

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>185169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>09/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB &amp; WE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 LYNN WAY , LOUISVILLE, Kentucky, 40222</b>
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F0000	<p><b>INITIAL COMMENTS</b></p> <p>A Desk Review Revisit Survey was initiated on 09/03/2025 and concluded on 09/04/2025. It was determined the facility had achieved substantial compliance on 08/19/2025 as alleged.</p>	F0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>185169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/25/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB &amp; WE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 LYNN WAY , LOUISVILLE, Kentucky, 40222</b>	
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F0000	INITIAL COMMENTS  A Recertification and Abbreviated survey concluded on 07/24/2025 and found the facility not to be in substantial compliance with 42 CFR 483 subpart B.  Survey Dates: 07/21/2025 – 07/24/2025  Survey Census: 89  Sample Size: 18  No deficiencies were issued related to 678825.	F0000		
F0554 SS = D	Resident Self-Admin Meds-Clinically Approp  CFR(s): 483.10(c)(7)  §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.  This REQUIREMENT is NOT MET as evidenced by:  Facility failed to follow policy prior to self-administering neb treatments.  The findings include:  Review of facility policy, "Medication Administration Self-Administration by Resident," dated 01/2023, indicated, "Residents who desire to self-administer medications are permitted to do so with a prescriber's order and if the nursing care center's interdisciplinary team has determined that the practice would be safe and the medications are appropriate and safe for self-administration, PROCEDURES 1, If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive, physical, and visual ability to carry out this responsibility, during the care planning process." The policy continued, "The results of the interdisciplinary team assessment are recorded on the Medication Self-Administration Assessment, which is placed in the resident's medical	F0554	(Corrective actions for identified residents affected by the deficient practice.)  On 7/22/2025 the Director of Nursing (DON) assessed resident #17 for the ability to self-administer ipratropium-albuterol nebulizer. Based on the assessment it was deemed safe and appropriate for resident #17 to self-administer ipratropium-albuterol nebulizer treatments.  On 7/22/2025 the DON received a new order from the Medical Director for Resident #17 to self-administer nebulizer treatments  On 7/22/2025 the Clinical Reimbursement Specialist updated Resident #17's care plan to include self-administration of nebulizer treatments.  On 7/22/2025 the DON provided education to LPN #6 and RN #7 on the Residents Rights Policy, Section 7.3 (Self-Administration) of the Medication Administration Policy and Self Administration Assessment Observation.  On 7/23/2025 the Interdisciplinary team reviewed residents self-administration assessment with no concerns.  (Identification of other residents who may be affected by the deficient practice and corrective actions that will be put in place to ensure the deficient practice	08/19/2025

