STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100061	A. BUILDING: _____ B. WING _____	09/11/2025

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VALLEY HAVEN REST HOME	190 MCDANIEL STREET SANDERS, KY 41083

(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 A relicensure/complaint survey was concluded on 09/11/2025. The facility was found not to be in substantial compliance with 900 KAR 20:036. Survey Dates: 09/09/2025 - 09/11/2025. Survey Census: 40 Sample Size: 8 No deficiencies were related to KY00044279, KY00046683, KY00046687, KY00046990	P 000		
P 180	902 KAR 20:036 4(11)(b)10 Section 4. Administration and Operation Section 4. Administration and Operation. (11) Medical records. (b) Each record shall include: 10. Medication and treatment sheets, including all medications, treatments, and special procedures performed for that resident, with the date and time of each service documented and initialed by the individual rendering treatment or administering medication; This requirement is not met as evidenced by: Based on interview, record review, and review of facility documents and policy, the facility failed to ensure its residents' medical records were maintained in accordance with state laws and administrative regulations.	P 180		

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

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P 180	Continued From page 1 The facility failed to ensure its staff were signing residents' medications off on their medication administration records (MARs) during administration of their medications for one of three sampled residents (Resident (R)2, R4 and R11). The findings include: After multiple requests the facility did not produce any policy related to medication administration, storage, or medication administration errors. After multiple requests the facility did not produce any policy related to job description for Medication Technicians for review. Record review for Resident #2 revealed the facility admitted the resident on 08/26/2010. Diagnoses included schizoaffective disorder and Mood Disorder and Coronary Artery Bypass Graft. Ordered medications included Tramadol HCL 50mg tab Take two tablets (100 mg) by mouth four times a day. A review of the Medication Administration Record (MAR) for R2 for September 2025 revealed evidence that 27 of 28 documented medication passes for Tramadol HCL 50 mg were not administered as ordered. Record review of the Medication Administration Record (MAR) for R2 revealed an order for Tramadol HCL tablet 50mg, take two tablets (100mg) by mouth four times a day. It was a prescription opioid analgesic used to treat moderate to moderately severe pain in adults. It's often prescribed for conditions such as post-surgical pain, chronic pain conditions (e.g.,	P 180		

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P 180	Continued From page 2 arthritis, neuropathic pain) and Injury-related pain During an observation and interview of the medication pass on 9/10/2025 at approximately 04:10 PM with Resident Aide/ Medication Technician #2 she was observed passing one tramadol 50 milligram(mg) tablet to R2. When asked why R2 was not receiving what was prescribed, Resident Aide/ Medication Technician #2 stated that even though there was not an order, they are only giving one tablet to R2. She stated that before R2 became non-verbal, he used to refuse one of the pills and staff continued that. Resident Aide/ Medication Technician #2 proceeded to ask the Administrator what she should do, and she was instructed by the Administrator to give one pill, and she would call and see if she could get an order and for the backdated medication passes. Resident Aide/ Medication Technician #2 proceeded to give one Tramadol HC tablet 50 mg. During an interview on 09/10/2025 at approximately 04:15 pm with Resident Aide/ Medication Technician #2 when asked to explain the facility's process for administering and documenting controlled medications such as Tramadol. She stated the process involves pulling the medication from the narcotic (narc) box, checking the resident's name, medication number, dose, and time. The narcotic was then popped out and signed out immediately. The narcotic count was verified every time a dose was administered. If there was a refusal or a medication error, it was documented on the back of the Medication Administration Record (MAR) sheet. The narcotic keys are kept in the locked medication room at night, and only certified med techs had access to the room and keys. When asked what the prescribed dosage for R2 at the	P 180		

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time of administration was, she stated Tramadol 50 mg - two tablets, four times a day. When asked to explain what you administered to the resident during this medication pass her response was one 50 mg Tramadol tablet was administered during this medication pass. She stated I verify the order by reviewing the resident's MAR. I documented that I gave one tablet. The order was for two, but I gave only one because the resident had been falling a lot. The doctor suggested reducing the dose but did not write a formal order. Typically, if the doctor suggests something, she writes it down-I believe she told the Administrator about it. She stated that normally she would speak directly with Holly to confirm whether a mistake was made. Sometimes I think I've made a mistake, but it's just a misreading. We review the orders together and determine the appropriate next steps. She stated I received standard med cart training during orientation, attended a medication seminar at Eastern State, and we receive regular medication administration training at the facility. When asked how does the facility monitor and double-check controlled substances (e.g., narcotic count, second staff verification)? She stated typically, two staff members are involved in verifying controlled substances. She stated that not giving the R2 the medication could result in his pain not being controlled.

