STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28707 Based on observation, interview, and review of facility policy, it was determined the facility failed to ensure the resident environment was safe, clean, comfortable, and homelike. Observation during the course of the survey revealed a dead bug consistently in room [ROOM NUMBER] in front of the nightstand for bed A, initially observed on 12/03/19 at 2:35 PM, observed again 12/04/19 at 2:22 PM, and on 12/05/19 at 3:28 PM. Also, observations in room [ROOM NUMBER], revealed vertical blinds in front of a patio door with some slats missing and some mismatched sized slats, some too small to cover the door. On 12/04/19 at 4:41 PM, an electrical outlet behind the bed in room [ROOM NUMBER] was found pulled away from the wall more than one inch (1), with exposed wiring. Also in 310, wallpaper was torn from the wall. Observation on 12/05/19 at 8:30 AM revealed multiple resident room doors (201, 203, 204, 205, 206, 207, 209, 210, 211, 213, 214, 215, 217, 219, 220, 222, and 224) with paneling gouged and jagged edges along the inner door facing between the bottom and middle hinges. Observation of room [ROOM NUMBER] on 12/06/19 at 9:15 AM revealed broken paneling with jagged edges on the outer sliding door of the closet facing the sink. In addition, it was determined the facility failed to ensure two (2) of thirty-five (35) sampled residents had personal laundry returned in a timely manner. Resident #75 stated clothes had been in laundry for two (2) weeks and not returned. Resident #189 stated his/her laundry had been going down to the laundry but never returning. The resident stated they were out of clothing. The findings include: 1. Review of the facility policy, Physical Plant/Daily Inspections, not dated, revealed the facility was to be inspected daily, with areas needing repair or attention to be dealt with immediately upon identification if possible, and should be recorded for proper follow up if immediate maintenance was not possible. Review of the policy Maintenance Requests and Repairs, not dated, revealed maintenance concerns were identified by staff during direct observation, walking rounds, guardian angel rounds, and during resident care, and were documented on a maintenance slip and placed in a maintenance box for repairs to be made. The policy went on to reveal maintenance slips would be picked up at least daily. In addition, maintenance was responsible for providing routine scheduled maintenance service, to maintain the building in good repair, free from hazards, and establish priorities in providing repair services. (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
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Environmental Care Manual Table of Contents, revised 01/23/19, revealed housekeeping staff were responsible daily to dust mop the resident room and bathroom floors, then wet mop the resident room and bathroom floors. Housekeeping staff were responsible for inspecting their work to ensure it met their standards. Review of the facility policy, Guardian Angel Program, dated 07/01/11, revealed every resident was assigned a department manager to act as a Guardian Angel, with responsibility to maintain contact with residents and/or families to ensure resident's comfort, care, and wellbeing. Further review revealed the Guardian Angel would maintain at least weekly contact with the resident. The policy revealed the goal was to ensure residents were cared for in a clean, caring, comfortable environment. Continued review revealed no indication on disposition of concerns identified through Angel Rounds. Review of a Survey Readiness Daily Checklist for room [ROOM NUMBER], dated 11/15/19, completed by the Assistant Dietary Director, revealed torn wallpaper was documented all over the walls, and the electrical outlet behind the bed was loose from the wall. Review of Maintenance Request Logs for each unit, 200, 300, 400, 500, 600, and 700, revealed maintenance logs were incomplete, with most only going back to the beginning of December 2019. Observation of vertical blinds to a patio door in room [ROOM NUMBER], on 12/03/19 at 2:35 PM, revealed missing slats and others too small for the door, being approximately 18 shorter than the ones that fit the door. Also noted was a dead bug, brown, approximately one inch long, in front of the bedside table for bed A. Observation on 12/04/19 at 2:22 PM, of room [ROOM NUMBER], revealed a dead bug was still in front of the bedside table for bed A. Observation on 12/05/19 at 3:28 PM, of room [ROOM NUMBER], with a dead bug still in same location in front of bedside table. Interview with Resident #19, who was assigned to room [ROOM NUMBER], bed A, on 12/03/19 at 2:22 PM, revealed housekeeping came in and swept and mopped the floor today, and added needed supplies to the bathroom. Resident #19 stated housekeeping came in and swept and mopped his/her room in the mornings. Observation, on 12/04/19 at 4:41 PM, of an Electrical outlet in room [ROOM NUMBER], revealed the outlet behind the resident's bed, was pulled more than one inch away from the wall. The outlet had exposed wires that lead back to the main outlet approximately eighteen inches away. In addition, the resident's bed was plugged into the outlet, along with a cell phone type charger. Further observation noted the wallpaper in the room on both sides of the wall leading from the door at approximate foot pedal height to a wheelchair was frayed and pulled away from the wall. Interview with Resident #98, on 12/04/19 at 4:41 PM, revealed he/she had been in the room approximately five (5) to six (6) weeks, and the wall outlet had been like that as long as he had been in the room. Resident #98 shared he/she had reported the outlet to the nurse approximately two (2) weeks ago, but could not remember the name of the nurse he/she had reported to. