

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Citation		STREET ADDRESS, CITY, STATE, ZIP CODE 1376 Silver Springs Drive Lexington, KY 40511	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide the resident representative with written notification of the resident's transfer to the hospital for 1 out of 5 sampled residents, Resident (R) 14.</p> <p>The findings include:</p> <p>Review of R14's Face Sheet revealed the facility admitted the resident on 07/16/2024 with diagnoses of hypertension, type 2 diabetes mellitus with diabetic chronic kidney disease, and hyperlipidemia.</p> <p>Review of R14's hospital Discharge Summary, dated 01/08/2025, revealed she had been hospitalized on [DATE] for vomiting blood and was diagnosed with a pyloric obstruction and a urinary tract infection.</p> <p>Review of R14's Nursing Notes, dated 01/08/2025, revealed R14 returned to the facility via the Emergency Medical Technicians (EMT) after being seen at the Emergency Room, on 01/08/2025, for coffee ground emesis and abdominal pain. Further review revealed the emergency room (ER) had removed 1000 milliliters of gastric contents via a nasogastric (NG) tube, gave her intravenous (IV) Rocephin (to treat her urinary tract infection), and gave two doses of morphine for pain.</p> <p>Review of R14's Transfer/Discharge and Bed Hold Policy Notification, dated 01/08/2025, revealed it was the facility's form for notifying R14 and her Responsible Party (RP) she had a bed hold for the facility for 14 days while she was hospitalized or on therapeutic leave. Further review of the Transfer/Discharge and Bed Hold Policy Notification, revealed it was not signed by the resident or the RP. Instead, written on the signature line was verbal consent via a phone call with RP (Family, F3). It was dated 01/08/2025 and signed by the Director of Health Services (DHS).</p> <p>In an interview on 06/26/2025 at 8:29 AM, R14's RP/F3 stated the facility called her and told her R14 had been experiencing bloody emesis, and the facility was going to send R14 to the ER. RP/F3 further stated the facility verbally told her of the transfer; however, she had not received written documentation of R14's bed hold or the transfer.</p> <p>In an interview on 06/25/2025 at 1:54 PM with the Business Office Manager (BOM), she stated she was unsure if anyone sent a copy of Transfer/Discharge and Bed Hold Policy Notification via mail to the RP for a resident when the resident went to the hospital. She stated a letter was sent to the Ombudsman.</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/25/2025 at 1:55 PM with the Social Services Director (SSD), she stated Admissions took care of the bed hold policy. She stated she sent an email to the Ombudsman when a resident was sent to the hospital, and a formal letter was sent once per month to the Ombudsman listing all the residents that went to the hospital for that month.</p> <p>In an interview on 06/25/2025 at 2:02 PM with the admission Coordinator (AC), she stated they asked the resident or RP upon admission if they wished to sign the bed hold policy to hold the resident's bed if they were to be sent out to the hospital. She stated the facility contacted the RP via phone to notify them of the transfer and to remind them about the bed hold policy. She stated, if the RP was in the facility, they would give them a copy of the Transfer/Discharge and Bed Hold Policy Notification. The AC stated the facility never sent the Transfer/Discharge and Bed Hold Policy Notification via mail to the RP but did send a copy of it with the resident to the hospital. She stated the Ombudsman received an email when there was a transfer or discharge of a resident from the facility, and a printed list was sent to the Ombudsman at the end of each month listing those residents that were transferred or discharged from the facility.</p> <p>In an interview on 06/26/2025 at 10:09 AM with the Assistant Director of Health Services (ADHS), she stated the facility did not mail Transfer/Discharge and Bed Hold Policy Notification to residents' RPs when a resident was transferred to the hospital. She stated the RP was called as a form of notification. She stated residents or their RPs signed a bed hold policy upon admission and could change their election at anytime during the resident's stay at the facility.</p> <p>In an interview on 06/26/2025 at 10:50 AM with the Director of Health Services (DHS), she stated the facility did not mail Transfer/Discharge and Bed Hold Policy Notification to residents' RPs when a resident was transferred to the hospital.</p> <p>In an interview on 06/26/2025 at 12:07 PM with the Executive Director (ED), he said the facility did not send out Transfer/Discharge and Bed Hold Policy Notification letters in the mail. He stated the facility did give a copy of the Transfer/Discharge and Bed Hold Policy Notification to the resident when they were transferred from the facility to the hospital. He stated it was the facility's process to call the RP and notify them of the transfer and remind them of the bed hold.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of the facility's policies, it was determined the facility failed to ensure staff observed required hand hygiene practices during the plating of food for the meal service. This deficient practice had the potential to affect 45 current residents who received meals from the kitchen.