

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185318	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Lake Barkley Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1253 Lake Barkley Drive Kuttawa, KY 42055	

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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observation, interview, and review of the facility's policy, the facility failed to ensure survey results were posted in a place readily accessible, where individuals wishing to examine the survey results did not have to ask to see them. The facility's failure affected 8 residents who attended the resident council meeting (Resident (R)4, R11, R12, R24, R31, R32, R36, and R38) and had the potential to affect all residents residing in the facility, as well as family/representatives, and visitors of the facility who had the right to review the facility's survey history.</p> <p>Observation revealed the facility's survey binder was not located in a readily accessible place and interview revealed the binder had been stored in the Administrator's office.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Resident Rights, undated, revealed each resident had a right to examine the results of the most recent survey of the facility conducted by Federal or State Surveyors and any plan of correction in effect with respect to the facility.</p> <p>Observation on 04/22/2025 at 11:45 AM, revealed a wall pocket located in the facility's entrance, which was labeled Survey Results. Per observation of the wall pocket, no survey book/binder was present in it. Continued observation revealed a sign located in the main entrance that noted, State Law KRS 216.457 required state inspection reports of the facility to be made available to upon request and to ask a representative of the facility. Further observation of the main entrance area, as well as other areas throughout the facility, revealed no visual evidence the required survey reports were present and/or accessible for independent review.</p> <p>A Resident Council meeting was conducted on 04/23/2025 at 1:18 PM, with residents who regularly attend the Resident Council meetings. During the meeting, interview with the residents who were present (R4, R11, R12, R24, R31, R32, R36, and R38) revealed none of the resident knew where the facility's survey book (results of the facility's surveys) was located.</p> <p>Observation on 04/23/25 at 8:40 AM, revealed the survey results wall pocket remained empty.</p> <p>Observation on 04/23/25 at 2:45 PM, revealed the survey binder was located in its labeled location at the front door. In interview with the Administrator, at the time of observation, he said the binder had been stored in his office since he began working in his current position. The Administrator stated he had been reviewing the previous survey results and had forgotten to replace the binder in its designated area. He further stated the binder had been replaced when it was brought to his attention that the binder was not in its designated location.</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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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During interview on 04/24/2025 at 1:10 PM, Licensed Practical Nurse (LPN) 1, LPN 5, and Certified Nursing Assistant (CNA) 4 stated the survey book was kept in the Director of Nursing's (DON) office. SRNA 9 said however, the survey book was to in the main entrance.</p> <p>In interview with the DON on 04/24/2025 at 6:23 PM, she stated it was her first week working as the facility's DON and she was new to long term care. She further stated she assumed the survey binder should be available.</p> <p>In interview with the facility's Administrator on 04/24/2025 at 7:00 PM, he stated the survey binder would be kept at the front door in it designated spot in the future.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observation, interview, and review of the facility's Certified Nursing Assistant (CNA) job description and policy, the facility failed to have sufficient nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Observation and interview revealed an average call light response time of 15 - 20 minutes for three of 50 sampled residents, (Resident (R)15, R42, and R196).</p> <p>The findings include:</p> <p>Review of the facility policy titled, Activities of Daily Living (ADLs), undated, revealed the facility was to provide care, treatment, and services to residents as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).</p> <p>Review of the facility policy titled, Answering the Call Light, undated, revealed the facility was to maintain a functional call light system and should make all reasonable efforts to ensure timely responses to the resident's requests and needs.</p> <p>Review of the facility policy titled, Staffing, dated 10/01/2021, revealed the facility was to provide sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with the residents' care plans and the facility assessment.