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the Maintenance Director, while present in room [ROOM NUMBER], on 12/04/18 at 4:41 PM, revealed he had been at the facility since March 2019, and worked with another full time maintenance person. He revealed they are the only two (2) maintenance staff for the building. When asked about any work orders for this, the Maintenance Director stated he was not certain if there was or had been one, and stated they normally check the maintenance logs on each unit at least twice a day, sometimes more often. He stated if the wiring became frayed and made contact with something, the breaker would kick in and shut the power down. He stated no one had informed him of the fraying wallpaper, although the facility was old and in constant need of maintenance. When asked about routine maintenance, he stated he and the other maintenance staff attempted to do routine maintenance, but with only the two (2) of them, they ended up mostly doing reactive maintenance and routine maintenance tasks took a lower priority. On 12/04/19 at 5:00 PM, interview with the Administrator, revealed he was not familiar with any issues with the electrical outlets or wiring in room [ROOM NUMBER] or elsewhere in the building. Observation, on 12/05/19 at 8:30 AM, of the 200 unit, revealed multiple paneled doors to resident rooms, were gouged and pulled away from the doors in places along the outer inside edge of the door frames near the hinges, between the bottom hinge and the middle hinge. The door damage was noted to be more pronounced on the odd side of the hallway, rooms 201, 203, 205, 207, 209, 211, 213, 215, 217, and 219. Some room doors on even side were damaged in the same location. Even rooms with damage noted were 204, 206, 210, 214, 220, 222, and 224. Also noted a handrail between room [ROOM NUMBER] and a column, with the handrail appearing loose near the column. Interview, on 12/06/19 at 9:37 AM, with Unit Manager 2, revealed the damage to door frames was from wheelchairs and beds. She stated she felt like the resident room doors were not very wide, and with a large number of bariatric residents through the rehab unit, doors were damaged. She stated she felt like the issue was reported to maintenance, or as least they were aware as they had rounded on the rooms. Observation on 12/06/19 at 9:15 AM, of room [ROOM NUMBER]'s closet labeled B, the outer sliding closet door had broken paneling and jagged edges in a line across the front approximately two (2) feet from the floor. Interview, on 12/06/19 at 9:30 AM, with Certified Nursing Assistant #10, revealed she had never paid much attention to the closet in room [ROOM NUMBER] in the year she had worked on the unit. She stated it was previously off its rolling hinge recently, and maintenance fixed it. She went on to reveal the Resident who used the closet was constantly in and out of closet, slamming the door. She stated she believed the damage to the closet door had been there as long as she had been working the unit. She was not sure if it had been reported to maintenance or not, but as maintenance staff had been up on the unit and placed the closet door back on its rolling hinge, she stated maintenance had to be aware of it. Interview with Housekeeping #1, who usually worked on the 400 unit, on 12/06/19 at 11:18 AM, revealed her tasks included emptying trash, sweeping and mopping floors, wiping down baseboards and walls, cleaning vents, windowsills, dusting televisions and shelves. In addition, she cleaned closets and wiped things down every day, cleaned toilets and bathrooms, refurnished items in bathrooms. She stated she had enough time to get everything done, although did reveal they were working short staffed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 12/06/19 at 4:30 PM, with the Assistant Dietary Director, revealed she had been at the facility for three (3) months, and her understanding of Angel Rounds was to go up on floors and check the resident room out, and to get with residents themselves regarding anything they think was an issue in their room. She stated any concerns were to be documented on the Angel Rounds form (Survey Readiness Daily Checklist form). She revealed she found out today the maintenance log on each floor was to be filled out with any concerns, then the report was to be turned in to the Administrator. She revealed she was unaware of the need to fill out a maintenance request previously, and the form she filled out on 11/15/19 was turned directly in to the Administrator. Interview, on 12/06/19 at 2:18 PM, with the Director of Nursing (DON), revealed the housekeeping schedule was reviewed recently, and the facility was not short of housekeeping staff. She also revealed the facility was not of short maintenance staff. She stated the facility was a large building, with a lot of things to do, and those tasks had to be appropriately prioritized. The DON stated the purpose of the Angel Rounds was to identify environmental or resident issues, and get those issues resolved. She revealed the used a Survey Readiness Daily Checklist, which went from the person completing Angel Rounds to the Administrator, with any issues identified put onto the maintenance log, for the maintenance department to address and fixed. The DON stated she was not previously aware of any issues with doors on the 200 unit, or outlets or wallpaper in 310, issues with the blinds or housekeeping in 424, or with the closet in 610 until brought to her attention by the survey team. She revealed she was not sure if the facility had a preventive maintenance schedule, although she knew maintenance staff worked hard and were quick to address problems brought to their attention. Interview with the Administrator, on 12/06/19 at 3:25 PM, revealed he expected the environment to be maintained in a safe and sanitary manner. He revealed he was not aware of any of the concerns shared by the survey team, to include doors with gouged paneling on the 200 unit, the outlet pulled away from the wall and the frayed wallpaper in room [ROOM NUMBER], the missing and mismatched blinds in 424, or the gouged closet door in room [ROOM NUMBER] before being brought to his attention. He went on to reveal he was not sure why these issues existed, and would have to investigate the situation further. 