

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185248	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Sayre Christian Village Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3775 Belleau Wood Drive Lexington, KY 40517	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, record review, and review of the facility's policies, the facility failed to ensure the resident had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences for 2 of 4 sampled residents, Resident (R) 34 and R120.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Call Lights: Accessibility and Timely Response, revised 01/30/2025, revealed staff would ensure the call light was within reach of the resident and secured as needed. Further review revealed the call system would be accessible to residents while in their bed or other sleeping accommodations within the resident's room.</p> <p>Review of the facility's policy titled, Resident Rights, undated, revealed the resident had the right to a dignified existence and self-determination.</p> <p>Review of the facility's policy titled, Safe and Homelike Environment, undated, revealed the facility would provide a safe, clean, comfortable, and homelike environment.</p> <p>1. Review of R34's admission Record revealed the facility admitted the resident on 12/05/2024 with diagnoses including acute lymphoblastic lymphoma (ALL), urine retention, and chronic obstructive pulmonary disease (COPD).</p> <p>Review of the R34's quarterly Minimum Data Set [MDS] with an Assessment Reference Date (ARD) of 03/07/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 13 out of 15, which indicated the resident was cognitively intact. Further review revealed the resident required substantial to maximum assistance with bed mobility and was dependent on staff for transfers.</p> <p>Review of R34's Care Plan Report, with a revision date of 12/10/2024, revealed the resident required assistance from staff with activities of daily living (ADL).</p> <p>Observation on 04/22/2025 at 8:54 AM and again on 04/22/2025 at 11:22 AM revealed R34 was asleep in her bed. However, the call light was observed on the floor and out of the resident's reach.</p> <p>In an interview on 04/23/2025 at 9:32 AM, State Registered Nurse Aide (SRNA) 3 stated it was important residents' call lights were within their reach for safety purposes. She further stated if the call light was out of reach, residents felt unprotected. SRNA3 stated the call light should never be on the floor.</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: 185248	If continuation sheet Page 1 of 10

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with SRNA11 on 04/24/2025 at 9:54 AM, she stated residents' call lights should always be within their reach because it was a safety issue. She stated if a resident needed assistance, it was important for staff to be notified.</p> <p>In an interview with Licensed Practical Nurse (LPN) 1 on 04/24/2025 at 10:18 AM, she stated access to staff was important when residents needed help, and the call light should always be within their reach.</p> <p>2. Review of R120's admission Record revealed the facility admitted the resident on 01/30/2025 with diagnoses including cerebral infarction (stroke) and Alzheimer's disease.</p> <p>Review of R120's admission MDS, with an ARD of 02/06/2025, revealed the resident had a BIMS score of 14 out of 15, which indicated the resident was cognitively intact.</p> <p>Observation on 04/21/2025 at 1:42 PM revealed R120 in her room sitting up in the recliner.</p> <p>Observation on 04/22/2025 at 8:34 AM revealed R120 asleep in her recliner.</p> <p>In an interview with R120 on 04/21/2025 at 1:42 PM, she stated she slept in the recliner each night. She further stated she was not able to sleep in her bed because it was uncomfortable and small; and the facility was supposed to have it replaced.</p> <p>In an additional interview with R120 on 04/22/2025 at 1:31 PM, she stated again that the bed in her room was uncomfortable. She stated she spoke to someone at the facility about it, but no one had responded. R120 stated she was not sure who she spoke with, but thought it was about a week or so ago. R120 stated she preferred a bed rather than a recliner when she slept.</p> <p>In an interview with the Social Services Director (SSD) on 04/23/2025 at 3:41 PM, she stated she was notified of a problem with R120's bed about a week ago. She further stated she was not sure exactly what the issue was; but something about the bed being too narrow, and R120 slept in her recliner. The SSD stated she thought perhaps the resident was a little claustrophobic. She further stated it was her responsibility to make sure someone followed up with the resident. The SSD stated she had not followed up with R120 but should have.</p> <p>In an interview with R120's Representative on 04/24/2025 at 3:47 PM, she stated the resident had not slept in a recliner at home. She further stated she was not sure what the issue was with the bed at the facility, but R120 slept in a bed when she was at home.</p> <p>In an interview on 04/24/2025 at 4:29 PM, the Director of Nursing (DON) stated she expected all staff would answer call lights, and if the resident's need was not in their scope of practice, appropriate staff would be contacted. She further stated a call light should never be left on the floor or anywhere out of a resident's reach because they needed access to staff at all times. The DON stated they had several residents at the facility that preferred a recliner over a bed, and she was not aware of an issue with R120's bed.</p> <p>In an interview with the Administrator on 04/24/2025 at 5:06 PM, she stated it was her expectation call lights were placed on the bed within the resident's reach, and on the floor was not acceptable. She stated she had not received a grievance or complaint from R120, or her family related to the need for a different bed. She further stated that was an issue that should have been brought to her</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>Based on interview, record review, and review of the facility's documents, the facility failed to ensure residents and resident representatives were informed, using appropriate language, that binding arbitration agreements explicitly were not required as a condition of admission explicitly provided the residents or resident representatives the right to rescind the agreement within 30 days of signing it for 5 of 5 residents reviewed for arbitration agreements, Resident (R) 32, R58, R117, R127, and R131.