

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Rockcastle Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 371 West Main Street Brodhead, KY 40409	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to provide needed services to maintain good grooming for one (Resident (R9) of four sampled residents reviewed for activities of daily living (ADLs). The facility failed to ensure that R9, who was dependent on staff for assistance with personal hygiene, received the care needed to keep the resident's fingernails trimmed and clean. The findings included: A facility policy titled, Activities of Daily Living (ADLs), reviewed 01/31/2025, indicated, For those residents who are unable to perform their own activities of daily living, the facility will provide the needed assistance for completion of cares. Review of a Resident Face Sheet revealed the facility admitted R9 on 12/27/2024. According to the Resident Face Sheet, R9 had a medical history that included diagnoses of type 2 diabetes mellitus, muscle weakness, osteoarthritis, and cancer. A significant change in status Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/18/2025, revealed R9 had a Brief Interview for Mental Status (BIMS) score of 9/15, which indicated the resident had moderate cognitive impairment. The MDS indicated that the resident had moderate difficulty hearing, moderately impaired vision with the use of corrective lenses, and did not reject care during the assessment's lookback period. Per the MDS, R9 required substantial to maximal assistance from staff for completion of personal hygiene tasks. R9's Care Plan, included a problem statement edited 07/24/2025, that indicated the resident had concerns with ADL functional/rehabilitation potential. Interventions directed staff to assist the resident with ADL care as needed (created 12/30/2024). During an observation on 08/25/2025 at 9:51 AM, R9's fingernails extended at least 1/4 inch beyond the tip of his fingers. During an observation on 08/26/2025 at 2:55 PM, R9 was lying in bed. The resident's nails remained long. Two visitors whom R9 identified as family members were in the room. Interview with the family members revealed the resident's nails could stand trimming and the edges of his fingernails were jagged. The family stated that sometimes they trimmed R9's nails but thought it was the responsibility of the facility to trim the resident's nails. The family added that this time, they were waiting to see if the facility trimmed the resident's nails. During an observation on 08/27/2025 at 1:30 PM, R9's fingernails were still uncut and extended past the tip of his fingers, about 1/4 to 1/2 inch. Certified Nursing Assistant (CNA) 4 was interviewed on 08/27/2025 at 4:32 PM. She stated the CNAs were responsible for clipping and cleaning fingernails on shower days and as needed. CNA4 added that, if the resident had a diagnosis of diabetes, then the CNA told the nurse, and fingernail care was the responsibility of the nurse. Registered Nurse (RN) 5 was interviewed on 08/28/2025 at 11:49 AM. RN5 stated that the CNAs were supposed to look at the residents' nails on shower days and, if needed, trim the nails, unless the resident had diabetes. Per the interview, if the resident had diabetes, the CNAs were to report the need for nail trimming to the nurse, who was then responsible for performing this care as needed. During an observation on 08/29/2025 at 12:55 PM, R9 was lying in bed eating lunch. The resident's nails remained long and needed to be cleaned and trimmed. During a concurrent interview, R9 commented</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: 185246	Facility ID: 185246 If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Rockcastle Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 371 West Main Street Brodhead, KY 40409	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>that the staff had not cleaned or trimmed his nails yet. CNA7 was interviewed on 08/29/2025 at 12:58 PM. CNA7, who stated she was not the resident's assigned CNA, observed R9's fingernails and confirmed that they needed to be trimmed and cleaned. Interview on 08/29/2025 at 12:59 PM with CNA9 revealed she was assigned to care for R9. CNA9 stated fingernails were to be cleaned and clipped either during showers or when the nails were noted to be long and dirty. CNA9 stated she had not given R9 a bath since there had been a shower aide on duty. After checking the schedule, she noted that day was not the resident's shower day. CNA9 stated that while she had assisted the resident with incontinence care and oral care, she had not noticed the resident's fingernails, which she indicated needed to be cleaned and clipped. The Director of Nursing (DON) was interviewed on 08/29/2025 at 5:44 PM. The DON stated she expected the staff to keep resident's nails clean and trimmed as the resident allowed. The Administrator was interviewed on 08/29/2025 at 5:53 PM. The Administrator stated he expected residents to be kept neat and tidy as the resident allowed staff to assist.</p>		