STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185305	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Springhurst	3001 N. Hurstbourne Parkway Louisville, KY 40241

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to refer residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for Level II Pre-admission screening and resident review (PASRR) evaluation for 1 of 1 sampled resident (Resident (R) 5).The findings include: The facility did not provide a policy specific to PASRR evaluation. Review of Resident (R) 5's, Face Sheet revealed the facility originally admitted the resident on 07/01/2022 with the most recent re-admission date of 11/25/2024 with diagnoses including acute and chronic respiratory failure, bipolar disorder, dementia, major depressive disorder, generalized anxiety disorder, and paranoid personality disorder. Review of R5's, Pre-admission Screening and Resident Review (PASRR), dated 07/01/2022 revealed diagnoses of major depressive disorder, generalized anxiety disorder, and dementia. Further review revealed a Level II referral was not indicated at that time. Review of R5's Comprehensive Care Plan (CCP) revised 08/05/2025 revealed the resident demonstrated altered behaviors including delusions and received medication for bipolar disorder. Review of R5's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/18/2025 revealed the facility assessed the resident with a Brief Interview for Mental Status (BIMS) exam score of 15 out of 15, indicating the resident was cognitively intact. Further review revealed bipolar disorder was coded as an active diagnosis. Review R5's Resident Progress Notes, dated 11/14/2024 revealed the resident was sent out of the facility to an outside hospital for psychiatric evaluation. Review of R5's hospital Discharge summary dated [DATE] revealed the resident was hospitalized for bipolar disorder with recent mania and psychosis. Review of R5's Resident Progress Notes, dated 11/25/2024 revealed the resident returned to the facility with diagnoses of bipolar 1, psychosis, and paranoia. Surveyor attempts to interview R5 on 09/16/2025 at 2:11 PM were unsuccessful as R5 refused interview. During an interview with the Social Services Director (SSD) on 09/19/2025 at 9:41 AM, she stated the Admissions Department was responsible for initial PASRR screenings. She stated she helped some but did not have access to the Kentucky Level of Care System (KLOCS). The SSD further stated if a resident developed a new diagnosis after the initial screen, the Minimum Data Set (MDS) Coordinator submitted that information to KLOCS. During an interview with the MDS Coordinator on 09/19/2025 at 9:49 AM, she stated if a resident had a new qualifying diagnosis after the Level I PASRR was completed, the diagnoses was submitted through the KLOCS system. She further stated the system determined if Level II services were needed. The State Survey Agency (SSA) Surveyor observed the MDS Coordinator as she accessed the KLOCS system; however, there were no new diagnoses listed for R5. The MDS Coordinator stated R5's new diagnoses should have been submitted. Additionally, she stated it was important new diagnoses were submitted to KLOCS so the facility provided newly identified care and services to the resident. During a follow up interview with the MDS Coordinator on 09/19/2025 at 12:16 PM, she stated she contacted and spoke to someone at KLOCS and found R5's new diagnoses information was not submitted as (continued on next page)

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	required. During an interview with the Director of Health Services (DHS) on 09/19/2025 at 1:34 PM, she stated R5 should have been referred for a Level II evaluation when the resident received new qualifying diagnoses. The DHS stated it was important referrals were made when indicated because the resident may need services the facility was not equipped to provide. During an interview with the Executive Director on 09/19/2025 at 1:46 PM, she stated the facility did not have a specific policy related to PASRR screenings, but rather the facility followed the Centers for Medicare and Medicaid Services (CMS) and the State guidelines for PASRR screenings. She stated it was her expectation the facility followed those guidelines so residents received appropriate care and services.