During an interview on 9/10/2025 at approximately 4:30 PM, the Administrator/Manager stated that her expectation was for medications to be administered exactly as ordered. She emphasized that no changes should be made without a physician's order, and that staff should contact the provider for clarification if there are any questions regarding an order.

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P 180	Continued From page 4 During an interview conducted on 9/10/2025 at approximately 5:10 PM with the Administrator, she explained the facility's process for managing medication errors. She stated that when a medication error occurred, staff documented the error, notified the physician, and completed an incident report. When asked how the facility ensured medication documentation remained accurate, she stated that staff reviewed the medication rolls weekly and compared them to the MAR to ensure consistency. If they found discrepancies, they contacted the pharmacy for clarification or correction. When asked how staff signed out and verified medications, she stated that staff followed the physician's written order when administering and signing out medications. For verbal orders, she explained that staff wrote the order down immediately, and the physician was required to sign it within three days. She stated that R2 had originally been prescribed Tramadol, and the physician increased the dose to two tablets due to pain in the resident's foot. However, she stated that the resident began experiencing issues, including falls and appearing "loopy." R2 then began refusing the medication, and staff eventually continued to hold it once he became nonverbal. She acknowledged that, although the physician often signed off on such changes, in this case, staff never obtained an updated order. She stated that the refusal should have been documented in the MAR, but staff missed this step. She acknowledged that proper procedure would have included charting the refusal to reflect the resident's choice and condition. When asked about training related to medication administration and error prevention, she stated that staff received annual training, which included topics on medication handling, documentation, and procedures for responding to	P 180		

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P 180	Continued From page 5 errors.	P 180		
P 280	902 KAR 20:036 5(1)(i) Section 5. Provision of Services Section 5. Provision of Services. (1) Basic health and health related services. (i) 1. All medicines kept by the PCH or SPCH shall be kept in a locked place. 2. The nurse or administrator or staff person designated by the administrator shall be responsible for administering or supervising the self-administration of medication. 3. The administrator or staff person designated by the administrator shall: a. Be responsible for supervising the self-administration of medication; b. Ensure that all medications requiring refrigeration are kept in a separate locked box in the refrigerator in the medication area; and c. Ensure that drugs for external use are stored separately from those administered by mouth and injection. This requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that all medications requiring refrigeration are kept in a separate locked box in the refrigerator in the medication area. Resident (R)5 had a bottle of Nitroglycerin stored in the food refrigerator with food items in the facility kitchen potentially harming 40 out of 40 residents.	P 280		

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P 280	Continued From page 6 The findings include: Review of R5's paper chart revealed he was admitted on 08/11/2018. He had a medical diagnosis of an implanted pacemaker and atrial fibrillation (Afib). Review of FDA.GOV/drugs website states unintentional ingestion of Nitroglycerin sublingual tablets can induce hypotension, tachycardia, and possible death. Observation on 09/09/2025 at 3:21 PM of the contents inside the food refrigerator located in the facility's kitchen was a bottle of Nitrostat, Nitroglycerin 0.4mg contained sublingual tablets, used to treat chest pain. The label on the bottle stated R5's name and was stored alongside food items used to feed 40 out of 40 residents. During an interview on 09/09/2025 at approximately 4:45 PM with Resident Aide 2. She stated that she did not place the bottle of Nitroglycerin in the facility's kitchen food refrigerator, and she did not know who did. She stated her role at the facility was a medication technician but stated she had not received formal training. During an interview on 09/11/2025 at 3:41 PM with the Administrator, she stated someone who works the night shift must have placed the bottle of Nitroglycerin in the facility's kitchen food refrigerator because they had access to that fridge since the medication room is locked at night and they probably could not access the medication fridge in there. During an interview on 09/10/2025 at approximately 2:30 PM the Administrator	P 280		

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P 280	Continued From page 7 Manager stated staff do not need to have formal training to handle resident medications.	P 280		
P 330	902 KAR 20:036 5(3)(b)3 Section 5. Provision of Services Section 5. Provision of Services. (3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services: (b) Housekeeping and maintenance services. 3. Safety. The condition of the overall environment shall be maintained to ensure the safety and well-being of residents, personnel, and visitors. This requirement is not met as evidenced by: Based on observation, interview and review of the facility's policy, it was determined that the facility failed to ensure provision of services, the condition of the overall environment shall be maintained in such a manner that the safety and well being of residents, personnel, and visitors is assured. One out of two smoking patios had a	P 330		

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P 330	Continued From page 8	P 330		

broken window, exposing sharp shards of glass. Room 14 had a door that lead to the outside, constantly ajar. Rooms 2 and 10 had multiple holes in the floorboards. One out of two bedroom hallways had a hole in the floor covered by a large, thick piece of wood that was screwed to the top of the floor, causing uneven flooring, a rug was placed on top of the wood plank. Weak, bowed floors were observed in the common area by televison and at the serving window in the dining room, with duct tape placed on top of flooring. Bedroom 15, next to bed had missing tiles and exposed wood to affect 40 out of 40 residents.

