Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100291	A. BUILDING _____ B. WING _____	R 07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNESBURG MANOR, LLC	765 HIGHWAY 3276 WAYNESBURG, KY 40489

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{P 000}	Initial Comments Based upon implementation of the acceptable plan of correction, an off-site revisit survey was conducted on 07/12/2024 and concluded on07/12/2024. The Division of Health Care determined the facility was in substantial compliance effect 06/16/2024 as alleged in the acceptable plan of correction.	{P 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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YNESBURG MANOR, LLC	765 HIGHWAY 3276 WAYNESBURG, KY 40489	

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P 000	Initial Comments A Re-licensure survey and Complaint survey investigating KY 00039632 and KY 00040954 was initiated on 06/12/2024 and concluded on 06/13/2024. The Division of Health Care determined the facility was not compliant with regulatory guideline for KY 00039632 with deficient practice cited. The facility's census was 27.	P 000	RECEIVED JUL 1 - 2024 CHFS Office of Inspector General Division of Health Care - SB RP Received by Acpt PoC	
P 190	902 KAR 20:036 4(1)(b)1-2 Section 4. Provision of Services (1) Basic health and health related services. (b) For a PCH or SPCH, the administrator or staff person designated by the administrator shall, relating to the provision of basic health and health-related services: 1. Be responsible for obtaining medical care promptly in response to an accident, injury, or acute illness of any resident; and 2. Document any accident, injury, illness, incident, medication error, or drug reaction in the resident's medical record. This requirement is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to obtain medical care promptly in response to an	P 190	On June 14, 2024 Waynesburg Manor made a new policy stating that anytime a resident has an accident fall, etc, the Administrator will notify the medical doctor and guardian, if that resident has one. If the MD decides that resident needs to be checked out further then the Administrator will have the resident transported. An Inservice was completed w/ staff on 6-14-24 as well on anytime a resident has an accident, they are to notify the administrator and do an next page	

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	100291	A. BUILDING: _____ B. WING _____	06/13/2024

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P 190	Continued From page 1 accident or injury for one (Resident (R) 4) out of five sampled residents resulting in delayed treatment of a fracture. The findings include: Review of R4's Face Sheet revealed the resident was admitted to the facility on 01/18/2023 with admitting diagnoses of Diabetes, Hypertension, Dyslipidemia, Seizures, and Incontinence. Review of the facility's document titled "Type of Accident" dated 05/16/2023, revealed R4 had fallen off the porch landing on the ground. Continued review revealed R4 stated "his feet fell asleep and that was why he fell". Further review revealed the Administrator looked at R4's feet to see if there was any bruising, swelling, or wounds present, and then assisted R4 up and took him back inside the building. Ongoing review revealed the Administrator had answered "No "to the questions "medical treatment necessary. Additional review revealed no documented evidence the Medical Provider or Responsible Party had been notified of the incident or the need for further assessment by a medical provider. Review of R4's Nurses Notes, dated 05/16/2024, signed by the Administrator, revealed R4 had stepped off the front porch and fell. Continued review revealed R4 stated he was okay and walked outside to the side porch to smoke. Review of the hospital document titled "Patient Visit Information", dated 05/19/2023, revealed R4 had been seen for a fall on 05/16/2023 at 1:30 PM and had sustained a Nondisplaced fracture of the right fibula. Continued review revealed R4 had been prescribed Hydrocodone - Acetaminophen (used to treat pain) 7.5/325	P 190	* continued * Incident report. they won't be responsible for notifying the MD nor guardian, that will be the administrators responsibility. Date policy will be in effect will be 6-15-2024. Kellie Hatter-Administrator provided the Inservice to all staff. All staff signed the Inservice stating they understood the new policy. Administrator will audit Incident reports and charts on a weekly basis to ensure MD has been made aware of them all. Completion Date 6-16-2024	

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P 190	Continued From page 2 milligrams (mg) every six hours for pain. During an interview with Certified Nursing Assistant (CNA) 2 on 06/12/2024 at 4:30 PM, she stated R4 had fallen off the porch on 05/16/2023. She stated she notified the Administrator immediately and the Administrator came and assisted with getting him up off the ground and back into the building. She stated R4 did not complain of pain at the time of the incident, but if he had, she would have told the Administrator and she would have sent him to the hospital. During an interview with the Administrator on 06/12/2024 at 4:41 PM, she stated on 05/16/2024 staff had told her R4 had fallen off the steps of the front porch and was on the ground. She stated she went outside to assist with getting him up off the ground and back into the building. She continued to state R4 did not complain of pain at the time of the incident. She also stated she did not contact the Medical Provider because R4 stated he was fine and did not complain of pain. During an interview on 06/13/2024 at 1:56 PM with the Administrator, she stated if a resident fell, had injuries, or if a resident complained of pain, she would call an ambulance to transport the resident to the hospital for further evaluation. She further stated she should have notified the Medical Provider regarding R4's fall to see if further evaluation might be needed.	P 190		