Printed: 06/06/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Nicholasville Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Sparks Avenue Nicholasville, KY 40356	
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 0692	Provide enough food/fluids to maintain a resident's health.		
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45990		
Residents Affected - Few	Based on interview, record review, review of the Registered Dietician's (RD) job description and contract, and review of the facility's policies, the facility failed to perform a comprehensive nutritional assessment by the RD to identify factors that placed the resident at risk for inadequate nutrition and dehydration for one of two sampled residents for nutrition, Resident (R) 167.		
	R167 was readmitted to the facility on [DATE] following an acute care hospital stay for a fall sustained on 07/17/2024. R167, prior to being readmitted on [DATE], was identified as being at risk for inadequate nutrition and hydration.		
	The findings include:		
	Review of the facility's policy titled, Dietician Recommendations, dated 01/02/2024, revealed the RD would routinely review the nutritional status of residents and make appropriate recommendations for improved status and or quality of life. Further review revealed the facility would be responsible for review and follow up of the RD recommendations within four business days.		
	Review of the facility's policy titled, Interdisciplinary Team (IDT) Risk Review Meeting, dated 01/02/2024, revealed all residents identified with a risk condition would be reviewed by the IDT weekly with a recommendation for the RD to participant monthly, if possible. Review of the contracted RD's contract policy titled, Life Care Point Click Care, no date given, revealed resident admissions and readmissions required a full nutritional assessment by day 14 of the admission or readmission. It also stated recommendations would be completed on the RD's recommendations form. However, the facility was unable to find or provide a copy of this form for R167. Review of the Registered Dietician Job Description, dated 03/25/2024, revealed the RD's primary responsibilities included comprehensive assessments for all residents and incorporate nutritional interventions into the individualized interdisciplinary plan of care, provide a written record of recommendations for change in nutrition, and ensure information was appropriately entered. Review of R167's Face Sheet revealed the facility readmitted the resident on 08/04/2024, with an initial admitted [DATE], with diagnoses to include stroke, hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of body), protein-calorie malnutrition, and adult failure to thrive.		
	(continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 185220 If continuation sheet Page 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A. Building B. Wing NAME OF PROVIDER OR SUPPLIER Nicholasville Nursing and Rehabilitation STREET ADDRESS, CITY, STATE, ZIP CODE 100 Sparks Avanue Nicholasville Nursing and Rehabilitation STATEMENT OF DEFICIENCIES (Itah deficiency must be preceded by full regulatory or LSC identifying information) F 0692 Review of R1675 Comprehensive Care Plan (CCP), with initiation date of 07/02/2024, identified a focus as R167 was at risk for complications due to requiring tube feeding, Interventions placed on 07/02/2024 were for the RD to evaluate quarterly and as needed (PRN), with revision date of 07/02/2024, identified a focus as R167 was at risk for complications due to requiring tube feeding, Interventions placed on 07/02/2024 were for the RD to evaluate quarterly and as needed (PRN), with revision date of 07/02/2024 were for the RD to evaluate quarterly and as needed (PRN), with revision date of 07/02/2024 were to notify the physician and diection for any abnormalities, with a revision date of 07/02/2024 were to notify the physician and diection for any abnormalities, with a revision date of 07/02/2024 were to notify the physician and Plan, dated 07/01/2024, revealed R167 had severe cognition decline and suellowing wishs were within functional limits (WFL) later a clinical bedable assessment of swallowing was performed. Further review revealed recommendations for a diet of regular textures and thin liquids. Review of R167 in Nutrition Dietary Enteral Review (NDER) Note, dated 07/04/2024, revealed R167 was at risk for mainutrition with an alternate feeding method via perculaneous endoscopic gastroetony (PEG) tube. Further review revealed R167 was 1 and 1 regular decided and 1 review revealed R167 was 1 review (R167 in the R167 was 1 review revealed R167 was 1 review (R167 in the R167 was 1 review revealed R167 was 2 review of R167 in				NO. 0936-0391	
