STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185136	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wesley Manor	5012 East Manslick Road Louisville, KY 40219

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on interview, record review, and facility policy review, the facility failed to ensure resident council grievances were acted upon for two (Resident (R) 51 and R57) of six residents who attended resident council meetings. Additionally, six of six residents chosen by the facility to participate in a resident group interview did not know how to file a grievance or who the facility designated as the staff person responsible for assisting and responding to grievances that resulted from resident council meetings.The findings included: A facility policy titled, Grievance Process, revised 05/2021, revealed the Policy, stated it was, To ensure each resident can address dissatisfaction with policies, procedures, staff, and/or other residents and seek resolution without reprisal. Review of Resident Council Meeting minutes, dated 07/15/2025, revealed a resident had lost a pair of pajama pants and R51's family member reported the resident had missing socks. Review of a letter from the facility dated 07/21/2025, signed by the Director of Admissions and Social Services (DSS), indicated no grievances had been filed in the facility within the previous six months. During a resident council interview on 07/22/2025 at 9:31 AM, six of six residents who attended the meeting stated they did not know how to file a grievance and did not know the staff person who was responsible for responding to their grievances. In addition, two of six residents, R51 and R57, stated they had reported missing/lost clothing items to staff. R51 stated their family member had also reported that they were missing 10 pairs of socks. The residents revealed that no one followed up with them about the missing/lost items, and the items were not recovered. Review of R51's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/06/2025, revealed R51 had a Brief Interview Mental Status (BIMS) score of 14/15, indicating the resident was cognitively intact. R57 was also cognitively intact, based on a BIMS score of 15/15, as recorded on the annual MDS with an ARD of 06/23/2025. On 07/23/2025 at 10:06 AM, the DSS stated she was the Grievance Official for the facility. The DSS stated the Social Services Aide (SSA) attended resident council meetings and was to inform the DSS of any concerns or complaints. In addition, the Director of Activities sent the resident council meeting minutes to her for review. The DSS stated a grievance was a complaint, adding that the facility had not received many grievances. According to the DSS, depending on the complaint, it may rise to the level of a grievance. The DSS stated that a resident needed to specify that they wanted to file a grievance in order for a grievance to be filed. The DSS stated she had not received grievances for missing items and was not aware of recent resident council complaints of missing items. On 07/24/2025 at 5:11 PM, the Director of Nursing (DON) stated when a resident made a complaint that could not easily be resolved, a grievance form should be completed and an investigation into the complaint should be initiated. The DON stated that once the investigation was completed, the resolution should be documented on the grievance form, and the resident should be notified of the outcome. The DON stated the facility had not received a grievance in six months or more. On 07/24/2025 at 5:45 PM, the Administrator stated when a concern came from the resident council, he expected a staff member to notify (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	social services, an investigation to begin, the resolution to be documented, and the resident be notified of the outcome. The Administrator also stated that residents should know who the grievance official was and how to file a grievance at the facility.

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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 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. Based on observation, interview, record review, and facility policy review, the facility failed to follow physician's orders for one (Resident (R) 3) of 16 sampled residents. Staff failed to follow R3's physician's orders for both the treatment of a skin tear to the resident's right arm, as well as a surgical wound to the left heel.The findings included:Review of a facility policy titled, Skin Breakdown/Pressure Ulcer, revised 01/2025, revealed, 2. All interventions are reviewed with the resident's physician for approval. The policy revealed, 4. If breakdown has been identified: i. The Team Manager to obtain orders from the resident's physician and iv. The Team Manager will contact the resident's physician for the appropriate treatment and discuss additional intervention to promote wound healing and/or decrease the risk of further breakdown.1a. Review of the admission Record revealed the facility admitted R3 on 11/06/2024. According to the admission Record, the resident had a medical