Printed: 08/28/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022	
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE	
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 - Immediate jeopardy to resident health or safety Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) 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** 42932 Based on interview, record review, and facility policy review, it was determined the facility failed to ensure		onfidentiality failed to ensure Resident #174, and Resident ent to sexual relations, were sampled residents (Resident #37) o21, Resident #174 and Resident erved to have their pants down to Resident #10 was placed on one (1) was provided increased ensured to have their pants down to Resident #10 was placed on one (1) was provided increased ensured	

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:

Facility ID: 185127

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDED OR SUPPLIED		P CODE
	Danville Centre for Health & Rehabilitation		. 6052
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(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 - Immediate jeopardy to resident health or safety	The facility's failure to ensure residents were free from abuse, has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy (IJ) was identified on 02/12/2022 and determined to exist on 12/06/2021 at 42 CFR 483.12 Freedom from Abuse, Neglect and Exploitation (F600, F607, and F610), 42 CFR 483.21 Comprehensive Resident Centered Care Plan (F657), and 42 CFR 483.70 Administration (F835). The facility was notified of the Immediate Jeopardy on 02/12/2022.		
Residents Affected - Few	An acceptable Immediate Jeopardy removal plan was received on 02/22/2022, which alleged removal of the Immediate Jeopardy on 02/19/2022. The State Survey Agency determined the Immediate Jeopardy was removed as alleged on 02/19/2022, prior to exit on 02/24/2022, which lowered the scope and severity (s/s) to D at 42 CFR 483.12 Freedom from Abuse, Neglect and Exploitation, (F600, F607 and F610) 483.21 Comprehensive Resident Centered Care Plans (F657) and 42 CFR 483.70 Administration (F835), while the facility monitors the effectiveness of systemic changes and quality assurance activities.		
	The findings include: Review of the facility 's policy titled	I, Abuse, Neglect and Misappropriation	of Property, dated 05/08/2019,
	revealed it was the facility's intention to prevent the occurrence of abuse, neglect, exploitation, injuries of unknown origin and misappropriation of resident property. Continued review revealed the facility intended to assure all alleged violations of federal and state laws which involved abuse, neglect, exploitation, injuries of unknown origin and misappropriation of resident property were investigated. Review revealed all alleged violations were to be reported immediately to the facility Administrator, State Survey Agency, and other state and local agencies in accordance with federal and state law. The policy review revealed abuse included physical, mental, verbal and sexual abuse, and included deprivation by a caretaker of goods and services that were necessary to attain or maintain physical, mental and psychosocial well-being. Further review revealed sexual abuse included, but was not limited to, any physical contact with a resident's body that was not reasonably related to appropriate provision of ordered care or services. In addition, review revealed the policy presumed all abuse, as defined in the policy caused physical harm, pain or mental anguish to any resident, even if he or she did not understand the incident.		
	1.Review of the facility's Incident Report dated 12/06/2021, revealed Kentucky Medication Aide (KMA) #1 responded to Resident #10's call light. Review revealed upon entering the room KMA #1 observed Resident #174 lying on the bed with pants pulled down to thighs, and Resident #10 seated at the head of the bed, fee on floor with his/her pants pulled down to his/her knees. Continued review revealed Resident #10 had been observed to have his/her hand on Resident #174's thigh. Further review revealed both residents were immediately separated, and a head to toe skin assessment was conducted of both residents. The Incident Report further revealed no injuries were found on either resident, and neither resident was able to recall the incident. In addition, review revealed Resident #10 was placed on one (1) to one (1) monitoring.		
	Review of Resident #174's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of Unspecified Dementia with Behavioral disturbance; Dysphagia; and Wandering. Continued review revealed Resident #174 was discharged home with his/her spouse as a planned discharge on 12/28/2021.		
	(continued on next page)		

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	assessed the resident to have a Br which indicated Resident #174 was Assessment revealed Resident #15 physical illness or injury. Further reservations that significantly interfere intruded on the privacy or activities. Review of Resident #174's Compres problem area of wandering with intobserve for effectiveness of the meand approach in a calm manner. Findivert the resident's attention, remains another location as needed. Review or others secondary to his/her behaviors had been made to Reside involving Resident #10. Review of Resident #174's Psychiat referred for an acute psychiatric vis aggression, and insomnia. Further behaviors and was wandering into Review of Resident #174's Physicial every evening, initiated on 12/08/20. Behavior monitoring records for Resident #10's clinical rediagnoses of Dementia with Behav Assessment, dated 11/18/2021, for score of three (3), which indicated Minimum Data Set (MDS) Assessment, verbal or other behaviora. Review of Resident #10's Compresident area for wandering and searea revealed interventions which it each shift; monitoring the resident's Further review revealed the interventions of the perform every fifteen (15).	an Orders revealed an order for Zoloft	score of one (1) out of fifteen (15), and review of the Admission MDS ors that put the resident at risk of a Resident #174 had experienced and behaviors which significantly ions during the assessment period. Tevealed the facility had noted a medications as ordered and exit the rights and safety of others; entions which included for staff to ry, and take to the resident to oal for the resident not to harm self than revealed no documented ent which occurred on 12/06/2021, Tevealed the resident had been wiors with other residents, cently exhibited more aggressive 25 milligram (,) given by mouth 206/2021 were requested; he resident for after 12/06/2021. Bed to the facility on [DATE], with PD. Review of the Quarterly MDS desident as having no presence of iod. The revealed the facility had identified a led review of the wandering problem sexually inappropriate behaviors as otain a psychiatric (psych) consult

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety	Review of Resident #10's physician orders revealed an order, dated 12/06/2021, for Viibryd 10 mg tablet by mouth every day for seven (7) days which was to start on 12/07/2021 and end on 12/13/2021. Further review of the physician 's orders revealed an order, dated 12/13/2021, to begin Paxil 10 mg by mouth daily for Anxiety on 12/14/2021.		
Residents Affected - Few	one (1) monitoring beginning 12/06 to one (1) monitoring during the colling the factor of the colling to one (1) separate of the colling to one (1) monitoring to one (1) monitoring to one (1) separate of the colling to one (1) one (1) state of the colling the colling to one (1) on one (1) state of the colling the colling the colling to one (1) one (1) state of the colling	Monitoring sheets revealed the reside /2021. Continued review revealed Resurse of the survey with no further incidence for Progress Note, dated 12/07/2021, repropriate behaviors, increased anx with the sexually inappropriate behavioradual taper and dose reduction of Viltorder) 20 milligram (mg) daily. Further ally discontinue the medication after set of used to treat Anxiety) 10 mg by mout /08/2022 at 12:40 PM, revealed the representation and a one (1) on one (1) stated and a one (1) on one (1) stated and a continued on 12/10/2021. Continued occurred as there had been no integrated the resident and a state had been no integrated the resident and a state had been no integrated as the had	evealed the resident had been iety and for evaluation of possible ors and Anxiety. Continued review oryd (antidepressant medication review revealed to reduce the ven (7) days, then initiate Paxil th daily. Sident seated in the dining area ff member present with him/her. Esident lying on the bed with eyes ident involving Resident #10 and tinued review revealed the facility ent due to both residents having a evealed sexual abuse was not

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Danville Centre for Fleatur & Nenat	omitation	Danville, KY 40422		
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview with Kentucky Medication working when the incident occurred stated she had been charting at the went to answer it. Per KMA #1, who observed the privacy curtain was a walked to the foot of the bed where with his /her feet on the floor, and he Resident #174 with his/her pants d thigh. KMA #1 revealed she immed Nurse (RN) #2. Interview revealed about the incident. She stated Resincidents of sexually inappropriate revealed Resident #174 had been one (1) monitoring immediately follospecific interventions put in place for asked if she had been trained on ic behaviors, she stated yes, she had revealed staff attempted to redirect them in an activity or conversation. placed on one (1) to (1) monitoring Interview with State Registered Nu working on 12/06/2021, when the in she had not observed any inappropriate incident occurred. Continued in monitoring immediately after the incother residents' rooms, and staff whowever, she was unable to recall involving Resident #10. Further interviews with the incother residents in the incident incolority in the incother residents.	A Aide (KMA) #1, on 02/09/2022 at 9:35 between Resident #174 and Resident #10's of the sense of	is AM, revealed she had been at #10 on 12/06/2021. KMA #1 call light began going off, and she rough the closed door she ed she pulled the curtain back, and the head of the bed sitting upright and had been on Resident #174's iffed her charge nurse, Registered and Director of Nursing (DON) dencies and had not had any dident #10 on 12/06/2021. KMA #1 and #10 was placed on one (1) to evealed she was unsure of any to take the time and would attempt to engage periencing behaviors. In addition, she are and would attempt to engage periencing behaviors might also be a touching with either resident she had been on break at the time en placed on one (1) to one (1) dent #174 frequently wandered into ident's room. SRNA #6 revealed; desident #174 following the incident been trained on abuse, she stated	

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident #174 and Resident #10, to one (1) to one (1) monitoring on 12 Resident #10 was still on the one (1) specific interventions that were put Manager stated neither resident has an incident occurred on the unit it wand resident care plans and interversident morning clinical meeting were the I Managers, Administrator, Social Winvolving Resident #174, that Residinterview revealed Resident #174 ameeting; however, she did not recast She further stated the facility had it should have put interventions in pla Unit Manager revealed the facility sincident. Interview with the facility's former Shad worked at the facility for about had been aware of the incident involved any specific interventions which has interview revealed she recalled Resincident on 12/06/2021. She stated resident as he/she had no history of had not looked at Resident #174's frequently on the unit, and it was direvealed when employed at the facility's mor #174's behaviors as instigating the made changes to Resident #174's Resident #174 on increased monito one (1) to one (1) monitoring follow identified potential for abuse conce	a 02/09/2022 at 2:44 PM, revealed she hat occurred on 12/06/2021. She state /06/2021, when the incident occurred. I) on one (1) monitoring by staff; howe in place for Resident #174 following the da history of any incidents prior to 12/vas discussed in the morning clinical mentions were reviewed. The Unit Managoriector of Nursing (DON), Assistant Disorker, and MDS Nurse. She stated, registent #10 had been discussed in the moint his/her behaviors had also been distent #10 had been discussed in the moint his/her behaviors had also been distentified that Resident #174 wandered ace following the 12/06/2021 incident without have placed Resident #174 on information in the facility of the provided have placed on the facility of the place on the facility of the fac	d Resident #10 had been placed on Continued interview revealed ver, she could not recall any e incident on 12/06/2021. The Unit 06/2021. Interview revealed when eeting, Monday through Friday, ger revealed attendees of the rector of Nursing (ADON), Unit garding the incident on 12/06/2021 withing clinical meeting. Further scussed in the morning clinical en implemented for Resident #174. Into other residents' rooms and with Resident #10. In addition, the increased monitoring following the noreased monitoring following the 1/2022 at 10:00 AM, revealed she to on 12/06/2021, and did not recall 4 following the incident. Continued to one (1) monitoring after the cone (1) monitoring after the cone. The former SSD stated they dent was known to wander go into other residents' rooms. She evealed residents' behaviors had cility had not perceived Resident SD stated therefore, they had not might have helped to have placed sident #10 having been placed on er stated the facility had not did wandering into other residents'

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administrator at the facility from Jun on 12/06/2021 involving Resident # Continued interview revealed when they stated nothing had happened with his/her hand on Resident #174 of both residents, had not shown evany other touching between the resubstantiated abuse had occurred. Resident #10 was immediately place revealed she had received training investigating and reporting abuse. Were free from abuse, through screabuse, and monitoring the resident #18 entered Resident #175's room the room, with his/her top disheveled observed Resident #175 lying on the revealed the residents were immed Review further revealed a head-to-In addition, review revealed Resident. Review of Resident #174's clinical was discharged home as a planned revealed diagnoses which included Review of the Admission Minimum assessed Resident #174 with a Brichelshe was severely cognitively improtect the rights and safety of othe him/her to another location. Further self or others, secondary to his/her made to his/her care plan following made after the 12/27/2021 incident Review of Resident #175's medical diagnoses including: Unspecified P Disease.	Report, dated 12/27/2021, revealed Stafor routine checks and found Resident and bra strap exposed. Continued repeated and bra strap exposed. Continued repeated with his/her pants and brief partificately separated, and Resident #174 with the assessment was completed on both and #175 had been placed on one (1) or precord revealed the resident was admited discharge with his/her spouse on 12/2 I Unspecified Dementia with Behavioral Data Set (MDS) Assessment, dated 17 and Finder of Mental Status (BIMS) is paired. Per land the care Plan dated 10/29/2021, with interventions which included for sizers, and remove Resident #174 from siter review of the care plan revealed a goal behaviors. Additionally, review revealed the 12/06/2021 sexually inappropriate involving Resident #175. It record revealed the facility admitted the sychosis; Parkinson's Disease; Unspectally Minimum Data Set (MDS) Assessmenting a Brief Interview for Mental Status	stated at the time of the incident the facility's Abuse Coordinator. tigation of the 12/06/2021 incident, esident #10 having been observed ments which had been completed rator stated staff had not observed appened, so she had not by psych following the incident and er the incident. Further interview and had been trained on ed the facility ensured residents a prior to hire, training the staff on the Registered Nurse Aide (SRNA) #174 standing behind the door of eview revealed SRNA #18 also itally pulled down. Further review as directed back to his/her room. In residents with no injuries noted. In (1) monitoring following the staff to the facility on [DATE], and 28/2021. Continued review at disturbance, and Wandering. In 105/2021, revealed the facility core of one (1) which indicated revealed the facility had care taff to intervene as needed to tuations as needed, and take all for Resident #174 not to harm and no documentation of revisions incident, nor evidence of revisions are resident on 02/01/2021, with cified Dementia; and Alzheimer's

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of Resident #175's Compredeveloped for the resident's proble which included intervening as need a situation and taking the resident was for Resident #175 not to harm Interview with State Registered Nu working on 12/27/2021, when the inshe had been behind the nurse's sichecks. Continued interview reveal Resident #175's room. She stated had already been separated, and F#7 stated Resident #175 had not head to be redirected out of them by interventions which had been put in immediately placed on one (1) on and also trained on management of the resident #174 and Resident #175 on one (1) on one (1) monitoring or revealed however, the Unit Manager for Resident #174 and Resident #175 on one (1) on one (1) monitoring or revealed however, the Unit Manager for Resident #174 following the incinto other residents' rooms and sho incident. Further interview revealed Interview with the current Administr Administrator on 12/20/2021. She significant #175 on 12/27/contact had occurred between the the prior incident involving Resident wanderer, his/her increased behav behaviors were discussed in the fa SSD, Quality of Life staff person, a residents' behaviors, and reviewed facility staff was trained on managi their corporate Behavioral Health of staff was expected to provide for residents' was expected to provide for residents.	chensive Care Plan dated 11/26/2021, m area of wandering. Continued review led to protect the rights and safety of to another location, as needed. Further self or others secondary to their behaviors (SRNA) #7, on 02/10/2022 at 3:35 incident occurred between Resident #1 tation when SRNA #18 went into Resided SRNA #18 alerted her to come to a by the time she arrived at the door to Resident #174 was exiting the room, wi ad any issues of sexually inappropriate NA #7, Resident #174 frequently wander staff. Further interview revealed she on place for Resident #174; however, refore (1) monitoring. The SRNA revealed of residents with Dementia and resident in 02/09/2022 at 2:44 PM, revealed she that occurred on 12/27/2021. She state in 12/27/2021, immediately following the rould not recall any specific intervention of the stated the facility had identificated have placed the resident on increase a staff had been trained on identifying a state of the incident with the state of the incide	revealed a care plan had been by revealed care plan interventions thers, and remove the resident from a review revealed the care plan goal viors. PM, revealed she had been revealed the care plan goal viors. PM, revealed she had been revealed the tare plan goal viors. PM, revealed she had been revealed the tare tare tare tare tare tare tare tar

