STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185487	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sanders Ridge Health Campus	119 East Sanders Lane Mount Washington, KY 40047

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview, record review, and facility policy review, the facility failed to assess a resident for their ability to self-administer medication for 1 of 15 sampled residents, (Resident (R)202). The findings include: Review of the facility policy titled, Medication Administration- General Guidelines, revised 01/2018, residents were allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications. Review of the Resident Face Sheet revealed the facility admitted R202 on 05/09/2025, with diagnosis of gastroesophageal reflux disease (GERD). Review of R202's Order History revealed an order dated 05/09/2025, for Tums (an over-the-counter antacid medication) 200 milligrams (mgs) every eight hours. During a concurrent observation and interview on 05/12/2025 at 9:55 AM, a medication cup was observed on R202's bedside that contained a Tums tablet inside. In interview, R202 stated staff gave him/her the Tums to take whenever he/she needed it. In interview on 05/12/2025 at 11:12 AM, Licensed Practical Nurse (LPN) 6 stated R202 was able to keep his/her medications at bedside. LPN 6 confirmed R202 had no order to self-administer his/her medication or keep the medication at bedside. In interview on 05/13/2025 at 12:36 PM, R202 stated he/she would like to be able to take his/her own medication without the nurse having to watch. R202 further stated he/she only got the Tums medication when he/she needed it, so nursing staff just left it for him/her to take. During a follow-up interview on 05/13/2025 at 12:43 PM, LPN 6 confirmed R202 had not been assessed for his/her ability to self-administer his/her own medication. In interview on 05/13/2025 at 1:33 PM, the Director of Health Services (DHS) stated her expectation for the facility's self-administration of medication assessment process was for the resident to be assessed to assess for the appropriateness of being able to do that. The DHS further stated a resident's medication was not allowed to be left at his/her bedside if the resident had not been assessed as able to self-administer his/her own medication. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185487	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sanders Ridge Health Campus	119 East Sanders Lane Mount Washington, KY 40047

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/15/2025 at 8:43 AM, the Executive Director stated he expected medication generally not to be left at bedside unless the resident had a self-administration assessment of medication completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185487	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sanders Ridge Health Campus	119 East Sanders Lane Mount Washington, KY 40047

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview, record review, and facility policy review, the facility failed to ensure medications were secured to prevent potential accidents for 1 of 1 residents reviewed for accidents, out of the total sample of 15 (Resident (R) 102). The findings include: Review of the facility policy titled, Medication Storage In The Facility, revised 11/2018, revealed, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. Review of the Resident Face Sheet for R102 revealed the facility admitted the resident on 05/09/2025, with diagnoses of Alzheimer's disease and low back pain. Review of R102's Physician Order Report for the timeframe of 04/15/2025 through 05/15/2025, revealed an order dated 05/09/2025, for Biofreeze gel, to be applied to the lower back twice daily. Review of R102's Care Plan revealed the facility identified a problem statement initiated on 05/12/2025, that indicated the resident was at risk for lower back pain. Further review revealed the interventions noted staff where to administer medications as ordered. Review of R102's Observation Detail List Report completed 05/12/2025, revealed the resident had severe cognitive impairment. In a concurrent observation and interview on 05/12/2025 at 10:09 AM, the State Survey Agency (SSA) Surveyor observed a clear medication cup in R102's room with the resident's room number on the cup. In interview, Licensed Practical Nurse (LPN) 3 stated she placed the medication in the resident's room and assumed since the resident received Biofreeze for their lower back, that was what was in the cup. She reported medication was not to be left at a resident's bedside and said the unit had residents who wandered. LPN 3 further stated the cup of medication should not have been left on R102's nightstand, and she was embarrassed the medication had been left there. LPN 3 additionally stated she was unsure who left the medication on the nightstand. In interview on 05/12/2025 at 10:16 AM, Certified Resident Care Associate (CRCA) 4 stated she served R102 breakfast and had not seen the medication at the resident's bedside. The CRCA further stated if she had seen the medication at R102's bedside she would have removed the medication and taken it to the nurse. In interview on 05/14/2025 at 1:29 PM, the Director of Health Services (DHS) stated when giving residents medications she expected the nurses to follow the rights of medication administration, which included the right resident, right time, right dose, and the right medication. She reported medications were not to be left at a resident's bedside. The DHS said the danger of leaving medications at a resident's bedside in a dementia unit was a resident could get a medication not prescribed for them. She stated there were residents in the dementia unit where R102 lived that wandered, but had not recently wandered into others' rooms. The DHS further R102 might have the dexterity to apply the Biofreeze; however, did not have the mental capacity to administer the medication independently. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185487	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sanders Ridge Health Campus	119 East Sanders Lane Mount Washington, KY 40047

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In interview on 05/15/2025 at 8:36 AM, the Executive Director (ED) stated he did not expect medication to be left at a resident's bedside unless the resident had been assessed and deemed appropriate for self-administration and a physician's order had been obtained.