</p> <p>Additionally, interview with three residents (R58, R127, R131) that signed agreements, including one as recently as 04/01/2025 (R131), did not recall the discussion of arbitration or signing of arbitration agreements.</p> <p>The findings include:</p> <p>Review of the facility's document Arbitration and Mediation agreement, not dated, revealed appropriate verbiage was not included on the form. The form did not indicate it was an optional form for the resident to complete; did not indicate it was not a requirement for the resident's admission; and did not indicate residents or representatives had 30 days to rescind the form after signing.</p> <p>In interviews with the five residents present for the Resident Council meeting on 04/22/2025 at 1:26 PM, they stated none of them recalled signing any arbitration agreement. After the State Survey Agency (SSA) Surveyor described the arbitration document as a form that should have been identified as not a requirement to sign for admission, they still did not recall signing any arbitration agreement.</p> <p>Review of R32's and R117's Arbitration and Mediation agreement revealed both forms were signed by responsible parties and did not include required verbiage indicating it was not a requirement for admission and could be rescinded within 30 days of signing.</p> <p>Review of R58's and R127's Arbitration and Mediation agreement revealed both residents had signed their own arbitration agreements, which did not include require verbiage indicating it was not a requirement for admission and could be rescinded within 30 days of signing. R58 signed her document on 08/15/2023, and R127 signed his document on 05/30/2024.</p> <p>Review of the facility's new electronic health records (EHR) revealed R131 was classified as a new admission. Per the record, the facility admitted R131 on 04/01/2025, and she signed her own arbitration agreement.</p> <p>In an interview with R131 on 04/23/2025 at 8:17 AM, she stated there's so many things, if it said to sign it, then I signed it. She stated she thought the forms in the admission packet were for insurance. She stated the word arbitration did not sound familiar to her, and an arbitration form was not explained to her in detail.</p> <p>In an interview with the Admissions Coordinator (AC) on 04/22/2025 at 3:36 PM, she stated she had been trained on presentation and completion of Arbitration and Mediation forms by the Administrator. The AC stated she went over and read the agreement to residents or the responsible party. She stated she shared that they had the option not to sign but was not aware residents or representatives had</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>the right to rescind arbitration agreements within 30 days of signing. She stated the Arbitration and Mediation document was part of about 70 other pages she reviewed with residents or representatives as part of the admissions process.</p> <p>In an interview with the Administrator on 04/23/2025 at 1:16 PM, she stated when arbitration was first introduced it was mandatory for admission, which was overturned in 2022. She stated since, it had been explained to residents and representatives as voluntary. She stated in August 2024 it was turned over to attorneys to be made into a separate document. The Administrator stated the facility had not yet received a revised document. The Administrator stated some residents or representatives did refuse to sign, so they were clearly presenting the arbitration agreement as not a condition of admission. The Administrator stated that, even though the facility dealt with this every day and understood residents and representatives were not required to sign the form as a condition of admission, she could understand the importance of residents and families knowing it was not a condition of admission. The Administrator stated initial paperwork for admission took an hour and a half to two hours to complete, and quite often, even higher functioning residents were tired coming from hospitals and would ask if their family or power-of-attorney (POA) could complete paperwork for them.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, facility document review, Centers for Disease Control and Prevention guidelines, 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 for 6 of 34 sampled residents, Resident (R) 11, R34, R36, R119, R125, and R150.</p> <p>Observations revealed R11 and R34 had indwelling urinary catheter drainage bags resting on the floor; a gait belt was used on R36 without its prior disinfection; a blood pressure cuff was used on R125 and not disinfected after its use; R150's medications were placed on an unclean surface without using a barrier; R119's food was handled by a staff member with ungloved hands; and a dietary staff member's badge was resting in a resident's food.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Surveillance, dated 01/01/2025 revealed its purpose was to identify infections and to monitor adherence to recommended infection prevention and control practices to reduce infections and prevent the spread of infections.</p> <p>Review of the facility's policy titled, Catheter Care, Urinary, revised 08/2022, revealed the catheter tubing and catheter drainage bag were kept off the floor.