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	3. Review of the facility's Self-Repo Medication Aide (KMA) #3 reported #175 were had been inappropriated facility's investigation documentation Resident #67 and Resident #175 on abuse had occurred based on inform Review of Resident #67's medical rediagnoses including Chronic Diaston Pulmonary Disease (COPD) and Dis	orted Incident Form dated 01/15/2022, it to Licensed Practical Nurse (LPN) #10 y touching one another (in a sexual main dated 01/21/2022, of the incident of in 01/15/2022, revealed the Administrat mation obtained from investigation. Trecord revealed the facility admitted the olic (Congestive) Heart Failure, Atrial Filementia. Data Set (MDS) assessment dated [DA ving a Brief Interview for Mental Status or review of the MDS revealed the facility sident #67's Comprehensive Care Plar is at risk for elopement due to attempts rogress Notes for July 2021 revealed the pund unit. Further review of the Progress I record revealed the facility admitted the or's Disease, Unspecified Dementia, ar assessment dated [DATE], revealed the indicated by the BIMS score of two (2) thensive Care Plan revealed the facility and interventions included a calm manner; and remove him/her revealed additional interventions included revealed additional interventions included.	revealed on 01/15/2022, Kentucky 0 that Resident #67 and Resident anner). Further review of the inappropriate touching between tor had unsubstantiated sexual eresident on 04/17/2021, with ibrillation and Chronic Obstructive TE], for Resident #67, revealed the is (BIMS) score of two (2) indicating ty assessed Resident #67 as n, dated 07/01/2021, revealed the by him/her to elope from the he resident had been noted as is Notes revealed no other sexually had assessed the resident on 02/01/2021, with and Unspecified Psychosis. Review the facility had assessed the resident on the incomplete in the protect other residents' rights from situations and take to another ded to provide geriatric psychiatric 2021 revealed Resident #175 had ted as the resident had groped a view revealed a Note dated and other residents, touching staff ments to staff and other residents. Verbal sexual comment to a staff ade several sexual statements to evealed on 12/20/2021, Resident toms; and on 12/27/2021, the

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F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS IN Based on interview, record review, ensure its abuse policy was implent Interview with Kentucky Medication her and reported that she needed to the room, Resident #67 and Reside stay with the residents to protect the policy. The facility's failure to ensure that abuse occurred has caused or is lill Immediate Jeopardy (IJ) was ident 12 Freedom from Abuse, Neglect additional Jerms of the facility is a s/s of a second of the facility is a s/s of a second of the facility is a s/s of a second of the facility is policy titled, revised 05/08/2019, revealed every extent feasible and consistent with incident of abuse. Review of the Self-Reported Incided Aide (KMA) #3 reported to License inappropriately touching one anoth inappropriately touching one anoth inappropriately on the medical record for Review of the medical record f	and review of the facility's policy, it was nented for two (2) of thirty-five sampled an Aide (KMA) #3 revealed that on 01/15 to come to the room of Resident #175. Sent #175 were engaged in sexual interces residents from abuse and therefore for established policies and procedures were let to cause serious injury, harm, impaired on 02/12/2022 and determined to and Exploitation (F600, F607, and F610 Resident Centered Care Plan (F657) s. J. The facility was notified of the Immediate price of the set of the serious injury and procedures were the serious injury, harm, impaired on 02/12/2022, and fet on 02/12/2022, and fet on 02/12/2022, which low see the serious injury and F610 Resident Centered Care Plan (F657) s. J. The facility was notified of the Immediate price of the serious fet of the facility assurated the facility investigation. The serious fet of the facility investigation, Chronic Obstructive Pulmona fet of the facility admitted or illation, Chronic Obstructive Pulmona for the facility admitted or illation, Chronic Obstructive Pulmona for the facility admitted or illation, Chronic Obstructive Pulmona for the facility admitted or illation, Chronic Obstructive Pulmona for the facility admitted or illation, Chronic Obstructive Pulmona for the facility admitted or illation, Chronic Obstructive Pulmona for the facility admitted or illation, Chronic Obstructive Pulmona for the facility admitted or illation, Chronic Obstructive Pulmona for the facility admitted or illation, Chronic Obstructive Pulmona for the facility admitted or illation for the facility admitted for the facility admitted for the facility admitted for the facility admitte	ct, and theft. ONFIDENTIALITY** 42932 s determined the facility failed to desidents, Resident #67 and #175. 5/2022, Housekeeper #2 came to KMA #3 stated when she entered course. Housekeeper #2 failed to failed to implement the abuse desident, or death to a resident. exist on 12/06/2021 at 42 CFR 483. O) at a scope and severity (s/s) of a s/s of a J, and 42 CFR 483.70 diate Jeopardy on 02/12/2022. 2022, which alleged removal of the did the Immediate Jeopardy was dered the scope and severity to D at 507 and F610) 483.21 Of Administration (F835), while the ince activities. of Property, last reviewed and remust intervene immediately, to the ing, to prevent or interrupt an an 01/15/2022, Kentucky Medication dent #67 and Resident #175 were gation of the incident of ubstantiated sexual abuse based ed him/her on 04/17/2021, with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE
For information on the nursing home's plan to correct this deficiency, please co		·	agency
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of Resident #67's Quarterly facility assessed Resident #67 as a Status (BIMS) score of two (2). Fur was independent with transfers and therefore failed to assess that the residence of the Review of the medical record for Resident #175's Quarter facility had assessed the resident a Mental Status (BIMS) score of two thoughts and required supervision. Review of the facility's investigation an allegation of inappropriate touch #2's written statement, regarding the #175 had been standing between the statement revealed Resident #67 hof his/her pubis (bones forming the and got Kentucky Medication Aide Interview with Housekeeper #2, on observing the residents in Residen needed to go to the resident's room Housekeeper #2 denied observing Therefore, Housekeeper #2 stated in the room while she obtained the the facility's abuse policy which direction with the Administrator, or regarding the incident and what she however, the facility could not located the the facility with Kentucky Medication revealed Resident #67 and #175 heroom after being notified by House Resident #175, and redirected Resident #175,	y Minimum Data Set (MDS) Assessment severely cognitively impaired as indicated ther review of the MDS revealed Resider dambulation and the facility assessed resident's wandering would place the resident #175 revealed the facility admit fied Dementia, Alzheimer's Disease, Urly MDS Assessment, dated 10/29/202 as severely cognitively impaired as indi (2). Further review of the MDS revealed only with transfers and ambulation. In documentation, dated 01/21/2022, reming between Resident #67 and Residente incident between Resident #67 and Residente incident between Resident #175's bed and been lying on Resident #175's bed and been lying on Resident #175's bed and been lying on Resident #175's how the statement (KMA) #3 and the KMA took care of the 02/09/2022 at 1:30 PM and 02/11/202 at #175's room, she left Resident #175's he because Resident #67 was in the room the residents to be in close contact or she did not feel it was inappropriate to assistance of nursing staff. Further interested staff to stay with a resident when led she did not stay with Resident #67 and the the witnessed between Resident #67 and Resident #67 out of the room. KMA #3 statessed between Resident #67 and Resident #67 out of the room. KMA #3 statessed between Resident #67 and Resident #67 out of the room. KMA #3 statessed between Resident #67 and Resi	ant, dated 11/13/2021, revealed the ed by the Brief Interview for Mental lent #67 had disorganized thoughts, the resident to not wander and esident in dangerous situations. Itted him/her on 02/01/2021, with inspecified Psychosis, and If for Resident #175 revealed the cated by the Brief Interview of id the resident had disorganized It wealed the facility unsubstantiated ent #175, revealed Resident review of Housekeeper Resident #175, revealed Resident review of Housekeeper #2's with his/her pants down to the top int revealed Housekeeper #2 went e problem. 2 04:25 PM, revealed after a room to notify KMA #3 she im lying on Resident #175's bed. engaging in physical touching. leave the residents alone together erview revealed she was aware of alleged and/or suspected abuse or Resident #175 in the room as per IMA #3 had written out a statement in the Resident #175 on 01/15/2022; lost. PM and 02/10/2022 at 9:55 AM, ercourse when she entered the ely separated Resident #67 and ted she immediately notified LPN

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022	
NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	FCODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)	
F 0607 Level of Harm - Immediate jeopardy to resident health or safety	Interview on 02/11/2022 at 11:25 AM, with Licensed Practical Nurse (LPN) #10 revealed KMA #3 reported her observation of Resident #67 and Resident #175 on 01/15/2022. The LPN stated KMA #3 told her she had found Resident #175 and Resident #67 actively engaged in sexual intercourse in Resident #175's room. LPN #10 stated she notified the Administrator immediately of what KMA #3 told her regarding finding the residents actively engaged in sexual intercourse.			
Residents Affected - Few	Interview with the Administrator, on 02/11/2022 at 11:47 AM and 4:43 PM, revealed all staff was expected to protect residents and follow the facility's abuse policy if abuse was alleged or suspected.			
	**The facility implemented the following actions to remove the Immediate Jeopardy on 02/19/2022.			
	1.Incident # 1 occurred on 12/06/2021 involving Residents #174 and #10. The following steps were ta ensure resident safety.			
	For Resident #174, a skin assessment was completed on 12/06/2021, with no bruising, marking concerns noted. The Care Plan was reviewed on 12/09/2021 by the Minimum Data Set (MDS) and interventions were updated on the resident's mood care plan. The MD (Medical Doctor) and resident's POA (Power of Attorney) was notified on 12/06/2021.			
	For Resident #10, the resident was placed on 1:1 supervision on 12/06/2021 and currently remains o supervision. Resident #10's medications were reviewed on 12/07/2021 by the Psychiatric Nurse Prac and medication changes were made including Paxil started and Viibryd dose decreased. A Psychiatri Services Consult was completed for Resident #10 on 12/07/2021, and follow-up visits were complete 12/14/2021 and 12/29/2021. The resident's care plan was reviewed by the Interim Director of Nursing on 12/06/2021 with new interventions added to the resident's psychosocial care plan. The MD and Ponotified of the incident on 12/06/2021.			
	Incident #2 occurred on 12/27/202	1 involving Resident #174 and Residen	t #175.	
For Resident #174, the Regional Nurse Consultant completed a skin assessment of Resident #1 12/27/21 with no concerns noted. Review of documentation revealed the resident's MD and POA notified on 12/27/21. Resident #174 was discharged per a planned discharge to home on 12/28/. For Resident #175, a skin assessment was completed on 12/27/2021 by the Regional Nurse Concerns identified. Resident #175 was provided 1:1 Supervision on 12/27/2021 and the elde transferred to the hospital on 12/27/2021, then returned to the facility on [DATE]. The resident's Family were notified on 12/27/2021. The resident's care plan was updated on 02/18/2022 related status and the resident's discharge to a behavior unit on 12/27/2021 by the Regional Nurse constitution.			resident's MD and POA were	
			2/27/2021 and the elder was DATE]. The resident's MD and I on 02/18/2022 related to 1:1	
		2 involving Resident #67 and Resident elders had pants off and were engagir nt safety.		
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED	
	185127	B. Wing	02/24/2022	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE	
Danville Centre for Health & Rehab	ville Centre for Health & Rehabilitation 642 North Third Street Danville, KY 40422			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	For Resident #67, a psychosocial follow-up was conducted for seventy-two (72) hours to provide psychosocial support and identify any concerns. The follow-ups were conducted on 01/15/2022, 01/16/2022, and 01/17/2022 by the Administrator. The Unit Manager reviewed the resident's care plan on 01/15/2022, to reflect the needs of the resident and to reflect the psychosocial follow-up. An assessment for physical trauma/injury was completed for Resident #67 via a skin assessment by the Unit Manager on 01/15/2022. The resident's MD and POA were notified of the incident on 01/15/2022.			
	A Dementia Scale Pain Assessment and Pain Monitoring form that assesses the reassessing the elders breathing, negative vocalization of pain, facial expressions, be consolability was completed on 01/15/2022 by a Unit Manager with a score of zero pain. This assessment was noted to also indicate the resident was not in pain as d assessment completed on 12/06/2021 by Regional Nurse Consultant.			
	For Resident #175, a skin assessment was completed on 01/15/2022 by a Unit Manager with no conce noted. The resident was placed on 1:1 Supervision on 01/15/2022 and remained on 1:1 supervision unit resident was discharged from the facility on 02/22/2022. The resident was transferred to the hospital or 01/15/2022 and returned 01/26/2022 and remained on 1:1 supervision until transferred to the hospital or 02/01/2022 and returned on 02/10/2022. The Resident was then placed on 1:1 supervision upon return from the hospital and remained 1:1 until resident was discharged from the facility on 02/22/2022. The resident's MD and Family were notified of incident on 01/15/2022. The Administrator updated the resident's care plan on 01/15/2022 to reflect the resident's 1:1 status.			
	The Housekeeper was initially educated on the abuse policy on 01/19/2022 by the facility Administrator which included protection of the resident and the Housekeeper was educated on the abuse policy on 2/16/2022 by the Staff Development Coordinator.			
2. Residents residing in the facility have been assessed for any sign/ symptoms of potential Residents with a Brief Interview for Mental Status (BIMS) score of greater that eight (8) were the Administrator and/or Unit Manager/Staff Development Coordinator for any concerns stated 02/14/2022 and completed on 2/16/2022 with no issues identified. Residents currently residing in the facility with a BIMS of less than eight (8) were physically Administrator, Unit Manager or Staff Development Coordinator for any signs and symptoms abuse starting on 02/14/2022 with no concerns identified.				
3. Charts have been reviewed for all residents residing in the facility by the Independent Ri any resident status changes to include event managers and change of conditions for the pastarting on 02/14/2022 and completed on 02/16/2022. The charts were also reviewed for a allegations that had not been previously reported with no concerns noted.				
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	
For information on the nursing home's p	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	4. Care plans were reviewed by Re Behavioral Specialist starting on 02 were updated regarding behaviors, 5. All residents residing in the facility an accurate assessment score by the 02/15/2022. 6. Employees were interviewed by Director regarding any knowledge on the been previously reported starting noted related to abuse reporting. 7. The Medical Director was notified Administrator in accordance with all Residents #10, Resident #67, Residents #10, Resident #67, Residents #10, Resident and the Regional regulations for F610 and F835 on 02/18/2022 including: F610-responding to allegations of a evidence that all alleged violations exploitation, or mistreatment while the administrator or his/her designal including to the state survey agency verified appropriate corrective actions. F 835, the facility must be administ efficiently to attain or maintain the haresident. The facility administration governing body, management comadministration. CMS's Abuse Critical Pathway and F600, residents have the right to be includes freedom from corporal pur required to treat the resident's med unreasonable confinement, intimidations, neglect, and exploitation of	regional Nurse Consultant #1, Regional 2/16/2022 and completed on 02/18/202 wandering and reflected the resident's wandering and reflected the resident's ty will had a BIMS assessment complete he Social Services Director starting on the Administrator, Staff Development Coff unreported abuse or knowledge of an ag on 02/16/2022 and completed on 2/2 do of all the allegations on 12/06/2021, 200 does reporting. The facility's Medical Dident #174, and Resident #175. Regulatory Compliance educated the fall Nurse Consultant on the Center for Modification of the Complete of the consultant on the Center for Modification is in progress. Report and the investigation is in progress. Report and the theorem of the complete	Nurse Consultant #2 and the 2 to ensure that the care plans a current cognitive status. Ited to ensure that all residents had 02/14/2022 and completed on Coordinator, and the Activities by type of sexual relations that had 18/2022 with no new concerns 12/27/2021, and 01/15/2022 by the irector is the physician for Ifacility's Administrator/Regional Redicare/Medicaid Services (CMS) or F600, F607 and F657 on Ifacility must have richer potential abuse, neglect, the results of all investigations to cials in accordance with state law, cident, and if the alleged violation is its resources effectively and posychosocial wellbeing of each may also include the facility's acility as part of the facility ation, and exploitation. This y physical or chemical restraint not be willful infliction of injury, sical harm, pain, or mental anguish. It would be supported that prohibit and prevent then property/ Establish policies and

