STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Highway 127 North Owenton, KY 40359

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Number of residents sampled: Number of residents cited: Based on interview, record review, document review, and facility policy review, the facility failed to protect the resident's right to be free from physical abuse by another resident for two (Resident (R) 60 and R70) of three sampled residents reviewed for abuse. Resident-to-resident abuse occurred in two different incidents. On 10/02/2025, R60 swatted R70 and made contact with the resident's chest. On 10/27/2025, R65 hit R60 on the shoulder. Findings included: A facility policy titled, Abuse, Neglect and Exploitation, reviewed 06/2025, revealed, Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Per the policy, Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include.certain residents to resident altercations. The policy specified, Physical Abuse includes, but it not limited to, hitting, slapping, punching, biting, and kicking. 1. Review of a Resident Face Sheet revealed the facility admitted R60 on 12/04/2018. According to the Resident Face Sheet, the resident had a medical history that included a diagnosis of dementia with agitation. An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/19/2025, revealed R60 had a Brief Interview for Mental Status (BIMS) score of 9/15, which indicated the resident had moderate cognitive impairment. A Resident Face Sheet revealed the facility admitted R70 on 09/09/2013. According to the Resident Face Sheet, the resident had a medical history that included a diagnosis of Alzheimer's disease. An annual MDS, with an ARD of 09/02/2025, revealed R70 had a BIMS score of 11/15, which indicated the resident had moderate cognitive impairment. Review of a facility Initial Report dated 10/02/2025, revealed after an activity, R70 backed up into R60 with her wheelchair and R60 reached out with her upper extremity, swatted, and made contact with R70's chest. Per the Initial Report, both residents were immediately separated and R60 was placed on 1:1 supervision while the investigation was initiated. The facility's Final Report/5 Day Follow-Up, dated 10/07/2025, revealed at the conclusion of the investigation, it was verified that the alleged incident did occur. According to the Final Report/5 Day Follow-Up, Activities Assistant (AA) 5 witnessed the incident. During an interview on 01/14/2026 at 11:16 AM, AA5 stated at the time of the incident, the residents were waiting for their smoke break when R70 backed into R60's wheelchair, and R60 placed her hand on R70's shoulder as if to let R70 know she needed to stop backing up. AA5 stated that, based on her training and experience, she would consider what she witnessed to be physical abuse. During an interview on 01/14/2026 at 11:53 AM, the Director of Nursing (DON) stated she was not at the facility at the time of the incident; however, she felt the incident between R60 and R70 did rise to the level of physical abuse. The DON stated she would expect residents to be free from abuse and feel safe in the facility. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/14/2026 at 12:06 PM, the Administrator stated she would expect residents to be free of abuse and kept safe in the facility. 2. A Resident Face Sheet revealed the facility admitted R60 on 12/04/2018. According to the Resident Face Sheet, the resident had a medical history that included a diagnosis of dementia with agitation. Review of an annual MDS, with an ARD of 11/19/2025, revealed R60 had a BIMS score of 9/15, which indicated the resident had moderate cognitive impairment. R60's Care Plan included a problem statement, initiated 10/02/2025, that indicated the resident had episodes of increased aggressive behavior towards others. A Resident Face Sheet revealed the facility admitted R65 on 12/26/2023. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of dementia, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A quarterly MDS, with an ARD of 10/24/2025, revealed R65 had a BIMS score of 3/15, which indicated the resident had severe cognitive impairment. Review of a facility Initial Report, dated 10/27/2025, revealed R60 and R65 were in the center hallway when they began to have a verbal disagreement. Per the Initial Report, R65 used their hand to make contact with R60's left upper extremity. The Initial Report indicated the incident was witnessed by Certified Nursing Assistant (CNA) 3. The facility's Final Report/5 Day Follow-Up, dated 10/07/2025, stated that During an interview with CNA [CNA3], she reported that she overheard a verbal disagreement between [R60] and [R65] in the middle hallway of the facility. She stated that when she rounded the corner, she witnessed [R65] use [their] hand to make contact with [R60] left upper extremity and [R60] begin to yell at [R65]. At that time, she reports that she separated the residents immediately and reported the incident to the DON [Director of Nursing] and Admin [Administrator]. During an interview on 01/13/2026 at 12:01 PM, CNA3 stated she was walking to the shower room and heard some yelling. CNA3 stated she saw R65 forcefully hit R60 in the shoulder and R60 said, Don't you [expletive] hit me. According to CNA3, from what she witnessed that day based on her abuse training, she would consider what R65 did to R60 to be physical abuse. During an interview on 01/14/2026 at 11:53 AM, the DON stated she felt the incident between R65 and R60 did rise to the level of physical abuse. The DON stated she would expect residents to be free from abuse and feel safe in the facility. During an interview on 01/14/2026 at 12:06 PM, the Administrator stated she would expect residents to be free of abuse and kept safe in the facility.