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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185152 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/21/2025 |
| NAME OF PROVIDER OR SUPPLIER Somerswoods Rehabilitation and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 555 Bourne Avenue Somerset, KY 42501 | |

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) |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview, record review, and facility policy review, the facility failed to report a possible incident of resident-to-resident abuse to the state survey agency (SSA) within two hours for two (Resident (R) 78 and R13) of four residents reviewed for abuse.</p> <p>The findings included:</p> <p>Review of the facility Abuse, Neglect, or Misappropriation of Resident Property Policy, revised 03/10/2017, revealed 'Abuse' is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm or pain or mental anguish.</p> <p>Further review of the policy revealed that it failed to define/address the meaning of willful, a term defined in the Code of Federal Regulations at §483.5 in the definition of abuse which means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>A facility policy titled, Abuse, Neglect, or Misappropriation of Resident Property Policy, revised 03/10/2017, revealed the section titled Reporting/Response specified, The Administrator will ensure that the Division of Licensure and Regulation [SSA] and the Department of Social Services, Adult Protective Services will be notified immediately but no later than 2 hours after the allegation is received and determination of alleged abuse is made, of all complaints of abuse, neglect, including injuries of unknown origin, or misappropriation of resident property.</p> <p>An admission Record revealed the facility admitted R78 on 01/19/2022. According to the admission Record, the resident had a medical history that included diagnoses of depression, generalized anxiety disorder, and cognitive communication deficit. An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/21/2025, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15/15, which indicated the resident had intact cognition. R78's Care Plan Report included a focus area, initiated 06/03/2024, that indicated the resident exhibited problematic behaviors, including manipulative behavior, and seeking things to complain about.</p> <p>An admission Record revealed the facility admitted R13 on 03/20/2024. According to the admission Record, the resident had a medical history that included diagnoses of major depressive disorder, anxiety disorder, and cognitive communication deficit. A quarterly MDS, with an ARD of 11/12/2024, revealed R13 had a BIMS score of 14/15, which indicated the resident had intact cognition. R13's Care Plan Report revealed a focus area, initiated 05/29/2024, that indicated the resident had problematic behaviors characterized by ineffective coping and anxiety related to loss of control.</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: Facility ID: 185152 | If continuation sheet Page 1 of 6 |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 02/19/2025 at 2:37 PM, State Registered Nurse Aide (SRNA) 26 stated she recalled an incident several months prior in which R13 was propelling their wheelchair to the nursing station to get ice, and R78, who was by the elevator, mumbled under their breath, If that [explicit] rolls this way, I'm gonna [going to] kill [them]. SRNA 26 stated she redirected R78, who yelled at R13. SRNA26 stated R13 replied, You're not going to talk to me that way. SRNA26 stated R78 then pushed R13's wheelchair down the hallway, after R13 had turned their back. SRNA26 stated she was able to intervene before R13 traveled farther than a foot. SRNA26 described R13 as angry but not frightened following the incident. SRNA26 stated she reported the incident to Registered Nurse (RN) 27.</p> <p>During an interview on 02/20/2025 at 8:36 AM, the Administrator confirmed the incident in which R78 pushed R13's wheelchair and let go of it, stating R13 rolled a few feet down the hallway. Interview with the Administrator revealed that the facility was aware of the incident but chose to not report it to the state survey agency as a possible allegation of abuse because RN27 stated it was not a reportable incident. Interview with the Administrator revealed they reached the conclusion that the incident was not reportable because there was no harm or intent to harm, and the residents were not angry for more than 30 seconds after the incident. However, review of the federal definitions related to abuse revealed the regulation does not require the individual to intend to inflict injury or harm,</p> <p>During an interview on 02/21/2025 at 10:27 AM, the Director of Nursing (DON) stated that it was up to the Administrator to determine what did and did not get reported to the state survey agency. During an interview on 02/19/2025 at 2:37 PM, State Registered Nurse Aide (SRNA) #26 stated she recalled an incident several months prior in which Resident #13 was propelling their wheelchair to the nursing station to get ice, and Resident #78, who was by the elevator, mumbled under their breath, If that [explicit] rolls this way, I'm gonna [going to] kill [them]. SRNA #26 stated she redirected Resident #78, who yelled at Resident #13. SRNA #26 stated Resident #13 replied, You're [you are] not going to talk to me that way. SRNA #26 stated Resident #78 then pushed Resident #13's wheelchair down the hallway, after Resident #13 had turned their back. SRNA #26 stated she was able to intervene before Resident #13 traveled farther than a foot. SRNA described Resident #13 as angry but not frightened following the incident. SRNA #26 stated she reported the incident to Registered Nurse (RN) #27.