38982 2. Observation of the laundry facility, on 12/05/19 at 11:30, revealed multiple bins of clean clothing in bins and on hanging racks. Observation also revealed some of the clothing was on carts, unfolded. Further observation also revealed three (3) large bins of personal laundry that was not yet washed. Review of the medical record revealed the facility admitted Resident #75 on 01/18/18 with diagnoses including Type 2 Diabetes Mellitus, Anxiety Disorder, Depression, Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure and Tracheostomy status. The Minimum Data Set (MDS) quarterly assessment, dated 10/06/19, revealed the facility assessed the resident with a Brief Interview Mental Status (BIMS) exam score of fourteen (14) and determined the resident was cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the medical record revealed the facility admitted Resident #189 on 07/01/19 with diagnoses including Hypertension, Ulcerative Colitis, End Stage Renal Disease, Dependence on Renal Dialysis, Type 2 Diabetes Mellitus, and Chronic Obstructive Pulmonary Disease. The MDS quarterly assessment, dated 11/08/19, revealed the facility assessed the resident with a BIMS score of fifteen (15) and determined the resident was cognitively intact. Further review of the medical record revealed the resident was transferred out to dialysis on Tuesday, Thursday and Saturday. Interview with Resident #189, on 12/02/19 at 3:37 PM, revealed the resident had not received clothes back from the laundry and has nothing to wear. Further interview, on 12/03/19 at 8:58 AM, revealed the resident again mentioned that clothes had not returned from the laundry. Observation of Resident #189, on 12/05/19 at 9:29 AM, revealed the resident in wheelchair, outside the elevator, preparing to go out to dialysis. The resident was observed to be wearing sweat pants and a thermal weave top. The resident stated the facility staff found the clothes she had on as none of hers had returned from the laundry. Interview with Resident #75, on 12/02/19 at 4:20 PM, revealed the resident's clothing had gone to laundry about two (2) weeks ago and had not returned. Further interview, on 12/05/19 at 9:35 AM, revealed nothing had returned from the laundry. Interview with a laundry employee, on 12/05/19 at 11:30 AM, revealed the process for laundering personal clothing items for residents was the aides on the 3rd shift pick up the laundry on Sunday night from the resident's rooms. Then the laundry bags were placed in a bin and taken to the laundry room. She further stated on Monday mornings the laundry department began doing the personal laundry. She further stated the laundry should be returned to the resident the day it was completed. The laundry employee stated she was not sure exactly why this was not occurring other than it was just not getting done. Interview with the Consultant, on 12/05/19 at 11:45 AM, revealed he had been at the facility for a few weeks now. He further stated he was aware there was a problem with clothing getting returned to residents. Interview with the Administrator, on 12/06/19 at 3:36 PM, revealed an expectation that personal laundry should be washed and returned to the resident in forty-eight (48) hours. He stated he was aware that currently the personal clothing was taken to laundry one (1) time a week. The administrator then stated the current process was not efficient.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38114 Based on observation, interview, record review, and facility policy review it was determined the facility failed to protect Residents #77, and Resident #422 from abuse. The findings include: Review of the facility policy, Abuse Prevention Program, undated, revealed it is the policy of the facility to prevent resident abuse and each resident will receive care and services in a person-centered environment in which all individuals are treated as human beings. Further review of the policy, revealed residents who allegedly mistreat another resident will be immediately removed from contact with that resident during the course of the investigation and the accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches and placement, considering his or her safety as well as safety of the other residents and employees of the facility 1. Review of the medical record for Resident #77 revealed the resident was admitted to the facility on [DATE] with diagnoses including, Dementia with Behavioral Disturbance, Alzheimer's Disease, Hypertension, Psychotic Disorder with Delusions, and Weakness. Review of the Minimum Data Set (MDS) significant change assessment dated [DATE] revealed the facility assessed the resident with a Brief Interview for Mental Status (BIMS) exam score of three (3) and determined the resident was severely cognitively impaired and therefore not interviewable. Review of the Comprehensive Care Plan for Resident #77, dated 09/25/19, revealed a focus related to a potential to demonstrate aggressive physical and verbal behaviors toward others. Further review of the care plan revealed the resident had interventions for redirection as needed. Review of the medical record progress notes, dated 09/14/19 at 11:40 AM, revealed Resident #77 was sitting in the dining room on the unit across from another resident (Resident #27). Resident #77 reached out across the