			10.0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022	
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, Z	IP CODE	
Danville Centre for Health & Rehal	bilitation	642 North Third Street Danville, KY 40422		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)	
F 0607 Level of Harm - Immediate jeopardy to resident health or safety	F 657, to ensure the timeliness of each resident's person-centered, comprehensive care plan, and to ensure that the comprehensive care plan is reviewed and revised by an interdisciplinary team composed of individuals who have knowledge of the resident and his/her needs., and that each resident and resident representative, if applicable, is involved in developing the care plan and making decisions about his or her care.			
Residents Affected - Few	9. Starting on 02/17/2022 all allegations of abuse including physical, verbal, mental, sexual, misappropriation, neglect, involuntary seclusions, corporal punishment, injuries of unknown origin, and exploitation would be reviewed by the Regional [NAME] President, Risk Manager, and/or [NAME] President of Clinical Operations to ensure that a complete, thorough, and accurate investigation has been completed for the reportable events for the next 90 days through 05/20/2022.			
	10. All reportable incidents were reviewed from the last six (6) months from 08/01/2021, through 02/16/2022 by the [NAME] President of Clinical Operations starting on 02/16/2021 and completed on 02/17/2022 with no concerns noted.			
	11. The facility Administrator, Regional [NAME] President, Regional Nurse Consultant Nurse Consultant #2, Unit Manager, Business Office Manager, Assistant Business Office Director, Rehab Service Manager, Scheduler, and the Staff Development Coordinator on the abuse policy to include sexual abuse on 02/14/2022 by the Director of Behavior			
	The education included the following	ng:		
		ude types of abuse, recognizing abuse eral regulations pertaining to abuse, a and reporting of abuse.		
	Resident Rights include that reside	nt had the right to be free from abuse		
	The Behavior Management policy i behaviors occur.	ncludes supervision and interventions	to redirect residents when	
	Care plan policy and procedure, to resident's current care needs.	include appropriately updating the res	ident's care plan to reflect the	
	Change of Condition Policy and Pr	ocedure, to include Physician and Fan	nily notification	
	Quality Assurance Performance Im improvement and monitoring.	provement (QUAPI) policy and proced	lure to include process	
	(continued on next page)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE
For information on the pursing home's	plan to correct this deficiency places con	·	aganay
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			ауепсу.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Director and Activities Director wer recognizing abuse and reporting at abuse, and the stakeholder's role in resident's right to free from abuse (to redirect residents when behaviou updating the residents' care plan to Procedure, to include Physician an process improvement and monitori The Administrator, Nursing Superv Activities Director were then assign small groups which started on 02/1 letters were sent out to the remaini Leave Act (FMLA). No employee w and a score of 100% obtained, if er immediately re-educated, and the process treadministered. This process-test re-administered. This process-test re-administered. This process treadministered by the Administers on different shifts for two Assurance (QA) committee weekly plan. At that time, based on evalua questionnaire would need to continual. All grievances were reviewed of days to determine if any items docuissues were identified. The Administered Stall incident reports from 11/10/2.	isors, SDC, Business Office Manager, and to re-educate all staff working in the 5/2022 and was completed by 02/18/2 ng PRN (as needed) staff, staff on vacifil be allowed to work until education is imployee did not score 100% on the postost-test will be re-administered. In the orientation process for all newly intil education is provided, post-test administered at 100% on post-test, then employee will cess would continue until employee obstatos education to include types of about above education to include types of about above education to include types of about attain the provided, post-test administered daily strator, DON, Nursing Supervisors, SDC or Activities Director to six (6) different (2) weeks, then four (4) staff member's of (2) weeks. Results of the staff tests with to determine the further need of continue, the QA Committee would determine. In 02/18/2022 by the Regional Nurse Commented were a reportable event or if of strator or Director of Nursing would reversing if there were any concerns relating gations of abuse, neglect, or misappro	concedure to include types of abuse, the federal regulations pertaining to did reporting of abuse. (b) the understand the supervision and interventions edure, to include appropriately (e) Change of Condition Policy and solicy and procedure to include Social Services Director and the facility, to include agency staff, in 2022. On 02/18/2022, certified ation, or staff on Family Medical provided, post-test administered, statest, then the employee would be sirred staff members. No newly hired ministered, and a score of 100% If the immediately re-educated and tains a 100% score on post-test. Suse, protection of the resident, and the staff members on different shifts a questionnaires daily to different staff If the reported to the Quality and education or revision of the ne at what frequency the staff consultant for the last thirty (30) concerns were not resolved. No liew grievances daily for two (2) and to resident abuse. The priation to the State Regulatory

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building		
	185127	B. Wing	02/24/2022	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE	
Danville Centre for Health & Rehal	bilitation	642 North Third Street		
		Danville, KY 40422		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	16. Starting on 02/19/2022 the facility Administrator, DON, Social Services Director, Assistant Director of Nursing, Staff Development Coordinator and/or Unit Manager would complete five (5) random resident observations/interviews a week to ensure residents are not exhibiting any sign or symptoms of abuse to include but not limited to being tearful, withdrawn, decreased appetite, bruising, anxiety, increased wandering, or displaying fear of staff or other elders. These audits would be ongoing for the next four (4) weeks.			
Residents Anected - Few	17. Starting on 02/19/2022, five (5) random stakeholders would be interviewed weekly for four (4) determine if they have any knowledge of any previously unreported abuse or observed any reside exhibiting increased signs and symptoms of abuse to include but not limited to being tearful, with decreased appetite, bruising, anxiety, increased wandering, fearful of staff or other elders. 18. Starting on 02/17/2022, all residents returning from a behavioral hospital stay would be review Interdisciplinary Team to determine their appropriate level of supervision and/or needed modificated plan of care to ensure their needs were met and the needs of peers were also met. This would be ensure resident safety. 19. Administrative oversight of the facility would be completed via telephone or in-person by the Fourse Consultant, Regional [NAME] President of Operations, the Director of Clinical Operations, member of the regional staff daily for two (2) weeks beginning on 02/12/2022, then weekly for four then monthly. This would include a review of all abuse allegations and events/incidents that occur previous twenty-four (24) hours, any grievances filed, and stakeholder post-tests.			
	four (4) weeks, then monthly for red QA meeting was held on 02/11/202 02/12/2022, a second Quality Assurevisions, compliance and/or furthe would determine at what frequency oversight to ensure an effective pla plan to identify facility concerns and Corporate Administrative oversight President of Operations, or a member	2, a QA meeting would be held daily for commendations and further follow-up rows and an action plan was formulated a trance meeting was held to review the over education. At that time, based upon every any ongoing audits would need to common was in place to ensure each resident dimplement a plan of correction to involon the QA meetings would be completed ber of regional staff daily until the remonn (7) days, then weekly for four (4) weekly the commendation of the QA meetings would be completed ber of regional staff daily until the remonnn (7) days, then weekly for four (4) weekly	egarding the above-stated plan. A nd implemented at that time. On current plan for any needed evaluation, the QA Committee tinue. The Administrator has the staff of the facility. End by the Regional [NAME] val of immediacy beginning	
	**The State Survey Agency verified Immediate Jeopardy on 02/19/2022	the facility implemented the following 2 as alleged:	corrective actions to remove the	
	1.Observations on 02/23/2022, rev cognitive impairment.	ealed Resident's #10 and Resident #17	74 were not interviewable due to	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIE	-D	STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehat		642 North Third Street Danville, KY 40422	. 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of facility documentation are she completed a skin assessment, review revealed the resident's POAP sychiatric Assessment revealed the new medications were initiated on the care plan was updated to include reduction of relief from signs and stream fear/apprehension. Review of Resident #10's medical insupervision on 12/06/2021 and remained of the complete of the supervision on 12/06/2021 and remained of the supervision on 12/06/2021 and remained of the supervision on 02/23/2022 revealed since 01/07/2022. Observation of Phis/her room sitting at the bedside documentation and interview with the review of Resident #10's care plant Assessment for Resident #10, on 10 (PMHNP) revealed the resident's Variety of the PMHNP, and Paxil was Psychiatrist and Advanced Practice review revealed the resident's care identified problem of psychosocial variety. Review of facility documentation rewelled the Regional Nurse Consultant, with was discharged home as planned of Review of documentation revealed concerns identified. Further review returned to the facility on [DATE]. Family were notified of the transfer on 01/15/2022 by the Unit Manager with the review revealed the resident return 02/01/2022. Resident #175 returned 02/22/2022.	and interview with the Unit Manager on Coon Resident #174 on 12/06/2021, with A, and MD were notified on 12/06/2021 the resident was assessed by Psychiatr 12/09/2021. Review of Resident #174's de Mood/Anxiety interventions with a grymptoms of anxiety such as, restlessner record, dated 02/23/2022, revealed Renained on 1:1 supervision until 01/07/20 and the facility placed the resident on evaluation on 02/23/2022, at 3:28 PM with a Personal Care Attendant (PCA) he Unit Manager on 02/24/2021 at 2:14 12/06/2021 with no concerns identified 12/07/2021 completed by a Psychiatric (iibryd dosage was decreased from 20 the medication was discontinued. On 12 is initiated daily. The PMHNP notes reverse Registered Nurse (APRN) and an additional plan was updated on 12/06/2021 with wellbeing section of the care plan. Evealed Resident #174 was involved in a skin assessment was completed for the no concerns identified. Further record on 12/28/2021. Resident #175 had a skin assessment revealed the resident was transferred in Review of Resident #175's medical record 12/27/2021. Resident #175 occurred and a skin assessment revealed the resident was transferred in Review of Resident #175 occurred and a skin assessment revealed the resident was transferred in Review of Resident #175 occurred and a skin assessment revealed the resident #175's medical record 12/27/2021.	2/2/4/2021 at 2:14 PM, revealed no concerns identified. Further of the incident. Review of a ic Services on 12/07/2021, and a care plan revealed on 12/09/2021, and is care plan revealed on 12/09/2021, and is care plan revealed on 12/09/2021, and is care plan revealed to experience a pess, poor impulse control, and revealed the resident was in present. Further review of the PM, revealed she completed a language of the PM, revealed she completed a collaboration with a lattional visit on 12/29/2021. Record new interventions added to the language of the PM, revealed Resident #174 on 12/27/2021 by direview revealed Resident #174 on 12/27/2021, then or the hospital on the language of the Hospital. Continued plain transferred to the hospital on charged from the facility on