Nicholasville Nursing and Rehabilitation 100 Sparks Avenue Nicholasville, KY 40356 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) Resident - Minimal harm or potential for as at risk for complications due to requiring tube feeding, Interventions placed on 07/02/2024 were for the RD to evaluate quarterly and as needed (PRN), with initiation date of 08/22/2024. Continued review revealed a focus listed R167 as being at risk of dehydration or nutrition problem. Interventions placed on 07/02/2024 were to notify the physician and dietician for any abnormalities, with a revision date of 08/22/2024. Review of the Speech Therapy Evaluation and Plan, dated 07/01/2024, revealed R167 had severe cognition decline and swallowing skills were within functional limits (WFL) after a clinical bedside assessment of swallowing was performed. Further review revealed recommendations for a diet of requise resurred in liquids. Review of R1678 Nutrition Dietary Enteral Review (NDER) Note, dated 07/04/2024, revealed R167 was at risk for mainutrition with an alternate feeding method via percutaneous endoscopic gastrostomy (PEG) tube. Further review revealed R167 was to receive tube feeding formula four times daily of 240 milliliters (ml) and water fulshes of 150 ml and a regular dict. Continued review revealed R167 was 1678, pounds and a regular dict. Continued review revealed R167, had an oral intilate of 0%. Review of R1678 Nutrition Interview, dated 07/12/2024, revealed she was high risk nutritionally and was on a regular clief with thin liquids and a supplement order for enteral feed. Further review revealed R167 was admitted to the hospital on 07/18/2024 after sustaining a fall at the facility. Continued review revealed R167 was admitted to the hospital for nutrition and dietary goals. The summary was dated a		IDENTIFICATION NUMBER:	A. Building	COMPLETED	
Evelow of R167's Nutrition Dietary Enterla Review (NDER) Note, dated 07/04/2024, revealed R167 was at risk for mainutinion with an alternate feeding method via percutaneous endoscopic gastrostomy (PEG) tube. Further review revealed (PRN), review of R167's Nutrition Interview, dated 07/12/2024, revealed a foresult the RD as a distance on the			100 Sparks Avenue		
Each deficiency must be preceded by full regulatory or LSC identifying information) Review of R167's Comprehensive Care Plan (CCP), with initiation date of 07/02/2024, identified a focus as R167 was at risk for complications due to requiring tube feeding. Interventions placed on 07/02/2024 were for the RD to evaluate quarterly and as needed (PRN), with revision date of 08/22/2024. Continued review revealed a focus listed R167 as being at risk of dehydration or nutrition problems. Interventions placed on 07/02/2024 were to notify the physician and dietician for any abnormalities, with a revision date of 08/22/2024. Review of the Speech Therapy Evaluation and Plan, dated 07/01/2024, revealed R167 had severe cognition decline and swallowing was performed. Further review revealed recommendations for a diet of regular textures and thin liquids. Review of R167's Nutrition Dietary Enteral Review (NDER) Note, dated 07/04/2024, revealed R167 was at risk for malnutrition with an alternate feeding method via percutaneous endoscopic gastrostomy (PEG) tube. Further review revealed R167 was to receive tube feeding formula four times daily of 240 millilitiers (ml) and water flushess of 150 ml and a regular diet. Continued review revealed R167's most recent weight was 100.3 pounds and she was underweight based on the Body Mass Index (BMI). The note stated to consult the RD as needed (PRN). Further review revealed R167, per nursing report, had an oral intake of 0%. Review of R167's Nutrition Interview, dated 07/12/2024, revealed she was high risk nutritionally and was on a regular diet with thin liquids and a supplement order for enteral feed. Further review revealed R167 was earlied to the hospital on 07/18/2024 after sustaining a fall at the facility. Continued review revealed R167 was PEG tube dependent. However no diet order or tube feed orders were listed in the discharge notes, only medications. Review of R167's IDT Care Plan Conference Summary, dated 08/05/2024, revealed an order for a regular puree diet,	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 - Minimal harm or potential for actual harm or potential potential for actual harm or potential potential potential for actual harm or potential potential potential for actual harm or potential potentia	(X4) ID PREFIX TAG			ion)	
(continued on next page)	Level of Harm - Minimal harm or potential for actual harm	Review of R167's Comprehensive R167 was at risk for complications for the RD to evaluate quarterly an revealed a focus listed R167 as be 07/02/2024 were to notify the phys 08/22/2024. Review of the Speech Therapy Evadecline and swallowing skills were swallowing was performed. Further liquids. Review of R167's Nutrition Dietary risk for malnutrition with an alternat Further review revealed R167 was water flushes of 150 ml and a regu pounds and she was underweight I as needed (PRN). Further review revealed R167 was needed (PRN) as needed (PRN). Further review revealed R167's Nutrition Intervier a regular diet with thin liquids and a information was obtained from the Review of R167's Discharge Summ R167 was admitted to the hospital revealed R167 was PEG tube dependischarge notes, only medications. Review of R167's IDT Care Plan Contrition and dietary goals. The sur Review of R167's Orders, placed be pureed iet, follow up with swallows. Review of R167's Electronic Health suspected dehydration on 08/17/20. Review of a copy of the RD's electrat 1:28 PM, revealed a diet of regulation for R167. Review of a copy of the RD's e-maled consumed between 08/09/20.	