

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2025
NAME OF PROVIDER OR SUPPLIER Nicholasville Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Sparks Avenue Nicholasville, KY 40356	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, record review, review of the facility's signage, and review of the facility's policies, 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 and to implement interventions to protect the residents for 4 of 27 sampled residents, Resident (R) 21, R34, R39, and R41. Observation on 08/19/2025 revealed staff donned (put on) N-95 masks over surgical masks prior to entering rooms designated as Covid positive rooms. Observation on 08/19/2025 revealed rooms designated as Covid positive rooms were without proper signage for droplet precautions. Observation on 08/20/2025 revealed staff exited a room designated as a Covid positive room without removing an N-95 mask and wearing the same mask to another department. The findings include: Review of the facility's policy titled, Infection Prevention and Control Program, no date given, revealed the facility had infection prevention and control programs designed to provide a safe, sanitary, and comfortable environment. Additional review revealed the program helped to prevent the development and transmission of communicable diseases and infections with procedures for all staff to be responsible for following all policies and procedures related to the program including to use personal protective equipment (PPE) according to facility policy. Further review revealed staff would be educated on the facility's infection and prevention program related to their job functions. Review of the facility's policy titled, Covid-19 Prevention and Management, dated 03/05/2025, revealed the facility was to follow updated recommendations set forth by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) regarding prevention and management of the Covid-19 virus. Further review revealed the policy was to ensure proper treatment and prevention of the transmission of Covid-19 to other residents and care team members. The policy stated care team members would be required to wear eye protection, N-95 or surgical mask over N-95, gown, and gloves prior to entry and remove prior to exiting the quarantine or isolation room. Continued review revealed surgical masks could not be used under an N-95 mask. Review of the facility's door signage Special Droplet/Contact Precautions, undated, revealed everyone must wear proper PPE including a facemask at all times which included an N-95 upon entering the room. 1. Review of Resident (R) 21's Face Sheet revealed the facility admitted the resident on 08/01/2025 with diagnoses to include low blood pressure, dementia, and hypothyroidism. Further review revealed his assigned room was designated as Covid positive. Review of R21's SAR-COV-2 [severe acute respiratory syndrome coronavirus 2] (Covid-19) Resident Testing Data revealed a test performed on 08/13/2025 had positive results. Observation of the Business Office Manager (BOM) on 08/19/2025 at 10:50 AM revealed the BOM entered R21's room, a room designated as Covid positive with a surgical mask under an N-95 mask. During an interview with BOM on 08/19/2025 at 3:00 PM, she stated she had been working at the facility for about nine months. When asked if the facility had provided any training for putting on and disposing of PPE for Covid positive rooms, she stated yes and no. When asked what that</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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