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehab	Danville Centre for Health & Rehabilitation 642 North Third Street Danville, KY 40422		
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident #67, an Observation on 0 area and was obviously cognitively psychosocial follow-up with Reside Interview with the Unit Manager on trauma/injury assessment for Resic #67's Care plan revealed it was revelence the resident and the psychosocial for 01/17/2022. Review of the Dementia Scale Pair assessment was completed on 01/pain. Resident #175, review of his/her sk completed on 01/15/2022 with no crevealed Resident #175 was placed. Continued review of Resident #175 and went back out to the hospital or discharged from the facility on 02/2. Review of facility training records a she was educated on the abuse poprotection of the resident and the Hamaland	2/23/2022, at 3:35 PM, revealed the re impaired. Record review revealed the nt #67 on 01/15/2022, 01/16/2022, 01/02/24/2022 at 2:14 PM revealed she had the feet for the feet feet for the feet feet for the feet feet feet feet feet feet feet	sident was sitting in the common Administrator had completed a 17/2022 with no concerns noted. and completed a physical ms were noted. Review of Resident 022 and it reflected the needs of on 01/15/2022, 01/16/2022, and on for Resident #67 revealed the e of zero(0) which indicated no 1/2 the skin assessment was y's behavior monitoring log then transferred to the hospital. The treturned to the facility on [DATE] by on [DATE]. Resident #175 was 1/2 to 1/2 (2/2 at 1:35 PM, revealed 1/2 (2/2 at 2/2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 185127 STREET ADDRESS, CITY, STATE, ZIP CODE 642 North Third Street Danville Centre for Health & Rehabilitation STREET ADDRESS, CITY, STATE, ZIP CODE 642 North Third Street Danville Centre for Health & Rehabilitation SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency, please contact the nursing home or the state survey agency. [Each deficiency must be preceded by full regulatory or LSC identifying information) Respond appropriately to all alleged violations. "NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 42932 Based on interview, record eview, and facility policy review; it was determined the facility released by full regulatory or LSC identifying information) Residents Affected - Few Residents Affected - Few Residents Affected - Few of the facility is investigation of sexual abuse, involving four (4) of thirty (35) sampled residents (Residents (Resident #174 and Resident #174 in the facility investigation of sexual abuse involving four (4) of thirty (35) sampled residents (Residents #10 and higher hand on Resident #174 and Resident #174 in the facility investigation of sexual abuse involving four (4) of thirty (35) sampled residents (Residents #10 and higher hand on Resident #174 and Resident #174 in the facility investigation revealed no root cause analysis was conducted following the incident and the facility investigation revealed on root cause analysis was conducted following the incident and the facility investigation revealed to root cause analysis was conducted following the incident and the facility investigation revealed on root cause analysis was conducted following the incident and the facility facility for incident and the faci				No. 0936-0391
Danville Centre for Health & Rehabilitation 642 North Third Street Danville, KY 40422 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 TAC SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Respond appropriately to all alleged violations. ***NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42932 Based on interview, record review, and facility policy review, it was determined the facility failed to throo residents Affected - Few ***POTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42932 Based on interview, record review, and facility policy review, it was determined the facility investigate three (3) allegations of sexual abuse involving four (4) of thirty (35) sampled residents (Resident #10, Resident #174 and Resident #174 and Resident #10 were found in Resident #174, Resident #174 and Resident #175 to ensure appropriate action was taken to protect residents and prevent further sexual abuse/potential sexual abuse. Review of the facility's investigation, dated 12/06/02/11, revealed Resident #174 bits pants down to mid-thigh, Resident #175 pants were down to mid-thigh, as well as, Resident #174 pants down to mid-thigh, Resident #175 increased wandering as a potential factor in the incident. Review of the facility's investigation, dated 12/07/02/11, revealed Resident #174 was found by staff behit the door in Resident #175 s room, with his her dothing disheveled and Resident #175 worder by pulling at his here pants. Further review of the facility investigation revealed no root cause analysis was conducted following the incident and the facility failed to identify Resident #174 was found by staff behit the door in Resident #175 were part and the facility investigation revealed nor root cause analysis was conducted following the incident and incident and the facility investigation revealed nor 12/06/02/1		IDENTIFICATION NUMBER:	A. Building	COMPLETED
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Residents Affected - Fe			642 North Third Street	P CODE
Each deficiency must be preceded by full regulatory or LSC identifying information)	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Immediate jeopardy to resident health or safety **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42932 Based on interview, record review, and facility policy review, it was determined the facility failed to thoro investigate three (3) allegations of sexual abuse involving four (4) of thirty (35) sampled residents (Resident #10, Resident #174 and Resident #175) to ensure appropriate action was taken to protect residents and prevent further sexual abuse/potential sexual abuse. Review of the facility's investigation, dated 12/06/2021, revealed Resident #174 and Resident #174 pants down to mid-thigh, Resident #10 bad his/her hand on Resident #174 shigh. Further review of the facility investigation revealed no root cause analysis was conducted following the incident and the facility failed to identify Resident #175's room, with his/her clothing disheveled and Resident #175 was on his/her be pulling at his/her pants. Further review of the facility investigation revealed on root cause analysis was conducted following the incident and the facility investigation revealed no root cause analysis was conducted following the incident and the facility failed to identify Resident #174's increased wandering although the resident was involved in a prior incident on 12/06/2021. Review of the Self-Reported Incident Form dated 01/15/2022, revealed on 01/15/2022, Kentucky Medica Aide (KMA) #3 reported to Licensed Practical Nurse (LPN) #10 that Resident #67 and Resident #175 winappropriate by touching one another. Further review of the facility investigation of the incident of inappropriate by touching one another. Further review of the facility investigation of the incident of inappropriate by touching one another. Further review of the facility investigation of the incident of inappropriate by touching one another. Further review of the facility investigation of the incident of inappropriate touching date 01/21/2022 revealed that Resident #67 and Resident #175 were engaged in sexual inter	(X4) ID PREFIX TAG			
The facility's failure to thoroughly investigate allegations of sexual abuse, has caused or is likely to caus serious injury, harm, impairment, or death to a resident. Immediate Jeopardy (IJ) was identified on 02/12/2022 and determined to exist on 12/06/2021 at 42 CFR 483.12 Freedom from Abuse, Neglect and Exploitation (F600, F607, and F610) at the highest scope and severity (s/s) of a J, 42 CFR 483.21 Comprehensive Resident Centered Care Plan (F657) at s/s of a J, and 42 CFR 483.70 Administration (F at a s/s of a J. The facility was notified of the Immediate Jeopardy on 02/12/2022.	Level of Harm - Immediate jeopardy to resident health or safety	Respond appropriately to all allege **NOTE- TERMS IN BRACKETS I- Based on interview, record review, investigate three (3) allegations of #10, Resident #74, Resident #174 residents and prevent further sexual Review of the facility's investigation found in Resident #10's room. Respants down to mid-thigh. Resident facility investigation revealed no rofailed to identify Resident #174's in Review of the facility's investigation the door in Resident #175's room, pulling at his/her pants. Further reveonducted following the incident an although the resident was involved. Review of the Self-Reported Incide Aide (KMA) #3 reported to License inappropriately touching one anoth inappropriate touching date 01/21/2 information obtained from investigation sexual intercourse on 01/15/2022 versidents and immediately reported provided a written statement to the sexual intercourse when she entere 01/15/2022 KMA #3 reported to he intercourse. LPN #10 stated she not in sexual intercourse. Review of the facility's investigation administrator revealed even though and Resident #175 had been engatherefore unsubstantiated sexual a The facility's failure to thoroughly in serious injury, harm, impairment, on 02/12/2022 and determined to exis Exploitation (F600, F607, and F610 Comprehensive Resident Centered at a s/s of a J. The facility was notified.	d violations. HAVE BEEN EDITED TO PROTECT Common and facility policy review, it was determ sexual abuse involving four (4) of thirty and Resident #175) to ensure approprial abuse/potential sexual abuse. In, dated 12/06/2021, revealed Resident ident #10's pants were down to mid-thi if 10 had his/her hand on Resident #17 of cause analysis was conducted follow creased wandering as a potential factor, dated 12/27/2021, revealed Resident with his/her clothing disheveled and Resident of the facility investigation revealed the facility failed to identify Resident in a prior incident on 12/06/2021. Int Form dated 01/15/2022, revealed on defending the revealed the facility failed to identify Resident in a prior incident on 12/06/2021. Int Form dated 01/15/2022, revealed on defending the revealed the administrator unsubstition. In Aide (KMA) #3 revealed that Resident when she entered the room. She further the incident to LPN #10. KMA #3 furth facility that stated Resident #67 and Resident when she entered the room. She further that Resident #67 and Resident #175 of the incident for the proof of the administrator immediately the prevention of the sexual intercourse, she did not be she had an eye witness statement from the shear that the she had an eye witness statement from the shear that the shear that the shear tha	onfidentiality failed to thoroughly (35) sampled residents (Resident iate action was taken to protect the #174 and Resident #10 were gh, as well as, Resident #174's 4's thigh. Further review of the wing the incident and the facility or in the incident. It #174 was found by staff behind esident #175 was on his/her bed dono root cause analysis was #174's increased wandering In 01/15/2022, Kentucky Medication lent #67 and Resident #175 were gation of the incident of stantiated sexual abuse based on It #67 and #175 were engaged in restated that she separated the ner stated in interview that she lesident #175 were engaged in with LPN #10 revealed that on it were engaged in sexual at the residents had been engaged In KMA #3 and interview with the own KMA #3 stating Resident #67 believe sexual abuse occurred and whas caused or is likely to cause and with Individual and the sexual abuse occurred and whas caused or is likely to cause and of a J, 42 CFR 483.21 In CFR 483.70 Administration (F835)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED
	185127	B. Wing	02/24/2022
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE
Danville Centre for Health & Rehabilitation 642 North Third Street Danville, KY 40422			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	An acceptable Immediate Jeopardy Immediate Jeopardy on 02/19/2022 removed as alleged on 02/19/2022 level at 42 CFR 483.12 Freedom fr Comprehensive Resident Centered facility monitors the effectiveness of The findings include: Review of the facility's policy titled, revealed the facility Administrator vonstitute allegations of abuse. The oversee and complete the investigative review revealed the facility Administration violation. In addition, the policy revealed investigation findings, and take 1. Review of the facility's investigated Resident #10 which occurred on 12 sexual abuse as having occurred be investigation revealed no witness investigation revealed no witness investigation revealed no witness investigation revealed	y removal plan was received on 02/22/2. The State Survey Agency determine, prior to exit on 02/24/2022, which low om Abuse, Neglect and Exploitation, (Fd Care Plans (F657) and 42 CFR 483.7 of systemic changes and quality assural Abuse, Neglect and Misappropriation of vould investigate all allegations and regression and draw conclusions based on the strator was to make responsible efforts ealed the Administrator was to implement steps to eliminate any ongoing danger and the strator was to make responsible efforts ealed the Administrator was to implement the strator was to make responsible efforts ealed the Administrator was to implement the strator was to eliminate any ongoing danger with the strator was to eliminate any ongoing danger with the strator was to eliminate any ongoing danger with the strator was to eliminate and the facility had unsure the strator was to eliminate the facility had any the strator was to eliminate the facility had any the stratory with the stratory and the facility had any the stratory with the strato	2022, which alleged removal of the dithe Immediate Jeopardy was ered the scope and severity to D 7600, F607 and F610) 483.21 O Administration (F835), while the nce activities. Of Property, revised 05/08/2019, ports which could potentially was ultimately responsible to the nature of the incident. Further to determine the root cause of the ent corrective action consistent with to the resident(s). Involving Resident #174 and substantiated the allegation of 10. Continued review of the facility incident on 12/06/2021. Further esidents having BIMS below eight at. No formal root cause analysis dmitted the resident on 10/29/2021, the Behavioral disturbance. For Resident #174 dated orginitively impaired, as indicated by
	diagnoses of Wandering, and Dem Review of the facility's Quarterly M	DS Assessment for Resident #10 dated	d 11/18/2021, revealed the facility
	the Assessment.	rely cognitively impaired by the score o	or three (3) on the BIMS portion of
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIE Danville Centre for Health & Rehal		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street	P CODE
		Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	charting at the nurse's station when answer the call light, and when she pulled closed. Continued interview on the bed with his/her pants pulled his/her pants down to mid-thigh wit immediately separated the resident the Administrator and Director of N wandering tendencies; however, he with Resident #10 nat been placed on revealed however, she was unsure #174 following the incident. Interview with the former Administr Administrator and the facility's Abu Resident #174 and Resident #10. Investigation of the incident, it had and no evidence of abuse (even the while both residents' pants were put any other touching, than Resident as having occurred. According to the one (1) monitoring following the incipal particle (psych) services after the increased monitoring had been init received training on abuse by the consultation of the facility's Incident Festanding behind the door of Resider Resident #175 lying on the bed with investigation revealed no witness seen unsubstantiated abuse occurred are eight (8), there were no witnesses not performed. Review of the clinical record for Rependent with Behavioral disturbation of the clinical record for Rependent with Behavioral disturbation of the clinical record for Rependent with Behavioral disturbation of the clinical record for Rependent of the clinical record for Repurse of the clinical record for Re	sion MDS assessment dated of 11/05/2 as severely impaired cognitively. esident #175 revealed an admitted [DA'd Psychosis, Parkinson's Disease, and S assessment dated [DATE], revealed	off. KMA #3 stated she went to the room the privacy curtain was and saw Resident #10 sitting upright she also saw Resident #174 with 74's thigh. KMA #1 stated she tered Nurse (RN) #2, who notified ed Resident #174 had always had riate behaviors, prior to the incident ad been taken to his/her room and ely following the incident. The KMA dibeen implemented for Resident end she had been the acting ent on 12/06/2021, involving were interviewed during the pened as far as physical contact observed on Resident #174's thigh, staff interviewed had not observed on she had not substantiated abuse en immediately placed on one (1) to residents were evaluated by further revealed however, no end and the extingency of the facility is encident on 12/06/2021, the facility is incident on 12/06/2021, the facility is encident on 12/06/2021, the facility is encident. A root cause analysis was a proposed and the facility is exident. A root cause analysis was a proposed and alignoses of Unspecified the facility is exident. A root cause analysis was a proposed and alignoses which included Alzheimer's Disease.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIE	- - -	STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehal		642 North Third Street Danville, KY 40422	. 6552
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	day of the incident involving Resides SRNA #18 went into Resident #175 then called to her for assistance. Corresident #174's shirt was messed up as held physical contact occurring between Resident #174 frequently wandered. The SRNA further revealed she did #174 after the incident which involvimmediately been placed on one (1). Review of SRNA #18's witness star room and opened the door to find F strap exposed through the shirt. The of the room. Further review revealed his/her pants up. Telephone interviews were attempt #18 was no longer employed at the Interview on 02/11/22 11:47 AM an incident which occurred on 12/27/2 stated she unsubstantiated abuse in physical contact had occurred between the doen found in Resident #175's occurred. Continued interview revelooked at the residents involved, and been aware of a prior incident invol #174's increased wandering behave monitored residents, and had been responsible for protecting the rights behaviors of wandering into other in two separate incidents of alleged 3. Review of the facility's investigated 01/15/2022 involving Resident #17 allegation of inappropriate touching documentation revealed Housekee in his/her room between the resider revealed Resident #67 had been ly his/her pubic area. Further review of went and got KMA #3 and the KMA was	tement dated 12/27/2021 revealed SRI Resident #174 standing behind the door be statement stated the SRNA immediated SRNA #18 observed Resident #175 and SRNA #18 on 02/11/2022, and a facility, and the phone calls went unared at 4:23 PM, with the Administrator recording the incident because the facility and the two (2) residents. She stated so with his/her shirt disheveled; however, alled when an incident occurred, as pain dreviewed their plans of care. Accord living Resident #174; however, the facilitions as a concern for his/her safety. Fure deducated on abuse. The Administrator is of its residents. However, the facility fresidents rooms unsupervised which leads as exampled to the facility of the sexual abuse. Sign document dated 01/21/2022, for the facility of the sexual abuse. Sign document dated 01/21/2022, for the facility of the sexual abuse. Sign document dated 01/21/2022, for the facility of the sexual abuse. Sign document dated 01/21/2024, for the facility of the sexual abuse. Sign document dated 01/21/2024, for the facility of the sexual abuse. Sign document dated 01/21/2024, for the facility of the sexual abuse. Sign document dated 01/21/2024, for the facility of the sexual abuse. Sign document dated 01/21/2024, for the facility of the sexual abuse. Sign document dated 01/21/2024, for the facility of the sexual abuse. Sign document dated 01/21/2026, for the facility of the sexual abuse. Sign document dated 01/21/2026, for the facility of the sexual abuse. Sign document dated 01/21/2026, for the facility of the sexual abuse.	ween at the nurse's station when wealed SRNA #18 entered the room when she arrived at the doorway of tated she could that Resident d she did not recall hearing of any nt. Further interview revealed to be redirected out of them by staff. In the part of the pa