</p> <p>During an interview on 02/20/2025 at 8:36 AM, the Administrator confirmed there was an incident in which Resident #78 pushed Resident #13's wheelchair and let go of it. The Administrator stated Resident #13 rolled a few feet down the hallway. The Administrator stated they did not report the incident to the state survey agency because RN #27 stated it was not a reportable incident. The Administrator stated they reached the conclusion that the incident was not reportable, because there was no harm or intent to harm, and the residents were not angry for more than 30 seconds after the incident.</p> <p>During an interview on 02/21/2025 at 10:27 AM, the Director of Nursing (DON) stated that it was up to the Administrator to determine what did and did not get reported to the state survey agency.</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy review, the facility failed to store medications securely in one of five medication carts. Specifically, nursing staff left a medication cart unlocked in the hallway while administering medications in resident rooms.</p> <p>The findings include:</p> <p>Review of a facility policy titled, Medication Storage, dated 09/2020, revealed, The medication cart shall be locked at all times, when not under the direct physical supervision of a licensed nurse or medication aide.</p> <p>Observation on 02/18/2025 at 8:53 AM revealed a medication cart located on the 200 Hall was unlocked. Registered Nurse (RN) 11 was observed in room [ROOM NUMBER], administering medications. RN11 was approximately 16 feet from the medication cart and was not within eyesight of the medication cart.</p> <p>Observation and interview on 02/18/2025 at 9:03 AM revealed RN11 was in room [ROOM NUMBER] administering medications. The medication cart remained unlocked in the hallway, out of R11's line of sight. RN11 exited room [ROOM NUMBER] and returned to the medication cart. When interviewed, RN 11 stated it was important to lock the medication cart when she went into resident rooms. RN11 stated she had not paid attention to whether she had locked the medication cart when she went into the resident rooms.</p> <p>During an interview on 02/20/2025 at 3:52 PM, RN13, the Unit Manager, stated the medication cart should be locked when the nurse went into resident rooms to administer medications.</p> <p>During an interview on 02/21/2025 at 8:45 AM, the Director of Nursing (DON) stated the medication cart should be locked when the nurse was administering medications in resident rooms.</p> <p>During an interview on 02/21/2025 at 8:56 AM, the Administrator stated the medication cart should be within sight of the nurse or it should be locked.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and facility document and policy review, the facility failed to store food in accordance with accepted professional standards for food service safety. Leftover food items were not labeled with a product name and open or use-by date. Raw meat was stored above cooked food items in a reach-in refrigerator. These failures had the potential to affect all residents receiving meals from the dietary department.</p> <p>Findings included:</p> <p>1. The facility's Dietary Policy Manual, revised 01/23/2018, revealed a policy titled, Food Storage that specified, All incoming foods will have a delivery date and an 'open date' or 'use by' date. When the foods are stored in a container other than the original container, the container will be labeled with the name of the product.</p> <p>A concurrent observation of the reach-in refrigerator and an interview with the Dietary Supervisor on 02/17/2025 at 9:40 AM revealed leftover green beans and leftover green chili were stored without labels that included a product name or dates. In addition, a bag of petit fours (bite-sized desserts) was inside a bag labeled as bologna. The Dietary Supervisor confirmed the items observed were green beans, petit fours, and green chili. The Dietary Supervisor stated the food items should have been labeled, and the petit fours were in a bag incorrectly labeled as bologna.</p> <p>During an interview on 02/20/2025 at 10:37 AM, Dietary Aide (DA) 18 stated the process for putting away left over food items included labeling them with the name of the contents, the use-by date, and the date the item was made.</p> <p>During an interview on 02/20/2025 at 10:40 AM, [NAME] 19 stated leftover food items were to be labeled with the name of the food, the date it was made, and the discard date.</p> <p>During an interview on 02/21/2025 at 12:17 PM, the Administrator stated he expected food items to be labeled and dated according to facility policy.