Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100398	A. BUILDING _____ B. WING _____	R-C 05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER SENIOR LIVING, LLC	66 SHELBY STREET CADIZ, KY 42211

(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 (PoC), and the Onsite Revisit Survey conducted on 05/17/2024, the facility was deemed to be in compliance on 04/08/2024.	{P 000}		

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

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	100398	A. BUILDING: _____ B. WING _____	C 04/04/2024

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P 185	Continued From page 1 This requirement is not met as evidenced by: Based on interview, record review and facility policy review, it was determined the facility failed to provide supervision and monitoring for one (1) of three (3) sampled resident's (Resident #2). On 03/22/2024, Police located Resident #2 walking on the street approximately one mile from the facility, after a caller had complained to the Police Department. The facility's failure to supervise the resident has caused or was likely to cause serious injury, harm, impairment, or death to a resident. Imminent Danger was identified on 04/01/2024, and determined to exist on 03/22/2024. A Type "A" Citation was issued to the facility on 04/04/2024. The finding include: Review of the facility's policy titled, "Elopement", not dated, revealed nursing personnel must report and investigate all reports of missing resident. Residents were comprehensively assessed for wandering/elopement risk in order to minimize the potential for eloping from the facility. Further review of the policy revealed elopement referred to the ability of a resident who was not capable of protecting him/herself from	P 185	Criteria 2 section 1 All staff was Inservice on 4/8/2024 on the safety training for Resident 2. to keep Resident 2 Staff will engage in fun activities as much as possible. They will also ask if he would like to help clean if he wants to assist. There is a box located in the Admin office with treats such as candy, drinks and snacks for Resident to receive after helping staff. Criteria 2 section 2 Staff was Inservice on 4/8/2024 concerning making weekly planned outings with Resident 2. This will allow for Resident 2 to get use to going out once a week. Brenda White, Administrator was the instructor. Criteria 2 section 3, 4 and 5 Better Senior Living is not required to complete assessments. The wrong Policy was given during this investigation.	4/8/24 4/8/24

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P 185	Continued From page 3	P 185		

bum cigarettes, food, and money from customers. Upon arrival to the area the Police Officer #1 found Resident #2 walking down the street, approximately one mile away from the facility. He stated he placed the resident in his squad car and took the him back to the facility.

During an observation and interview with Resident #2 on 04/01/2024 at 9:15 AM, revealed the Assistant Administrator used hand signals to communicate with the resident. Resident #2 communicated that he leaves the facility whenever he wants and had never been told he could not leave the facility.

In an interview on 04/02/2024 at 11:30 AM, with Police Officer #1, revealed he received multiple calls regarding the residents. He stated, "Since January 2024 he and his force have had fifty-two visits to the facility. Some of those were assisting Emergency Medical Services (EMS) with combative residents; however the double calls during the day are counted as just one call, and we will make more than one visit regarding one resident. These calls include residents whose behaviors have continued. He has well checks since residents walk away from the facility. He has multiple calls from the businesses of Cadiz regarding shoplifting, aggravating of shoppers and trying to bum money, food and cigarettes." He also stated, he feared the residents were not being cared for properly and there would be another accident or death because of the neglect by the staff for the residents. He also stated he didn't think there were ever enough staff to properly care for the resident.

In an interview with the Hospital's Chief Nursing Officer (CNO), on 04/03/2024 at 8:30 AM, she stated the facility was an ongoing problem for

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P 185	Continued From page 5 In an interview with Medical Tech #2 on 04/02/2024 at 9:15 AM, revealed she does rounds every 2 hours to check on residents. She stated if a resident was not in the building, she would note it on a check list. Med Tech #2 further stated if a resident was not in the facility by 8:00 PM, staff would immediately search for the resident. In an interview with the Administrator on 04/03/24 at 1:30 PM, she stated the residents were checked on every two hours. She stated staffing was dependent on number of residents. The Administrator further stated a medication technician was in the facility at all times. She stated the residents could be out of the facility from 8:00 AM to 8 PM daily, even though those timeframe's were not included in the facility policy. The Administrator further stated she didn't feel Resident #2 was an elopement risk and knew the resident was leaving the facility; however, she did not feel like the resident's inability to hear or speak was a problem. In an interview with the Medical Director on 04/04/2024 at 3:40 PM, she stated she was not aware Resident #1 was leaving the facility. She stated she did not believe the resident should leave the facility because of his being deaf, creating the risk of being struck by a car, since he could not hear traffic. The Medical Director further stated she had not completed any type of elopement risk assessments on residents in the facility.	P 185		