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F0554 SS = D	<p>Continued from page 1 record."</p> <p>Review of facility document, "Resident Face Sheet" indicated the facility admitted Resident #17 on 02/10/2025 with diagnoses including acute respiratory failure with hypoxia, wheezing, and chronic obstructive pulmonary disease.</p> <p>Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/26/2025, revealed the facility assess Resident #17 with a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated the resident experienced shortness of breath or trouble breathing with exertion and when lying flat. The MDS also indicated Resident #17 received oxygen therapy while a resident and within the last 14 days of the assessment period.</p> <p>During an interview on 07/21/2025 at 11:30 AM, Resident #17 stated they did their own breathing treatments every 4 hours.</p> <p>During an observation on 07/21/2025 at 11:48 AM, Resident #17 was observed using the nebulizer machine, completing their treatment, and placing the nebulizer mask on top of the nebulizer machine.</p> <p>During a concurrent observation and interview on 07/22/2025 at 10:05 AM, Resident #17 was observed lying in their bed receiving a nebulizer treatment, and no nurse was present. Resident #17 was observed to turn the nebulizer machine off and set the mask on top of the nebulizer machine. Resident #17 stated they had been doing their own nebulizer treatments for a long time.</p> <p>Review of Resident #17's medical record revealed a "Prescription Order," dated 02/10/2025, for ipratropium-albuterol solution for nebulization: 0.5 milligrams (mg) -3 mg (2.5 mg base)/3 milliliters (mL). Instructions were to take 3 mL by nebulization 4 times a day. There was no evidence of an order for self-administration.</p> <p>Review of Resident #17's "Physician Order Report," dated 07/21/2025 through 07/22/2025, revealed no evidence of an order for the resident to self-administer their nebulizer treatments.</p> <p>Review of Resident #17's "Progress Notes," for the timeframe from 01/01/2025 through 07/22/2025, lacked any evidence of the resident self-administering their nebulizer treatments.</p>	F0554	<p>Continued from page 1 does not reoccur.)</p> <p>All residents had the potential of being affected. On 7/22/2025 the facility had a census of 91 residents.</p> <p>On 7/22/2025 the DON and Unit Managers (UM) completed a sweep of every residents room to ensure no medications at bedside. No concerns noted.</p> <p>On 8/13/2025 all residents with a BIMS of 8 or greater were interviewed by the DON and Social Services Director, SSD, to determine if any residents had the preference of self-administering medications. No other residents identified with a preference for self-administering medications.</p> <p>(Measures put in place and systemic changes you will make to ensure that the deficient practice does not reoccur.)</p> <p>The Signature Care Consultant (SCC) completed education with the Director of Nursing (DON), Staff Development Coordinator (SDC) and Unit Managers(UM) on the Residents Rights Policy, Section 7.3 (Resident Self-Administration) of the Medication Administration Policy and Self Administration Assessment Observation. This started on 8/12/2025 and was completed on 8/13/2025. Post test given to these staff members after the education was provided. A score of 100% was required and anyone not receiving a 100% was re-educated and provided another post test. This process continued until a 100% score was obtained by all staff.</p> <p>The SDC, DON or UM's completed education with all licensed nurses and Certified Medication Aides (CMT) on the Residents Rights Policy, Section 7.3 (Resident Self-Administration) of the Medication Administration Policy and Self Administration Assessment Observation. This started on 8/13/2025 and was completed on 8/17/2025. Post test given to these staff members starting on 8/13/2025 and completed by 8/17/2025 after the education was provided. A score of 100% was required and anyone not receiving a 100% score was re-educated and provided another post test. This process continued until a 100% score was obtained by all licensed nurses. All licensed nurses and CMT's who do not receive this education and post test by 8/17/2025 will receive this education and post test prior to being able to work their next shift. A score</p>	