table and touched the corner of Resident #27's lunch tray. Resident #27 then got up and came around the table and made contact with Resident #77's face. Review of the medical record for Resident #27 revealed the facility admitted the resident on 02/13/19 with diagnoses including Alzheimer's Disease, Cognitive Communication Deficit, Dementia with Behavioral Disturbance and Hypertension. Review of the MDS quarterly assessment dated [DATE] revealed the facility assessed the resident with a BIMS score of eight (8), revealing the resident was moderately cognitively impaired. Review of the Comprehensive Care Plan dated 12/05/19 for Resident #27 revealed a focus related to resisting care, delusional thoughts, attempting to hit out at staff and verbal aggression. Further review of the care plan revealed the resident had interventions to redirect as needed and provide psychiatric services as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 - Some	Random observations of Resident #27 and Resident #77 from 12/02/19 through 12/06/19 revealed no concerns of the residents being physically aggressive to other residents. The observations also revealed no concerns that Resident #27 or Resident #77 displayed any signs of being abused. Interview with Resident #27, on 12/03/19 at 09:33 AM, revealed he/she did not recall the incident on 09/14/19, and the resident stated I get along with everybody, I've never had any problems with anybody. Interview with Certified Nursing Assistant (CNA) #8, on 12/05/19 at 9:51 AM, revealed she was present in the day room on 09/14/19 when Resident #27 made contact with Resident #77. CNA #8 further revealed she had set up Resident #27's lunch tray across the table from Resident #77 and had not set up Resident #77's tray. CNA #8 stated that Resident #77 has poor eyesight and reached across the table and touched the corner of Resident #27's tray and Resident #27 proceeded to stand up and walk around the table and made contact with his/her hand to Resident #77's face and walked back around to his/her seat. CNA #8 further revealed she immediately removed Resident #77 from the dining room and reported it to the nurse and other staff remained with Resident #27 and allowed him/her to finish their meal in the dining room. CNA #8 also revealed to her knowledge Resident #27 or Resident #77 had never had an altercations with any residents before or since this isolated incident. Interview, on 12/06/19 at 11:50 AM, with Licensed Practical Nurse (LPN) #8 revealed she was present on the floor on 09/14/19 when Resident #27 had the altercation with Resident #77. LPN #8 revealed when she was informed of the incident she ensured the residents were separated and safe and began the investigation. LPN #8 further revealed Resident #27 was immediately put on one on one supervision. LPN #8 also revealed she had never known Resident #27 or Resident #77 to have any physical altercations with any other residents before or since the altercation. Interview, on 12/06/19 at 11:04 AM, with the Seventh Floor Unit Manager revealed she was not present on 09/14/19 when the altercation happened between Resident #27 and Resident #77. The Unit Manager further revealed this is the only incident she is aware of with either resident having physically aggressive behaviors toward another resident. Review of the facility investigation related to the altercation between Resident #27 and Resident #77 on 09/14/19 revealed no concerns. Residents on the same floor as Resident #27 and Resident #77 were interviewed, assessed for pain, and skin assessments completed on the residents. Staff interviews were completed also. 2. Review of the medical record for Resident #422 revealed the facility admitted the resident on 08/22/19 with diagnoses including Myocardial Infarction, Hypertension, Delirium, Alzheimer's Disease and Dementia with Behavioral Disturbance. Further review of the medical record, revealed the resident was admitted to the hospital on 11/14/19 and had not returned to the facility. Review of the admission MDS dated [DATE] for Resident #422 revealed the facility assessed the resident with a BIMS exam score of thirteen (13) and determined the resident was cognitively intact. Review of the Comprehensive Care Plan for Resident #422 dated 08/30/19 revealed a focus related to refusing care and being verbally aggressive toward staff. The Care Plan also revealed interventions of redirection as needed and psych services as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 - Some	Review of Resident #422's medical record progress noted dated 10/05/19 at 9:08 PM revealed the resident had a cut and swelling on the bridge of his/her nose where he/she was hit with the telephone by his/her roommate (Resident #84) during a disagreement over the telephone and the resident was sent to the hospital for evaluation and treatment. Further review of the medical record revealed the resident returned to the facility on [DATE] at 12:15 AM with no new orders. Review of the medical record for Resident #84 revealed the facility admitted the resident on 10/01/19 with diagnoses including Alzheimer's Disease, Acute Kidney Failure and Demential without Behavioral Disturbance. Review of the admission MDS dated [DATE] for Resident #84 revealed the facility accessed the resident with a BIMS exam score of eleven (11) and determined the resident was cognitively intact. Review of the Comprehensive Care Plan dated 10/02/19 revealed Resident #84 had a behavior problem related to adjustment disorder and had episodes of aggressive physical behavior toward roommate after incident on 10/05/19. Resident #84's care plan had interventions of redirection as needed, psych services as needed and one on one supervision as needed. Observation of Resident #84, on 12/03/19 at 1:30 PM, revealed no signs of abuse for the resident. Interview