

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER Hardinsburg Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Fairgrounds Road Hardinsburg, KY 40143	

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview, record review, and review of facility document and policy, the facility failed to report an allegation of sexual abuse to the State Survey Agency (SSA) within 2 hours for 1 of 1 sampled resident reviewed for abuse, Resident(R)36. The findings include:Review of the facility policy titled, Abuse Prohibition Standard of Practice, revised 07/2022, indicated Alleged violations shall be reported to the state survey agency, adult protective services, and all other required agencies within specified time frames.Review of R36's admission Face Sheet revealed the facility admitted the resident on 11/05/2024. According to the admission Face Sheet, R36 had a medical history that included a diagnosis of severe vascular dementia with anxiety and mood disturbance.Review of R36's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/11/2024, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of three out of 15, indicating severe cognitive impairment.Review of the facility Initial Report, indicated on 01/11/2025, R36 told a family member (FM)1 that during the night on 01/10/2025, two males entered the room and touched R36's breast. Per the Initial Report, facility staff became aware of the allegation on 01/11/2025 at 9:00 AM and the Administrator was notified on 01/11/2025 at 9:20 AM. An email to the SSA revealed the Director of Nursing (DON) sent the initial report regarding R36 on 01/11/2025 at 1:01 PM, approximately four hours after the facility was notified of the allegation.During a telephone interview on 07/08/2025 at 11:22 AM, FM1 stated, on 11/11/2025 when they visited R36, the resident stated a man entered the room and touched R36's breast. Per interview, FM1 reported the allegation to Certified Nursing Assistant (CNA)4. During an interview on 07/08/2025 at 12:00 PM, Kentucky Medication Aide (KMA)5 stated R36's FM reported the allegation of sexual abuse to her between 7:45 AM and 8:15 AM on 01/11/2025. KMA5 stated she then reported the allegation to Licensed Practical Nurse (LPN)6.During a telephone interview on 07/08/2025 at 2:08 PM, LPN6 stated, during shift change, R36's FM notified her R36 alleged a male had been in R36's room on 01/10/2025 and touched R36 inappropriately. LPN6 stated she immediately reported the incident to the Administrator and DON.During an interview on 07/09/2025 at 3:31 PM, the DON stated one of the nurses called her on 01/11/2025, when the allegation was reported, but she was unsure of the time. According to the DON, when an allegation of abuse was received there was a time limit of 24 hours to report to the SSA.During a follow-up interview on 07/10/2025 at 10:15 AM, the DON stated she was under the assumption that if there was no injury involved in an allegation, the facility had 24 hours to report the allegation to the SSA. The DON stated she now understood the facility reported the allegation of sexual abuse to the SSA late related to R36.During an interview on 07/09/2025 at 4:30 PM, the Administrator stated an allegation of abuse, to his understanding, had to be reported within two hours.During a follow-up interview on 07/10/2025 at 11:36 AM, the Administrator stated he and the DON were responsible for submission of reports to the SSA, but before they submitted the report, he had to send the report to the corporate office for review. The Administrator stated the report for the allegation of</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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	sexual abuse related to R36 was submitted late to the SSA.