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program, with a review date of 01/01/2023, revealed it was the purpose of the policy to prevent the spread of infection from one person to another. Further review revealed it stated that hand washing was the most important method of infection prevention and control, and hands should be washed after doing cleaning tasks, before and after eating, when using the restroom, or any other task that provided an opportunity for infection. Per the policy, gloves should be worn when encountering items that were intended to be used by a resident.</p> <p>Review of the facility's policy titled, Guidelines for Handwashing/Hand Hygiene, dated 03/20/2017, revealed handwashing was the single most important factor in preventing transmission of infections. Further review revealed hand hygiene was a term that applied to either handwashing or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). The policy stated health care workers should use hand hygiene at times such as before and after preparing/serving meals, drinks, tube feedings, etc. and before or after having direct physical contact with residents.</p> <p>Observation on 06/24/2025 at 11:45 AM of the lunch meal service revealed the admission Coordinator (AC), who was assisting in serving residents lunch in the Dining Room, touched the counter where there were meal tickets; wrote on the tickets with a pen, touching the meal tickets; and did not perform hand hygiene prior to serving plates of food to residents. The AC was also observed on 06/24/2025 at 11:52 AM touching the cart that the food tray was sitting upon and did not perform hand hygiene prior to distributing residents' food. On 06/24/2025 between 11:45 AM and 11:57 AM, it was observed that the AC served plates of food to three separate tables of residents prior to performing hand sanitization.</p> <p>In an interview on 06/24/2025 at 11:05 AM with the AC, she stated hand hygiene should be performed after serving all the residents at a table.</p> <p>Observation on 06/24/2025 at 12:17 PM revealed Dietary Aide (DA) 1 touched her hair and clothing with her gloved hands and did not change her gloves or perform hand hygiene. Further observation of DA1 revealed that she dropped the lid to a cup onto the floor. She picked up the lid and placed it into her pocket with her gloved hand. She did not change her gloves and did not perform hand hygiene.</p> <p>In an interview on 06/24/2025 at 12:37 AM with DA1, she stated gloves should be changed and hand hygiene performed after she touched anything soiled, such as when she picked up the cup lid from the floor.</p> <p>In an interview on 06/26/2025 at 9:58 AM with the Dietary Manager (DM), he stated kitchen staff should change gloves when soiled. He stated he stressed to his staff that wearing gloves was a way to prevent cross-contamination of surfaces. He stated he told staff just because they were wearing</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>gloves did not mean they did not have to change those gloves and perform hand hygiene. He stated his expectation was that staff performed hand hygiene between each plate of food served in the dining room and after serving each tray in a resident's room. He stated staff should use ABHR to hand sanitize between plates/trays served and after three had been served, they should wash their hands with soap and water. He stated his expectation was that staff should also hand sanitize, and if wearing gloves, change gloves after picking up items off the floor or when touching something dirty such as their face, hair, or clothing.</p> <p>In an interview on 06/26/2025 at 10:09 AM with the Assistant Director of Health Services (ADHS), she stated staff should perform hand hygiene between each tray when serving food to residents in their rooms. In the dining room, she stated hand hygiene should be performed after service of all the plates from a tray, unless the staff member touched a surface such as the table or touched the resident. She stated staff should perform hand hygiene if they touched their face, hair or clothing and if they were to pick something up from the floor. She stated any time a staff member touched a contaminated surface they needed to perform hand hygiene and change their gloves if they were wearing gloves.</p> <p>In an interview on 06/26/2025 at 10:50 AM with the Director of Health Services (DHS), she stated her expectation was that staff performed hand hygiene anytime they touched themselves or a contaminated surface. She stated typically all the plates on a tray (approximately three to four plates) were distributed to residents without performing hand hygiene unless the staff member touched something contaminated. She stated staff members wearing gloves who picked up something from the floor should change gloves and perform hand hygiene.</p> <p>In an interview on 06/26/2025 at 12:07 PM with the Executive Director, he stated his expectation was that prior to distributing food in the Dining Room from a tray, staff members should perform hand hygiene, pass the three plates of food on the tray, and if they did not touch a contaminated surface, then perform hand hygiene. He stated, if staff was wearing gloves and picked up trash off the floor, he expected that staff member to change gloves and perform hand hygiene.</p>		