with Resident #84, on 12/03/19 at 1:51 PM, revealed the resident did not recall the incident on 10/05/19 with Resident #422. Resident #84 revealed he/she got along fine with his/her roommate, and had never had any problems with anyone at the facility. Attempted to reach staff on duty at the time of the incident, LPN #14 on 12/06/19 at 11:34 AM and LPN #15 on 12/06/19 at 11:39 AM without success. Interview with the 7th floor Unit Manager, on 12/06/19 at 11:00 AM, revealed Resident #84 had not had any physically aggressive behavior toward his/her roommate up until this time. The unit manager also revealed Resident #84 was immediately placed on one on one supervision and was sent for psychiatric services at the hospital and returned to the facility on [DATE] to a different room (room [ROOM NUMBER]) on the opposite hall and opposite end from Resident #422. The unit manager further revealed Resident #84 had not been physically aggressive since the incident on 10/05/19. Facility investigation dated 10/05/19 revealed staff (LPN #14) heard the altercation in the residents room, room [ROOM NUMBER] and immediately entered the room, separating the residents. Resident #422 was sent to the hospital for evaluation and treatment and Resident #84 was sent to the hospital for psychiatric services. Staff in the facility performed skin and pain assessments along with resident and staff interviews. Interview with the Director of Nursing (DON) on 12/06/19 at 04:10 PM revealed the staff are trained on abuse upon hire, annually and as needed throughout the year. The DON further revealed all staff received abuse training on 04/30/19 and 11/17/19 and 11/23/19. The DON further revealed she reviewed every reportable incident every morning and it is discussed with the inter-disciplinary team every morning in morning meeting. The DON further revealed she has not had any concerns with abuse investigations, resident safety or interventions done by the staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38982 Based on observation, interview, record review, and review of the facility policy it was determined the facility failed to provided bed hold notification for one (1) of thirty-five (35) sampled residents. Resident #23 was not provided bed hold notification when transferred and hospitalized on [DATE] and 09/12/19. The findings included: Review of the facility policy, provided by the Director of Nursing (DON), revealed the Bed-Hold Reservation Notification Rights form confirmed by the DON as the form the facility used for notification of bed hold. Review of the medical record revealed the facility admitted Resident #23 on 07/12/19 with diagnoses including Gastrostomy status, Cerebral Infarction due to Thrombosis of Right Middle Artery, Extradural and Subdural Abscess, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Dominant, and Cerebrospinal Fluid Leak. The Minimum Data Set (MDS) significant change assessment, dated 09/03/19, revealed the facility assessed the resident with a Brief Interview Mental Status (BIMS) exam score of thirteen (13), and determined the resident was cognitively intact. Review of the record revealed Resident #23 was admitted to the hospital on 08/23/19 for complications related to tracheostomy. The resident returned to the facility on [DATE]. The record further revealed an admission to the on 09/12/19 for seizure activity with return to the facility on [DATE]. Review of the Bed-Hold or Bed Reservation Notification Rights, dated 08/24/19 and 09/12/19, revealed no signature. The forms also revealed a statement written at bottom of the form that stated not placed on paid bed hold due to days exhausted Review of a note, in the medical record, written by the Business Office Manager, dated 08/28/19, revealed the resident was notified of exhausted hospital leave bed hold days. Interview with Resident #23, on 12/05/19 at 12:30 PM, revealed the resident did not remember hearing that his/her days were exhausted. The resident further stated he/she thought he/she would have remembered that conversation. Interview with the Family Member #2, on 12/05/19 at 12:47 PM, revealed he/she was not aware of the exhausted bed hold days and had not been contacted by the facility. Interview with the Business Office Manager (BOM), on 12/06/19 at 8:33 AM, revealed she was responsible for submitting bed hold notifications, if the staff did not provide at time of transfer. She stated she checked each morning to see if a resident was transferred and if a bed hold notification was given. She stated Resident #23 was self responsible and would have been the person she would notify. She added there was no notification given on 08/24/19 or 09/12/19. She then stated she did not know why the resident had not been notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38982 Based on record review, interview, and review of the facility policy it was determined the facility failed to implement the care plan for one (1) of thirty-five (35) sampled residents. The care plan for Resident #97 revealed the resident was to be transferred with a maxi-lift and the assistance of two (2) persons. The findings included: Review of the facility policy, Baseline Care Plan Assessment/Comprehensive Care Plans, undated, revealed the facility Interdisciplinary team would discuss and develop quantifiable objectives along with appropriate interventions in an effort to achieve the highest level of functioning and the greatest degree of comfort/safety and overall well-being attainable for the resident. Observation of Resident #97, on 12/03/19 at 9:04 AM, revealed the resident lying in bed with the head of the bed up about ninety (90) degrees. The resident responded the surveyor. Further observation revealed the resident's right leg was flexed at the knee and the lower part of the leg was on a pillow, outwardly