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on observation, interview, record review, and facility policy review, the facility failed to ensure residents were free of any significant medication errors and that medications were received at the right time for 1 of 8 sampled residents (Resident (R) 6).The findings include: Review of the facility policy titled, Medication Administration Times Procedural Guidelines, revised 12/01/2021 and reviewed 12/17/2024 revealed guidelines for determination of medication administration times based on a resident's preference unless a specific time is designated by the attending physician. Review of the facility policy titled, Specific Medication Administration Procedures/Injectable Medication Administration, revised 11/2018 revealed the procedure included guidelines to check the five rights (right patient, right drug, right route, right dose, right time) when medication selected, as dose is prepared, after dose prepared, before medication is put away, and before injection is administered. Review of Resident (R) 6's, Face Sheet revealed the facility admitted the resident on 02/20/2025 with diagnoses including type II diabetes and congestive heart failure (CHF). Review of R6's Comprehensive Care Plan (CCP) dated 02/21/2025 revealed a risk for hypoglycemia/hyperglycemia (low/high blood glucose) related to a diagnosis of diabetes mellitus. Review of R6's blood glucose readings for 09/17/2025 revealed the following: 123 at 9:37 AM, 255 at 10:27 AM, and 124 at 4:17 PM. Review of R6's orders revealed insulin lispro was ordered for administration before meals at 6:30 AM - 9:00 AM, 10:00 AM - 12:30 PM, and 3:30 PM - 6:30 PM. Review of R6's electronic Medication Administration Record (eMAR) revealed Registered Nurse (RN) 2 documented administration of 6 units lispro insulin to R6 on 09/17/2025 at the 10:00 AM - 12:30 PM timeframe. Observation on 09/17/2025 at 2:27 PM revealed RN2 entered R6's room and administered 6 units of lispro insulin via subcutaneous route. During an interview with RN2 on 09/17/2025 at 3:55 PM when asked about the administration time of R6's insulin, he stated that was when he got to her to administer the insulin. The State Survey Agency (SSA) Surveyor asked RN2 if he saw a concern with giving insulin when the resident's blood glucose was checked at 10:27 AM and after she had finished her lunch, he stated R6 was typically stable with her blood glucose readings, but if it had been low, he would have addressed it earlier.During an interview with Certified Resident Care Associate (CRCA) 1on 09/19/2025 at 7:53 AM revealed she was also a Certified Residential Medication Aide (CRMA). She stated she checked residents' blood glucose levels typically around 11:00 AM for the lunch meal, and any needed insulin was administered before they ate.During an interview with Licensed Practical Nurse (LPN) 4 on 09/19/2025 at 12:45 PM, she stated before she administered insulin to a resident, she verified the order, and the amount of insulin needed based on the resident's glucose check reading. She stated insulin was important insulin to be administered at the right time because if too much time passed after their glucose check, their sugar could have either increased or dropped. During an interview with LPN1 on 09/19/2025 at 1:05 PM, she stated she used the five rights when she administered medications and that included insulin. She stated it was important insulin was given at the right time because if a resident experienced a change in their blood glucose level, they possibly received the wrong dose of insulin. During an interview with the Director of Health Services (DHS) on 09/19/2025 at 1:34 PM, she stated it was her expectation staff followed the facility's medication administration policies. She further stated she expected staff adhered to the five rights of medication administration. The DHS stated it was important insulin was administered at the right time based on blood glucose readings, so the resident did not have either an increase or drop in their blood glucose. The DHS stated if too much time passed before insulin was administered, a resident's blood glucose was potentially two to three times higher than the initial reading. During an interview with the Executive Director on 09/19/2025 at 1:46 PM, she stated it was her expectation staff (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	administered medications at the right time as ordered by the physician, so that the facility provided the appropriate care and services each resident needed.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and review of facility policy, the facility failed to prepare, store, and serve food under sanitary conditions for 51 of 52 residents who received food from the kitchen. The findings include: Review of the facility's Hair Restraint Policy' revised date 07/09/2025, revealed all dining service employees were required to wear hair restraints as required by the Federal Food Code, Hair Restraints 2-402.11. Review of the Federal Food Code dated 2009, revealed food employees shall wear hair restraints such as hats, hair covering or nets that are designed and worn to effectively keep their hair from contacting exposed food. Observation, on 09/16/2025 at 2:14 PM, revealed the Cook's hair net was not covering