

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2025
NAME OF PROVIDER OR SUPPLIER  The Grandview Nursing and Rehabilitation Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  640 Water Tower Bypass Campbellsville, KY 42719	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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, and review of the facility's policies and the Centers for Disease Control and Prevention (CDC) related to enhanced-barrier precautions (EBP) and transmission-based precautions (TBP), it was determined 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 and control the development and transmission of communicable diseases for 2 of 39 sampled residents, Residents (R) 7, and R52. The findings include: 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 should be performed immediately before providing resident care and after care was completed. The Guidelines 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. Review of the facility's policy titled, Contact Precautions, no date, revealed the facility staff would utilize contact precautions in addition to standard precautions for residents known or suspected to have an illness, which is easily transmitted by direct resident contact or contact with the resident's environment. According to the policy, hand hygiene should be performed before donning (putting on) and after doffing (taking off) PPE, gloves should be removed before leaving the rooms, and PPE should be donned prior to entering the room. Review of the facility's policy titled, Enhanced Barrier Precautions, revised 07/27/2022, revealed the facility would use EBP for high-contact resident care activities to include dressing, bathing/showering, transferring, and changing linens. Review of the facility policy, Standard Precautions, not dated, revealed staff will follow standard precautions for all residents, regardless of infection or colonization status. According to the policy, staff should wear a gown and gloves to provide high-contact resident care. 1. Observation on 09/02/2025 at 6:34 PM revealed State Trained Nursing Aide (STNA) 1 entered room [ROOM NUMBER], a Contact Precaution room, without donning (putting on) the appropriate personal protective equipment (PPE) to include a gown and gloves before entering. The CDC and the facility's policy require staff to don a gown and gloves upon entry to a room under Contact Precautions. Additional observation revealed STNA1 did not perform hand hygiene after exiting the room. 2. Observation on 09/02/2025 at 6:55 PM revealed STNA1 sitting on a chair in R52's room, an EBP room, and assisting the resident with her meal. STNA1 failed to don gloves and a gown before performing high-contact resident care. The STNA was observed with her body up against the bedframe with her elbow resting on top of the resident's bed linen. 3. During an observation of STNA2 on 09/03/2025 at 8:30 AM, revealed the STNA changed bed linen and made up a bed without wearing any PPE. room [ROOM NUMBER]B, an EBP room. STNA2 was making up a bed without wearing gloves and a gown. During an interview with STNA2 at this time, she stated that wearing PPE was not necessary for making up the bed for a resident in EBP. Further interview revealed STNA2 was unable to clearly explain which tasks were consider as direct care under EBP. Further interview revealed the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  185042	Facility ID:  185042  If continuation sheet Page 1 of 3

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>STNA verbalized understanding that touching a resident's environment under EBP without proper PPE or hand hygiene could cause cross contamination. The STNA stated she received infection control training upon hire and during multiple educational sessions throughout the year. 4. During an observation on 09/03/2025 at 10:15 AM, Housekeeper (HSK) 2 placed two contaminated trash bags from room [ROOM NUMBER], an EBP room, in the housekeeping cart receptacle. She did not perform hand hygiene before exiting the room. HSK2 then put on gloves, reentered the room, and replaced a trash can liner. She again, exited the room without doffing her gloves. The housekeeper placed her hands in her pockets and retrieved her keys to open the housekeeping cart. During an immediate interview with HSK2 she stated she used alcohol-based hand rub (ABHR) prior to exiting the room but later stated that she had not. HSK1 could not explain the importance of hand hygiene. Additionally, when asked by SSA surveyor the importance of removing PPE and using hand hygiene prior to leaving the room, the housekeeper could not articulate cross-contamination. HSK2 stated further that she did not know she was required to close bags before leaving the room. Furthermore, HSK2 stated she received infection control training upon hire and periodically by her supervisor. 