

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Edgemont Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 323 Webster Avenue Cynthiana, KY 41031	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview, record review, and review of the facility's policy, the facility failed to develop and implement policies and procedures that established a protocol for the determination of capacity to consent to sexual contact for 2 of 4 sampled residents, Resident (R) 4 and R13. Observations by staff on 07/27/2025 and 07/28/2025 revealed R4 and R13 were engaged in sexual behavior with one another. However, the facility's policy did not address the requirement to assess residents' capacity to consent to a sexual relationship and there was no evidence the facility assessed the residents for their capacity to consent to a sexual relationship. Additionally, the facility's policy failed to contain the eighth required component, in which the facility must coordinate situations of abuse with the Quality Assurance Performance Improvement (QAPI) program. The findings include: Review of the facility's policy titled, Abuse Investigation Policy Statement, dated 11/14/2016, revealed one of the seven components of the policy included prevention. Prevention was defined by identification, correction, and intervention of a situation in which abuse was more likely to occur. Further review revealed the policy did not address the identification of when, how, and by whom determinations of capacity to consent to a sexual contact would be made and where this documentation would be recorded. Continued review of the policy revealed the policy did not contain the eighth required component, in which the facility must coordinate situations of abuse with the Quality Assurance Performance Improvement (QAPI) program. 1. Review of R4's admission Record revealed the facility admitted the resident on 07/28/2021 with diagnoses which included vascular dementia, delusion disorder, bipolar disorder, Alzheimer's disease, and Lewy Body dementia. Review of R4's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 06/23/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 11 of 15, indicating moderately impaired cognition. Review of R4's Care Plan, undated, revealed the resident was care planned for male visitor(s), and staff should allow for privacy. She was also cared planned for a history of delusions, dementia, psychotropic medication, and antibiotics related to an acute urinary tract infection (UTI) and cellulitis of her right lower extremity. Review of R4's medical record revealed no documented evidence the facility had assessed the resident for the ability to consent to a sexual relationship prior to the State Survey Agency (SSA) September 2025 survey. Further review of R4's medical record revealed a Judicial Order, dated 07/21/2021, appointing the state as guardian and conservator of the resident. Review of R4's Psychiatric Progress Notes, dated 09/03/2025, revealed the Psychiatric Nurse Practitioner (PNP), performed an evaluation for capacity to sexually consent. During an interview on 09/03/2025 at 8:25 AM with R4's current State Guardian (SG), he stated he first met R4 during the first week of August 2025. He stated the previous SG told him they were waiting for the court to decide R4's capacity to consent. During an interview on 09/03/2025 at 8:33 AM with R4's previous SG, she stated, to her knowledge, they were not waiting on court proceedings but for the Psychiatric Nurse Practitioner (PNP), who had already been working with the resident, or the physician, to do a capacity to consent</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: 185389	Facility ID: 185389 If continuation sheet Page 1 of 3

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>evaluation. She stated, unless there was a capacity to consent, the residents were not to have sexual relations of any kind. She stated she was under the impression sexual relations only happened one time. However, she stated when she went to the facility, it appeared it was continuing. She stated she did not know if the capacity to consent assessment was ever done because she was no longer R4's SG.2. Review of R13's admission Record revealed the facility admitted the resident on 09/05/2023, with diagnoses which included anxiety, major depression, and multiple physical co-morbidities. Review of R13's MDS, with an ARD of 06/06/2025, revealed the facility assessed the resident to have a BIMS score of 12 of 15, indicating moderately impaired cognition. Review of R13's medical record revealed no documented evidence the facility had assessed the resident for the ability to consent to a sexual relationship prior to the State Survey Agency (SSA) September 2025 survey. Review of R13's Nurses' Notes dated 07/27/2025 at 7:50 PM and written by Registered Nurse (RN) 3, revealed a State Registered Nurse Aide (SRNA) reported to RN3 that R4 was in R13's room, lying on the bed with no clothes on, and R13 was lying on top of her. The note stated R4 and R13 told RN3 the residents wanted to have sex, and they understood the potential consequences. Per the note, privacy was provided, and the Director of Nursing (DON) and the Administrator were advised of that by phone. Review of R13's Nurses' Notes, dated 07/28/2025 at 2:55 PM and written by RN1, revealed R4 was in R13's room, and R13 was sitting on his bed with his pants down, exposing himself. Per the note, R13's door was closed for privacy, and the Assistant Director of Nursing (ADON), DON, Social Services Director (SSD), and the Administrator were notified. During a telephone interview with State Registered Nurse Aide (SRNA)5 on 09/04/2025 at 3:04 PM, she stated she was passing ice. She stated she knocked on R13's door on the evening of 07/27/2025 and announced she was bringing ice. She stated she saw R13, with his pants down. She stated she saw R4 on the bed, but SRNA5 did not notice what R4 was wearing. She stated she told the nurse, RN3, what she saw. During an interview on 09/03/2025 at 8:39 AM with RN1, she stated R4 and R13 had been alone together on more than one occasion. She stated she was personally aware of three occasions, and the aides had reported it to her twice. She stated she was not sure what was done behind closed doors, and staff attempted to provide privacy. During an interview on 09/03/2025 at 8:47 AM with the Social Services Director (SSD), she stated R4 reported to her that she had been crazy about R13 for a long time. She stated she was made aware of the incident that occurred on 07/27/2025 the following day, on 07/28/2025. She stated she made R4's previous SG aware. She stated the previous SG told her R4 and R13 had the right to engage in sexual activities, so long as they were able to make that decision. She stated, at the time, both R4 and R13 had a BIMS score of 11 (moderate cognitive impairment). The SSD stated the previous SG requested a capacity to consent evaluation from the PNP who had been seeing R4 at the facility. She stated when she asked the PNP to do that, the PNP told her she would look into it. However, she stated R4 was in and out of the hospital around that time for a UTI. She stated, as far as she knew, R4 and R13 were allowed to engage in sexual activity. She stated the PNP came weekly, and it had not come up as an issue. During an interview with the PNP on 09/04/2025 at 12:30 PM, she stated her process to evaluate if a resident had the capacity to consent for sexual activity was to look at the context of the situation. She stated she had not done any assessment or evaluation of R4 or R13 prior to the residents being in a sexual relationship. She stated the facility informed her that R4 was having a relationship with a man, so she evaluated R4 on 09/03/2025. During an interview on 09/04/2025 at 10:13 AM with the Director of Nursing (DON), she stated R4 was highly flirtatious before the UTI, so for her to engage with this resident didn't surprise me. She stated she had not been aware of any sexual activity before these incidents. She stated she knew R4 would flirt with different men, and if the men did not respond, she would move on to</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>someone else. During an interview on 09/04/2025 at 3:55 PM with the Medical Director, who was also R4's and R13's primary care physician, he stated he was aware of an intimate relationship on the first occasion. However, he stated he was not aware of much more than that. He stated he was not aware of a capacity to consent used at the facility, and it would be his preference to have that on file. He stated that, while the physical relationship was not his preference, he did feel that R4 was able to make those types of decisions, and to make her not be able to spend time with R13 seemed to not be in the best interest of either resident. During an interview on 09/04/2025 at 4:53 PM with the Administrator, she stated she was unaware the facility's abuse policy needed to include procedures to assess residents for the capacity to consent to sexual relationships and she was unaware the policy required the eighth component, in which the facility must coordinate situations of abuse with the QAPI program. She stated she felt R4 and R13's relationship was acceptable as she viewed them both to be consenting adults.</p>		