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street	P CODE
Darryllie Geride for Fleatur & Renai	onitation	Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the facility's clinical reco included Atrial Fibrillation, Chronic (Congestive) Heart Failure. The facility assessed Resident #67 having a Brief Interview for Mental Review of Resident #175's medica including Unspecified Psychosis, P Review of Resident #175's Quarter (2) which indicated the resident was Interview on 02/09/2022 01:30 PM Resident #175's room after observing and Resident #175's room after observed Resident #175 and Hinterview on 02/09/2022 at 8:30 PM by Housekeeper #2, she had gone observed Resident #67 and #175 aresidents, and reported the incident Interview on 02/11/22 at 11:47 AM expected to protect residents, and abuse coordinator and was respon further stated she was trained on in Administrator stated due to the resistated she did not review their capa unsubstantiated sexual abuse occur revealed even though she had an effect with the facility implemented the follous 1. Incident #1 occurred on 12/06/20 ensure resident #174, a skin assessm concerns noted. The Care Plan was concerns noted. The Care Plan was concerns noted. The Care Plan was concerns noted.	rd for Resident #67's revealed an admi Obstructive Pulmonary Disease (COPE in the Quarterly Assessment with a ref Status (BIMS) score of two (2) indicating a record revealed the facility admitted the rarkinson's Disease, Unspecified Deme in the ME in the beds. She stated she left the rown because she had seen Resident #67 lying on Resident #17 en the beds. She stated she left the rown because she had seen Resident #18 as per the policy. If and 02/10/2022 at 9:55 AM, with KMM to Resident #175's room. KMA #3 revealed to Licensed Practical Nurse (LPN) #10 and 4:43 PM, with the Administrator refollow the facility's policy. The Administrator refollow the facility investigate allegation restigating abuse when she was an Addents' cognitive impairment, there wou acity to be able to consent to sexual accurring between Resident #67 and Residency witness statement from KMA #3 statintercourse, she did not believe sexual wing actions to remove the Immediate 1021 involving Residents #174 and #10. The twas completed on 12/06/2021, with s reviewed on 12/09/2021 by the Minim the resident's mood care plan. The ME	tted [DATE], with diagnoses which D), and Chronic Diastolic ference date of 11/13/2021, as an severely impaired cognition. The resident on with diagnosis antia and Alzheimer's Disease. 21, revealed a BIMS score of two keeper #2 revealed she had left '5's bed with his/her pants down, om to go notify KMA #3 that she for in Resident #175's room lying on the sabuse policy directed staff to stay towever, she had not stayed with A #3 revealed after being notified ealed upon entering the room, she and she immediately separated the D. vealed all facility staff were trator stated she was the facility and she immediately separated the delent #175. The Administrator diministrator at another facility. The lid be no willful intent to abuse, but tivity. She revealed she had lent #175. The Administrator atting Resident #67 and Resident abuse occurred. Jeopardy on 02/19/2022. The following steps were taken to the no bruising, markings or num Data Set (MDS) Coordinator,

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Services Consult was completed for Resident #10 on 12/07/2021, and follow-up visits were completed on 12/14/2021 and 12/29/2021. The resident's care plan was reviewed by the Interim Director of Nursing (DOI on 12/06/2021 with new interventions added to the resident's psychosocial care plan. The MD and POA we		
	status and the resident's discharge to a behavior unit on 12/27/2021 by the Regional Nurse consultant. Incident #3 occurred on 01/15/2022 involving Resident #67 and Resident #175. Resident #67 was found lying in the bed of elder #175. Both elders had pants off and were engaging in sexual activities. The following steps were taken to ensure resident safety. For Resident #67, a psychosocial follow-up was conducted for seventy-two (72) hours to provide psychosocial support and identify any concerns. The follow-ups were conducted on 01/15/2022, 01/16/2022, and 01/17/2022 by the Administrator. The Unit Manager reviewed the resident's care plan on 01/15/2022, to reflect the needs of the resident and to reflect the psychosocial follow-up. An assessment for physical trauma/injury was completed for Resident #67 via a skin assessment by the Unit Manager on 01/15/2022.		
	The resident's MD and POA were notified of the incident on 01/15/2022. A Dementia Scale Pain Assessment and Pain Monitoring form that assesses the resident for pain by assessing the elders breathing, negative vocalization of pain, facial expressions, body language, and consolability was completed on 01/15/2022 by a Unit Manager with a score of zero (0) which indicated no pain. This assessment was noted to also indicate the resident was not in pain as did the baseline assessment completed on 12/06/2021 by Regional Nurse Consultant. For Resident #175, a skin assessment was completed on 01/15/2022 by a Unit Manager with no concerns noted. The resident was placed on 1:1 Supervision on 01/15/2022 and remained on 1:1 supervision until the		
	resident was discharged from the forms of the folial part of the folia	acility on 02/22/2022. The resident was 22 and remained on 1:1 supervision un	s transferred to the hospital on til transferred to the hospital on spital and remained 1:1 until the D and Family were notified of the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehal	Danville Centre for Health & Rehabilitation		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The Housekeeper was initially educ which included protection of the res 2/16/2022 by the Staff Developmer 2. Residents residing in the facility Residents with a Brief Interview for the Administrator and/or Unit Mana 02/14/2022 and completed on 2/16 Residents currently residing in the Administrator, Unit Manager or Sta abuse starting on 02/14/2022 with Abuse/neglect audits, assessments Consultant or Regional [NAME] Pre any indications of potential abuse of 3. Charts have been reviewed for a any resident status changes to inclustarting on 02/14/2022 and comple allegations that had not been previous 4. Care plans were reviewed by Reshavioral Specialist starting on 02/14/2022 and comple allegations that residing in the facilian accurate assessment score by to 02/15/2022. 6. Employees were interviewed by Director regarding any knowledge on the been previously reported starting noted related to abuse reporting. 7. The Medical Director was notifie Administrator in accordance with a Residents #10, Resident #67, Resimanagement and the Regional Residents President Regional Residents Pres	cated on the abuse policy on 01/19/202 sident and the Housekeeper was educant Coordinator. have been assessed for any sign/ sym Mental Status (BIMS) score of greater ger/Staff Development Coordinator for /2022 with no issues identified. facility with a BIMS of less than eight (8 ff Development Coordinator for any signo concerns identified. s, interviews, and questionnaires were esident (RVP) starting on 02/14/2022 a concerns. No issues or concerns were in the facility by the devent managers and change of coted on 02/16/2022. The charts were also ously reported with no concerns noted. regional Nurse Consultant #1, Regional 2/16/2022 and completed on 02/18/202 wandering and reflected the resident's the Social Services Director starting on the Administrator, Staff Development Coff unreported abuse or knowledge of any on 02/16/2022 and completed on 2/16/2022 and completed on 2/16/2021, four eporting. The facility's Medical D	22 by the facility Administrator ated on the abuse policy on a promise of potential abuse. That eight (8) were interviewed by any concerns starting on any concerns starting on any symptoms of potential reviewed by the Regional Nurse and symptoms of potential reviewed by the Regional Nurse and completed on 02/16/2022 for dentified. The Independent Risk Manager for anditions for the past thirty (30) days so reviewed for any potential abuse or eviewed for any potential abuse a current cognitive status. The Independent Risk Manager for anditions for the past thirty (30) days so reviewed for any potential abuse or eviewed for any potential abuse of the current cognitive status. The Independent Risk Manager for and the Consultant #2 and the 2 to ensure that the care plans or current cognitive status. The Independent Risk Manager for and the Activities are current cognitive status. The Independent Risk Manager for and the Activities are current cognitive status.

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NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE
For information on the nursing home's p	lan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG			
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	ehabilitation 642 North Third Street		ment, the facility must have rither potential abuse, neglect, the results of all investigations to icials in accordance with state law, cident, and if the alleged violation is a resources effectively and psychosocial wellbeing of each may also include the facility's acility as part of the facility acility as part of the facility as part of the facility size and influence of injury, sical harm, pain, or mental anguish. In the well-being of each may also include the facility acility as part of the facility acility as part of the facility. In the facility is a part of the facility acility as part of the facility acility as part of the facility acility as part of the facility. In the facility is a part of the acility is acility as part of the facility is acility as part of the facility is acility as part of the facility. In the facility must have a play in the second in the facility is acility and prevent and prevent and prevent and prevent and prevent and prevent and acility and to ensure plinary team composed of the facility and to ensure plinary team composed of the facility and to ensure plinary team composed of the facility and to ensure plinary team composed of the facility and the second in the facility is acility and the facility is acility and the facility is acility and prevent and pr

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Dariville Certile for Fleatiff & Reflat	omation	Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
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F 0610	The education included the following	ng:	
Level of Harm - Immediate jeopardy to resident health or safety	Abuse policy and procedure to include types of abuse, recognizing abuse and reporting abuse with an emphasis on sexual abuse, the federal regulations pertaining to abuse, and the stakeholder's role in prevention, protection, recognition and reporting of abuse.		
Residents Affected - Few	Resident Rights include that reside	nt had the right to be free from abuse	
	The Behavior Management policy i behaviors occur.	ncludes supervision and interventions	to redirect residents when
	Care plan policy and procedure, to resident's current care needs.	include appropriately updating the resi	dent's care plan to reflect the
	Change of Condition Policy and Pro	ocedure, to include Physician and Fam	ily notification
	Quality Assurance Performance Im improvement and monitoring.	provement (QUAPI) policy and proced	ure to include process
	12. Once the facility Administrator, Nursing Supervisors, SDC, Business Office Manager, Social Services Director and Activities Director were educated on (a) Abuse policy and procedure to include types of abuse, recognizing abuse and reporting abuse with emphasis on sexual abuse, the federal regulations pertaining to abuse, and the stakeholder's role in prevention, protection, recognition and reporting of abuse. (b) the resident's right to free from abuse (c) Behavior Management policy to include supervision and interventions to redirect residents when behaviors occur. (d) Care plan policy and procedure, to include appropriately updating the residents' care plan to reflect residents' current care needs. (e) Change of Condition Policy and Procedure, to include Physician and Family notification and (f) the QAPI policy and procedure to include process improvement and monitoring.		
	The Administrator, Nursing Supervisors, SDC, Business Office Manager, Social Services Director and Activities Director were then assigned to re-educate all staff working in the facility, to include agency staff, is small groups which started on 02/15/2022 and was completed by 02/18/2022. On 02/18/2022, certified letters were sent out to the remaining PRN (as needed) staff, staff on vacation, or staff on Family Medical Leave Act (FMLA). No employee will be allowed to work until education is provided, post-test administered, and a score of 100% obtained, if employee did not score 100% on the post-test, then the employee would be immediately re-educated, and the post-test will be re-administered.		
	This education would be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until education is provided, post-test administered, and a score of 100% obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process would continue until employee obtains a 100% score on post-test.		
	(continued on next page)		

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F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	notification of abuse including MD will be administered by the Administer two (2) weeks. After two (2) members on different shifts for two Assurance (QA) committee weekly plan. At that time, based on evaluate questionnaire would need to continuate the Administer two days to determine if any items documents of the Administer that the Administer	n 02/18/2022 by the Regional Nurse C umented were a reportable event or if o strator or Director of Nursing would rev rmine if there were any concerns relate	A, starting on 02/19/2022. The test C, Business office manager, t staff members on different shifts questionnaires daily to different staff II be reported to the Quality nued education or revision of the ne at what frequency the staff consultant for the last thirty (30) concerns were not resolved. No iew grievances daily for two (2)

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F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Develop the complete care plan will and revised by a team of health pro **NOTE- TERMS IN BRACKETS IN Based on interview, record review, and revise the person-centered core (Resident #10, Resident #37, Resident #37, Resident #10 and interview reveat displayed behaviors that put them as Review of the facility's investigation Resident #10's room with Resident mid-thigh and Resident #10 had his Resident #10 and Resident #174 reprevent further incidents. Review of the facility's Incident Repentered Resident #37's room after resident's room, KMA #1 observed his/her face and both residents well immediately separated. Review of was not revised after the incident to Review of a facility investigation revesident #174 was found by staff thand Resident #175 was on the bed Resident #175 revealed the care plans were not reinterventions to prevent further incidents affound in Resident #175's room engrevealed the care plans were not reinterventions to prevent further incidents were pulling each other's placed on one (1) on one (1) monit	thin 7 days of the comprehensive asserblessionals. HAVE BEEN EDITED TO PROTECT Comprehensive of facility policy it was detemprehensive care plan for four (4) of the dent #67, Resident #174 and Resident led Resident #37, Resident #67, Resident risk for abuse and had care plans in a revealed, on 12/06/2021, Resident #1 #10's pants down to mid-thigh. Resident #174's thigh. For each of the properties of the care plan was cort dated 12/21/2021, revealed Kentuch hearing a noise in the room. Further revealed in the room of pulling each other's hair. Further reviewed the care plan for Resident #37 and Resident #37 and Resident #175's room of pulling at his/her pants. Review of the lans were not revised after the incident and interview with facility staff revealed on 12/27/2021, Resident #175's room of pulling at his/her pants. Review of the lans were not revised after the incident and interview with facility staff revealed on 12/27/2021, Resident #175's room of pulling at his/her pants. Review of the lans were not revised after the incident and interview with facility staff revealed on 12/27/2021, Resident #175's room of pulling at his/her pants. Review of the lans were not revised after the incident and interview with facility staff revealed on 12/27/2021, Resident #175's room of pulling at his/her pants. Review of the lans were not revised after the incident and interview with facility staff revealed on 12/27/2021, Resident #175's room of pulling at his/her pants. Review of the lans were not revised after the incident and interview with facility staff revealed on 12/27/2021, Resident #175's room of pulling at his/her pants. Review of the lans were not revised after the incident and interview with facility staff revealed on 12/27/2021, and Resident #175's room of the lans were not revised after the incident and interview with facility staff revealed on 12/27/2021.	consider the incident to review of the care plans for Resident #174 and Resident #175's room. The review eldent #174 were found in the review of the care plans for revised after the incident were sident #174 revealed the care plans for the care plans for the review of the care plans for revised after the incident to the review of the care plans for revised after the incident to the review of the care plans for revised after the incident to the resident #174 with water on the review of the care plans for the resident #174 revealed the care plans for Resident #175's room. The was found in Resident #175's room. The was found in Resident #175's room. The was found in Resident #174 and to prevent further incidents. The output for the residents was the care plans for the residents was the care plans for the residents was the care plans for the residents with individualized the coom and upon entering the room and upon entering the room.

