

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER Signature Healthcare at Jackson Manor Rehab and We		STREET ADDRESS, CITY, STATE, ZIP CODE 96 Highway 3444 Annville, KY 40402	
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>Based on record review, interview, facility document, policy review, and review of the Long-Term Care Facility Resident Assessment Instrument [RAI] 3.0 User's Manual, the facility failed to ensure Minimum Data Set (MDS) assessments were transmitted to the Centers for Medicare & Medicaid Services (CMS) system within 14 days after the assessments were completed for three (Resident (R)12, R34, and R47) of three sampled residents reviewed for resident assessments.</p> <p>The findings included:</p> <p>A facility policy titled, Resident Assessment, revised on 09/15/2023, revealed, 15. The Assessment Coordinator will be responsible for ensuring that all required resident assessments are completed and submitted in accordance with current federal and state guidelines outlined in the RAI manual.</p> <p>Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.19.1, effective 10/2024, indicated, under the Comprehensive Assessments section, The MDS must be transmitted (submitted and accepted into iQIES) electronically no later than 14 calendar days after the care plan completion date (V0200C2 + 14 calendar days). In addition, review of the Non-Comprehensive Assessments and Entry and Discharge Reporting section revealed that, The MDS must be transmitted (submitted and accepted into iQIES) electronically no later than 14 calendar days after the MDS completion date (Z0500B + 14 calendar days).</p> <p>1. A Resident Face Sheet indicated the facility admitted R12 on 10/28/2015 and most recently readmitted the resident on 08/29/2023.</p> <p>Review of an annual MDS, with an Assessment Reference Date (ARD) of 02/27/2025 revealed R12's assessment was signed as complete by the MDS Coordinator on 03/10/2025. A Final Validation Report, dated 04/30/2025 at 9:22 AM, revealed the annual MDS assessment was not submitted until 04/30/2025. The Final Validation Report indicated, Record Submitted Late: The submission date is more than 14 days after V0200C2 on this new (A0050 equals 1) comprehensive assessment (A0310A equals 01, 03.04, or 05).</p> <p>During an interview on 05/02/2025 at 10:49 AM, the MDS Coordinator reviewed R12's MDS assessment and confirmed the assessment was not transmitted timely, and he was not sure why.</p> <p>2. A Resident Face Sheet indicated the facility admitted R34 on 09/17/2024 and most recently readmitted the resident on 12/18/2024.</p> <p>A quarterly MDS, with an ARD of 03/25/2025, revealed R34's assessment was signed as complete by the MDS Coordinator on 04/09/2025. A Final Validation Report, dated 05/01/2025 at 11:44 AM, revealed</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: 185249
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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the quarterly MDS assessment was not submitted until 05/01/2025. The Final Validation Report indicated, Record Submitted Late: The submission date is more than 14 days after Z0500B on this new (A0050 equals 1) assessment.</p> <p>During an interview on 05/02/2025 at 10:44 AM, the MDS Coordinator reviewed R34's MDS assessment and stated the assessment was not transmitted timely as it should have been transmitted by day 14 after completion. He stated he was not sure why the MDS was not transmitted timely other than that he was new and still learning.</p> <p>3. A Resident Face Sheet indicated the facility admitted R47 on 12/11/2024.</p> <p>A discharge MDS, with an ARD of 01/21/2025, revealed R47's assessment was signed as complete by the MDS Coordinator on 01/27/2025. A Final Validation Report, dated 04/30/2025 at 9:31 AM, revealed the discharge assessment was not submitted until 04/30/2025. The Final Validation Report indicated, Record Submitted Late: The submission date is more than 14 days after Z0500B on this new (A0050 equals 1) assessment.</p> <p>During an interview on 05/02/2025 at 10:55 AM, the MDS Coordinator reviewed R47's MDS assessment and confirmed the assessment was transmitted late.</p> <p>During an interview on 05/02/2025 at 5:16 PM, the Administrator revealed he expected all MDS assessments to be completed and transmitted timely according to the most recent RAI manual.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure the accuracy of Minimum Data Set (MDS) assessments for three (Resident (R) 107, R21, and R53) of 15 sampled residents. MDS data was not coded accurately, in accordance with instructions from the Resident Assessment Instrument (RAI) User Manual, related to fall history, antipsychotic use, and/or discharge status.</p> <p>Findings included:</p> <p>A facility policy titled, Resident Assessment, revised on 09/15/2023, revealed, 1. The Resident Assessment Instrument User Manual version 3.0 will be utilized for all items coded on Minimum Data Set (MDS) assessments., Care Area Assessments (CAA) development, Care planning, MDS scheduling, submission, modifications, and Medicare regulations. The policy continued, 6. Assessment data will/may be collected from sources including the resident's medical record, interview with the resident and/or resident representative, observations, assessment tools including PASRR Level II determination and the Preadmission Screening & Resident Review (PASRR) evaluation, facility electronic medical records, and from other healthcare professionals with knowledge of the resident to ensure the assessment accurately reflects the resident's status.