The findings include:

Review of the facility's policy, titled, "Resident Rights," without revision date, revealed, the facility must care for you in a manner that enhances your quality of life. As well as, environment, the facility must provide a safe, clean, comfortable, homelike environment.

Observation on 09/09/2025 at approximately 3:30 PM revealed one out of two bedroom hallways had a hole that was screwed with a large, thick piece of wood to the floor, then a rug was placed over wood plank causing uneven flooring.

Observation on 09/09/2025 at approximately 3:50 PM revealed weak, bowed flooring, wood floor pieces had begun to separate, located in the main common area, near the television.

Observation on 09/09/2025 at approximately 4:00 PM revealed a broken window, exposing pieces of intact, sharp shards of glass in one out of two outdoor smoking patios.

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P 330	Continued From page 9 Observation on 09/10/2025 at 1:35 PM revealed in bedroom 14 had a door in the rear of room that led to the outside of facility. The door was oberved ajar. 09/11/2025 approximately 9:00 AM, the door was observed ajar. Observation on 09/10/2025 at 1:36 PM revealed bedroom 10 had large holes in flooring, near window. Weak flooring and separated wood pieces covered with gray duct tape, and floor is unstable. Observation on 09/10/2025 at 4:09 PM revealed flooring in dining room near serving window, high traffic area, was weak and bows significantly, had gray duct tape covering large area that had separated wood pieces from main flooring with exposed subflooring. Observation on 09/11/2025 at 9:35 AM revealed bedroom 15 had missing floor tiles, as well as broken floor tiles and the bed was on top of exposed subflooring. The subflooring near the bed was weak and bowed when stepped on. Resident (R) 1 stated that bedroom 2 had a hole in the floor under the bed of the resident who resided in that room, but that resident, (R)8 would not allow surveyor to look under their bed to observe holes in floor. R1 on 09/09/2025 at approximately 4:00 PM questioned, if these surveyors are going to get the floors fixed. R3 on 09/09/2025 at approximately 4:05 PM proceeded to assist surveyors locate facility safety concerns, by showing weak, bowed flooring in common area and hallway.	P 330		

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During an interview with the Ombudsman on 09/11/2025 at 10:33 AM, she stated she had not had any complaints recently during resident council. She continued to state that she did not see any environmental hazard concerns during her last visit on 08/26/2025. She stated she does not enter resident's bedrooms, but does look inside the rooms. She stated she had not inquired about the floors, and the facility had not mentioned if they plan on getting the floors repaired.

During an interview with R10 on 09/11/2025 at approximately 9:00 AM, he stated he resides in bedroom 14 and confirmed the door to outside does stay open. He continued a staff member would come through that door in the middle of the night to talk on the phone because there is signal there.

During an interview with Administrator Manager on 09/11/2025 at 3:25 PM, stated she would like to find someone for maintenance repairs, she had actively been trying to hire someone for the absent maintenance position the facility had for a while. She continued that she had seen people trip in the hallway where the rug covered the uneven flooring caused by the hole covered by fixed piece of wood. She stated she was unaware of the other flooring safety concerns in bedrooms, dining room, and common area. She also stated she was unaware of the door staying open in bedroom 14, allowing for anyone to enter at any time and the broken window with exposed shards of glass.