rotated. The resident stated he/she had broken her leg, but did not know how. When asked if he/she fell , the resident stated yeah. Observed right leg flexed at knee lying on a pillow, edema noted in foot, color pink. Review of the medical record revealed the facility admitted Resident #97 to the facility on [DATE] with diagnoses including Hemiplegia affecting Right Dominant Side, Aphasia following Cerebral Infarction, Vascular Dementia with Behavioral Disturbance and Right Distal Tibial and Fibular Fractures. Review of the Minimum Data Set (MDS), quarterly assessment, dated 07/11/19, revealed the facility assessed the resident with a Brief Interview Mental Status (BIMS) exam score of ninety-nine (99), which indicated the resident was not able to complete to the interview due to being seldom/never understood. The MDS also revealed the resident required extensive assistance of two (2) persons for the task of transfer. Review of the care plan for Resident #97, dated 04/06/18 revealed the resident had deficits in activities of daily living (ADL) tasks and required the use of a Maxi-lift for all transfers. Review of the nurse aide care plan, dated as of 12/03/19, revealed Resident #97 required a Maxi-lift for transfers. Review of the 5th floor certified nurse aide (CNA) guide, undated, revealed Resident #97 required a Maxi-lift with assist of two (2) persons. Review of Nursing Progress noted, dated 08/27/19 at 6:13 PM, authored by Licensed Practical Nurse (LPN) #6, revealed resident was guarding the right leg and was observed to have pain upon movement. The note also stated the right leg was swollen from midway the calf through the right foot. The note further stated the resident was unable to to verbalize what was causing the pain and swelling. The LPN also documented the physician was contacted and received an order for x-ray and venous Doppler study of the right leg. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0656 Level of Harm - Actual harm Residents Affected - Few	Review of the radiology interpretation of the right lower extremity x-ray, performed on 08/27/19, revealed nondisplaced fractures of the distal tibia and fibula. Review of the incident investigation involving Resident #97, initiated on 08/28/19, revealed a statement signed by a Certified Nurse Assistnat (CNA) #17, stating she provided Resident #97 with a shower on 08/27/19. Further review of the statement revealed she was providing the shower without assistance of other staff and used the standup lift and transferred the resident into the wheelchair from the shower chair by herself. The statement then reveaked the resident slid out of the wheelchair onto the floor. Interview with CNA #17 was attempted, on 12/06/19 at 10:50 AM. Interview with CNA #1, on 12/03/19 at 2:47 PM, revealed she assisted CNA #17 to transfer Resident #97 into the wheel chair, from the floor, in the shower room on 08/27/19. Interview with CNA's #12 and #13, on 12/06/19 at 9:06 AM and 9:11AM, revealed the level of assistance required by a resident is listed on the care plan provided to them at the beginning of the shift. Both CNA's referred to the care plans as the pocket sheets which detailed how a resident should be transferred, including any special equipment and how many persons are needed. Interview with Unit Manager #4, on 12/06/19 at 9:18 AM, revealed pocket sheets are given to all the staff at the start of the shift. She further stated if a staff member is not familiar with the residents she prefers to walk them around to the residents. She also stated CNA #17 admitted Resident #97 fell in the shower on 08/27/19 and that she was transferring the resident by herself when it occurred. She stated the aide was immediately removed from the floor upon discovering this information. Interview with the Director of Nursing, on 12/06/19 at 2:48 PM, revealed the careplan is on the nurse aide Kardex. She further stated the pocket sheets are readily available and are a quick reference for the staff. She added every time there is a change the pocket sheets were updated. She stated CNA #17 was not following the care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 38114 Based on observation, interview, record review and facility policy review it was determined the facility failed to revise Resident #27's comprehensive care plan. Resident #27 became physically abusive toward another resident in an altercation on 09/13/19. The facility failed to review and revise Resident #27's care plan after the altercation. The findings include: Review of the medical record for Resident #27 revealed the facility admitted the resident on 02/13/19 with diagnoses including Alzheimer's Disease, Cognitive Communication Deficit, Dementia with Behavioral Disturbance and Hypertension. Review of the Minimum Data Set (MDS) quarterly assessment, dated 09/04/19, revealed the facility assessed the resident with a Brief Interview for Mental Status (BIMS) exam score of eight (8), and determined the resident was moderately cognitively impaired. Review of the medical record progress notes revealed the resident initiated an altercation and became physically abusive with another resident (Resident #77) on 09/13/19. Review of the Comprehensive Care Plan, dated 12/05/19, for Resident #27, revealed a focus related to resisting care, delusional thoughts, attempting to hit out at staff and verbal aggression. Further review revealed the interventions to redirect as needed and provide psychiatric services as needed. However, there was no mention of the resident being physically abusive with other residents. Interview with Social Services, on 12/06/19 at 2:48 PM, revealed she was responsible for revising care plans regarding resident behaviors. Social Services further revealed the Comprehensive Care Plan for Resident #27 should have been revised to indicate physically