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Darwing Ochic for Fleating Rechai	Sintation	642 North Third Street Danville, KY 40422		
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F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	21 Comprehensive Resident Centered Care Plan (F657) at s/s of a J, and 42 CFR 483.70 Administration (F835), at s/s of a J. The facility was notified of the Immediate Jeopardy on 02/12/2022.			
	An acceptable Immediate Jeopardy removal plan was received on 02/22/2022, which alleged removal of the Immediate Jeopardy on 02/19/2022. The State Survey Agency determined the Immediate Jeopardy was removed as alleged on 02/19/2022, prior to exit on 02/24/2022, which lowered the scope and severity to D level at 42 CFR 483.12 Freedom from Abuse, Neglect and Exploitation, (F600, F607 and F610) 483.21 Comprehensive Resident Centered Care Plans (F657) and 42 CFR 483.70 Administration (F835), while the facility monitors the effectiveness of systemic changes and quality assurance activities.			
	The findings include:			
	Review of the facility's policy titled, Comprehensive Care Plans, dated 07/19/2018 revealed the facility developed person-centered comprehensive care plans that included measurable objectives and timetables for each resident's medical, nursing, mental and psychosocial needs. Continued review revealed care plans were ongoing and revised as information about the resident and the resident's condition changed. Review revealed care plan interventions were implemented after consideration of the resident's problem areas and causes. Further review revealed the interventions were to address the underlying source(s) of the resident's problem area(s), rather than addressing only symptoms or triggers. Review further revealed the interventions were to reflect action, treatment, or procedure to meet the objectives toward achieving the resident's goals.			
	1. Review of Resident #174's clinical record revealed the resident was admitted to the facility on [DATE], diagnoses of Unspecified Dementia with Behavioral Disturbance, and Wandering. Review of the facility's Admission Minimum Data Set (MDS) assessment dated [DATE], revealed the facility assessed Resident #174 to have a Brief Interview for Mental Status (BIMS) score of one (1), indicating the resident had sever cognitive impairment. Continued review of the Admission MDS Assessment revealed the facility had assessed Resident #174 as having behaviors placed him/her at risk of physical illness or injury, which significantly interfered with the resident's care, and wandering behaviors that significantly intruded on the privacy or activities of others during the assessment period.			
	Review of the facility's Comprehensive Care Plan for Resident #174 dated 10/29/2021, revealed a problem area noted regarding the resident's wandering behavior. Continued review revealed the care plan interventions included for staff to remove the resident from a situation and take him/her to another location as needed, and to intervene as needed to protect the rights and safety of others.			
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F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	responded to Resident #10's call light Resident #174 lying on the bed with the head of the bed, feet on floor with Resident #10 had his/her hand on immediately separated and a head revealed no injuries were found on Resident #10 was placed on one (Continued review of Resident #174 revisions made to the resident's call Interview on 02/09/2022 at 9:35 AN when Resident #10's call light start door was closed. She stated she expense interview revealed she pulled the confisher feet on the floor, and his/her #174 and his/her pants were also continued the incident; however, should be she with the incident. In had any incidents of inappropriate in the 12/06/2021 incident, Resident The Unit Manager revealed after the one (1) monitoring and remained one the Unit Manager could not recall a following the incident. Additionally, wandering into other residents' roo with interventions implemented foll interview with the former Social Secunable to recall any specific interview with Resident #10 on 12/06/2021. See unable to recall any specific interview with Resident #10 on 12/06/2021. See unable to recall any specific interview with Resident #10 on 12/06/2021. See unable to Resident #10 having been paced on the unit from wanderidiscussed in the morning clinical metal had not perceived Resident #174's revealed it might have helped to pladue to Resident #10 having been paced on the facility had the	port dated 12/06/2021 revealed Kentuce of the Neview revealed upon entering the his/her pants pulled down to the thigh with his/her pants pulled down to knees. Resident #174's thigh area. Further revealed to skin assessment was conducted either resident, both residents were urally to one (1) monitoring. It's care plan dated 10/29/2021, revealed re plan following the incident on 12/06/204, with KMA #1 revealed she had been need going off. Per KMA #1, she went to natered the room and the privacy curtain urtain open and observed Resident #10 are pants down to mid-thigh, and Resident #10's lesident #10 had been placed on one (1) a was not aware of any specific intervent addition, she stated Resident #174 was behavior prior to the incident with Resident #10 and Resident #174, had a histor in one (1) on one (1) at the time of intervent in one (1) on one (1) at the time of intervent in specific interventions which had been the UM stated the facility had identified ms and the resident's care plan should owing the 12/06/2021 incident involving envices Director (SSD), on 02/11/2022 at 2.44 pm revealed; however monitoring. She stated the facility had reverse Director (SSD), on 02/11/2022 at 2.45 phaviors as instigating the incident was revealed; however monitoring. She stated the facility had reverse plan should owing the 12/06/2021 incident involving the 12/06/2021 incident involving the 12/06/2021 incident involving the stated the facility had reverse plan should owing the 12/06/2021 incident involving the 12/06/2021 i	e resident's room KMA #1 observed in area, and Resident #10 seated at Continued review revealed view revealed view revealed the residents were do fo both. In addition, review further nable to recall the incident, and and the documented evidence of 2021, involving Resident #10. Charting at the nurse's station answer the call light, and the room in was pulled closed. Continued 0 sitting upright on the bed with the desident when does not ensure the sident with the desident with the sident wi

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F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administrator and facility's Abuse Coccurred on 12/06/2021. The forme evaluated by psych services, and Fimmediately following the incident. recall any specific care plan revision Administrator further stated however reviewed and revised following the 2. Review of the clinical record for I [DATE], with diagnoses which incluse Behavioral Disturbance. Review of the facility's Quarterly Millians assessed the resident with a BIMS Continued review of the MDS Asses behaviors of screaming, cursing or MDS Assessment revealed the facility behaviors during the observation pure Review of Resident #37's care plar interventions to Administer and observation and take to another location secondary to behaviors. Review of the clinical record for Resident with a BIMS assessment dated cognitively impaired as indicated by Assessment revealed Resident #17 intruded on other people's privacy of had also been assessed with behavior staff to intervene as needed to protect for his/her was for staff to intervene as needed to pituation and move the resident to a Resident #174 not to harm self or control of the facility's Incident Reparter hearing a noise there. Review #37 holding an empty cup, and Resident Further review revealed the resident. Further review revealed the resident.	ator on 02/11/2022 at 5:05 PM, revealed Coordinator when the incident involving per Administrator stated following the increase resident #10 had been placed on one (Further interview revealed the former Ams or interventions implemented for Reger, Resident #174's and Resident #10's incident which occurred on 12/06/2022 Resident #37 revealed the resident had ided Delirium due to psychological conductor of three (3), which indicated sevices senter revealed the facility had assess threatening others during the observativity had assessed Resident #37 as have reiod. In dated 04/12/2021 revealed a problem serve effectiveness and side effects of ety of others, approach in calm manner on as needed, with goal that resident at risk of the protect that goal the resident at risk of the goal of the goal of the resident at risk of the goal of the goal of the goal of the resident another location as needed. Further resident goal of the goal of	Resident #174 and Resident #10 sident both the residents were (1) on one (1) monitoring Administrator had been unable to esident #174. The former is care plans should have been l. If been admitted to the facility on dition, and Dementia with dent #37 revealed the facility ere cognitive impairment. Sed Resident #37 as having verbal ion period. Further review of the ving no occurrences of physical area of behaviors with medications as ordered, intervene r, divert attention, remove from vill not harm themselves or others the resident as severely eview of the Admission MDS ing behaviors which markedly ssment revealed Resident #174 of injury. Tevealed the facility had care e care plan interventions included and remove Resident #174 from a view revealed the goal was for

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES	
F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	However, further review of Resider documented evidence of revisions on 12/21/2021. (Even though the Ir [1] monitoring and had been referred. Further review of Resident #174's evidence of revisions made to the residence of revisions made to the resident's and Resident #174 with water on hinterview revealed she immediately Administrator. Further interview revisions after the incident; how specific interventions after the incident have Resident #37 had been place revealed she could not recall any sincident though. Interview with Unit Manager on 02/(1) on one (1) monitoring after the incident; for the resident after the incident; for the resident after the incident; for the resident after the incident thresidents' rooms behavior should have also Resident #37's and Resident #174's monitoring should have also Resident #37's and Resident #174' incident on 12/21/2021. Interview with former Social Service interventions for Resident #174 and 12/21/2021, because both resident wandering behaviors. Further interventions for Further interventions.	M with SRNA #6 revealed she had not dent #37 and Resident #174 occurred. Bed on one (1) to one (1) monitoring after pecific behavior interventions put into pecific behavior interventions put into pecific behavior interventions put into pecific behavior. She stated she is however, did not recall any specific behave had interventions put in place following the following pecific behave had interventions put in place following the pecific behave had interventions put in place following the following pecific behave the first incidence of the first in	ed 04/12/2021, revealed no ing the incident with Resident #174 been placed on the one [1] to one increase behaviors) /2021, revealed no documented ent with Resident #37 on In working on documentation behind Resident #37's room. KMA #1 ave an empty cup in his/her hand, ulling each other's hair. Continued the Unit Manager and the on one (1) to one (1) monitoring r4 having been placed on any It been working when the She stated however, she was the incident. Further interview place for Resident #174 after the recalled discussion of Resident entary interventions implemented esident #174's wandering into other wing the first incident on the tervention to increase Resident ent. In addition, she revealed and revised following the coopen and the incident on the incident on the tervention of the incident on th