</p> <p>1. A Resident Face Sheet indicated the facility admitted R107 on 04/17/2025. Review of an admission MDS, with an Assessment Reference Date (ARD) of 04/24/2025, identified that R107 had not had any falls since admission/entry, reentry, or their prior assessment. However, review of an Event Report revealed R107 sustained a fall on 04/23/2025 at 4:02 PM, while attempting to get up unassisted.</p> <p>During an interview on 04/30/2025 at 9:42 AM with the MDS Coordinator and the Clinical Reimbursement Consultant (CRC), the MDS Coordinator stated R107's MDS should have indicated the resident had a fall with minor injury. The CRC confirmed the resident's fall was not captured in the MDS and should have been recorded as a fall with minor injury.</p> <p>During an interview on 05/02/2025 at 5:13 PM, the Administrator stated R107's fall on 04/23/2025 should have been captured in the resident's MDS assessment.</p> <p>2. A Resident Face Sheet indicated the facility admitted R21 on 09/02/2020, and most recently readmitted the resident on 08/11/2021. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of paranoid personality disorder; major depressive disorder, and schizophrenia.</p> <p>a. Review of R21's 12/2024 Medication Administration History revealed documentation that the resident received Seroquel 25 milligrams (mg) in the morning on 12/07/2024, 12/08/2024, 12/10/2024, 12/11/2024, and 12/12/2024 and received Seroquel 100 mg at bedtime on 12/07/2024, 12/08/2024, 12/09/2024 and 12/13/2024.</p> <p>Review of R21's quarterly MDS, with an ARD of 12/13/2024, revealed the resident took an antipsychotic medication during the last seven days or since admission/entry or reentry if less than seven days. However, under section N0450. Antipsychotic Medication Review, the MDS was marked, 0. No- Antipsychotics were not received, which indicated the resident did not receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever was more recent.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. Review of R21's 03/2025 Medication Administration History: 03/01/2025 - 03/31/2025 revealed documentation that the resident received Seroquel 25 mg in the morning on 03/08/2025, 03/09/2025, 03/10/2025, 03/11/2025, 03/12/2025, 03/13/2025 and 03/14/2025 and received Seroquel 100 mg at bedtime on 03/08/2025, 03/09/2025, 03/10/2025, 03/11/2025, 03/12/2025, 03/13/2025, and 03/14/2025.</p> <p>Review of R21's quarterly MDS, with an ARD of 03/14/2025, revealed the resident took an antipsychotic medication during the last seven days or since admission/entry or reentry if less than seven days. However, under section N0450. Antipsychotic Medication Review, the MDS was marked 0. No- Antipsychotics were not received, which indicated the resident did not receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever was more recent.</p> <p>During an interview on 04/30/2025 at 9:52 AM with the MDS Coordinator and the CRC, the MDS Coordinator stated R21's MDS related to the Antipsychotic Medication Review should have indicated the resident routinely received antipsychotic medications. He stated it was an oversight when he was reviewing the resident record. The CRC confirmed the MDS assessments were coded incorrectly.</p> <p>During an interview on 05/02/2025 at 5:15 PM, the Administrator stated he expected the MDS Coordinator to review the resident's entire medical record and complete MDS assessments accurately.</p> <p>3. A Resident Face Sheet indicated the facility admitted R53 on 02/07/2025. According to the Resident Face Sheet, the resident had a medical history that included a diagnosis of unspecified displaced fracture of the first cervical vertebra.</p> <p>Review of a physician's order, dated 02/21/2025, revealed an order for R53 to discharge home with home health services. Per the Resident Face Sheet, the resident discharged home with home health services on 02/28/2025. Review of a Resident Progress Notes, dated 02/28/2025 at 12:16 PM, also revealed R53 discharged home with home health services.</p> <p>Review of the discharge MDS, with an ARD of 02/28/2025, revealed it documented R53's discharge status as 04. Short-Term General Hospital, rather than a discharge to home.</p> <p>During an interview on 05/02/2025 at 10:47 AM, the MDS Coordinator stated R53's discharge location documented in the MDS was inaccurate, confirming that the resident discharged home with home health services and did not discharge to the hospital. He stated it was a mistake and the MDS should have been coded as 12, for home under care of organized home health service organization, not 04, for a short-term hospital.</p> <p>During an interview on 05/02/2025 at 1:29 PM, the Director of Nursing (DON) stated R53's MDS assessment was inaccurate. He stated the MDS should have been coded to identify the resident discharged home with home health services, not to a short-term hospital. He stated his expectation was for MDS assessments to be completed accurately.</p> <p>During an interview on 05/02/2025 at 5:15 PM, the Administrator stated he expected all MDS assessments to be completed accurately. He stated R53's MDS discharge assessment was inaccurate and should have reflected that the resident discharged home and not to a hospital.</p>		