</p> <p>Review of the facility's job description titled, Certified Nursing Assistant, revised 03/2024, revealed the Certified Nursing Assistant's (CNA) personal nursing care responsibilities included ensuring (residents') call lights were within reach of residents and were answered promptly.</p> <p>During the Resident Council meeting held on 04/23/2025 at 1:18 PM, the residents unanimously stated most staff treated residents with dignity; however, certain staff were not friendly and could be mean or hateful. The residents stated sometimes they had to wait up to two hours for help after turning on their call lights. They further stated it was not uncommon to have to wait of 20-30 minutes to get help.</p> <p>Review of the residents who attended and actively participated in the Resident Council meeting medical records revealed Minimum Data Set (MDS) Assessments with Assessment Reference Dates (ARDs) ranging from 01/23/2025 to 03/28/2025 and Brief Interview for Mental Status (BIMS) scores ranging from 13 to 15, indicating intact cognitive function.</p> <p>1. Record review revealed the facility admitted R42 on 03/28/2025, with diagnoses to include displaced trimalleolar fracture of left lower extremity, history of falls, and essential hypertension.</p> <p>Review of the MDS Assessment with an Assessment Reference Date (ARD) of 04/11/2025, revealed the facility assessed R42 to have a BIMS score of 15 out of 15, indicating intact cognitive function.</p> <p>Observation on 04/23/2025 at 5:18 PM revealed the call light R42 on as the State Survey Agency (SSA) Surveyor passed the resident's room. Observation at 5:22 PM, revealed Licensed Practical Nurse (LPN) 2 walked passed R42's room where the call light was on, and at 5:25 PM, LPN 2 and Registered</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Nurse (RN) 1 also walked past the resident's room where the call light was still on. Observation at 5:26 PM, revealed the Housekeeping Supervisor walked past R42's room where the call light remained on. Continued observation revealed at 5:31 PM, RN 1 knocked on R42's door and entered the room stating, you had your light on?.</p> <p>In interview on 04/23/2025 at 5:35 PM, R42 stated she was unsure how long she had waited after turning her call light on. She stated the reason the call light was on was because she needed help to get to the bathroom.</p> <p>2. Review of the medical record facesheet for R15 revealed the facility admitted the resident on 03/05/2021, with diagnoses that included respiratory failure, generalized anxiety disorder, primary osteoarthritis, and hypothyroidism. Review of the MDS Assessment with an ARD of 03/13/2025, revealed the facility assessed R15 to have a BIMS score of nine out of 15, which indicated moderate cognitive impairment.</p> <p>In interview on 04/22/2025 at 1:00 PM, R15 stated her only complaint was that the wash cloths and bed pads were always locked up and she had to go find staff to get them when she needed them. She stated that made her feel in-human. R15 said, I'm an adult and shouldn't have to ask for a wash cloths when I want or need one. It's like they work with a skeleton crew. She stated when she turned her call light on, she had to wait for an hour for someone to come help her. R42 said it is always like that, because staff said it was because the facility was shorthanded. She reported there were usually only two or three aides for a day for the entire building, and the building was big and spread out. R42 stated the facility had new owners, had done a lot of cut backs, and fired some staff about six months ago. She further stated the staff were so overworked, working over 12 hours per day.</p> <p>3. Review of the medical record facesheet for R196 revealed that the facility admitted the resident on 04/18/2025, with diagnoses that included stage 3A chronic kidney disease, type 2 diabetes, peripheral vascular disease, and moderate vascular dementia.</p> <p>Observation of R196 on 04/22/2025 at 2:55 PM, revealed resident lying on his right side on the bed, with yellow stains appearing to be dried urine on his briefs and bed pads and dried red stains by his foot wound which appeared to be blood on his bed sheets. In interview, at the time of observation, R196 stated his right leg was numb because no one had been in to help him change positions. The SSA Surveyor encouraged R196 to use his call light to request help, and the resident proceeded to press the call light button at that time. Further observation revealed staff responded to R196's call light 20 minutes later when the SSA Surveyor stepped into the hallway to find a staff member to help the resident.</p> <p>In interview on 04/23/2025 at 4:50 PM, CNA 2 stated she believed there was not enough staff to take care of the residents as they should be taken care of.