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F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident #37's room and Resident when staff entered Resident #37's Continued interview revealed Resident review in his/her space. She stated to being territorial and had thrown a placed on one (1) to one (1) monitor reviewed following the incident with new interventions due to Resident interview revealed the facility shoul behaviors though, and his/her behaviors (Licensed Practical Nurse #1 inappropriately touching one anoth inappropriately touching date 01/21/2 information obtained from investigation of Resident #175's clinical diagnoses including Unspecified Polisease. Review of Resident #175 been assessed to have a BIMS soc Comprehensive Care Plan for Resinappropriate behaviors had been insexually inappropriate behaviors had been insexually inappropriate behaviors had been insexually inappropriate behaviors for Fithe resident had displayed sexually member's buttocks and made sexually member's buttocks and made sexually noted the resident made a verbal was touching staff and other resider Resident #175 had made a verbal noted the resident made several severe work of the Progress Notes reveasexually inappropriate behavior by resident as having increased sexual Further review of Resident #175's controlled the resident made several severe sexually inappropriate behavior by resident as having increased sexual Further review of Resident #175's controlled the resident made several severe sexually inappropriate behavior by resident as having increased sexual Further review of Resident #175's controlled the resident made several sexually inappropriate behavior by resident as having increased sexual for the review of Resident #175's controlled the resident made several sexually inappropriate behavior by resident as having increased sexual for the review of Resident #175's controlled the resident made several sex	record revealed the facility admitted hir sychosis, Parkinson's Disease, Unspects Quarterly MDS assessment dated [Dore of two (2), indicating severely impaident #175 revealed on 11/26/2021 a britiated. Continued review of the care psident #175 had displayed. Review of the same and safety of the strength of the form the situation and take to anothe lditional interventions which included g	4's face. The Administrator stated observed pulling each other's hair. his/her space and did not like the aggressor in the incident due Resident #37 was immediately Resident #174's care plan was a care plan was not revised with one (1) monitoring. Further for Resident #174's wandering dressed on the resident's care plan. Her reviewed and revised following drevealed KMA #3 reported to a not desident #175 had been documentation of the incident of destantiated sexual abuse based on mother on 02/01/2021, with diffied Dementia and Alzheimer's HATE], revealed the resident had red cognition. Review of the ehavioral care plan for sexually blan revealed no description of the the care plan revealed the typ of others, approach in a calm der location as needed. Further deriatric psychiatric services as a laber and December 2021 revealed 1, where he/she groped a staff led a Note dated 11/26/2021 which and making vulgar comments, and ted 12/01/2021 which dred dated 12/11/2021, which ched staff on the butt. Additional anting Resident #175 had exhibited ted 12/27/2021, which recorded the aff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER OR SUPPLIER Bastlar Same of PROVIDER OR SUPPLIER Banville Centre for Health & Rehabilitation STATEMENT OF DEFICIENCIES (Each deficiency, please contact 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 praceded by full requisitory or LSC identifying information) Interview with KMA #3 on 02/09/2022 at 8:30 PM and 02/10/2022 at 9:55 AM, revealed Resident #67 and #175 had been actively engaged in sexual intercourse on 01/15/2022, when she entered the room. She further stated she separated the residents and immediately reported the incident to LPN #10. 1 Provided the state of the sexual intercourse on 01/15/2022, when she entered the room. She further stated she separated the residents and immediately reported the incident to LPN #10. 1 Provided the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022 at 01/15/2022, when she entered the room of the sexual intercourse on 01/15/2022 at 01/15/2022 at 01/15/				NO. 0936-0391
Danville Centre for Health & Rehabilitation 642 North Third Street Danville, KY 40422 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) Interview with KMA #3 on 02/09/2022 at 8:30 PM and 02/10/2022 at 9:55 AM, revealed Resident #67 an #175 had been actively engaged in sexual intercourse on 01/15/2022, when she entered the room. She further stated she separated the residents and immediately reported the incident to LPM and diagnosis including Chronic Diastotic (Congestive) Heart Failure, Afrial Fibrillation and Chronic Obstructive Pulmonary Diseases (COPP). Review of the Quarterity MIDS assessment dated DATE], revealed the score of two (2) which indicated severely impaired cognition. Further review of the MIDS revealed the resident had been care planned as at risk for elopement due to attempts to elope from the facility. Review of Progress Notes for July 2021 for Resident #67 revealed the resident had been care planned as at risk for elopement due to attempts to elope from the facility. Review of Progress Notes for July 2021 for Resident #67 revealed the resident had been care planned on documented evidence of any revisions/updates to address sexual behaviors toward other resident(s). Interview with the facility's Minimum Data Set (MDS) Coordinator on 02/12/22 at 5:32 PM, revealed the facility's interdisciplinary Team (IDT) had the responsibility to ensure residents' care plans were updated/revised. She stated Resident #675 and Resident #1755 care plan revealed have been updated a revised to reflect any new and/or worsening behaviors. Further interview revealed she expected the MDS to update and revise each resident's plan of care and make necessary changes as needed. The DON stoke resident scare plans mere not accurately revised/updated. Interview with the Administrator on 02/11/2022 at 0		IDENTIFICATION NUMBER:	A. Building	COMPLETED
F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Interview with KMA #3 on 02/09/2022 at 8:30 PM and 02/10/2022 at 9:55 AM, revealed Resident #67 an #175 had been actively engaged in sexual intercourse on 01/15/2022, when she entered the room. She further stated she separated the residents and immediately reported the incident to LPN #10. 4. Review of Resident #67's clinical record revealed the facility admitted the resident on 04/17/2021, with diagnosis including Chronic Diasottic (Congestive) Heart Faiture, Atrial Fibrillation and Chronic Obstruction of two (2) which indicated severely impaired cognition. Further review of the MDS revealed the resident had been assessed to have no behaviors. Review of the Companies (2) Carl For Resident #175 dated 07/01/2021, revealed the resident had been care planned for wandering around flittle unit, with no other behaviors documented. Further review of Resident #67's care plan revealed no documented evidence of any revisions/updates to address sexual behaviors toward other resident(s). Interview with the facility's Minimum Data Set (MDS) Coordinator on 02/12/22 at 5:32 PM, revealed the resident are revised or reflect any new and/or vorcening behaviors. Further interview revealed she was undered a revised or reflect any new and/or vorcening behaviors. Further interview revealed she was undered a revised or reflect any new and/or vorcening behaviors. Further interview revealed she was undered a revised or reflect any new and/or vorcening behaviors. Further interview revealed she was undered a revised or reflect any new and/or vorcening behaviors. Further interview revealed she expected revisions be and revise each resident's plan of care and make necessary changes as needed. The DON st she routinely reviewed resident care plans to ensure their appropriateness. Interview with the Administrator on 02/11/2022 at 04:15 PM revealed she expected revisions be each resident's care plan timely and appropriately. The Administrator st			642 North Third Street	P CODE
F 0657 Level of Harm - Immediate Interview with KMA #3 on 02/09/2022 at 8:30 PM and 02/10/2022 at 9:55 AM, revealed Resident #67 an #175 had been actively engaged in sexual intercourse on 01/15/2022, when she entered the room. She further stated she separated the residents and immediately reported the intert to LPN #10. Safety Residents Affected - Few Area Few F	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Resid				on)
notified of the incident on 12/06/2021. (continued on next page)	Level of Harm - Immediate jeopardy to resident health or safety	Danville, KY 40422 SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Interview with KMA #3 on 02/09/2022 at 8:30 PM and 02/10/2022 at 9:55 AM, revealed Resident #6 #175 had been actively engaged in sexual intercourse on 01/15/2022, when she entered the room. If urther stated she separated the residents and immediately reported the incident to LPN #10. 4. Review of Resident #67's clinical record revealed the facility admitted the resident on 04/17/2021, diagnosis including Chronic Diastolic (Congestive) Heart Fallure, Atrial Fibrillation and Chronic Obst Pulmonary Disease (COPD). Review of the Quarterly MDS assessment dated [DATE], revealed a B score of two (2) which indicated severely impaired cognition. Further review of the MDS revealed the resident had been assessed to have no behaviors. Review of the Comprehensive Care Plan for Res #175 dated 07/01/2021, revealed the resident had been care planned as at risk for elopement due to attempts to elope from the facility. Review of Progress Notes for July 2021 for Resident #67 revealed the resident had been care planned as at risk for elopement due to attempts to elope from the facility. Review of Progress Notes for July 2021 for Resident #67 revealed the resident had been care planned for wandering around [the] unit, with no other behaviors documented review of Resident #67's care plan revealed no documented evidence of any revisions/updat address sexual behaviors toward other resident(s). Interview with the facility's Minimum Data Set (MDS) Coordinator on 02/12/22 at 5:32 PM, revealed facility's Interdisciplinary Team (IDT) had the responsibility to ensure residents' care plans were updated/revised. She stated Resident #67's and Resident #175's care plan should have been update revised to reflect any new and/or worsening behaviors. Further interview revealed she was unaware resident's care plans were not accurately revised/updated. Interview with the Director of Nursing (DON) on 02/11/2022		AM, revealed Resident #67 and en she entered the room. She incident to LPN #10. The resident on 04/17/2021, with orillation and Chronic Obstructive ated [DATE], revealed a BIMS ew of the MDS revealed the hensive Care Plan for Resident at risk for elopement due to 1 for Resident #67 revealed the ther behaviors documented. The resident #67 revealed the elents' care plans were in should have been updated and revealed she was unaware why the elents' care plans were in should have been updated and revealed she was unaware why the elents' care plans were in should have been updated and revealed she was unaware why the elents' care plans were in should have been updated and revealed she had not identified any Departy on 02/19/2022. The following steps were taken to the no bruising, markings or num Data Set (MDS) Coordinator, 20 (Medical Doctor) and the electron of the Psychiatric Nurse Practitioner one at Interim Director of Nursing (DON)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	185127	B. Wing	02/24/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0657	Incident #2 occurred on 12/27/202	1 involving Resident #174 and Residen	t #175.	
Level of Harm - Immediate jeopardy to resident health or safety	For Resident #174, the Regional Nurse Consultant completed a skin assessment of Resident #174 on 12/27/21 with no concerns noted. Review of documentation revealed the resident's MD and POA were notified on 12/27/21. Resident #174 was discharged per a planned discharge to home on 12/28/2021.			
Residents Affected - Few	For Resident #175, a skin assessment was completed on 12/27/2021 by the Regional Nurse Consultant with no concerns identified. Resident #175 was provided 1:1 Supervision on 12/27/2021 and the elder was transferred to the hospital on 12/27/2021, then returned to the facility on [DATE]. The resident's MD and Family were notified on 12/27/2021. The resident's care plan was updated on 02/18/2022 related to 1:1 status and the resident's discharge to a behavior unit on 12/27/2021 by the Regional Nurse consultant.			
	Incident #3 occurred on 01/15/2022 involving Resident #67 and Resident #175. Resident #67 was found lying in the bed of elder #175. Both elders had pants off and were engaging in sexual activities. The following steps were taken to ensure resident safety.			
	For Resident #67, a psychosocial follow-up was conducted for seventy-two (72) hours to provide psychosocial support and identify any concerns. The follow-ups were conducted on 01/15/2022, 01/16/2022, and 01/17/2022 by the Administrator. The Unit Manager reviewed the resident's care plan on 01/15/2022, to reflect the needs of the resident and to reflect the psychosocial follow-up. An assessment for physical trauma/injury was completed for Resident #67 via a skin assessment by the Unit Manager on 01/15/2022. The resident's MD and POA were notified of the incident on 01/15/2022.			
	A Dementia Scale Pain Assessment and Pain Monitoring form that assesses the resident for pain by assessing the elders breathing, negative vocalization of pain, facial expressions, body language, and consolability was completed on 01/15/2022 by a Unit Manager with a score of zero (0) which indicated no pain. This assessment was noted to also indicate the resident was not in pain as did the baseline assessment completed on 12/06/2021 by Regional Nurse Consultant.			
	For Resident #175, a skin assessment was completed on 01/15/2022 by a Unit Manager with no concerns noted. The resident was placed on 1:1 Supervision on 01/15/2022 and remained on 1:1 supervision until the resident was discharged from the facility on 02/22/2022. The resident was transferred to the hospital on 01/15/2022 and returned 01/26/2022 and remained on 1:1 supervision until transferred to the hospital on 02/01/2022 and returned on 02/10/2022.			
	The Resident was then placed on 1:1 supervision upon return from the hospital and remained 1:1 until the resident was discharged from the facility on 02/22/2022. The resident's MD and Family were notified of the incident on 01/15/2022. The Administrator updated the resident's care plan on 01/15/2022 to reflect the resident's 1:1 status.			
	The Housekeeper was initially educated on the abuse policy on 01/19/2022 by the facility Administrator which included protection of the resident and the Housekeeper was educated on the abuse policy on 2/16/2022 by the Staff Development Coordinator.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Danville Centre for Health & Rehabilitation 642 North Third Street Danville, KY 40422				
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)	
F 0657 Level of Harm - Immediate jeopardy to resident health or safety	2. Residents residing in the facility have been assessed for any sign/ symptoms of potential abuse. Residents with a Brief Interview for Mental Status (BIMS) score of greater that eight (8) were interviewed by the Administrator and/or Unit Manager/Staff Development Coordinator for any concerns starting on 02/14/2022 and completed on 2/16/2022 with no issues identified.			
Residents Affected - Few	Residents currently residing in the facility with a BIMS of less than eight (8) were physically assessed by the Administrator, Unit Manager or Staff Development Coordinator for any signs and symptoms of potential abuse starting on 02/14/2022 with no concerns identified.			
	Consultant or Regional [NAME] Pre	s, interviews, and questionnaires were esident (RVP) starting on 02/14/2022 a concerns. No issues or concerns were	nd completed on 02/16/2022 for	
	3. Charts have been reviewed for all residents residing in the facility by the Independent Risk Manager f any resident status changes to include event managers and change of conditions for the past thirty (30) starting on 02/14/2022 and completed on 02/16/2022. The charts were also reviewed for any potential a allegations that had not been previously reported with no concerns noted.			
	Behavioral Specialist starting on 02	egional Nurse Consultant #1, Regional 2/16/2022 and completed on 02/18/202 , wandering and reflected the resident's	2 to ensure that the care plans	
	5. All residents residing in the facility will had a BIMS assessment completed to ensure that all residents han accurate assessment score by the Social Services Director starting on 02/14/2022 and completed on 02/15/2022.			
	Director regarding any knowledge	the Administrator, Staff Development Oron of unreported abuse or knowledge of an on 02/16/2022 and completed on 2/	ny type of sexual relations that had	
	7. The Medical Director was notified of all the allegations on 12/06/2021, 12/27/2021, and 01/15/2022 by the Administrator in accordance with abuse reporting. The facility's Medical Director is the physician for Residents #10, Resident #67, Resident #174, and Resident #175.			
	8. The Senior [NAME] President of Regulatory Compliance educated the facility's Administrator/Regional [NAME] President and the Regional Nurse Consultant on the Center for Medicare/Medicaid Services (CMS) regulations for F610 and F835 on 02/17/2022 and the CMS regulations for F600, F607 and F657 on 02/18/2022 including:			
	F610-responding to allegations of abuse, neglect, exploitation, or mistreatment, the facility must have evidence that all alleged violations are thoroughly investigated, prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. Report the results of all investigations to the administrator or his/her designated representative and to the other officials in accordance with state law, including to the state survey agency, within five (5) working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.			
	(continued on next page)			
	(continued on next page)			

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, Z	IP CODE
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0657 Level of Harm - Immediate jeopardy to resident health or safety	F 835, the facility must be administered in manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practical physical, mental, and psychosocial wellbeing of each resident. The facility administration is not limited to the administrator and may also include the facility's governing body, management company, and/ or others identified by the facility as part of the facility administration.		
Residents Affected - Few	CMS's Abuse Critical Pathway and	reporting guidelines.	
	CMS's Abuse Critical Pathway and reporting guidelines. F600, residents have the right to be free from abuse, neglect, misappropriation, and exploitation. I includes freedom from corporal punishment, involuntary seclusion and any physical or chemical re [TRUNCATED]		

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few			ctively and efficiently. ONFIDENTIALITY** 42932 cription, and review of the facility's vas administered in a manner that ain the highest practicable physical, potential abuse. See; failed to ensure its abuse use allegation incidents were is (CPs) for four (4) of four (4) ad it to use its resources effectively used or is likely to cause serious was identified on 02/12/2022 and e, Neglect and Exploitation (F600, re Plan (F657), and 42 CFR 483.70 or on 02/12/2022. 2022, which alleged removal of the did the Immediate Jeopardy was sered the scope and severity to D 1600, F607 and F610) 483.21 of Administration (F835), while the ince activities. In date of December 2018, revealed the ince activities and incidents source, exploitation, or suspicions altimate responsibility for garding the nature of the incident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDED OF CURRULES		STREET ADDRESS, CITY, STATE, Z	P CODE
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	PCODE
For information on the nursing home's	plan to correct this deficiency, please conf	tact 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)		ion)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the facility's investigation of the incident dated 01/15/2022, revealed no documented evidence of written statements from KMA #3 or LPN #10 regarding the incident. Interview with KMA #3, on 02/09/2022 at 8:30 PM and 02/10/2022 at 9:55 AM, revealed she had observed Resident #67 and #175 actively engaged in sexual intercourse on 01/15/2022. Review of Resident #67's and Resident #175's clinical record revealed both residents had been assessed as severely cognitively impaired making them unable to consent to sexual activity with another person.		
	the 01/15/2022 investigation. Intervincident had been unsubstantiated Further interview revealed the witner 2. Review of the Self-Reported Inci (SRNA) reported to a charge nurse his/her pants, and Resident #174 wompleted by the SRNA revealed Froom with his/her shirt twisted and I review revealed the SRNA noted of Review of Resident #174's and Resident with the Administrator, on the investigation of the incident on incident had been unsubstantiated 3. Review of the Self-Reported Incircom, and observed Resident #174 on Resident #10's thigh. Review of Resident #174 lying on Resident #1 seated at the head of the bed with I thigh.	02/11/2022 at 11:47 AM, revealed shiew revealed the Administrator stated due to Resident #67 and #175 had no esses had given conflicting statements dent Form dated 12/27/2021, revealed her observation of Resident #175 lyin with his/her blouse disheveled. Review Resident #174 had been standing behinhis/her bra showing through the crisscopserving Resident #175 on his/her bedistident #175's clinical records revealed aking them unable to consent to sexual 02/11/2022 at 11:47 AM, revealed shing them unable to consent to sexual dent Form dated 12/06/2021, revealed by lying on the bed with Resident #10 sit the Summary of Incident documentation to be with his/her pants down to the his/her pants down to the his/her pants down to the his/her pants down to consent to sexual dent #174's clinical records revealed the paired, and unable to consent to sexual dent #174's clinical records revealed the paired, and unable to consent to sexual dent #174's clinical records revealed the paired, and unable to consent to sexual dent #174's clinical records revealed the paired, and unable to consent to sexual dent #174's clinical records revealed the paired.	the investigation for the 01/15/2022 willful intent for sexual abuse. I a State Registered Nurse Aide g on the bed pulling at the waist of of the Witness Statement and the door of Resident #175's ross of his/her shirt. Continued with his/her pants down. The residents had been assessed I activity with another person. The unsubstantiated sexual abuse for investigation for 12/27/2021 use had occurred. The KMA #1 entered Resident #10's ting on the bed with his/her hand on revealed KMA #1 observed and thigh area, with Resident #10 is/her hand on Resident #174's the facility had assessed both

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	. 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	(4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview with the facility's former A sexual abuse for the investigation of the Administrator, she unsubstantiathey stated nothing had happened #174's thigh. Further interview revewas no evidence of sexual abuse. 4. Review of the facility's Incident F Resident #37's room with water on revealed the KMA also observed be #37 had been placed on one (1) on to increased behaviors. However, ridentified Resident #174's increase was involved in one (1) prior incide room. Interview with the Unit Manager, or Resident #174 and Resident #37 or initiated related to Resident #174's referred for a psychiatric evaluation. Interview with the Administrator on into Resident #37's room on 12/21/the two (2) began pulling each other facility concluded that Resident #37 #174's face, and immediately placed the Administrator revealed Resider space. However, the Administrator #37's room was the precipitating evaction to prevent Resident #174 frod dangerous situations. **The facility implemented the following the facility implemented the following resident #174, a skin assessment on the Care Plan was concerns noted. The Care Plan was	administrator, on 02/11/2022 at 5:05 PM of the 12/06/2021 incident involving Resated sexual abuse as when she interview as far as physical contact aside from Resaled skin assessments had been compared to the face, and Resident #37 holding of the residents pulling each other's hair. In one (1) monitoring and referred for a preview further revealed no documented district was abuse on 12/06/2021 after a 12/21/2021. However, the Unit Mana wandering behavior, but Resident #37 h. 102/09/22 at 2:44 PM, revealed she was not 12/21/2021. However, the Unit Mana wandering behavior, but Resident #37 h. 102/11/2022 at 4:23 PM, revealed she service with the Administration of the service with the Resident #37 on one (1) to one (1) must #37 was territorial of his/her space are stated she did nor consider that Residerent that led to the altercation, and therefore being assaulted again if the resident wing actions to remove the Immediate for the service with the Resident #37 and #10. 1021 involving Residents #174 and #10. 1022 involving Residents #174 and #10. 1033 incompared to 12/06/2021, with the resident's mood care plan. The ME	A, revealed she unsubstantiated sident #174 and Resident #10. Per ewed staff regarding the incident lesident #10's hand on Resident oleted for both residents and there A #1 found Resident #174 in an empty cup. Continued review Further review revealed Resident posychiatric (psych) evaluation due evidence that the facility had or identified that Resident #174 in wandering into another resident as aware of the altercation between ger stated no interventions were was placed on 1:1 monitoring and stated Resident #174 wandered in Resident #174's face, and then hinistrator revealed revealed the resident threw water on Resident monitoring. Continued interview with and did not like others in his/her ent #174's wandering into Resident efore failed to implement any to continued to wander into Jeopardy on 02/19/2022. The following steps were taken to the no bruising, markings or num Data Set (MDS) Coordinator,

