

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Riverside Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 190 East Highway 136 Calhoun, KY 42327	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of facility policy, the facility failed to treat each resident with respect, dignity and care in a manner and an environment that enhances his or her quality of life by not announcing themselves before entering the room of (5) residents. (Resident (R) R9, R16, R17, R27, and R28).</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Resident Rights, reviewed 09/13/2024, revealed all residents had the right to be treated with respect and dignity. These rights would be promoted and protected by the facility. All residents would be treated in a manner and in an environment that promoted maintenance or enhancement of quality of life. When providing care and services, the stakeholders would respect the resident's individuality and value their input by providing them a dignified existence, through self-determination and communication with and access to persons and services inside and outside the facility. Further review of the policy revealed the facility would make every effort to support each resident in exercising his/her right to assure that the resident is always treated with respect, kindness, and dignity.</p> <p>1. Review of R9's medical record revealed the facility admitted the resident on 03/20/2023 with diagnoses which included: chronic obstructive pulmonary disease, type 2 diabetes mellitus, and gastro-esophageal reflux disease.</p> <p>Review of R9's Annual Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) date of 02/11/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition.</p> <p>[NAME] an interview with R9 on 03/12/2025 at 1:28 PM, she stated, sometimes staff knock but not always. R9 stated she would like for staff to knock on the door before entering.</p> <p>2. Review of R16's medical record revealed the facility admitted the resident on 01/24/2024 with diagnoses which included: type 2 diabetes mellitus, cognitive communication deficit and gastro-esophageal reflux disease.</p> <p>Revoew of R16's Quarterly MDS Assessment with an ARD date of 02/19/202, revealed the facility assessed the resident to have a BIMS score of 8 out of 15, indicating intact cognition.</p> <p>During an interview with R16 on 03/12/2025 at 1:05 PM, she stated staff were always coming in and out of her room without knocking. She further stated it would be nice if someone knocked on the door.</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: 185209	If continuation sheet Page 1 of 4

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of R17's medical record revealed the facility admitted the resident on 02/07/2025 with diagnoses which included: chronic obstructive pulmonary disease and gastro-esophageal reflux disease.</p> <p>Review of R17's Quarterly MDS Assessment with an ARD date of 02/07/2025, revealed the facility assessed the resident to have a BIMS score of 15 out of 15, indicating intact cognition.</p> <p>4. Review of R28's medical record revealed the facility admitted the resident on 04/05/2019 with diagnoses which included: unspecified dementia and a history of abnormal weight loss.</p> <p>Review of R28's Quarterly MDS Assessment with an ARD date of 02/06/2025, revealed the facility assessed the resident to have a BIMS score of three (3) out of 15, which indicated severe cognition.</p> <p>5. Review of R27's medical record noted she was admitted to the facility on [DATE] with diagnoses which include generalized anxiety disorder and moderate intellectual disabilities.</p> <p>Review of R27's Quarterly MDS Assessment with an ARD date of 01/31/2025, revealed the facility assessed the resident to have a BIMS score of 3 out of 15 which indicated severe cognition</p> <p>During a lunch observation meal pass on 03/12/2025 at 11:45 AM, Registered Nurse (RN) 1 was passing trays to rooms [ROOM NUMBERS] and failed to announce herself or knock on the resident's door prior to entering the room. Further observation of the meal pass 03/12/2025 at 11:45 AM, revealed Certified Nurse Aide, (CNA) 4 failed to announce herself or knock on the resident's door prior to entering the rooms [ROOM NUMBER].</p> <p>During an interview with RN1 on 03/12/2025 at 2:18 PM, she stated she should have knocked on the resident's door before entering the resident rooms. She stated she knew it was a dignity issue since this is the residents' home.</p> <p>During an interview with CNA4 on 03/12/2025 at 2:10 PM, she stated she was aware she was supposed to knock on resident's doors before entering the room; however, she stated she had her hands full with a tray and didn't want to drop the tray. She further stated she could have voiced her arrival at doorway and alerted residents she was entering their room. CNA 4 stated she was trained to knock on resident rooms prior to entering because it was the residents home and staff should respect that.</p> <p>During an interview with the Administrator on 03/13/25 at 3:48 PM, he stated he expected staff to knock on residents' doors or verbally announce themselves prior to entering the rooms per the facility policy and practices.</p> <p>During an interview with the Director of Nursing (DON) on 03/13/25 at 3:50 PM, she stated she expected staff to introduce themselves before entering residents rooms.</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, review of facility policy, and review of the Centers for Disease Control and Prevention (CDC) guidelines 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 the development and transmission of communicable diseases and infections for one (1) of three (3) residents. Observation of wound care for Resident (R)54 revealed a failure to remove contaminated gloves prior to touching Resident's clothing, bedding, walker, table, and chair.</p> <p>The findings include:</p> <p>Review of policy Infection Control, reviewed 01/17/2025, revealed Facility infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections . All personnel will be trained on infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The depth of employee training shall be appropriate to the degree of direct resident contact and job responsibilities.</p> <p>Review of policy Hand Hygiene, reviewed 09/13/2024, revealed All personnel shall be trained on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . hand hygiene is the final step after removing and disposing of personal protective equipment. The use of gloves does not replace hand washing/hand hygiene.</p> <p>Review of the (CDC) guidelines, dated 02/27/2024. revealed Gloves should be used whenever healthcare workers anticipate contact with blood, bodily fluids, mucous membranes, nonintact skin, or potentially contaminated surfaces and equipment. The CDC stresses that gloves must be changed between, patient contacts and when moving from contaminated to clean tasks for the same patient. This practice helps ensure that microorganisms are not inadvertently spread .</p> <p>Review of R54's Face Sheet, located in the resident's Electronic Health Record (EHR), revealed the facility admitted the resident on 10/20/2023 with diagnoses to include chronic obstructive pulmonary disease, unspecified dementia, and type two diabetes mellitus with hyperglycemia.</p> <p>Review of R54's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 01/30/2025, completed related to a significant change, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] of 3 out of 15, which indicated severe cognitive impairment.</p> <p>Review of R54's Comprehensive Care Plan, revealed R54 was care planned for Enhanced Barrier Precautions related to chronic wounds, with a start date of 02/13/2025. The short-term goal, with a target date of 05/13/2025, was that Resident would not experience any adverse outcomes related to enhanced barrier precautions. The goal would be achieved by the following approaches: disinfect high touch surfaces as able/as needed (PRN), attempt to maintain environmental cleanliness, personal protective equipment as indicated, and report to physician signs and symptoms of infection as needed.</p> <p>Observation of the dressing change of R54's coccyx wound on 03/12/25 at 10:25 AM revealed the</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>Assistant Director of Nursing (ADON) did not remove her gloves and sanitize her hands after changing the dressing and before assisting the resident to a chair at the bedside. Failure to remove her gloves and sanitize her hands resulted in contaminating resident's clothing, walker, table and any other item that were touched.</p> <p>In an interview with ADON on 03/12/2025 at 10:35 AM, she stated she should have removed her gloves after completing R54's dressing change and donned clean gloves before placing the resident's clothing back on and assisting her to the bedside chair.</p> <p>In an interview on 03/13/25 9:43 AM with Licensed Practical Nurse/Infection Preventionist/Staff Development Coordinator (LPN IP/SDC), she stated skills checks were done with a skills checkoff for hand hygiene and other skills. She further stated surveillance was done daily to ensure staff were using proper infection control techniques regarding hand hygiene and wound care as well as enhanced barrier precautions. She further stated she expected all staff to follow the facility policies and procedures as written related to infection control practices.</p>