</p> <p>In interview on 04/23/2025 at 5:00 PM, CNA 3 stated in her opinion there was no way there was enough staff to properly take care of the residents.</p> <p>In interview on 04/23/25 at 5:05 PM, the Housekeeping Supervisor stated when the (resident) census was down staff was decreased and residents had to wait longer for help.</p> <p>In interview with CNA 11 on 04/24/2025 at 9:35 AM, she stated anyone could answer a resident's call light and the lights should be answered within three minutes but no longer than 10 minutes. She</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>said even if she was busy, she would stop and acknowledge the light and let the resident know that she would be right back to assist them. CNA 11 further stated a resident could try to get up alone and fall or even choke if their call light was not answered timely.</p> <p>In interview with CNA 12 on 04/24/25 at 10:00 AM, she stated anyone could answer a call light. She stated it should never take more than 10 minutes to answer a resident's call light and definitely should not be 20 minutes or an hour. CNA 12 said anything could happen to a resident during that the waiting time. She further stated she did not think the facility had enough staff, but she always got her job done and did not have to work over to finish it.</p> <p>In interview on 04/24/2025 at 6:23 PM, the Director of Nursing stated if someone walked by and saw a resident's call light on they should stop and respond. The DON said if the staff responding to the light could not take care of the resident's need, they should find someone that could. She stated 15-20 minutes response times were unacceptable. The DON reported elderly people's skin was frail, and they did not need to be left on the bed pan for too long. She stated there could be a lot of negative outcomes for not answering call lights in a timely manner. The DON further stated, You don't know why they (the residents) are calling and that can lead to lots of bad outcomes. She stated she stressed recognize and respond (to call lights). The DON explained that neglect was a big problem and never acceptable to her at all. She said staff are to be checking and changing residents more often. She stated that she expects her staff to conduct themselves professionally and respect other staff members.</p> <p>In interview on 04/24/2025 at 7:00 PM, the Administrator stated it was his expectation for answering call lights was as fast as they come on they should be answered. He stated the importance of answering call lights was discussed in morning meetings and said he answers call lights himself. The Administrator stated a 15-20 minute response time was unacceptable, and said, call lights are my biggest pet peeve. He stated he expected his staff to change residents and make sure they were dry, and did not expect his residents to be lying in urine and feces. The Administrator further stated a negative outcome for not answering call lights timely was a resident could fall, or have a crisis going on, and needed to be changed timely to prevent bed sores and urinary tract infections.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, facility policy review, and review of manufacturer's instructions, the facility failed to ensure drugs and/or biologicals used in the facility were current for use and/or labeled with currently accepted professional principles, including the expiration date when applicable.</p> <p>Observation of a medication storage room revealed two Tuberculin vials stored in the refrigerator were opened but not labeled with a date as to calculate its discard date. Observation also revealed two vials of Tuberculin dated with a date that was beyond the 30 day manufacturer's required discard date. Additionally, observation revealed 60 COVID-19 test kits stored beyond the manufacturer's expiration date.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Medication Storage, undated, revealed medications stored must be labeled accordingly and the facility should not use discontinued, outdated, or deteriorated drugs or biologicals.</p> <p>Observation on 04/23/2025 at 1:00 PM, of the medication storage room, revealed two multi-dose vials of house stock Aplisol tuberculin (used to detect tuberculosis infection) that was opened; however, not dated. Continued review revealed two additional multi-dose vials of house stock Aplisol tuberculin, one dated 03/15/2025 and the other 03/18/2025, which was past the manufacturer's 30 day required discard date. Further review revealed nine boxes of four (equaling 36 tests) Pilot COVID-19 at home test kits with an expiration date of 04/14/2025 and 24 Cordx COVID-19 ag at home test kits with an expiration date of 04/01/2025.