STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185478	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Springs Health Campus	4120 Wooded Acre Lane Louisville, KY 40245

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on interview, record review, and review of the facility policy it was determined that the facility failed to establish an antibiotic stewardship program that included a system to monitor antibiotic use. The findings include:Review of the facility policy titled, Antibiotic Stewardship Guideline, reviewed 11/19/2025, revealed the purpose of the policy was to optimize the treatment of infections ensuring that residents who required an antibiotic were prescribed the appropriate antibiotic, to reduce the risk of adverse event, including the development of antibiotic resistant organisms from unnecessary or inappropriate antibiotic use encompass of facility wide system to monitor the use of antibiotics.Review of the facility's surveillance tracking for antibiotics revealed there was no surveillance of infections or antibiotic information available for review for November 2025. Further, the only information available for December was a list of prescribed antibiotics. The Executive Director verified the facility used McGreer's Criteria for prescribing antibiotics. An internet search revealed a chart listed under McGreer et al infection surveillance chart, dated March, 2025, which listed various types of human body systems and possible infections for each system. The chart further listed various symptoms to observe prior to initiating antibiotic treatment. Further record review of facility provided printed documents revealed information was not provided as to if the prescribed antibiotic met the McGreer's established criteria. Additionally, there was no information documented on the organism/pathogen for an ordered culture and sensitivity. In an interview with the Director of Health Services (DHS) on 12/11/2025 at 6:25 PM, she stated the Assistant Director (AD) was previously the Infection Preventionist, but that person left the position in October. She stated currently there was no AD and that she (DHS) was responsible for infection surveillance in the facility. She stated infection tracking was behind for November and December.Interview with the Administrator on 12/11/2025 at 7:04 PM, she stated she expected the facility to follow the Infection Control Policy and to follow up with clinical support if they had questions. She stated the clinical team met each morning, and antibiotics were discussed. She stated ultimately the DHS would be responsible for ensuring infection control measures were in place. She stated she was not aware infection surveillance for antibiotics for November was not completed until this date. The Administrator stated that the surveillance of infections was important to identify trends and make any changes to help decrease infections.

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
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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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on interview and record review it was determined the facility failed to designate one or more individual(s), with the certification as the infection preventionist(s) (IP)(s) responsible for the facility's infection prevention and control program.The findings include:Review of the facility policy titled, Infection Prevention and Control Program, reviewed 12/17/2024, revealed the purpose of the policy established and 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. Continued review revealed the campus would designate a member of the clinical team to monitor the campus's infection prevention and control program, to perform surveillance to identify, investigate, control, and prevent the spread of infection, and reporting for the infection prevention and control program.In review of facility documents provided to the State Survey Agency (SSA) at the entrance conference, no staff person was listed for the Infection Preventionist (IP) nor were training certificate(s) provided. Interview with the Executive Director (ED) on 12/09/2025 at 4:45 PM, he stated the previous IP was no longer working at the facility and the Director of Health Services (DHS) was completing those duties of the Infection Preventionist; however, she (DHS) had not received the specialized training. The regional nurse consultant was present and stated she oversaw the facility's Infection Control Program (ICP) but she was not at the facility daily.At approximately 5:00 PM on 12/09/2025. the ED provided a certificate and stated that the facility's Minimum Data Set (MDS) nurse had received the training. However, when asked if she (the MDS nurse) oversaw the ICP he stated that she did.The SSA requested a facility job description for the role of Infection Preventionist; however, the ED stated the facility did not have a job description as it was a designated position.In interview with the Director of Health Services (DHS) on 12/11/2025 at 6:25 PM, she stated she had been the DHC for six (6) months. The DHS stated the previous Assistant Director (AD) was the Infection Preventionist, but she had left the position in October. She stated she did not have an AD and that she was responsible for infection surveillance in the facility. She stated infection tracking was behind for November and December.Interview with the Executive Director on 12/11/2025 at 6:56 PM, he stated he expected staff to follow policies and procedures related to infections. He stated the facility did not have a job description for the Infection Preventionist, as it was a designation. He stated the Centers for Medicare and Medicaid Services (CMS) stated facilities have to have an IP not a particular position. He further stated the IP did not have a specific job list of duties.