During an interview with the Administrator on 09/11/2025 at 3:41 PM, she stated she checks the door in bedroom 14 occasionally but did not know the door always stayed ajar. She continued

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P 330	Continued From page 11 to state she was unaware of the broken window that exposed sharp shards of glass. She stated that the holes need to be fixed and had reported them to the higher ups, they stated they would work on getting someone out here. She stated the hallway with the rug and uneven flooring was not a safety hazard and had not seen anyone trip. She continued she was unaware of the flooring concerns in the bedrooms. The flooring tiles that are coming up in the common areas was addressed with Ben, from corporate, stated he would address it, but had not.	P 330		
P 335	902 KAR 20:036 5(3)(b)4 Section 5. Provision of Services Section 5. Provision of Services. (3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services: (b) Housekeeping and maintenance services. 4. Maintenance. The premises shall be well kept and in good repair as established in clauses a. through d. of this subparagraph. a. The facility shall ensure that the grounds are well kept and the exterior of the building, including the sidewalk, steps, porches, ramps, and fences, are in good repair. b. The interior of the building, including walls, ceilings, floors, windows, window coverings, doors, plumbing, and electrical fixtures, shall be in good repair. Windows and doors shall be screened. c. Garbage and trash shall be stored in areas separate from those used for the preparation and storage of food and shall be removed from the premises regularly. Containers shall be cleaned regularly. d. A pest control program shall be in operation in	P 335		

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P 335	Continued From page 12 the facility. Pest control services shall be provided by maintenance personnel of the facility or by contract with a pest control company. Care shall be taken to use the least toxic and least flammable insecticides and rodenticides. The compounds shall be stored under lock if stored by the facility. This requirement is not met as evidenced by: Based on observation, interview and review of facility policy, it was determined that the facility failed to ensure provision of services, the premises shall be kept in good repair. Room 4 had no window and is covered by a large wood board, leaving bedroom without a window. Room 9 had an air-conditioning unit held in place by a wood board that does not fully enclose window casing, exposing bedroom to outdoor elements to include impending colder weather and bugs. A toilet in the single multi-use bathroom leaks continuously and always leaves the majority of the flooring wet, to affect 40 out of 40 residents.	P 335		

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P 335	Continued From page 13 The findings include: Review of the facility policy, titled, "Resident Rights," without revision date, revealed, the facility must care for you in a manner that enhances your quality of life. As well as, environment, the facility must provide a safe, clean, comfortable, homelike environment. And, the facility will provide housekeeping and maintenance services, to include comfortable and safe temperature levels. Observation on 09/09/2025 at approximately 1:00 PM and 3:00 PM revealed the only multi use bathroom for male residents had several toilets separated by fixated stalls. One toilet leaked continuously from the bottom and when flushed, the leak would increase to a steady flow of water covering the majority of the bathroom floor, leaving the floor wet at all times. Observation on 09/09/2025 at approximately 3:15 PM revealed bedroom 4 had a window that had been boarded up with a large piece of wood, leaving bedroom 4 without a window. This window would directly view into the outdoor smoking patio. Observation on 09/09/2025 at approximately 3:20 PM revealed bedroom 9 had an air condition unit that is located inside the bedroom window. To secure the air-conditioning unit to the window, the glass was removed and replaced with two wooden boards. The boards were not large enough or thick enough to cover and seal the window casing, leaving the top part of the window exposed to the outside elements, including outdoor pests, impending colder temperatures, and potential ineffective indoor temperature	P 335		

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P 335	Continued From page 14 control. During an interview on 09/09/2025 at approximately 3:00 PM with Resident Aide 2, stated when asked why the bathroom floor was wet on initial observation and again a few hours later? Resident Aide 2 responded, a resident liked to mop the bathroom floor regularly and they had probably just mopped. During an interview on 09/09/2025 at approximately 3:05 PM with Resident (R) 3, stated there was not a resident who liked to mop and proceeded to show this surveyor the toilet and how it leaks continuously, which increases upon flushing. During an interview with the Ombudsman on 09/11/2025 at 10:33 AM, she stated the facility was okay, looked the same as always. It does not look dirty, dirty, her last visit was 08/26/2025 for resident council. She continued to state that she was surprised the New York owners of the facility recently replaced the hot water heater. She stated she would peer into resident's room but would not go into a room and was unaware of these observations. During an interview on 09/11/2025 at 3:25 PM with Administrator Manager, she stated that her role was to oversee and assist the facility Administrator. She stated the Administrator had expressed to corporate/owners her need of a facility maintenance person. The Administrator request items in need of repair and the owners of the facility would state they would get a quote for repairs but do not follow up. The Administrator Manager stated she was unaware of the issues noted but had been actively trying to hire someone for maintenance of the facility.	P 335		