abusive behavior toward other residents. Social Services revealed she overlooked it and made a mistake. Interview with the Director of Nursing (DON) on 12/06/19 at 04:24 PM revealed the Comprehensive Care Plan for Resident #27 should have been revised to indicate the resident was physically abusive with other residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 38982 Based on observation, interview, record review and policy review it was determined the facility faciled to ensure resident's were afforded care and services for a safe environment for one (1) of thirty-five (35) sampled residents, Resident #97. Review of an investigation of an incident involving Resident #97, dated 08/28/19, revealed a written statement by CNA #17, that she transferred the resident using a Standup Lift without assistance. She also revealed she reported to the nurse the resident was throwing a fit, but did not report the resident suffered a fall. The findings include: Review of the facility policy, Accident/Incident Reporting Policy, undated, revealed any accident/incident will be reported immediately to the nurse or appropriate person designated to be in charge. Observation of Resident #97, on 12/04/19 at 10:06 AM, revealed the resident lying in bed with a pillow propped behind the back and the resident tilted to the right side. Further observation revealed half side rails were up bilaterally and the bed was in a low position. The resident wore a hospital gown and stated the right leg was not hurting at that time. Review of the medical record revealed the facility admitted Resident #97 on 08/18/15 with diagnoses including Hemiplegia affecting Right Dominant Side, Aphasia following Cerebral Infarction, Vascular Dementia with Behavioral Disturbance and Right Distal Tibial and Fibular Fractures. Review of the Minimum Data Set (MDS), quarterly assessment dated , 07/11/19, revealed the facility assessed the resident with a Brief Interview Mental Status (BIMS) score of ninety-nine (99), and determined the resident was not able to complete the interview, as the resident was seldom/never understood. The MDS also revealed the resident required extensive assistance of two (2) persons for the tasks of transfer. Review of the care plan for Resident #97, dated 04/06/18 revealed the resident had deficits in activities of daily living (ADL) tasks and required the use of a Maxi-lift for all transfers. Review of the nurse aide care plan, dated 12/03/19, revealed Resident #97 required a Maxi-lift for transfers. Review of the 5th floor certified nurse aide (CNA) guide, undated, revealed Resident #97 required a Maxi-lift with assist of two (2) persons. Review of Nursing Progress noted, dated 08/27/19 at 6:13 PM, authored by Licensed Practical Nurse (LPN) #6, revealed resident was guarding the right leg and was observed to have pain upon movement. The note also stated the right leg was swollen from midway the calf through the right foot. The note further stated the resident was unable to verbalize what was causing the pain and swelling. The LPN also documented the physician was contacted and received an order for x-ray and venous Doppler study of the right leg. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0689 Level of Harm - Actual harm Residents Affected - Few	Review of the radiology interpretation of the right lower extremity x-ray, performed on 08/27/19, revealed non-displaced fractures of the distal tibia and fibula. Review of the investigation of the incident involving Resident #97, dated 08/28/19, revealed a written statement by CNA #17, that stated she transferred the resident using a Standup Lift by herself. She stated she did this because the resident was trying to have bowel movement. She revealed the resident then slid out of the wheelchair. She also revealed she reported to the nurse the resident was throwing a fit, but did not report the resident suffered a fall. Interview with CNA #17 was attempted, on 12/06/19 at 10:50 AM. The CNA answered and stated she would the call to the surveyor back but never returned the call. Interview with Unit Manager #4, on 12/06/19 at 9:18 AM, revealed CNA #17 admitted Resident #97 had fallen in the shower on 08/27/19 and that she was transferring the resident by herself when it occurred. She stated the aide was immediately removed from the floor upon discovering this information. Interview with the Director of Nursing, on12/06/19 at 2:48 PM, revealed SRNA #17 was not following the care plan and should have reported the fall immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 38982 Based on observation, interview, and facility policy review, it was determined the facility failed to label and store drugs and biologicals with currently accepted professional principles. Observations revealed unlabeled insulin pens and medications available for use past the expiration date. The findings included: Review of the policy, Medication Storage in the Facility, undated, revealed medications labeled for individual residents were to be stored separately from floor stock medications. The policy further stated outdated, contaminated or deteriorated drugs will be withdrawn from the stock by the facility. The facility policy also revealed medication carts were kept clean, well lit and free of clutter. Observation of the fifth (5th) floor odd side medication cart, on 12/04/19 at 11:19 AM, revealed a Humalog (insulin) pen was not dated as to when the pen was opened. Further observation revealed a Novolog (insulin) pen dated with a discard date of 11/30/19, yet was still on the cart and available for use. Observation of the fifth (5th) floor even side medication cart, on 12/04/19 at 11:45 AM, revealed four (4) insulin pens inside a black bag with a resident's name; however the pens were without individual pharmacy labeling. Interview with Licensed