5. During an observation on 09/04/2025 at 11:30 AM, Registered Nurse (RN) 3 was in an EBP room and performed a blood glucose fingerstick on R7. RN3 was observed wearing gloves, but she did not don a gown to provide direct care for R7. Review of the admission Record in R7's electronic health record (EHR) revealed the facility admitted the resident on 08/02/2024 with diagnoses to include type 2 diabetes, asthma, and cerebral vascular disease. Review of the quarterly Minimum Data Set [MDS], in R7's EMR with an assessment reference date (ARD) of 06/30/2024, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 13/15 of indicating the resident was cognitively intact. Review of the Order Summary Report, dated 09/2025, in R7's EHR, revealed on 07/08/2025 the physician ordered that the resident be placed in EBP for diagnosis of a multi-drug-resistant organism (MDRO). Review of the admission Record found in R52's EHR, revealed the facility admitted the resident on 10/12/2020 with diagnoses to include hemiplegia of dominant side, chronic obstructive pulmonary disease, and history of multi-drug-resistant organism (MDRO). Review of R52's quarterly MDS, with an ARD of 07/21/2025, revealed that the resident had a BIMS score of 02/15 indicating the resident was severely impaired. Review of the Order Summary Report, dated 09/2025, in R52's EHR, revealed on 07/16/2025 the physician ordered that the resident be in EBP for diagnosis of extended-spectrum beta-lactamase (ESBL). During an interview with STNA1 on 09/02/2025 at 8:01 PM, she stated she did not provide direct care to the resident in contact precautions but was just checking for dinner trays. When asked by the State Survey Agency (SSA) what the facility policy was regarding the donning of PPE prior to entering a TBP room, STNA1 stated she only needed PPE when providing direct care. The STNA could not articulate the difference between EBP and contact precautions. Additionally, the STNA could not clarify what was meant by direct resident care; however, she verbalized understanding that direct contact with the resident's environment and bed linen without proper PPE could result in cross-contamination. STNA1 stated she should have worn the appropriate personal protective equipment when providing direct care to a resident under enhanced-barrier precautions. The STNA stated further she had received training and education on infection prevention and control upon hire. During an interview with the Housekeeping Supervisor (HS) on 09/04/2025 at 8:52 AM, she stated housekeeping staff received training from the Staff Development Coordinator (SDC) and the Infection Preventionist (IP) upon hire and periodically throughout the year. She stated trash bags should be tied before coming out of a room. Additionally, she stated staff should perform hand hygiene prior to entering and exiting the residents' rooms. The HS further stated housekeeping staff should adhere to the posted signage regarding the proper donning of PPE while in TBP rooms.</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 - Few</p>	<p>Additionally, they must doff PPE and perform hand hygiene before exiting the room. The HS stated it was her expectation staff follow the facility policy and procedure for infection control. During an interview with the Infection Preventionist (IP) on 09/03/2025 at 10:45 AM, she stated it was her expectation that staff follow the facility policy and procedure for infection control. She stated all staff received education upon hire and periodically throughout the year regarding infection control. The IP stated staff should know infection prevention and control practices (IPCP) and follow protocols 100% of the time. The IP stated it was important for staff to know the resident's condition, and stated her expectation was for staff to follow the posted CDC signage. The IP stated all staff should follow facility policies and procedures related to infection control to provide a safe and healthy environment for residents, staff, and visitors. Per interview the IP stated she performed periodic audits for staff compliance related to infection control. The IP stated that she had not observed any non-compliance with IPCP when performing the audits. Further interview revealed the Infection Control committee meets every month and as needed to discuss infection surveillance and stated they have found no concerns. During an interview with the Assistant Director of Nursing (ADON)/Staff Development Coordinator (SDC) on 09/04/2025 at 8:42 AM, she stated all employees received education and training on infection control to include hand hygiene, PPE, EBP, and TBPs. She stated that employees receive a post- education test to assess understanding. The ADON/SDC stated that the facility provided an annual skills workshop to ensure skills were maintained. Per interview, the SDC stated it was her expectation that staff follow the facility policy and procedure for IPCP. She stated it was important for the safety and welfare of residents, staff, and visitors. During an interview with the Administrator on 09/03/2025 at 10:45 AM, she stated it was her expectation that staff adhere to facility policy related to infection control. She stated the facility followed the recommendation of the CDC for PPE use and isolation precautions. The Administrator stated it was important to ensure the safety and health of the residents and staff.</p>		