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<b>NAME OF PROVIDER OR SUPPLIER</b> <b>SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB &amp; WE</b>				<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b> 1801 LYNN WAY , LOUISVILLE, Kentucky, 40222			
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F0554 SS = D	<p>Continued from page 2</p> <p>During an interview on 07/22/2025 at 12:28 PM, Licensed Practical Nurse (LPN) #6 stated she had no knowledge of any residents in the building who were assessed to self-administer their medications, including nebulizer treatments. LPN #6 stated she thought the resident needed a physician's order, an assessment, education on the process, and be able to demonstrate how to safely administer their own medications. LPN #6 stated Resident #17's nebulizer treatments were always on the medication cart, but she allowed the resident to pour the albuterol solution into the machine, turn the machine on and off, and walked away during the treatment. LPN #6 stated she was not able to find a self-administration assessment or an order for Resident #17 to self-administer their nebulizer treatments.</p> <p>During an interview on 07/22/2025 at 12:50 PM, Registered Nurse (RN) #7 stated there were no residents residing on Resident #17's hall with orders to self-administer medications, including nebulizer treatments. RN #7 stated if a resident was allowed to self-administer medications, an order and an assessment were necessary to make sure the resident was safe to administer their own medications. RN #7 stated it could be dangerous for a resident to self-administer nebulizer treatments because it could cause breathing issues if not administered correctly. RN #7 stated regarding Resident #17, she had given the resident their nebulizer solution and watched the resident place the solution into the machine and turn on the machine, but she did not normally stand and watch the resident during their treatment. RN #7 said she trusted that the resident completed their full treatment.</p> <p>During an interview on 07/24/2025 at 11:28 AM, the Nurse Practitioner (NP) stated she knew Resident #17 self-administered their nebulizer treatments prior to the survey but the facility had not contacted her about this until 07/23/2025. The NP stated the facility should have completed a self-administration assessment prior to allowing the resident to self-administer the nebulizer treatments.</p> <p>During an interview on 07/24/2025 at 3:41 PM, the Director of Nursing (DON) stated she expected the staff to do a self-administration assessment and obtain a physician's order before a resident self-administered their medications.</p> <p>During an interview on 07/24/2025 at 4:28 PM, the Administrator stated he expected the staff to give the medication as it was written, follow the regulations, get the documents needed, and follow facility policy.</p>	F0554	<p>Continued from page 2</p> <p>of 100% will be required and anyone not receiving a 100% score will be re-educated and provided another post test. This process continued until a 100% score was obtained by all licensed nurses and CMT's. All new licensed nurses and CMT's will be required to have all education and post test during orientation by nurse management prior to their working. A score of 100% is required and anyone not receiving a 100% score will be re-educated and provided another posttest. This process will continue until a 100% score is obtained by all licensed nurses and CMT's.</p> <p>Describe the Quality Assurance &amp; Process Improvement Program that will be put into place (track and trend data over time to ensure action plan met the initially identified goal).</p> <p>Starting on 8/18/2025, the DON, SDC, or UM's will complete an audit of 2 resident with a BIMS of 8 or greater for preferences on self-medication administration. five times a week for two weeks, then three times a week for two weeks, then weekly x four weeks, and then monthly until substantial compliance is achieved. All results will be forwarded to the QA committee for further review and suggestions.</p> <p>Starting on 8/18/2025, the DON, SDC or UM's will complete an audit of 5 residents rooms to ensure medications are not available without a self-administration assessment and order in place, five times a week for two weeks, then three times a week for two weeks, then weekly x four weeks, and then monthly until substantial compliance is achieved. All results will be forwarded to the QA committee for further review and suggestions.</p> <p>An Ad Hoc Quality Assurance meeting was held on 8/12/2025 with the Medical Director, the Facility Administrator, the Director of Nursing, and the Signature Care Consultant regarding the annual survey plan of correction that was developed and implemented on 8/12/2025. The facility administrator presented the plan and information at the QAPI meeting on 8/12/2025. The Facility Medical Director participated via telephone on 8/12/2025 and was notified of citations. The Medical Director reviewed the entirety of the plan with the QAPI members and made no further suggestions. The medical director stated the plan was appropriate. Starting on 8/12/2025, the Facility Administrator will hold a Quality Assurance meeting weekly until compliance is obtained, then it will decrease to</p>				

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F0554 SS = D		F0554	Continued from page 3 monthly for recommendations and further follow-up regarding the above-stated plan. Moving forward the facility administrator or the director of nursing will be the person who presents the information and audits at the QAPI Meetings, and the following members are expected to be present unless unable to attend: Facility Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Plant Ops Director, Social Services Director, Activity Director, Therapy Director, and MDS Coordinator. The QAPI Committee will determine at what frequency any ongoing audits will need to continue. The Administrator is responsible for the implementation of this plan.  Date of Compliance: 8/19/2025	

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K0000  Bldg. 01	<p>INITIAL COMMENTS</p> <p>42 CFR 483.90(a)</p> <p>K3 BUILDING: 0101</p> <p>K6 PLAN APPROVAL: 1982</p> <p>K7 SURVEY UNDER: 2012 Existing</p> <p>K8 SNF/NF</p> <p>Type of Structure: One (1) story (1982), Type III (211), protected ordinary construction with five (5) smoke compartments and a complete automatic wet and dry sprinkler system.</p> <p>A Recertification Life Safety Code Survey was conducted on 07/22/2025, in accordance with 42 Code of Federal Regulations (CFR), Subpart 483:90(a) Requirements for Long Term Care Facilities. During this Recertification Survey, Signature Healthcare at Jefferson Manor was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p>	K0000		

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