STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River's Bend Retirement Community	300 BEECH STREET , KUTTAWA, Kentucky, 42055

(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) COMPLETION DATE
F0000	INITIAL COMMENTS A Recertification and an Abbreviated Survey was initiated on 09/16/2025 and concluded on 11/17/2025. There was no deficient practice identified with KY683198, KY683199, KY683200, KY2578013, and KY2608802 Survey Dates: 09/16/2025 through 11/17/2025 Facility census: 37 Sample size: 12 Supplemental Residents: 1	F0000		12/08/2025
F0732 SS = C	Posted Nurse Staffing Information CFR(s): 483.35(i)(1)-(4) §483.35(i) Nurse Staffing Information §483.35(i)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift. (A) Registered nurses (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(i)(2) Posting requirements.	F0732	The facility is not able to correct the posting retroactive to the identified dates. The nursing staff information was posted after the exit. Licensed Nursing Staff Members on all shifts have been educated to the facility policy and procedure for posting of nursing staff information by the Director of Nursing/Designee. Daily audits of the staff posting will be completed weekly daily for one week and then three times per week for 4 weeks followed by twice per month for two months. Audit findings will be reported to the Quality Assurance and Performance Improvement Committee.	12/16/2025

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0732 SS = C	Continued from page 1 (i) The facility must post the nurse staffing data specified in paragraph (i)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents, staff, and visitors. §483.35(i)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(i)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of the facility policy, the facility failed to post staffing data as required for 3 of the 3 State Survey Agency's (SSA's) survey dates. The findings include: Review of the facility's policy titled, "General Nurse Staffing," initiated 08/29/2022, revealed it was the facility's policy for staffing numbers for the facility to be posted and visible to staff and visitors daily. Observation on 09/17/2025 at 4:45 PM, of the facility's daily nurse staffing information sheet, posted on a common area corkboard, revealed it was dated 09/13/2025, and had not been updated since that date. Observation on 09/18/2025 at 12:50 PM, of the facility's daily nurse staffing information sheet, posted in the common area, revealed it was still dated 09/13/2025 and contained the same information observed on 09/17/2025, indicating it had not been updated. During interview with Registered Nurse (RN) 2 on 09/17/2025 at 4:50 PM, she stated the common area corkboard was the only known place that daily staffing would be posted. She stated the nightshift nurse was supposed to update the daily staffing sheets; however, they had contract agency staff working the past couple of nights.	F0732		

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F0732 SS = C	Continued from page 2 During interview with the Director of Nursing (DON) on 09/17/2025 at 5:15 PM, she stated the daily staffing sheets were posted on the board in the commons area by the nurse's desk. She said the "midnight" nurses were responsible for keeping the daily staffing updated each day. The DON further stated however, they had agency nurses working the past few nights and that was why the staffing information had not been updated since 09/13/2025. During interview with the DON on 09/18/2025 at 1:41 PM, she stated her expectations were for the daily staffing sheets to be posted daily with the correct information. She reported the importance of having daily posted staffing was for her and residents' families to know the facility's daily staffing numbers and if there was an emergency, that information would be available. She further stated she expected the dayshift staff to go over with the nightshift staff what needed to be done on that shift, including updating the staffing information. During interview with the facility's Administrator on 09/18/2025 at 2:10 PM, he stated the daily staffing sheets were to be done daily and posted so we all know who was in the building and families would also know. He further stated there had been a nightshift nurse who was responsible for doing that; however, he dropped the ball on ensuring that was done and the responsibility "fell through the cracks."	F0732		
F0761 SS = D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F0761	The expired medications for R8, R18, R5, R39, R17 and R30 were removed from the medication carts and destroyed per facility policy. The expirations dates of the remainder of the medications were reviewed. No other medications were identified (is this correct). The Licensed Nursing Staff and Medication Technicians were re-educated on the facility policy for Medication Administration and their responsibility to inspect medications in the cart for potential expiration. Education was provided by the Director of Nursing and/or the Assistant Director of Nursing. The Director of Nursing/Designee will conduct an audit of the three medication carts weekly and observe for potentially expired medications. Any medications noted to be expired will be discarded per facility policy and reordered from the pharmacy if necessary. Additional random audits will continue monthly for three months. Audits will be conducted by the Director of Nursing/designee.	12/16/2025