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
	Danville Centre for Health & Rehabilitation		. 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	For Resident #10, the resident was placed on 1:1 supervision on 12/06/2021 and currently remains on 1:1 supervision. Resident #10's medications were reviewed on 12/07/2021 by the Psychiatric Nurse Practitioner and medication changes were made including Paxil started and Viibryd dose decreased. A Psychiatric Services Consult was completed for Resident #10 on 12/07/2021, and follow-up visits were completed on 12/14/2021 and 12/29/2021. The resident's care plan was reviewed by the Interim Director of Nursing (DON) on 12/06/2021 with new interventions added to the resident's psychosocial care plan. The MD and POA were notified of the incident on 12/06/2021.		
	For Resident #174, the Regional N 12/27/21 with no concerns noted. F	1 involving Resident #174 and Residen urse Consultant completed a skin asse Review of documentation revealed the r 4 was discharged per a planned discha	essment of Resident #174 on resident's MD and POA were
	For Resident #175, a skin assessment was completed on 12/27/2021 by the Regional Nurse Consul no concerns identified. Resident #175 was provided 1:1 Supervision on 12/27/2021 and the elder was transferred to the hospital on 12/27/2021, then returned to the facility on [DATE]. The resident's MD Family were notified on 12/27/2021. The resident's care plan was updated on 02/18/2022 related to status and the resident's discharge to a behavior unit on 12/27/2021 by the Regional Nurse consulta		
	Incident #3 occurred on 01/15/2022 involving Resident #67 and Resident #175. Resident #67 was found lying in the bed of elder #175. Both elders had pants off and were engaging in sexual activities. The followin steps were taken to ensure resident safety.		
	For Resident #67, a psychosocial follow-up was conducted for seventy-two (72) hours to prove psychosocial support and identify any concerns. The follow-ups were conducted on 01/15/202 and 01/17/2022 by the Administrator. The Unit Manager reviewed the resident's care plan on reflect the needs of the resident and to reflect the psychosocial follow-up. An assessment for trauma/injury was completed for Resident #67 via a skin assessment by the Unit Manager on The resident's MD and POA were notified of the incident on 01/15/2022.		
	A Dementia Scale Pain Assessment and Pain Monitoring form that assesses the resident for pain by assessing the elders breathing, negative vocalization of pain, facial expressions, body language, and consolability was completed on 01/15/2022 by a Unit Manager with a score of zero (0) which indicated no pain. This assessment was noted to also indicate the resident was not in pain as did the baseline assessment completed on 12/06/2021 by Regional Nurse Consultant.		
	For Resident #175, a skin assessment was completed on 01/15/2022 by a Unit Manager with no concerns noted. The resident was placed on 1:1 Supervision on 01/15/2022 and remained on 1:1 supervision until the resident was discharged from the facility on 02/22/2022. The resident was transferred to the hospital on 01/15/2022 and returned 01/26/2022 and remained on 1:1 supervision until transferred to the hospital on 02/01/2022 and returned on 02/10/2022.		
	resident was discharged from the f	1:1 supervision upon return from the ho acility on 02/22/2022. The resident's Mistrator updated the resident's care pla	D and Family were notified of the
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022	
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE	
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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the			agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	The Housekeeper was initially educated on the abuse policy on 01/19/2022 by the facility Administration which included protection of the resident and the Housekeeper was educated on the abuse policy of 2/16/2022 by the Staff Development Coordinator. 2. Residents residing in the facility have been assessed for any sign/ symptoms of potential abuse. Residents with a Brief Interview for Mental Status (BIMS) score of greater that eight (8) were interview.			
Residents Affected - Few	Residents Affected - Few the Administrator and/or Unit Manager/Staff Development Coordinator for any cond 02/14/2022 and completed on 2/16/2022 with no issues identified. Residents currently residing in the facility with a BIMS of less than eight (8) were p Administrator, Unit Manager or Staff Development Coordinator for any signs and s abuse starting on 02/14/2022 with no concerns identified.			
	Abuse/neglect audits, assessments, interviews, and questionnaires were reviewed by the Regional Nu Consultant or Regional [NAME] President (RVP) starting on 02/14/2022 and completed on 02/16/2022 any indications of potential abuse concerns. No issues or concerns were identified.			
	3. Charts have been reviewed for all residents residing in the facility by the Independent Risk Manager for any resident status changes to include event managers and change of conditions for the past thirty (30) day starting on 02/14/2022 and completed on 02/16/2022. The charts were also reviewed for any potential abus allegations that had not been previously reported with no concerns noted.			
	4. Care plans were reviewed by Regional Nurse Consultant #1, Regional Nurse Consultant #2 and the Behavioral Specialist starting on 02/16/2022 and completed on 02/18/2022 to ensure that the care plans were updated regarding behaviors, wandering and reflected the resident's current cognitive status.			
		ty will had a BIMS assessment comple he Social Services Director starting on		
	6. Employees were interviewed by the Administrator, Staff Development Coordinator, and the A Director regarding any knowledge of unreported abuse or knowledge of any type of sexual relation not been previously reported starting on 02/16/2022 and completed on 2/18/2022 with no new content related to abuse reporting.			
	1	d of all the allegations on 12/06/2021, obuse reporting. The facility's Medical D dent #174, and Resident #175.		
	8. The Senior [NAME] President of Regulatory Compliance educated the facility's Administrator/Regi [NAME] President and the Regional Nurse Consultant on the Center for Medicare/Medicaid Services regulations for F610 and F835 on 02/17/2022 and the CMS regulations for F600, F607 and F657 on 02/18/2022 including:			
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		NO. 0936-0391
ROVIDER/SUPPLIER/CLIA FIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		P CODE
rrect this deficiency, please con	tact the nursing home or the state survey	agency.
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
responding to allegations of a nee that all alleged violations itation, or mistreatment while dministrator or his/her designating to the state survey agence dappropriate corrective action, the facility must be administrative to attain or maintain the lent. The facility administration ning body, management compistration. So Abuse Critical Pathway and residents have the right to be less freedom from corporal pured to treat the resident's medisonable confinement, intimidate, The facility must develop and an equipment of the program as required to treat the timeliness of the comprehensive care plan is duals who have knowledge of sentative, if applicable, is involuntation would be reviewed by the propriation, neglect, involuntation would be reviewed by the propriation of the energy of the program of the energy of the new of the program of the propriation of the energy of the energy of the new of the program of the energy of the new of the program of the energy of the new of the program of the program of the energy of the new of the program of the program of the energy of the energy of the program of the energy of the program of the energy of the ener	abuse, neglect, exploitation, or mistreat are thoroughly investigated, prevent fut the investigation is in progress. Report ated representative and to the other off y, within five (5) working days of the incommust be taken. ered in manner that enables it to use it nighest practical physical, mental, and is not limited to the administrator and is pany, and/ or others identified by the fareporting guidelines. erefere from abuse, neglect, misapproprosishment, involuntary seclusion and an action, or punishment with resulting physical implement written policies and procedure residents and misappropriation of residual equations and include training as required as the action of the procedure of the resident and his/her needs., and the station of abuse including physical, verbary seclusions, corporal punishment, in the Regional [NAME] President, Risk Mat a complete, thorough, and accurate it act 90 days through 05/20/2022. Viewed from the last six (6) months from 1 Operations starting on 02/16/2021 and 1 onal [NAME] President, Regional Nurser, Business Office Manager, Assistant Scheduler, and the Staff Development	ment, the facility must have rither potential abuse, neglect, the results of all investigations to icials in accordance with state law, cident, and if the alleged violation is a resources effectively and psychosocial wellbeing of each may also include the facility's acility as part of the facility acility as part of the facility as part of the facility acility acility as part of the facility acility aci
	n, neglect, and exploitation of dures to investigate any such the QAPI program as required to ensure the timeliness of the comprehensive care plan is luals who have knowledge of the triing on 02/17/2022 all allegate propriation, neglect, involuntation would be reviewed by the triing on 02/17/2022 all allegate propriation, neglect, involuntation would be reviewed by the triing of the triing of the triing of the new treportable events for the new treportable incidents were really propriation. The facility Administrator, Regional triing on the triing of triing of the triing of triing of the triing of the triing of triing of the triing of the	ne facility Administrator, Regional [NAME] President, Regional Nurse Consultant #2, Unit Manager, Business Office Manager, Assistant I or, Rehab Service Manager, Scheduler, and the Staff Development a abuse policy to include sexual abuse on 02/14/2022 by the Directo

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED	
	185127	B. Wing	02/24/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422		
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIE (Each deficiency must be preceded by full)		CIENCIES full regulatory or LSC identifying informati	on)	
F 0835	The education included the following	ng:		
Level of Harm - Immediate jeopardy to resident health or safety	Abuse policy and procedure to include types of abuse, recognizing abuse and reporting abuse with an emphasis on sexual abuse, the federal regulations pertaining to abuse, and the stakeholder's role in prevention, protection, recognition and reporting of abuse.			
Residents Affected - Few	Resident Rights include that reside	ent had the right to be free from abuse		
	The Behavior Management policy i behaviors occur.	ncludes supervision and interventions	to redirect residents when	
	Care plan policy and procedure, to resident's current care needs.	include appropriately updating the resi	dent's care plan to reflect the	
	Change of Condition Policy and Pro	ocedure, to include Physician and Fam	ily notification	
	Quality Assurance Performance Improvement (QUAPI) policy and procedure to include process improvement and monitoring.			
	12. Once the facility Administrator, Nursing Supervisors, SDC, Business Office Manager, Social Services Director and Activities Director were educated on (a) Abuse policy and procedure to include types of abuse recognizing abuse and reporting abuse with emphasis on sexual abuse, the federal regulations pertaining abuse, and the stakeholder's role in prevention, protection, recognition and reporting of abuse. (b) the resident's right to free from abuse (c) Behavior Management policy to include supervision and interventions to redirect residents when behaviors occur. (d) Care plan policy and procedure, to include appropriately updating the residents' care plan to reflect residents' current care needs. (e) Change of Condition Policy ar Procedure, to include Physician and Family notification and (f) the QAPI policy and procedure to include process improvement and monitoring.			
	The Administrator, Nursing Supervisors, SDC, Business Office Manager, Social Services Director a Activities Director were then assigned to re-educate all staff working in the facility, to include agency small groups which started on 02/15/2022 and was completed by 02/18/2022. On 02/18/2022, certif letters were sent out to the remaining PRN (as needed) staff, staff on vacation, or staff on Family M Leave Act (FMLA). No employee will be allowed to work until education is provided, post-test admin and a score of 100% obtained, if employee did not score 100% on the post-test, then the employee immediately re-educated, and the post-test will be re-administered.			
	This education would be included in the orientation process for all newly hired staff members. No newly hir employee will be allowed to work until education is provided, post-test administered, and a score of 100% obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process would continue until employee obtains a 100% score on post-test.			
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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	13. A staff post-test regarding the above education to include types of abuse, protection of the resident, and notification of abuse including MD notification would be administered daily, starting on 02/19/2022. The test will be administered by the Administrator, DON, Nursing Supervisors, SDC, Business office manager, Assistant Business Office Manager or Activities Director to six (6) different staff members on different shifts daily for two (2) weeks. After two (2) weeks, then four (4) staff member's questionnaires daily to different staff members on different shifts for two (2) weeks. Results of the staff tests will be reported to the Quality Assurance (QA) committee weekly to determine the further need of continued education or revision of the plan. At that time, based on evaluation, the QA Committee would determine at what frequency the staff questionnaire would need to continue.		
	14. All grievances were reviewed on 02/18/2022 by the Regional Nurse Consultant for the last thirty (30) days to determine if any items documented were a reportable event or if concerns were not resolved. No issues were identified. The Administrator or Director of Nursing would review grievances daily for two (2) weeks starting 02/18/2022, to determine if there were any concerns related to resident abuse. The Administrator would report any allegations of abuse, neglect, or misappropriation to the State Regulatory Officials, Adult Protective Services and the Ombudsman.		
		2021 through 02/10/2022 were reviewe tify any concerns related to resident ab	
	16. Starting on 02/19/2022 the facility Administrator, DON, Social Services Director, Assistant Director of Nursing, Staff Development Coordinator and/or Unit Manager would complete five (5) random resident observations/interviews a week to ensure residents are not exhibiting any sign or symptoms of abuse to include but not limited to being tearful, withdrawn, decreased appetite, bruising, anxiety, increased wandering, or displaying fear of staff or other elders. These audits would be ongoing for the next four (4) weeks.		
	 17. Starting on 02/19/2022, five (5) random stakeholders would be interviewed weekly for four (4) weeks to determine if they have any knowledge of any previously unreported abuse or observed any residents exhibiting increased signs and symptoms of abuse to include but not limited to being tearful, withdrawn, decreased appetite, bruising, anxiety, increased wandering, fearful of staff or other elders. 18. Starting on 02/17/2022, all residents returning from a behavioral hospital stay would be reviewed by the Interdisciplinary Team to determine their appropriate level of supervision and/or needed modifications to the plan of care to ensure their needs were met and the needs of peers were also met. This would be ongoing tensure resident safety. 		
	19. Administrative oversight of the facility would be completed via telephone or in-person by the Regional Nurse Consultant, Regional [NAME] President of Operations, the Director of Clinical Operations, or a member of the regional staff daily for two (2) weeks beginning on 02/12/2022, then weekly for four (4) weethen monthly. This would include a review of all abuse allegations and events/incidents that occurred in the previous twenty-four (24) hours, any grievances filed, and stakeholder post-tests.		
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 642 North Third Street Danville, KY 40422		
For information on the nursing home's plan to correct this deficiency. pleas				
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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few				

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Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few				