history that included diagnoses of dementia, disease of the skin and subcutaneous tissue, and type II diabetes mellitus with foot ulcer. Per a quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/05/2025, R3 had a Brief Interview for Mental Status (BIMS) score of 10/15, which indicated the resident had moderate cognitive impairment.Review of R3's Care Plan, revealed it included a problem statement, revised 02/17/2025, that indicated the resident had potential for pressure ulcer development or skin breakdown. Per the care plan, the resident had fragile skin.Review of R3's Order Summary Report, dated 07/23/2025, included an order started on 06/26/2025, to cleanse a skin tear to the right antecubital (A/C) area (the area in front of the elbow) with normal saline, pat the area dry, apply bacitracin, and cover the area with a Tegaderm dressing (a thin, transparent, adhesive dressing). The order stated staff were required to check the area once daily for infection. The order also instructed staff to allow the dressing to fall off on its own, and that staff may replace the dressing as needed every day shift, until healed.During an observation on 07/21/2025 at 9:43 AM, R3 had scattered discoloration to the right upper extremity, and blood was observed on a dressing to the elbow area. Interview with R3 at this time revealed the areas were related to a bandage.During an interview on 07/23/2025 at 1:45 PM, Certified Nurse Assistant (CNA) 5 stated nurses had attempted multiple ways to remove a bandage to R3's right, upper extremity, causing the area to bleed.During an interview on 07/23/2025 at 2:00 PM, Registered Nurse (RN) 6 stated that on 07/09/2025, she attempted to remove R3's dressing; however, the bandage was tightly stuck to the skin, and she was unable to remove the dressing. She noted that staff attempted multiple ways to remove the bandage, including soaking the bandage with normal saline and baby soap. RN6 stated when the dressing was removed, the resident's arm began to bleed.During a follow-up interview on 07/24/2025 at 2:02 PM, RN6 reviewed R3's treatment orders and stated she had not seen the order for the dressing to be left on until it fell off, and she had been changing the dressing daily. RN6 stated that she had applied a dressing on 07/07/2025 during the day shift; however, when she returned to work on 07/09/2025, she noticed the dressing to the resident's antecubital area of the right upper extremity was now a bordered gauze type dressing (an absorbent gauze pad with an adhesive border, not the physician-ordered Tegaderm). RN6 stated that when she attempted to remove the dressing, it was very sticky and would not come off the arm. RN6 indicated she elicited RN7's assistance, who also attempted to remove the bandage without success. RN6 stated she then notified the charge nurse, RN8, who was able to remove the dressing. She stated that after the dressing was removed, the order was changed to a less adherent dressing.During an interview on 07/24/2025 at 8:24 PM, RN8 stated that, when she went to assist with the resident's wound care, she had no idea that the wrong dressing was on the site. RN8 stated she notified Nurse Practitioner (NP) 15, who was working in place of NP14, regarding the issue with R3's (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bandage. During an interview on 07/24/2025 at 7:48 PM, NP14 stated when she returned to work on 07/11/2025, she was notified that R3's dressing had to be soaked off. Further interview with NP14 revealed she expected staff to follow the provider's orders.During an interview on 07/24/2025 at 8:19 PM, the Director of Nursing (DON) stated she expected the staff to follow physician orders, ensure the correct dressing was in place, and notify the provider if an alternative bandage was needed.1b. R3's Care Plan also included a problem statement, revised 12/05/2024, that indicated the resident had skin impairment of the left heel related to a surgical wound. Interventions directed staff to follow facility protocols for treatment of injury (initiated 11/28/2024). R3's Order Summary Report, dated 07/23/2025, included an active order started on 07/02/2025, to cleanse the left heel with normal saline, pat the area dry, apply skin prep, cover the area with a foam dressing, and wrap with Kerlix.During an observation on 07/23/2025 at 5:22 PM, RN1 cleaned the wound to R3's left heel with saline soaked gauze, patted the wound dry with a gauze sponge, applied skin prep, then wrapped the left foot with a gauze wrap. RN1 was not observed to apply a foam dressing to the left heel as ordered, before wrapping the area with rolled gauze.During an interview on 07/23/2025 at 5:47 PM, RN1 confirmed she had excluded the foam dressing, which should have been applied during the resident's treatment.During an interview on 07/24/2025 at 5:30 PM, the DON indicated the nurses were trained to read the orders prior to administering a medication or treatment.During an interview on 07/24/2025 at 6:00 PM, the facility President stated he referred to the DON regarding expectations for wound care and following physician's orders.