</p> <p>2. An observation on 02/17/2025 at 9:48 AM of the reach-in refrigerator revealed an undated document titled, Proper Food Storage in Refrigerators and Freezers was posted on the refrigerator door. The document specified that raw meats should be stored below produce, cooked food items, and ready-to-eat food items. The inside of the refrigerator contained a bag of raw meat, confirmed by the Dietary Supervisor to be ground beef patties. The raw ground beef patties were stored on the top shelf of the refrigerator above a container of prepared white chicken chili.</p> <p>During an interview on 02/20/2025 at 10:37 AM, DA18 stated raw meats were to be stored below cooked foods.</p> <p>During an interview on 02/21/2025 at 12:17 PM, the Administrator stated he expected food items to be stored according to facility policy.</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>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, record review, and facility document and policy review, the facility failed to ensure staff donned personal protective equipment (PPE) when providing care to two (Resident (R) 42 and R29) of two residents reviewed for contact precautions.</p> <p>The findings include:</p> <p>A facility policy titled, Standard and Transmission - Based Precautions, revised 06/13/2024, revealed the section titled Contact Precautions, indicated, Necessary when transmission of microorganism is by direct contact [sic] Precautions include gloves, gown, and containment of microorganism.</p> <p>Facility signage titled, Contact Precautions, revised 04/2023, indicated, All Healthcare Personnel must .Wear gloves when entering room and remove before leaving room .Wear a gown when entering room and remove before leaving.</p> <p>1. An admission Record revealed the facility admitted R42 on 10/16/2024. According to the admission Record, the resident had a medical history that included a diagnosis of recurrent enterocolitis due to clostridium difficile. A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/14/2025, revealed R42 had a Brief Interview for Mental Status (BIMS) score of 15/15, which indicated the resident was cognitively intact.</p> <p>R42's physician orders revealed an order dated 02/17/2025 for vancomycin (an antibiotic) 125 milligrams (mg) four times a day for 10 days for clostridium difficile. R42's Progress Notes, dated 02/18/2025 at 4:18 PM, revealed that on 02/17/2025 the resident met the criteria for contact precautions. The notes revealed that the medical doctor, resident, and resident representative were aware.</p> <p>During an observation and interview on 02/17/2025 at 8:31 AM, State Registered Nurse Aide (SRNA) 2 was observed in R42's room, providing care without wearing a gown and gloves. SRNA2 stated she missed the signage, but she knew she should be wearing a gown and gloves while inside rooms that had residents on contact precautions. She stated she was unsure if the resident was on contact precautions because she had not worked with the resident for a while.</p> <p>During an interview on 02/17/2025 at 8:51 AM, R42 confirmed their diagnosis of clostridium difficile and that the previous staff had not worn PPE to provide care.</p> <p>2. An admission Record revealed the facility admitted R29's medical history included a diagnosis of zoster (shingles) without complications.</p> <p>R29's Progress Notes, dated 02/18/2025 at 9:27 AM, revealed that on 02/14/2025 the resident had a rash on their forehead that was confirmed as shingles per the medical doctor. An additional Progress Notes, dated 02/18/2025 at 4:19 PM, revealed that on 02/14/2025 the resident met the criteria for contact precautions. The notes revealed that the medical doctor and the resident were aware.</p> <p>Review of R29's Care Plan Report revealed a focus area initiated 02/17/2025, that indicated the resident had an actual infection/skin integrity impairment related to shingles. An intervention initiated 02/18/2025, directed staff to use Contact Precautions.</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>During an observation on 02/18/2025 at 12:02 PM, SRNA7 and SRNA8 went into R29's room to serve the resident a meal tray. Although R29 was on contact precautions for shingles, neither SRNA gowned or gloved before entering the room.</p> <p>SRNA7 and SRNA8 were interviewed on 02/18/2025 at 12:03 PM. SRNA7 stated their understanding that contact precautions only applied if staff were providing care, not offering meal trays. SRNA8 added that contact precautions were only necessary if you touched the resident or provided personal care.</p> <p>During an interview on 02/19/2025 at 3:32 PM, Administrative Licensed Practical Nurse (LPN) 30, who was also the Infection Preventionist, stated that for rooms where residents were on contact precautions, staff were required to wash their hands before entering and wear a gown and gloves.</p> <p>During an interview on 02/21/2025 at 10:27 AM, the Director of Nursing (DON) stated she expected staff to wear a gown and gloves and fully wear PPE before entering a room where contact precautions were in place. The DON stated if the resident had been on enhanced-barrier precautions, staff would not need to wear a gown and gloves if they were not touching the resident, but this did not apply to contact precautions.</p> <p>During an interview on 02/21/2025 at 10:42 AM, the Administrator stated if a resident was on contact precautions and not enhanced-barrier precautions, staff should don and doff PPE as directed by the signage.</p> | | |