the side or back of her hair. There was approximately eight inches of hair without covering.During interview with the [NAME] at the time of the observation, she stated employees were to wear a hair net that covered all the hair when they were in the kitchen and around food. She further stated, I have a lot of hair. She also stated the facility discussed the importance of covering hair about once a week.During interview with the Director of Food Services (DFS) on 09/16/2025 at 2:15 PM, he stated the staff should wear hairnets or hats that covered the hair. He stated he just now saw the Cook's hair out of the hair net.During interview with the Executive Director on 09/19/2025 at 2:03 PM, she stated she expected staff to follow the policies. She rounded periodically to assure policies are followed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and review of facility policies, the facility failed to follow infection prevention and control practices to help prevent the development and transmission of communicable diseases and infection for 1 of 1 resident observed for subcutaneous injection administration. (Resident (R) 6.The findings include: Review of facility policy, Infection Prevention and Control Program, revised 11/15/2021 and reviewed 12/17/2024 revealed its purpose was to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the transmission of communicable diseases and infections. Review of the facility policy, Specific Medication Administration Procedures/Injectable Medication Administration, revised 11/2018 revealed examination gloves were part of the equipment required for injectable medication administration. Further review revealed procedures for subcutaneous injections included to sanitize hands with approved hand sanitizer and put on gloves prior to administration. Review of the facility's policy titled, Guideline for Handwashing/Hand Hygiene, dated 03/20/2017 revealed all health care workers shall utilize hand hygiene frequently and appropriately and health care workers shall use hand hygiene before/after having direct physical contact with residents. Review of Resident (R) 6's, Face Sheet revealed the facility admitted the resident on 02/20/2025 with diagnoses including type II diabetes and congestive heart failure (CHF). Review of R6's Comprehensive Care Plan (CCP) dated 02/21/2025 revealed a risk for hypoglycemia/hyperglycemia related to a diagnosis of diabetes mellitus. Observation on 09/17/2025 at 2:27 PM revealed Registered Nurse (RN) 2 entered R6's room and administered insulin subcutaneously to the resident. Observation additionally revealed R6 did not sanitize hands while in the room and administered the injection without gloves.During an interview with Licensed Practical Nurse (LPN) 4 on 09/19/2025 at 12:45 PM, she stated prior to administration of any type of injection, she performed hand hygiene and put on gloves. She stated it was important to follow proper infection control procedures when she administered medication to help prevent transmission of germs.During an interview with Registered Nurse (RN) 2 on 09/19/2025 at 12:56 PM, he stated he performed hand hygiene before he entered R6's room when he administered her insulin on 09/17/2025. However, he further stated he administered the insulin to R6 without gloves. RN2 stated it was important gloves were worn when injections were administered so cross contamination was controlled. During an interview with the Infection Preventionist (IP) on 09/19/2025 at 1:15 PM, she stated infection prevention/control education was continual and ongoing. She stated she performed weekly audits and alternated between different areas of infection control, which included administration of injections. The IP stated it was her expectation staff used hand hygiene and put on gloves before they administered an injection so the exposure to infection was decreased. She further stated the facility was the residents' living environment and staff were responsible for them and their safety.During an interview with the Director of Health Services (DHS) on 09/19/2025 at 1:34 PM, she stated she expected staff to follow all infection control/prevention policies and procedures. She further stated the expectation was staff performed hand hygiene and put on gloves prior to administration of an injection. The DHS stated it was important gloves were worn because of the potential for bacterial transfer to a resident, as well the possibility of a needle stick to staff. During an interview with the Executive Director on 09/19/2025 at 1:46 PM, she stated she expected staff followed facility guidelines when they gave injections. She further stated it was her expectation staff adhered to infection prevention and control policies during medication administration, so residents were kept safe from any blood borne pathogens.