

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Lexington Premier Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2770 Palumbo Drive Lexington, KY 40509	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure residents had a right to a safe, clean, comfortable and homelike environment. Observations on 08/04/2025 and 08/07/2025 of three areas of the facility revealed stained and unraveled carpet. The findings include: The State Survey Agency (SSA) Surveyor requested an environmental policy from the Director of Nursing (DON) on 08/08/2025 at 8:46 AM; however, the only documents provided were blank cleaning logs. Observation upon the initial entry to the facility on [DATE] at 3:00 PM revealed the carpet in the front lobby was overall dirty, visibly stained in multiple areas, and unraveling near the front reception desk. Observation on 08/04/2025 at 3:19 PM revealed the carpet on the North Hall was visibly stained in multiple areas throughout the unit. Observation on 08/07/2025 at 3:57 PM revealed the carpet on the South Hall was visibly stained in multiple areas throughout the unit. During an interview with Registered Nurse (RN) 4 on 08/08/2025 at 9:59 AM, she stated it was important the carpets were clean in the facility, so dust and dirt were eliminated; and it was just overall unhealthy. RN4 further stated it made a bad first impression when people walked into the facility, and the first thing they noticed were visibly stained and dirty carpets. During an interview with the Assistant Director of Nursing (ADON) on 08/08/2025 at 10:04 AM, she stated it was important the facility and the carpets were clean because the facility was home for the residents, and it should be clean. Additionally, she stated it left a bad impression when visitors or family walked into the facility, and the first thing they noticed were the carpets needed to be cleaned. During an interview with the Administrative Assistant (AA) on 08/08/2025 at 11:48 AM, he stated the facility's carpets should be clean, as well as the entire facility for resident safety related to infection prevention concerns. During an interview with the Chief Executive Officer (CEO) on 08/06/2025 at 10:33 AM, he stated he was not clinical and was unaware of any standard practices for infection control. He stated he had recently replaced carpeting in the resident rooms, but the entire carpet replacement was a two-phase project that had not yet been completed due to the facility's financial trouble when he took over leadership a few years ago. The CEO further stated he had received three or four quotes from different companies to replace the carpet at the facility.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, interview, review of the facility's job description, and review of the facility's policy, the facility failed to ensure nursing staff followed the standard of care for medication administration for 1 of 4 sampled residents, Resident (R) 57. Observation on 08/07/2025 revealed the North Unit Nurse Manager prepared medications for R57. She then transferred the cup of pills to Licensed Practical Nurse (LPN) 2, who administered the medications to the resident. The findings include: Review of the facility's policy titled, Medication Administration by Route or Dosage Form, undated, revealed no specific guidelines for more than one nurse administering medications to a single resident. Review of the facility's job description Licensed Practical Nurse (LPN), undated, revealed LPNs were expected to only administer medications personally prepared and did not leave medications at the bedside without an order to do so. Observation of medication administration with the North Unit Manager (UM) on 08/06/2025 at 8:30 AM revealed she prepared 14 medications for R57. R57's assigned staff nurse, LPN2, walked to the storage room twice during this time to obtain a nutrition supplement. After the North Unit UM had placed the pills in the medication cup, she handed it to LPN2, who had returned to the room entrance and immediately administered the medications to the resident, who was sitting just inside the door to the room. During interview with the North Unit UM on 08/06/2025 at 8:41 AM, she stated she would have to check the policy to determine whether one nurse preparing medications to be administered by another nurse was appropriate. During interview with LPN6 on 08/07/2025 at 8:50 AM, she stated it was not the acceptable standard of care to prepare medication and hand it to another staff to give or to administer medications prepared by another nurse. During interview with LPN10 on 08/07/2025 at 10:00 AM, she stated it was never an accepted standard of practice to prepare medications and hand them to someone else to give. She stated it was also unacceptable for staff to give medications they did not prepare because they did not know what was in the cup if they did not prepare the medications. She stated that was not a safe practice. During interview with LPN12 on 08/07/2025 at 10:45 AM, she stated it was not accepted practice to prepare and then hand medications to someone else to give due to safety issues. During a joint interview with the Director of Nursing (DON) and the Administrative Assistant (interim Administrator) on 08/08/2025 at 1:45 PM, the DON stated her expectation was that nursing staff would prepare and administer medications to residents individually and would not hand medications to another staff member to give to a resident. She stated if a nurse received medications prepared by someone else, it was not safe because they would not know if it was the right medication for the right resident. The Administrative Assistant stated his expectation was that staff would follow the facility's policies.</p>		