Printed: 04/08/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185015	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madisonville Health and Rehabilitation, LLC	419 North Seminary Street Madisonville, KY 42431

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice regarding wound care for 1 of 2 residents sampled for skin assessments out of the total 18 sampled residents, (Resident (R)21). The findings include: Review of the facility policy, Wound Treatment Management, revised on 03/24/2025, revealed the facility's policy was to promote wound healing of various types. Per review, it was the policy of the facility to provide evidence-based treatments in accordance with current standards of practice and physician's orders. Review of R21's facesheet revealed the facility admitted the resident on 10/18/2013, with diagnoses which included, anoxic brain damage, epilepsy, and hemiplegia and hemiparesis following cerebral infarction. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the facility had not completed the Brief Interview for Mental Status (BIMS) assessment of the resident. Further review of the MDS Assessment revealed under Part C the facility assessed R21 to have severe cognitive impairment and as never/rarely understood. During observation of a skin assessment for R21 on 05/01/2025 at 10:25 AM, Licensed Practical Nurse (LPN) 2 placed a barrier cream onto the excoriated areas on the resident's buttocks, anus, and scrotum. During interview on 05/01/2025 at 2:55 PM, LPN 2 stated she failed to get an order from the provider for the barrier cream prior to applying it on the resident. She stated however, she often independently applied barrier cream or other treatments on residents if a new skin problem was found during a skin assessment. She stated she would then call a provider for orders for the treatment. LPN 2 said the providers did not mind the staff doing that. She further stated she was sure the policy would note to call the provider first for an order; however, she was not sure what the policy said. During interview on 05/01/2025 at 2:01 PM, the Family Nurse Practitioner stated she expected nursing staff to ask her about an order prior to using a treatment for wound care. During interview on 05/01/2025 at 3:51 PM, the Director of Nursing (DON) stated she expected all her nurses to secure an order for any care or treatment requiring an order. She further stated staff (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were never to give any medication or treatment without a provider order. During interview on 05/01/2025 at 4:18 PM, the Administrator stated she expected all staff to follow physician orders as written and not to give any type of medication (including creams) without an order.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 establish and maintain an infection prevention and control program to ensure a sanitary, safe environment or 2 of 18 sampled residents, (Resident (R)62 and R21. The findings included: Review of the facility policy, Hand Hygiene, revised 03/19/2024, revealed all staff were to perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Per review, that applied to all staff working in all locations within the facility. Continued review revealed staff were to perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. Further review revealed the use of gloves would not replace hand hygiene. In addition, review revealed staff were to perform hand hygiene prior to donning gloves, and immediately after removing gloves. 1. Review of the facesheet for R62 revealed the facility admitted the resident on 07/20/2022, with diagnoses which included: psychotic disorder and pressure ulcer of left upper back. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the facility assessed R62 to have a Brief Interview for Mental Status (BIMS) score of three out of 15 which indicated the resident had severe cognitive impairment. During observation on 05/01/2025 at 1:16 PM, of wound care for R62, with LPN 2, she failed to clean the overbed table and place a barrier down prior to placing the clean wound care supplies on it. Per observation, LPN 2 failed to wash her hands prior to applying gloves, and failed to sanitize her hands during the observation prior to reapplying new gloves. During the observation, LPN 2 was observed to lay soiled gloves and dressings beside her clean supplies on the overbed table. Continued observation revealed LPN 2 also redressed R62's wound, donned more gloves; however, failed to wash her hands. Observation revealed LPN 2 took the disposable measuring tapes she used to measure R62's right great toe and right shoulder wounds, wrote on them, then took the tapes out of the resident's room her desk. Further observation revealed LPN 2 stapled them together and placed them in her desk failing to place them in a sealed barrier. In addition, the LPN failed to wash her hands prior to leaving R62's room, and failed to clean the overbed table where her dressings had been placed. 