</p> <p>Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Equipment, dated 01/01/2025, revealed that reusable resident-care equipment will be cleaned and disinfected in accordance with current Centers for Disease Control and Prevention (CDC) recommendations. The policy stated, Each user is responsible for routine cleaning and disinfection of multi-resident items after each use, particularly before use for another resident. The policy stated, Multiple-resident use equipment shall be cleaned and disinfected after each use. The policy stated, Use only Environmental Protection Agency (EPA)-registered disinfectants with kill claims for the common organisms found in the facility.</p> <p>Review of the CDC's Guidelines Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 09/10/2021, revealed reusable medical equipment should be cleaned and disinfected according to manufacturer's instructions or the facility's policies before and after use. Further review of the guidelines revealed staff should be trained in the correct steps for cleaning and disinfection of shared equipment.</p> <p>Review of the facility's [Facility] Employee Handbook, dated 01/01/2024, regarding employee identification badges, revealed, Staff must wear identification badges visibly above the waist and in front of the body. Badges may not be clipped onto sleeves. Staff must be aware of lanyards, metal clips, and pins during resident care. Breakaway lanyards are required for safety.</p> <p>1. Observation on 04/21/2025 at 1:52 PM revealed the Physical Therapy/Occupational Therapy assistant (PTA/OTA) used a gait belt for R147 and then placed the gait belt around her neck without cleaning/disinfecting it. The PTA/OTA then used the same gait belt on R36, ambulated her to the Activities Room, removed the gait belt, and placed it back around her neck without cleaning/disinfecting it. The PTA/OTA then cleaned the handles on the walker that was used with R36 with hand sanitizer from 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 - Some</p>	<p>a catheter bag on the floor, she notified nursing so the resident could be assessed before the bag was changed.</p> <p>In an interview with SRNA4 on 04/23/2025 at 9:50 AM, she stated staff received frequent in-services related to infection control, and catheter care was sometimes one of the topics. SRNA4 stated a catheter was positioned low on the bed, but the collection bag was never placed on the floor because of bacteria and the risk for infection.</p> <p>In an interview on 04/23/2025 at 9:54 AM, SRNA11 stated she checked residents' catheters each time she rounded on them. She stated catheters should be lower than the level of the bladder so they drained properly, and the collection bag should be off the floor because of possible contamination and infection.</p> <p>In an interview with Licensed Practical Nurse (LPN) 5 on 04/24/2025 at 10:05 AM, she stated she typically rounded on residents between SRNA rounds, so they were seen at least every hour. She further stated catheter drainage bags should be below the resident and off the floor, so they were kept clean, which reduced the potential for infection. LPN5 stated in the past, on her rounds, she had observed catheter drainage bags on the floor, but they were replaced immediately.</p> <p>In an interview with LPN 1 on 04/24/2025 at 10:18 PM, she stated she expected catheter drainage bags to be protected with dignity covers for privacy and to be kept off the floor. Additionally, she stated if the drainage bags were on the floor, it put the resident at risk for infection.</p> <p>In an interview on 04/24/2025 at 12:34 PM, the Infection Preventionist (IP) stated infection control training and education began at orientation. He further stated the facility also held annual trainings that covered infection control as well as regular infection control and prevention in-services. The IP stated it was his expectation that catheter drainage bags were always kept off the floor because that presented an infection risk for the resident.</p> <p>In an interview on 04/24/2025 at 4:29 PM with the Director of Nursing (DON), the DON stated catheter drainage bags should always be kept off the floor due to the potential risk for infection to the resident.</p> <p>In an interview on 04/24/2025 at 5:06 PM, the Administrator stated she expected catheter drainage bags to be always kept off the floor because of the potential risk for infection.</p> <p>3. Observation on 04/22/2025 at 9:00 AM revealed Kentucky Medication Aide (KMA) 1 used a blood pressure (BP) cuff on R125, then placed it back into the medication cart without cleaning/disinfecting it.</p> <p>In an interview on 04/22/2025 at 10:13 AM with KMA1, she stated BP cuffs should be cleaned between each resident with the purple top Sani-Wipes (an EPA registered disinfectant).</p> <p>In an interview on 04/22/2025 at 10:24 AM with Registered Nurse (RN) 1, she stated shared equipment should be cleaned between each use. She stated she used hand sanitizer to clean shared equipment, and she was unsure what the policy stated.</p> <p>In an interview on 04/23/2025 at 3:14 PM with SRNA7, she stated shared equipment was cleaned between each resident use with the purple top Sani-Wipes. She stated she would not use hand sanitizer and</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 - Some</p>	<p>stated no separate dietary-specific policy existed. He stated residents were a vulnerable population and emphasized the critical importance of preventing food contamination. He stated he expected staff to remove, discard, and replace any food contacted by a foreign object.</p> <p>In an interview on 04/24/2025 at 5:28 PM, the Administrator stated contaminated food constituted an infection control issue. She stated after the incident was reported, she reviewed the handbook and confirmed the requirement for breakaway lanyards. She stated she would obtain badge [NAME] for dietary staff.</p> <p>In continued interview on 04/24/2025 at 4:29 PM with the DON, she stated she expected all staff to follow facility policies and procedures related to infection control and prevention. She further stated she constantly walked the halls and monitored for compliance.</p> <p>In continued interview on 04/24/2025 at 5:14 PM with the Administrator, she stated she expected all staff to follow the facility's infection control policies to maintain a safe environment for residents.</p>		