

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Signature Healthcare at Jefferson Manor Rehab & We		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Lynn Way Louisville, KY 40222	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>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 record. 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. 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. During an interview on 07/21/2025 at 11:30 AM, Resident #17 stated they did their own breathing treatments every 4 hours. 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. 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. 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. 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. 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. 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</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
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