Practical Nurse (LPN) #11, on 12/04/19 at 11:19 AM, revealed she was assigned to the fifth (5th) floor odd side medication cart. She stated she did not know when the Humalog pen was opened. She further stated all insulin pens were to be dated when opened so they could be discarded appropriately. She stated the Novolog pen should have been discarded on 11/30/19 as the date revealed. Interview with 5th floor Unit Manager, on 12/04/19 at 2:33 PM, revealed no staff was assigned to audit medication carts but the pharmacy does audit the carts monthly. She stated insulin pens are to be dated when opened and the discard date should also be added. Interview with the Director of Nursing, on 12/06/19 at 2:43 PM, revealed the pharmacy consultant performs monthly audits on the carts. She stated the consultant audits for expired medications and cleanliness. She further stated insulin pens should be dated and have pharmacy label. She added the nurse should be checking for any expired medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 35750 Based on observation, interview, record review and review of facility policy it was determined the facility failed to maintain an effective infection control practice for two (2) of thirty-five (35) sampled residents, Residents #60 and #196. During observation of medication pass Licensed Practical Nurse (LPN) #12 failed to sanitize her hands prior to donning gloves and administering a subcutaneous injection. In addition, the 5th floor Unit Manager did not perform hand hygiene before donning clean gloves during a dressing change. The findings include: 1. Review of the Infection Prevention and Control Policy, not dated, revealed it was the policy of the facility to ensure a comprehensive system was in place that prevented, identified, investigated reports, recorded and controlled infections and prevented the development and transmission of communicable disease processes for residents/care providers, staff, visitors within the facility. Observation, on 12/03/19 at 8:20 AM, during medication pass revealed LPN #12 gave Resident #196 a subcutaneous injection. Continued observations revealed LPN #12 failed to wash or sanitize her hands prior giving the injection and she donned clean gloves without prior hand washing /sanitizing. Interview with LPN #12, on 12/03/19 at 8:31 AM, revealed she was to sanitize hands prior to putting her gloves to give the subcutaneous insulin injection but was unable to verbalize why she failed to in this instance. She stated there was a possibility of cross contamination and an elderly resident's immune system was compromised and any little thing could make them sick. Interview with LPN #13, on 12/06/19 at 5:39 PM, revealed she washed or sanitized her hands before she donned gloves and prior to giving an injection. She stated if this was not done a resident could get an infection and it could make the resident really sick. The LPN stated she was trained by the facility on hand hygiene. She further stated if the nurse had not washed or sanitized her hands prior to putting the gloves on she did not follow the policy. Interview with the Assistant Director of Nursing (ADON), on 12/06/19 at 5:53 PM, revealed LPN #12 should have sanitized/washed hand before putting gloves on and giving the injection to a resident because it was the standard for infection control. The ADON further stated the facility contained an elderly population and residents could have blood borne pathogens and she wanted to protect the nursing staff and the residents. She stated staff had to follow the policy and procedure. Interview with the Director of Nursing (DON), on 12/06/19 at 6:54 PM, revealed she expected nurses to follow the infection control policy. The DON further stated it was the procedure to sanitize hands prior to donning gloves. She stated the geriatric population is at higher risk of infection. Interview with the Administrator, on 12/06/19 at 6:07 PM, revealed he expected nurses to follow nursing practices as per license and training. He stated the failed to use good practice and had not followed the protocol. 38982 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185122	A. Building B. Wing	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Louisville Rehabilitation and Nursing	1155 Eastern Parkway Louisville, KY 40217

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of the facility policy, Non-Sterile Dressings, undated, revealed after the removal of the soiled dressings the nurse was to remove gloves and perform hand hygiene prior to donning new gloves. Observation of wound care, on 12/04/19 at 12:08 PM, performed by LPN #1 on Resident #60 revealed the LPN removed the soiled dressings from the three (3) wounds. The LPN then removed gloves and donned clean gloves without performing hand hygiene. She then proceeded to clean the wounds as per treatment orders. Review of the medical record revealed the facility admitted Resident #60 on 06/18/19 with diagnoses including of Colostomy Status, Paraplegia, Pressure Ulcer of Sacral Region, Stage 4, Pressure Ulcer of Right Buttock, Stage 4, and Pressure Ulcer of Left Buttock, Stage 4. Review of the comprehensive care plan, dated 09/26/19, revealed identification of pressure ulcers, Stage 4, to the left ishium, the right ishium, and the coccyx. Interview with LPN #1, on 12/04/19 at 2:37 PM, revealed she should have performed hand hygiene after removing the soiled dressings and removing the gloves. She stated she just missed that step. Interview with the Assistant Director of Nursing (ADON) and Infection Control Nurse, on 12/06/19 at 11:05 AM, revealed the facility policy stated specifically when hands were to be washed when performing wound care. She stated after removing the soiled dressings, the nurse should remove the gloves and perform hand hygiene before donning new gloves.