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 _____	11/17/2025

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 058	902 KAR 20:031-6(1)(f) Section 6. Resident Unit The following shall be included: (1) Resident rooms. Each room shall meet the following requirements: (f) In multibed rooms, a method of assuring visual privacy for each resident shall be provided. This requirement is not met as evidenced by: Based on observation and interview, the facility failed to provide a privacy curtain for 14 of 14 sampled resident rooms. Resident Rooms 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 14. The findings include: On 11/17/2025 representatives from the State Survey Agency requested a facility policy from facility staff regarding privacy for residents' and the facility failed to provide a policy. Observation on 11/17/2025 at 11:15 AM of Resident Rooms 1, 2, 3, 5, 8, 9, 10, 11, 12, 13, and 14 revealed the rooms did not contain a privacy curtain between the two beds in the residents' rooms. During an interview on 11/17/2025 at 2:19 PM the Assistant Administrator stated the facility had never had any type of privacy curtain for residents. The Assistant Administrator continued to state that privacy curtains were important for residents to have privacy and she "wouldn't want someone looking at her all day every day." The Administrator stated it was important so the residents could change their clothes in their room. During an interview on 11/17/2025 at 2:50 PM	P 058		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNESBURG MANOR, LLC	765 HIGHWAY 3276 WAYNESBURG, KY 40489

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P 058	Continued From page 1 with Resident (R) 13, the resident stated that she would not have to go to the bathroom to change her clothes if there was a privacy curtain in her room. During an interview on 11/17/2025 at 3:00 PM R10 stated that she would like a privacy curtain. R10 stated that she had previously asked for a privacy curtain and had not received one. During an interview on 11/17/2025 at 3:40 PM with the Administrator she stated the facility has not had privacy curtains since she had worked at the facility. The Administrator further stated the facility should have privacy curtains to provide privacy for the residents. The Administrator did not recall any resident having asked for privacy curtains.	P 058		