

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Rosedale Green		STREET ADDRESS, CITY, STATE, ZIP CODE 4250 Glenn Avenue Covington, KY 41015	

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 Centers for Medicare and Medicaid (CMS) memorandum, and facility policy review, 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.</p> <p>Observations revealed the facility failed to clean the mechanical lift after use for two of three sampled residents, Resident (R) 1 and R117. Also, R117 had a wound requiring dressing changes but was not in Enhanced Barrier Precautions (EBP).</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Control Policies & Procedures, dated 01/08/2025, revealed shared resident equipment should be disinfected between resident use.</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, reviewed/revised 02/05/2025, stated chronic wounds (e.g. wounds that were not following their healing trajectory as determined by the wound care provider), and according to the new regulations effective 04/01/2024, Enhanced Barrier Precautions (EBP) were to be implemented for wounds and/or indwelling medical devices even if the resident was not known to be infected or colonized with a multi-drug resistant organism (MDRO). Per the policy, wounds generally included chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage. The policy stated the regulations did not give exceptions for wounds that were following their healing trajectory.</p> <p>Review of the CMS Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Ref: QSO-24-08-NH, dated 03/20/2024 and effective 04/01/2024, Enhanced Barrier Precautions in Nursing Homes, revealed Enhanced Barrier Precautions (EBP) use was recommended for residents with chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing. The memo also stated chronic wound examples included, but were not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.</p> <p>Review of the list provided by the facility Dressing Changes, not dated, revealed R117 required a dressing change.</p> <p>However, review of the list provided by the facility Resident Enhanced Barrier Precautions [EBP], updated 04/16/2025, revealed R117 was not on the list as being on EBP.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Rosedale Green		STREET ADDRESS, CITY, STATE, ZIP CODE 4250 Glenn Avenue Covington, KY 41015	
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>1. Review of R1's 'Face Sheet revealed the facility admitted the resident on 04/20/2006 with diagnoses of urinary tract infection, anxiety, and dementia.</p> <p>Review of R1's annual Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 02/07/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 99, which indicated R1 was unable to complete the interview.</p> <p>Review of R1's Care Plan, dated 03/26/2025, revealed, I am colonized by a Multi-Drug-Resistant Organism (MDRO); therefore, I am on Enhanced Barrier Precautions. The problem start date was 10/14/2024 with an edited date of 04/02/2025 with the intervention listed Utilize ENHANCED BARRIER PRECAUTIONS during high-risk resident care activities. (Dressing, bathing, transfers, toileting, hygiene, changing linen, and during any wound or medical device care).</p> <p>Observation on 04/14/2025 at 2:10 PM revealed State Trained Nursing Assistant (STNA) 1 was observed coming out of R1's room with a mechanical lift who had an Enhanced Barrier Sign posted outside the door. STNA1 placed the mechanical lift into the storage room without disinfection after use.</p> <p>During an interview on 04/14/2025 at 2:10 PM with STNA1, she stated the mechanical lifts got cleaned once a shift, and she was unsure what the policy stated.</p> <p>During an interview on 04/16/2025 at 9:30 AM with STNA6, she stated mechanical lifts should be cleaned before and after each use with purple top Sani-Wipes (a disinfectant wipe) to prevent the spread of infection.</p> <p>During an interview on 04/16/2025 at 9:32 AM with STNA7, she stated mechanical lifts should be cleaned with Sani-Wipes between each resident use for resident safety.</p> <p>2. Review of R117's Face Sheet revealed the facility admitted the resident on 01/10/2023 with diagnoses to include cellulitis of left toe, dementia, and bursitis of the left hip.</p> <p>Review of 117's quarterly MDS, with an ARD of 03/29/2025, revealed the facility assessed the resident to have a BIMS score of 99, which indicated R117 was unable to complete the interview.</p> <p>Review of R117's Progress Note, dated 03/05/2025, revealed, Patient is currently on a course of Keflex for cellulitis of her left great toe. Her Keflex was extended by wound NP [Nurse Practitioner]. This is a chronic vascular wound.</p> <p>Review of R117's Progress Note, dated 04/15/2025, revealed, Open wound of left great toe, Osteomyelitis of great toe. Plan continue Xeroform dressing daily.</p> <p>Observation on 04/15/2025 at 10:22 AM, revealed STNA4 dressed R117 in pants and a blouse wearing only gloves. Further observation of R117 revealed she had a gauze bandage that was taped to her left great toe. The gauze had a brown colored spot at the tip of the toe, approximately a one-half inch oval shape. STNA4 then used the sit-to-stand lift to transfer R117 to the wheelchair, using the lift pad. Continued observation revealed, after she transferred R117, she removed her gloves and sanitized her hands. She then placed the lift pad on the lift and took the lift to the tub room on the 300 Unit. STNA4 did not disinfect the lift pad or the lift. Observation also revealed there was no EBP signage on R117's door.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Rosedale Green		STREET ADDRESS, CITY, STATE, ZIP CODE 4250 Glenn Avenue Covington, KY 41015	
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>During interview with STNA4 after the observation, she stated she should have cleaned the lift with a Sani-Wipe. She stated she also should have hung the lift pad on a hook in the shower room.</p> <p>During interview with the Infection Preventionist on 04/17/2025 at 8:42 AM, she stated the mechanical lifts were to be cleaned before and after use. She also said she was involved in updating the infection control policies.</p> <p>During interview with the Assistant Director of Nursing (ADON) on 04/15/2025 at 2:17 PM, she stated staff wore Personal Protective Equipment (PPE) when residents were on Enhanced Barrier Precautions (EBP) only when they were providing care for residents. She stated EBP were for residents who had any portal of entry, chronic wounds, or Multi-Drug Resistant Organisms (MDRO). She further stated residents who had wounds that were following their healing trajectory as determined by the wound care provider, did not need to be in EBP.</p> <p>During interview with the Director of Nursing (DON) on 04/15/2025 at 2:20 PM, she stated only residents with wounds that were chronic and not healing needed to be in EBP. She stated residents who had wounds that were healing did not need to be in EBP. She stated she thought that was what the policy said.</p> <p>During additional interview with the DON on 04/17/2025 at 8:11 AM, she stated she expected staff to disinfect mechanical lifts after use. She stated she received new information, dated 09/2022, on EBP. She stated EBP were to be in place for certain high contact tasks, as listed on the EBP poster. She stated EBP was in place for those who were colonized with MDROs, any indwelling device, and any chronic wounds that were not following their healing trajectory.</p> <p>During interview with the Administrator on 04/17/2025 at 10:55 AM, she stated it was her expectation that staff followed the facility's policy and procedures for EBP. The Administrator stated she expected staff to clean/disinfect the mechanical lifts after each resident use. She also stated the EBP policy was updated when new guidance came out. She stated she and the Administrator at the sister facility, who was a Registered Nurse (RN), received the updates. She stated the infection control policies were reviewed annually, and if something changed, they were updated.</p>		