Care Plan (CCP), with initiation date of due to requiring tube feeding. Interven d as needed (PRN), with revision date ing at risk of dehydration or nutrition prician and dietician for any abnormalitie aluation and Plan, dated 07/01/2024, rewithin functional limits (WFL) after a climater review revealed recommendations for Enteral Review (NDER) Note, dated 00 te feeding method via percutaneous ento receive tube feeding formula four tirlar diet. Continued review revealed R10 based on the Body Mass Index (BMI). evealed R167, per nursing report, had w, dated 07/12/2024, revealed she was a supplement order for enteral feed. Furnurse. In any from the sending hospital, with a con 07/18/2024 after sustaining a fall attendent. However no diet order or tube for the provider and dated 08/11/2024, restudy, and Ensure Plus four times a day in Record (EHR) revealed R167 was traded in R16	f 07/02/2024, identified a focus as tions placed on 07/02/2024 were of 08/22/2024. Continued review roblems. Interventions placed on s, with a revision date of evealed R167 had severe cognition inical bedside assessment of a diet of regular textures and thin r/04/2024, revealed R167 was at adoscopic gastrostomy (PEG) tube. The second of	

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Nicholasville Nursing and Rehabilit	ation	100 Sparks Avenue Nicholasville, KY 40356	
For information on the nursing home's	plan to correct this deficiency, please cont	act 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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had received report from the hospit the facility for two weeks, but she hemergency medical service (EMS): TF for two weeks, but she was unst thought the resident was dehydrate chart. She stated she had spoken with the discharge summary was faxed to find an order for diet or TF's in the During interview with the contracted performing dietary assessments on high risk for nutritional issues, tube performed assessments on readmis stated high risk residents included risignificant weight loss, and had dial R167 and asking how much R167 was unsure of the date. She stated to consume 70% of each meal to reperformed an official dietary assess she was at another facility's staff was to being dismissed and returned to During an interview with the DON or R167's readmission on 08/04/2024 stated she thought she had contact were no diet orders on the hospital accepting nurse to review discharge stated the nurse had followed that passessment upon R167's readmiss orders placed for diet and supplemental process of the process of the date. The process of the repersistent of the facility is the process of the hospital accepting nurse to review discharge stated the nurse had followed that passessment upon R167's readmiss orders placed for diet and supplemental process of the process	d RD on 09/10/2024 at 10:59 AM, she residents who were new admissions, feeding assessments, and dialysis. Shesions if that resident was flagged as a residents who were, or had been receivers. She stated she remembered the would need to consume of her diet for a she thought she had sent an email to she the daily caloric intake requirement and looked at R167's information at the stolet her know about R167's weight at the facility. In 09/11/2024 at 3:15 PM, she stated she but had reviewed orders upon her retued the RD to ask about the nutritional discharge summary. She stated the fact orders, call the provider for verification or assure nutritional needs were ments for R167 by the facility's staff. In titioner (NP) 1 on 09/10/2024 at 10:42 to appeared in good condition and gooder on 08/09/2024, she seemed thinner of 2024, after leaving the facility and play for swallowing consult. She stated she rethe assumption since R167 was on ever, she stated she could not recall and the orders had not been placed for the real orders had not been placed for the residence of the residual of the residual of the residual orders had not been placed for the residual and orders had not been placed for the residual orders had not been placed for the residual orders had not been placed for the residual orders.	en receiving tube feedings (TF) at the resident herself. She stated the t that R167 had not been receiving lation. When asked why she it was listed in R167's medical le facility at time of discharge, and owever, she stated she was unable stated her tasks included had weight changes, who were le stated yes when asked if she is high risk which R167 was. She wing TFs, had wounds, had any DON calling or texting her about adequate caloric intake, but she the DON stating R167 would need not. She stated she should have but had failed to do so. She stated at time. The RD stated her and history of nutritional needs prior the was not working at the time of time to work on 08/11/2024. She needs of R167 when she saw there cility's process to follow was for the lon, and then enter the orders. She we performed another nutritional et. She stated there had been the stated and was agitated. She stated she and was agitated. She stated she led a verbal order with the nurse he added a nutritional supplement. TFs prior to being discharged, the large transport of the visit. She large had seen her on other visits.

