| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185455 | A. Building<br>B. Wing | 08/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Valhalla Post Acute | 300 Shelby Station Drive<br>Louisville, KY 40245 |

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 0687<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate foot care.<br><br>(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 |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185455 | A. Building<br>B. Wing | 08/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Valhalla Post Acute | 300 Shelby Station Drive<br>Louisville, KY 40245 |

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 0687<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility's policies, it was determined the facility failed to ensure that one (1) out of twenty-one (21) sampled residents, Resident (R)5, received proper treatment and care to maintain mobility and good foot health by failing to provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s). The findings included:Review of the facility's policy titled, Wound Care, dated 10/2010, revealed that the purpose of the policy was to provide guidelines for the care of wounds to promote healing. Further review revealed that staff should verify the physicians order prior to wound care. Per the policy, documentation of wound care should be recorded in the resident's medical record.Review of R5's Face Sheet revealed that he was admitted to the facility on [DATE] with diagnoses including tobacco use, hypertension, diabetes mellitus type II with hyperglycemia (high blood sugar) and neuropathy, as well as history of venous thrombosis and embolism. Review of R5's Quarterly Minimum Data Set (MDS), dated 06/30/2025, revealed that R5 was assessed as having a Brief Interview for Mental Status (BIMS) score of 15/15, indicating the resident was cognitively intact. Further review of R5's Quarterly MDS revealed that the resident did not display rejection of care behaviors during the assessment period, had diabetic foot ulcers, and took hypoglycemic medications, including insulin. Review of R5's Comprehensive Care Plan, initiated 03/15/2024 revealed that he was care planned for diabetes putting him at risk for complications such as diabetic nephropathy, hyperglycemia, and skin breakdown. Further review of R5's CCP revealed that he was also care planned for the focus of skin-diabetic foot ulcers and was at risk for complications related to delayed healing, further skin breakdown, infection, and pain and discomfort due to refusing in house wound care consultation, left diabetic foot ulcer, amputation of great toe, surgical debridement of wound with skin staples applied, chronic changes to third or fourth metatarsals, fourth metatarsal had osteoarthritis and septic arthritis, diabetic wounds to left second and fourth toes, right medial first toe, right distal first toe, right second toe, and right distal lateral foot. The care plan noted the resident makes false claims related to wound care being done and was care planned due to refusing care and services of the in-house wound evaluations. Per the CCP, R5 was seen by outside wound care, and had interventions including administering treatments as ordered. Review of R5's current Physician Orders, revealed that he had an order for podiatry care as needed both dated 03/03/2025. R5 also had the following orders: a. Anasept External Liquid 0.057% Solution apply to right distal lateral foot topically every day shift for diabetic wound. Clean with normal saline, pat dry, Anasept and collagen powder and cover with a border gauze daily and PRN (as needed), 05/01/2025. b. Betadine Swabsticks External Swab 10% (Povidone-Iodine) every shift for left fourth toe, bilateral second toes, and right distal and lateral first toe and leave open to air those toes dated 05/05/2025. Review of R5's Treatment Administration Record (TAR) revealed that for the month of 07/2025, treatments were not provided as ordered on 07/05/2025, 07/06/2025, 07/07/2025, 07/12/2025, 07/13/2025, 07/22/2025, 07/23/2025, 07/24/2025, 07/30/2025, and 07/31/2025. These treatments included:a. One treatment that was not given for wound care of the Anasept with collagen powder. b. One treatment of painting with betadine missed for the left second toe. c. Ten treatments of painting the left fourth toe with betadine missed.d. Ten treatments of painting of the right second toe topically with betadine.e. Ten missed betadine treatments for the right distal first toe.f. Ten missed betadine treatments for the right medial first toe. Review of the 06/2025 TAR revealed treatments were not provided as ordered on 06/12/2025, 06/20/2025, 06/29/205, and 06/30/2025. These treatments included:a. Two missed treatments for wound care of the Anasept with collagen powder. b. Two treatments of painting with betadine missed for the left second toe.c. Four treatments of painting the left fourth toe with betadine missed.d. Four missed treatments of painting of the right second toe topically with betadine.e. Four missed betadine treatments for the right distal first toe.f. Four missed betadine treatments for the right medial first toe. Review of the 04/2025 TAR revealed two treatments of the second left toe with the Betadine swab stick were missed. In addition, four treatments for the left first toe and left fourth toe, two treatments for the right distal lateral foot, and three treatments for the right medial first toe were also missed. Review of the 03/2025 TAR revealed a total of 13 treatments were missed. No treatments were missing for the month of 02/2025; however, per the 01/2025 TAR, a total of six treatment were missed, while the 12/2024 TAR revealed that two treatments were missed. Observation of R5's right foot on 08/05/2025 at 9:55 AM revealed that it was wrapped in an ACE bandage that was clean, dry, and |