4 on 05/12/2025 at 8:48 PM, she stated she had to get something for a resident, but did not return. Efforts were made to locate LPN4, but she was unavailable for the interview.</p> <p>3. Observation of the 2400 Hall on 05/12/2025 at 3:19 PM revealed STNA3 walked out of room [ROOM NUMBER] wearing gloves and holding a bag of contaminated trash. STNA3 walked to the dirty utility room down the hall and opened the door with her contaminated gloves.</p> <p>4. Observation of the 2400 Hall on 05/12/2025 at 3:25 PM revealed STNA3 removed a Hoyer lift from room [ROOM NUMBER]. The STNA took the lift to the shower room and immediately exited the room without cleaning and disinfecting the shared equipment.</p> <p>During an interview with STNA3 on 05/12/2025 at 3:25 PM, she stated she should have removed PPE and performed HH before leaving the room. She stated gloves should not be worn in the hallway due to infection control concerns. STNA3 stated she wiped down the lift in the shower room. Additionally, she stated she received training on infection control during her initial orientation and periodically through ongoing in-service training.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  Coldspring Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Plaza Drive Cold Spring, KY 41076	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Observation of the 2400 Hall on 05/13/2025 at 3:26 PM revealed STNA4 and STNA5 rolled a Hoyer lift down the hallway. They took the lift into the shower room and then exited immediately.</p> <p>During an interview with STNA4 and STNA5 on 05/13/2025 at 3:30 PM, both stated they did not clean and disinfect the lift prior to leaving the shower room. They stated shared equipment should be cleaned and sanitized with a Sani-wipe after each use and before it was stored. STNA4 stated that cleaning shared equipment was important to prevent the spread of infection from cross-contamination. Furthermore, both STNA4 and STNA5 stated they had received training on infection control during their initial orientation and continued to receive ongoing in-service training periodically.</p> <p>6. Observation of room [ROOM NUMBER], an EBP room, on 05/14/2025 at 8:51 AM revealed STNA6 changed the linen on the bed without wearing appropriate PPE. No residents were present in the room at the time.</p> <p>During an interview with STNA6 on 05/14/2025 at 8:57 AM, she stated she did not wear PPE unless it was direct care. She stated she was informed that changing linens did not qualify as direct care. STNA6 further stated she was unaware if the CDC guidelines considered changing linen as direct care. She stated infection control signage was displayed inside the bathroom next to the PPE cart to guide staff on what to wear and when. Additionally, she stated she received training on infection control during her initial orientation and periodically through ongoing in-service training.</p> <p>7. Observation on 05/13/2025 at 10:40 AM on the 2400 Hall revealed a physician exited a room wearing gloves. She removed her gloves as she continued to walk down the hall and as she entered the nurse's station.</p> <p>The SSA Surveyor attempted to interview the physician immediately after the observation on 05/13/2025 at 10:40 AM. However, she was no longer at the nurses' station, and staff stated she was no longer in the facility.</p> <p>8. Observation of the 2300 Hall on 05/12/2025 at 8:37 PM revealed PPE was not stored in a sanitary manner. Several bagged gowns and an opened box containing gowns were on the floor outside of room [ROOM NUMBER] next to the PPE cart. There were two boxes of gloves sitting on top of the PPE cart. room [ROOM NUMBER] was designated as a TBP droplet isolation room.</p> <p>During an interview with the Infection Preventionist/Staff Development Coordinator (IP/SDC) on 05/13/2025 at 11:00 AM, she stated the facility adhered to the CDC's guidelines and followed the facility's infection prevention and control policies (IPCP). She stated all EBP rooms had signs on the doors leading into the room if shared or on the bathroom door, if a single room. She stated she checked all EBP rooms the morning of 05/12/2025 to ensure that PPE and signage was available. She stated PPE should be kept off the floor in the PPE cart. The IP/SDC stated gowns and gloves must be worn whenever staff entered an EBP room if they were providing high-level of care. She stated all staff needed to remove gloves and perform HH before leaving a resident's room. According to the IP/SDC, all staff members received education related to IPCP.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During additional interview with the IP/SDC on 05/14/2025 at 4:28 PM, she stated she was unsure why staff did not follow isolation precautions despite having been educated on the importance of observing the signs posted on doors. She stated all staff was trained upon hire in the use of PPE and isolation precautions, including EBP. She stated medical providers should follow facility policy to ensure a safe environment for all residents. The IP/SDC stated it was her expectation that all staff adhered to the facility's policies and procedures to help prevent the spread of infections. She stated it was important for the health and safety of the residents.</p> <p>During an interview with the Director of Nursing (DON) on 05/14/2025 at 4:32 PM, she stated all staff underwent orientation upon hire and trained with a preceptor until capable of working independently, which typically took about two weeks. She stated all staff continued to receive IPCP training through online courses and in-service education. The DON further stated that once training was complete, the facility expected staff to adhere to CDC guidelines concerning TBP and EBPs. She stated nursing leadership, including the DON, Assistant DON (ADON), and Unit Managers (UM), observed staff performance; however, there were no formal IPCP audits in place. She stated if a breach in IPCP protocols occurred, nursing leadership would provide initial education, and if patterns of non-compliance continued, counseling would follow.</p> <p>During the continued interview with the DON on 05/14/2025 at 4:32 PM, she stated the cleaning and disinfection of shared equipment occurred as needed. The DON stated the Hoyer lift should be wiped down before and after being used. Additionally, she stated it was her expectation for staff, providers, and vendors to adhere to both CDC guidelines and the facility's IPCP. The DON stated following IPCP guidelines was critical to preventing the spread of infections and outbreaks of disease.</p> <p>During an interview with the Administrator on 05/14/2025 at 4:45 PM, he stated it was his expectation that staff followed IPCP guidelines. He stated all staff was responsible for ensuring IPCP practices were adhered to. He stated it was important to prevent the spread of infection and disease and to ensure the safety of the residents.</p>		