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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 Centers for Disease Control and Prevention (CDC) information, the facility failed to ensure staff donned gloves when administering eye drops to one (R63) of six residents reviewed for medication administration. In addition, the facility failed to ensure staff performed hand hygiene as indicated during wound care for one (Resident (R) 3) of five residents reviewed for infection control.The findings included:1. Review of a CDC publication titled, Clinical Safety: Hand Hygiene for Healthcare Workers, dated 02/27/2024, revealed gloves should be worn, When needed for Standard Precautions (when you anticipate that you will come in contact with blood or other infectious materials, mucous membranes, non-intact skin, potentially contaminated skin, or contaminated equipment).Review of an admission Record revealed the facility admitted R63 to the facility on [DATE]. According to the admission Record, the resident had a medical history that included diagnoses of unspecified glaucoma and dry eye syndrome.Review of R63's July 2025, Medication Administration Record [MAR] revealed a transcription of an order for Refresh Liquigel Ophthalmic Gel 1 percent (%), with instructions to give one drop in both eyes four times a day for dry eyes.During an observation on 07/22/2025 at 11:45 AM, Certified Medication Aide (CMA) 4 administered the Refresh Liquigel, one drop to each eye (which is covered by a mucous membrane). CMA4 was not observed to don gloves prior to the administration of the eye drops. CMA4 utilized her left, ungloved hand to hold the resident's eye open and administered the eye drops with the right hand.During an interview on 07/22/2025 at 12:28 PM, CMA4 stated that she had been taught to wear gloves when administering eye drops but forgot because she was nervous during the observation.During an interview on 07/24/2025 at 5:30 PM, the Director of Nursing (DON) indicated CMA4 should have donned gloves before administering eye drops to R63.During an interview on 07/24/2025 at 6:00 PM, the facility President stated he referred to the DON for expectations regarding personal protective equipment (PPE) use.2. A CDC publication titled, Clinical Safety: Hand Hygiene for Healthcare Workers, dated 02/27/2024, revealed, Cleaning your hands reduces: - The potential spread of deadly germs to patients - The spread of germs, including those resistant to antibiotics. The publication revealed recommendations for hand hygiene included: Immediately before touching a patient. - Before performing an aseptic task such as placing an indwelling device or handling invasive medical devices. - Before moving from work on a soiled body site to a clean body site on the same patient. - After touching a patient or a patient's surrounding. - After contact with body fluids, or contaminated surfaces. - Immediately after glove removal. The publication revealed that healthcare facilities, Require healthcare personnel to perform hand hygiene based on CDC recommendations.Review of an admission Record revealed the facility admitted R3 on 11/06/2024. According to the admission Record, the resident had a medical history that included diagnoses of dementia, disorder of the skin and subcutaneous tissue, and type II diabetes mellitus with foot ulcer.Review of R3's Care Plan, included a problem statement revised 02/17/2025, that indicated the resident had the potential for pressure ulcer development or skin breakdown related to history of ulcers, immobility, and incontinence. Interventions initiated 07/02/2025 directed staff to provide enhanced barrier precautions (EBP - which includes the use of a gown and gloves when performing high-contact activities such as wound care.).Review of R3's Order Summary Report, dated 07/23/2025, included an active order started on 07/02/2025, to cleanse the left heel area with normal saline, pat the area dry, apply skin prep, cover with a foam dressing, and wrap with Kerlix.During an observation on 07/23/2025 at 5:22 PM, Registered Nurse (RN) 1 entered R3's room, performed hand hygiene with soap and water, and donned a pair of gloves and a gown. RN1 removed supplies from a treatment cart and placed them on a disposable drape on the resident's (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	overbed table. RN1 then doffed her gloves and donned a clean pair before removing a sheet and a pillow from the resident's bed. RN1 removed her gloves, donned clean gloves, retrieved another disposable drape, and placed it under the resident's foot. The observation revealed RN1 then removed the soiled dressing, doffed her gloves, and donned a pair of clean gloves. RN1 cleaned R3's wound with saline soaked gauze, used gauze to pat the wound bed dry, applied skin prep, wrapped the foot with a gauze wrap and secured it with tape. RN1 was not observed to perform hand hygiene between glove changes.During an interview on 07/23/2025 at 5:47 PM, RN1 confirmed that, while performing wound care for R3, she did not perform hand hygiene between glove changes. RN1 stated she failed to perform hand hygiene (which can be accomplished through either washing of the hands or using alcohol-based hand rub (ABHR)) because she was allergic to the ABHR.