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F0761 SS = D	Continued from page 3 §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review and facility policy review, the facility failed to ensure drugs and biologicals were current for use and/or labeled in accordance with currently accepted professional principles, including the expiration date when applicable, for 2 of 3 medication carts reviewed and for a total of 6 out of 13 sampled residents (Resident (R)5, R8, R17, R18, R30, and R39). The findings include: Review of the facility's policy titled, "Storage of Medications Policy", undated, revealed it was the facility's policy to not use discontinued, outdated, or deteriorated drugs or biologicals and all such drugs should be returned to the dispensing pharmacy or destroyed. Further review of the policy revealed nursing staff were responsible for maintaining medication storage. Review of the facility's policy titled, "Medication Administration", reviewed 12/01/2022, revealed it was the facility's policy to review the expiration date of the medication prior to giving the medication. Further review revealed staff were to dispose of any expired medications per the facility's protocol and procedure. Observation on the facility's "Short-Hall" of the medication cart's PRN (As Needed) drawer on 09/17/2025 at 9:11 AM, revealed the following: (1) For R8- AYR Saline Nasal Gel, 22 milliliters (mL), unopened bottle with an expiration date of 03/18/2025. (2) For R18- Loperamide (antidiarrheal medication) 2 milligram (mg) capsules with an expiration date of 09/11/2025. (3) For R5- Lactulose Liquid (used to treat	F0761	Continued from page 3 Audit findings will be reported to the Quality Assurance and Performance Improvement Committee.	

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F0761 SS = D	Continued from page 4 constipation)10 gm/15 mL with an expiration date of 08/07/2025; and Bisacodyl EC (used to treat constipation) 5 mg tablets with an expiration date of 04/14/2025 Observation on the facility's "Long-Hall" of the medication cart's PRN drawer on 09/17/2025 at 9:30 AM, revealed the following: (1) For R39- Bisacodyl EC 5 mg tablets with an expiration date of 04/22/2025. (2) For R17- Bisacodyl EC 5 mg tablets with an expiration date of 04/30/2025. (3) For R30-Senexon (used to treat constipation) 8.6/50 mg tablets with expiration date of 05/19/2025. During interview with Kentucky Medication Aide (KMA) 1 on 09/17/2025 at 9:20 AM, she stated she was responsible for checking the medication carts for expired medications. She said she tried to check the medications every month. She further stated a negat ve outcome of administering expired medications to residents was the medication could possibly not work correctly. During interview with the Assistant D rector (AD) of the facility's contract Pharmacy on 09/17/2025 at 2 53 PM, she stated the consultant pharmacists came to the facility once per month to do medication reviews and chart reviews on the residents. She said the consultant pharmacists sometimes went through the medication carts, however, not very often. The contract Pharmacy's AD stated she did not know specifically how often that was being done. She further stated when they went through the carts, they checked for expired medications, and cleaned and organized them. During interv ew with the Director of Nursing (DON) on 09/18/2025 at 1:41 PM, she stated her expectations of maintaining the med cation carts and checking for expired medications were for whoever was using the medication cart to check the medications at least weekly. She reported a negative outcome of the carts not being checked for expired medications was that the residents could receive an expired medication. The DON stated a negative outcome of the residents receiving an exp red medication was the med cation would not be as strong. She further stated her expectations for the	F0761		

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F0761 SS = D	Continued from page 5 medication technicians (techs)/aides or nurse was for them to call the provider to inform them if a resident received a medication that was expired. During interview with the facility's Administrator on 09/18/2025 2:04 PM, he stated his expectation was for staff to follow the facility's policy and remove any expired medications from the medication cart. The Administrator further stated a negative outcome of a resident receiving an expired medication was the medication would not be as effective.	F0761		

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F0000	INITIAL COMMENTS Based upon implementation of the acceptable Plan of Correction (PoC), the facility was deemed to be in compliance with health on 12/16/2025, as alleged.	F0000		

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