2. Review of the facesheet for R21 revealed the facility admitted the resident on 10/18/2013, with diagnoses which included, anoxic brain damage, epilepsy, and hemiplegia and hemiparesis following cerebral infarction. Review of the Quarterly MDS assessment dated [DATE], revealed the facility had not completed a BIMS assessment, since the resident could not answer the questions. Further review of Section C of the MDS Assessment revealed, the facility assessed R21 to have severe cognitive impairment and was never/rarely understood. During observation on 05/01/2025 at 10:25 AM, of a skin assessment with LPN 2, for R21 the LPN failed to wash her hands prior to entering the resident's room where she donned gloves. Per observation, while assessing R21's buttocks and anus, LPN 2 observed excoriation. Continued observation revealed LPN 2, with her soiled gloves on, applied a barrier cream on her gloved hand and then applied the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cream to R21's inner buttocks and around the anus. Observation revealed the LPN then turned R21 to a supine position, loosened the resident's brief and exposed the frontal perineal area with the same soiled gloves on. Further observation revealed LPN 2 then used the same soiled gloves and placed the barrier cream on her other glove, and applied the cream to R21's scrotum, and re-fastened the brief. In addition, observation further revealed LPN 2 removed the soiled gloves and left R21's room without washing or sanitizing her hands. In interview on 05/01/2025 at 1:16 PM, the Infection Preventionist (IP) stated she watched staff quarterly and annually yearly performing skills, especially hand hygiene. She said she added particular skills as needed, especially hand hygiene related activities. The IP reported she expected staff to use the hand sanitizer in the rooms for easy access instead storing hand sanitizer in their pockets. She stated that prevented them from having to put their dirty hands in their pockets to retrieve sanitizer. The IP said she expected staff to place soiled items in a trash bag at the end of the resident's bed or having a bag hanging off the overbed table. She further stated staff could also use the trash can in the resident's room. The IP additionally stated however, the soiled trash needed to be bagged and removed from the room after staff completed dressing changes, incontinence care, etc. In interview with the Wound Care Nurse on 05/01/2025 at 2:34 PM, she stated she expected staff to follow the resident's wound care orders and the facility's hand washing policy as written. She further stated we have an infection control risk if handwashing was not done properly. During interview with the Director of Nursing (DON) on 05/01/2025 at 2:48 PM, she stated she expected nursing staff to follow the facility's wound care and handwashing policies as written. She further stated she expected staff to place soiled supplies in the trash can or bag and remove it from the resident's room. The DON additionally stated she expected the nurses to be prudent with wound care and hand washing. During interview with the Administrator on 05/01/2025 at 4:18 PM, she stated she expected staff to follow the facility's policies as written for handwashing and wound care. She further stated she also expected staff to follow physician orders as written.

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F 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Put firmly secured handrails on each side of hallways. Based on observation, interview, and review of facility policy, the facility failed to ensure the corridors were equipped with hand rails on each side as required. The findings include: Review of the facility policy titled, Resident Rights, revised 03/22/2022, revealed the resident had the right to a safe, clean, comfortable, home-like environment, including but not limited to treatments and supports for daily living safety. Review of the facility policy titled, Accidents and Supervision, revised 02/21/2024, revealed the residents' environment was to remain as free of accident hazards as possible. The policy further stated each resident was to receive adequate assistive devices to prevent accidents. Observation on 04/29/2025 at 2:40 PM, revealed the corridor outside of the dayroom had a hand rail secured to only one side with a bookshelf located on the other side. In interview on 05/01/25 at 3:10 PM, the Facility Maintenance Director stated the bookshelf was already located on that wall before he became Maintenance Director in March of this year. He stated he was not aware of the federal regulations regarding side rails being secured on each side in corridors. He further stated the timeline to replace the missing side rail was first thing tomorrow or Monday. In interview with the Administrator on 05/01/25 at 4:13 PM, she stated the hand rails had been off for about three weeks now. The Administrator said she was not aware that federal regulations required hand rails on each side of the corridor. She reported the bookcases had been moved back into the day room and maintenance staff were currently placing the rails back up in the corridor at this time. The Administrator further stated someone could have potentially fallen trying to go down the hallway with only the one rail on one side of the corridor.