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	100061	A. BUILDING: _____ B. WING _____	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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P 335	Continued From page 15 During an interview on 09/11/2025 at 3:35PM with the Administrator, she stated she had been without a facility maintenance employee for a while. She continued that there had been job postings, and someone would work for a day and then not come back. She stated her expectation was for the facility to have a maintenance employee that wouuld keep the facility in a safe condition. She continued that a lot had been fixed but that the building is very old. She brought up her concerns to Ben from corporate, he stated he would try to find someone to get things fixed. She stated she was unaware of bedroom 9's air conditioner in the window lacking a barrier to the outside elements. The Administrator stated, she did not know who did that, maybe it was a resident. She continued to state, bedroom 4 always had the large piece of wood to cover the window, it was like that for years, before I started to work at the facility. She stated it was probably done by the residents who use to reside in the room to keep the cigarette smoke out. She continued that those residents, no longer reside at the facility. She continued that she called a plumber for the toilet and would be fixed today.	P 335		
P 355	902 KAR 20:036 5(3)(c)4 Section 5. Provision of Services Section 5. Provision of Services. (3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services: (c) Dietary services. 4. Food preparation and storage. a. There shall be at least a three (3) day supply of food to prepare well-balanced, palatable meals. b. Food shall be prepared with consideration for	P 355		

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any individual dietary requirement.
c. Modified diets, nutrient concentrates, and supplements shall be given only on the written order of a physician.
d. At least three (3) meals per day shall be served with not more than a fifteen (15) hour span between the evening meal and breakfast.
e. Between-meal snacks, including an evening snack before bedtime, shall be offered to all residents.
f. Adjustments shall be made if medically contraindicated.
g. Food shall be:
(i) Prepared by methods that conserve nutritive value, flavor, and appearance; and
(ii) Served at the proper temperature and in a form to meet individual needs.
h. A file of tested recipes, adjusted to appropriate yield, shall be maintained.
i. Food shall be cut, chopped, or ground to meet individual needs.
j. If a resident refuses food served, substitutes shall be offered.
k. All opened containers or leftover food items shall be covered and dated when refrigerated.
l. Ice water shall be readily available to the residents at all times.
m. Food services shall be provided in accordance with 902 KAR 45:005.

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This requirement is not met as evidenced by:
Based on observation, and interview, the facility failed to ensure all opened containers and/or left over food items shall be covered and dated when refrigerated with the potential to affect 40 out of 40 residents residing in the facility.

The findings include:

Observation of the kitchen on 09/09/2025 at 2:46 PM revealed refrigerator 1 contained: One package unopened of Tavolini Mozzarella Cheese in thick liquid that was cloudy colored and chunky in appearance, expired 09/07/2025, one full carton of 12 simple truth cage free eggs expired 08/13/2025, one bottle of chunk blue cheese dressing expired 12/11/2024, no open date. One jar of Mt. Olive hamburger dill pickle chips expired 08/24/2023, no open date. One jar of blueberry preserves jelly expired 05/03/2023, no open date. One bottle of Great Value honey mustard expired 08/01/2025, no open date. One open, unlabeled package of unknown lunch meat. One Gordon Choice lemon juice expired 01/19/2024, no open date. One ziplock bag of cooked bacon, no label or open date. Ten individual size tubes All Natural Cured Sour Cream, expired 06/11/2025. One sandwich bag closed of onion rings, no label or open date. One large ziplock bag closed approximately 13 unknown sandwich halves, no label, no date. One

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opened stuffing mix packet, no label, no date. One Tupperware container of 12 hotdogs in hotdog buns placed in individual popcorn bags, no label, no date. One Tupperware container of macaroni salad, no label, no date, smelled foul.

Several stored dry food items were expired, dating back to 2020.

In an interview with the Dietary Assistant/Cook on 09/11/2025 at 10:02 AM, she stated that it was the Dietary Manager's responsibility to look for expired food items in the kitchen. The dietary assistant/cook stated when she cooks, she does not have leftovers to label or date. She stated that the dietary manager likes to be in control of the kitchen, so it was on her basically. She continued that the facility does receive food donations from a local church regularly, they could have given the facility expired food products.

In an interview with the Ombudsman on 09/11/2025 at 10:33 AM, she stated the facility had trouble getting food ordered, the regional/owners would state to the Administrator, she does not need more food. The Administrator must get her food list approved from corporate/owner of the facility prior to ordering. She stated the owner would say to Administrator, the residents do not need these requested items for breakfast, they can have cereal and toast.

In an interview with the Administrator on 09/11/2025 at 3:35 PM, she stated her expectation of the kitchen was to maintain proper food storage, clean kitchen and the refrigerator to be cleaned every three days. She stated that she was not sure the last time those tasks were performed. She continued that it was the dietary manager's responsibility to remove expired food

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P 355	Continued From page 19 items, ensure food was labeled and dated. The Administrator stated she should be in the kitchen more often. The dietary manager was not available for interview during survey.	P 355		