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NAME OF PROVIDER OR SUPPLIER Nicholasville Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Sparks Avenue Nicholasville, KY 40356	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	attempts were not successful. During an interview with the Medica disconnect between the sending he should have followed up with the so had been a conference about the disconnect staff should follow that order weight loss, if any that could have diagnosis. He stated he knew R16. During an interview with the Admin been a dietician evaluation on R16.	on 09/10/2024 at 1:36 PM and on 09/1 al Director on 09/11/2024 at 1:37 PM, it pospital and facility concerning the diet of cending hospital to verify orders for R16 liet order for R167 but could not recall it, including an order for a RD consult. Hoccurred, would be hard to determine so was getting a food tray and supplement istrator on 09/11/2024 at 11:15 AM, show 17 upon readmission and would provide on 09/12/2024 at 10:00 AM, she stated	ne stated there had been some order for R167. He stated the facility 7's diet. He stated he thought there he date. He stated if an order was de stated the cause of R167's cince R167 had a failure to thrive ents. The stated she thought there had a copy; however, a copy was not

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Nicholasville Nursing and Rehabilitation		100 Sparks Avenue Nicholasville, KY 40356			
For information on the nursing home's	For information on the nursing home's plan to correct this deficiency, please con		agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0725 Level of Harm - Minimal harm or potential for actual harm	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 49050				
Residents Affected - Some	Based on observation, interview, record review, and review of facility's documents and assessment, the facility failed to have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident, as determined by the resident assessment for 3 of 64 residents in the facility, Resident (R) 5, R6, and R117.				
	The findings include:				
	Review of the document Facility Assessment Tool for Nicholasville Nursing and Rehabilit 08/2023 through 07/2024, dated 07/01/2024 revealed, Licensed nurses providing direct care: 5-6 per day (3-4 day shift, 2 night shift). Nurses aides: 8-10 per day (5-6 day shift, 3-4 night shift).				
	Review of the document PBJ [Payroll Based Journal] Staffing Data Report CASPER Report 1705D, FY Quarter 3 2024 (April 1- June 30), dated 09/05/2024 revealed, One Star Staffing Rating, (the lowest rating).				
	Review of the document Nicholasville Nursing and Rehabilitation-Monday September 09, 2024 - Census 64 revealed for nurse aide total assigned for 7:00 PM to 7:00 AM there were two aides working and one aide was on day two of orientation. Three additional aides were added by hand.				
		Audit, dated from 06/29/2024 through 0 by the facility's Scheduler, revealed cal			
	Observation of nurse aides on 09/0 and one nurse on each hall.	09/2024 at 10:21 AM, revealed two Stat	e Registered Nurse Aides (SRNA)		
		on 09/08/2024 at 4:23 PM, she stated there was only two aides and one nurse on took a while for staff to answer the call lights between 9:00 AM to 5:00 PM.			
		024 at 10:14 AM, she stated there were help turning in the bed. R6 stated, The ble keeping help.			
		/2024 at 1:33 PM, she stated it took a look at the time on her phone, and it we			
	(continued on next page)				

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NAME OF PROVIDED OR SUPPLIE	<u> </u>	STREET ADDRESS CITY STATE 7	ID CODE
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Nicholasville Nursing and Rehabilitation		100 Sparks Avenue Nicholasville, KY 40356	
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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PM, she stated she was having troitrying to get resident assessments another facility when this facility chaking her time to adjust. She state In an interview with RN1 on 09/10/2 stated she also had a Kentucky Medesk working on four different tasks had not been able to get to becaus In an interview with SRNA2 on 09/2 help, which left two aides and one of Observation of the MDS Nurse on the state of the st	09/11/2024 at 2:37 PM, revealed she v	tated she worked on the weekends ats. She stated she came from was new to this role, and it was the call periodically. The only nurse on the floor. She cation. She stated she was at the admission this morning that she he was the only nurse on the unit. SRNA5 was pulled to the B Hall to
	A hall with her computer on a tray table doing work. In an interview with the MDS nurse on 09/11/2024 at 2:38 PM, she stated she came and worked at the		
	nurses' station to provide breaks for the other nurses in the afternoon. In an interview with the Director of Nursing (DON) on 09/11/2024 at 2:52 PM, she stated the facility did not hire nurse aides that were not certified. She also stated the facility had an annual competency checkoff that must be completed. She stated she was not aware of any staffing shortages. She stated the facility just hired five new aides who were orienting currently. She stated she was not aware of call light audits indicating response times of over an hour.		
	provided enough staff to maintain r shift running low. She stated the fa	tor on 09/12/2024 at 5:39 PM, she state resident care. She stated staffing was a cility was now maintaining staffing leve on five shifts per week. She stated some	a problem on both day and night els. She stated she used an agency