</p> <p>During interview with Registered Nurse (RN) 1 on 04/23/2025 at 1:20 PM, she stated she was an agency nurse. RN 1 stated the tuberculin vials should be labeled with a date and initial immediately after opening. RN 1 reported a resident could have an adverse reaction (from the tuberculin that was undated or past the discard date) and the medication might not even be good anymore. She said the expired medications and test kits would need to be discarded based on the manufacturer's expiration date. The RN stated she did not know the recommendation from the manufacturer regarding how long a tuberculin vial was good for once it was opened. She stated she did not know who was responsible for monitoring the medication room for expired items. RN 1 further stated if the COVID tests were used, they could give a false result.</p> <p>During interview with Licensed Practical Nurse (LPN) 1, she stated the tuberculin vials should have been dated, timed and initialed as soon as they were opened and were only good for 30 days. She said residents could have an adverse reaction and the medication might not be as effective if it was used. LPN 1 reported the nurse who had been responsible for monitoring the medications had quit about two weeks ago. The LPN stated she did not know who was responsible for monitoring the medications now. She said staff should check expiration dates prior to using any medication or COVID test. LPN 1 further stated the COVID tests should have been discarded once they expired.</p> <p>During interview with the Director of Nursing (DON) on 04/24/2025 at 6:23 PM, she stated it was her first week working at the facility. She stated she would be responsible for checking expiration</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>dates. The DON said she expected her staff to check expiration dates and dispose of any medication or test that was expired and dispose of those expired. She reported by using expired medications or COVID tests could result in a resident having a reaction or it could lead to a false test result, which might result in the result receiving treatment for something they did not actually have. The DON further stated expiration dates were there for a reason and should be followed.</p> <p>During interview with the Administrator on 04/24/2025 at 6:59 PM, he stated he expected staff to check expiration dates, date the medication vials once opened and discard the medication once it was past the deadline dates. He said something possibly could have happened to the residents (if the expired products were used). The Administrator explained the medication might not have been at full strength and might have become contaminated. He stated the COVID tests also needed to be monitored for their expiration dates. The Administrator reported if staff used an outdated test, it might not give an accurate indication of the results. He further stated his staff needed to be re-educated on the importance of expiration dates and when to discard medications.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, record review and review of facility policy, 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 1 of 13 sampled residents, (Resident (R)10).</p> <p>During observation on 04/24/2025 at 3:33 PM, Licensed Practical Nurse (LPN) 5 was observed to blow her nose; however, failed to perform hand hygiene after doing that. The LPN was then observed to touch R10's packaged medications and administer them to the resident.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Hand Hygiene, undated, revealed it was to promote a simple and effective method for preventing the spread of infection. Per policy review, it included specific guidance for all staff to follow hand hygiene procedures after personal care activities that included blowing of the nose.</p> <p>Observation of LPN 5 on 04/24/2025 at 3:33 PM, revealed the LPN blew her nose at the medication cart, and tossed the used tissue into the waste can. Continued observation revealed LPN 5 then proceeded to touch the computer keyboard, open the medication drawer, and remove packaged medications from the drawer. Further observation revealed LPN 5 proceed to open the packaged medications to prepare to administer the medications to R10.</p> <p>In interview on 04/24/2025 at 3:40 PM, LPN 5 was asked by the State Survey Agency (SSA) Surveyor if she had hand sanitized her hands after blowing her nose. LPN 5 stated she had not sanitized her hands; however, probably should have and said was having allergies. The LPN further stated hand hygiene was important to stop the spread of germs.</p> <p>In interview on 04/24/2025 at 5:23 PM, the Director of Nursing (DON) stated she expected the nurse (LPN 5) to have performed hand hygiene after blowing her nose. The DON further stated the nurse should have performed the hand hygiene prior to touching anything to prevent potential contamination of everything, including the resident. She additionally stated the nurse should have performed hand hygiene to also prevent the spread of infection.</p> <p>In interview with the Administrator on 04/24/2025 at 6:46 PM, he stated he expected staff to appropriately perform hand hygiene to prevent the spread of germs.</p>		