Office of Inspector General

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 100007 | A. BUILDING _____ B. WING _____ | C 02/28/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CORNERSTONE MANOR I LLC | 515 WATER STREET SCOTTSVILLE, KY 42164 |

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| P 000 | Initial Comments<br><br>A Relicensure Survey and a Complaint Survey investigating KY00043933 and KY00045039 was initiated on 02/26/2025 and concluded on 02/28/2025.<br><br>There was no deficient practice identified with KY00043933 and KY00045039.<br><br>Survey Dates: 02/26/2025 through 02/28/2025<br><br>Facility census: 28<br><br>Sample size: 6 | P 000 | RECEIVED<br><br>MAR 28 2025<br><br>CHFS Office of Inspector General<br>Division of Health Care - WB<br>Received by | |
| P 100 | 902 KAR 20:036 4(9)(a-b) Section 4 Administration and Operation<br><br>Section 4. Administration and Operation.<br>(9) Tuberculosis Testing.<br>(a) All employees of a PCH or SPCH shall be screened and tested for tuberculosis in accordance with 902 KAR 20:205.<br>(b) Residents of a PCH or SPCH shall be screened and tested in accordance with 902 KAR 20:200.<br><br>This requirement is not met as evidenced by<br>Based on observation, interview, record review, and facility policy reviews, it was determined the facility failed to ensure the required Tuberculosis (TB) skin test and assessment for residents on admission, and staff members on hiring and for both annually were provided per Kentucky Revised Statutes (KRS) regulation 900 KAR | P 100 | All residents and staff will have TB testing/chest XRAYs and risk assessment forms completed by 04/15/2025. For future employees, a completed TB skin test with a risk assessment will be required upon hire. An annual TB skin test will be completed for each staff member on or before the anniversary of their last test.<br><br>POC completion date 4/16/2025 | |

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

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| P 100 | Continued From page 1<br><br>20 205 for 2 out of 7 sampled residents (R) (R3 and R6).<br><br>The findings include:<br><br>Review of the facility's undated policy titled, "Tuberculosis (TB) Testing", revealed facility TB testing should be done in accordance and in compliance with Kentucky law, including regulation, 902,KAR 20: 200, "tuberculosis testing in long-term care facilities" and all staff must be skin tested annually on or before the anniversary of their last skin test<br><br>Review of the medical records for seven sampled residents, revealed none had a 2-step Tuberculosis Skin Test (TST) at admission and no risk assessment completed.<br><br>1. Review of R3's medical record revealed the resident was admitted on 03/21/2024 with but the only documented TST was on 08/30/2024.<br><br>2. Review of R6's medical record revealed the last documented TST was 05/04/2023, and revealed no admission 2-step TST and risk assessment had been completed.<br><br>In an interview with the Administrator, on 02/28/2025 at 2:45 PM, she stated if the facility had not followed the TB Skin testing and assessment guidelines for residents on admission and annually there was the potential for an outbreak within the facility. Further, she stated the residents were vulnerable, and if positive for the disease could potentially cause deteriorated health. Additionally, residents were able to leave the facility and had the potential to be exposed to or spread the disease to others. | P 100 | | |

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| P 100 | Continued From page 2<br><br>During a further interview with the Administrator, on 02/28/2025 at 2:55 PM, she stated TB Skin testing and risk assessments could affect staff in the same way if the facility had not followed the state guidelines. Further, she stated staff work with a population in the facility that could expose them to the disease. She stated staff had the potential to expose their families if the disease was contracted in the facility. Additionally, staff had the potential to bring the disease into the facility and could affect the residents.<br><br>Furthermore, she stated expectations were that the facility had followed the Kentucky Revised Statutes (KRS) Regulations, ensuring on initial employment that the 2-step TB skin test and risk assessment was conducted and completed annually to prevent staff to resident exposure. Additionally, the same expectations applied to residents on admission and annually, a 2-step TBT and risk assessment was required and that would be implemented immediately, and all resident charts and staff personnel files would be updated. | P 100 | | |
| P 135 | 902 KAR 20:036 4(11)(b)1 Section 4. Administration and Operation<br><br>Section 4. Administration and Operation.<br>(11) Medical records<br>(b) Each record shall include:<br>1. Identification information, including:<br>a. Resident's name;<br>b. Social Security, Medicare, and Medical Assistance identification number (if appropriate);<br>c. Marital status;<br>d. Birthdate;<br>e. Age;<br>f. Sex; | P 135 | All monthly weights are up to date, as of 03/04/25. As of 04/01/25, Administrator will ensure monthly weights are done. In the event, that a resident refuses to have his/her weight taken, the administrator will ensure it is properly documented.<br><br>POC completion date 3/05/25 | |

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| P 135 | Continued From page 3<br>g. Home address;<br>h. Religion and personal clergyman, if any (with consent of the resident);<br>i. Attending physician, health care practitioner acting within the practitioner's scope of practice, QMHP, dentist, and podiatrist, if any, and address and phone number for each;<br>j. Next of kin or responsible person, address, and telephone number;<br>k. Date of admission and discharge;<br>l. If the resident is discharged, transferred, or transitioned to a community living arrangement, a copy of the summary of resident's records; and<br>m. Monthly recording of the resident's weight.<br><br>This requirement is not met as evidenced by:<br>Based on observation, interview, record review, and facility policy reviews, it was determined the facility failed to ensure monthly weights were completed, documented, and kept in the residents medical records for 7 out of 7 sampled residents (R)1, R2, R3, R4, R5, R6, R7).<br><br>Review of Medical records for seven residents (R1, R2, R3, R4, R5, R6, R7), revealed there was no documented monthly weights in their medical records.<br><br>The findings include:<br><br>Per Kentucky Revised Statutes (KRS) 902 KAR 20:036 4(11)(b)1(m), each resident medical record would include monthly recording of resident's weight.<br><br>Review of the facility's undated policy titled, "Regarding Resident Body Weight", revealed | P 135 | | |

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| P 135 | Continued From page 4<br>residents weights would be recorded once every thirty days.<br><br>1. Record review revealed the facility admitted R1 on 06/21/2019 with diagnoses which included Psychosis-NOS, Post Traumatic Stress Disorder (PTSD), Hyperlipidemia, and Esophogeal Reflux.<br><br>Further record review revealed there was an admission weight of 128, however, there was no documented evidence the facility obtained monthly weights except on 06/21/2019. In addition, there was no documentation the resident refused.<br><br>2. Record review revealed the facility admitted R2 on 02/07/2023 with diagnoses which included Schizoaffective Disorder, Gastroesaphageal reflux Disease (GERD), BiPolar, and History of Cerebral Vascular Accident (CVA).<br><br>Further record review revealed there was an admission weight of 150; however, there was no documented evidence the facility obtained monthly weights except on 02/07/2023. In addition, there was no documentation the resident refused.<br><br>3. Record review revealed the facility admitted R3 on 03/21/2024 with diagnoses which included Schizophrenia, BiPolar, Anxiety Disorder, and Gastroesaphageal reflux Disease (GERD).<br><br>Further record review revealed there was an admission weight of 195.8, however, there was no documented evidence the facility obtained monthly weights except on 03/21/2024. In addition, there was no documentation the resident refused. | P 135 | | |

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| P 135 | Continued From page 5<br><br>4. Record review revealed the facility admitted R4 on 03/20/2023 with diagnoses which included Psychosis, Insomnia, Intellectual and Developmental Disability, and Gastroesaphageal reflux Disease (GERD).<br><br>Further record review revealed there was an admission weight of 114.6; however, there was no documented evidence the facility obtained monthly weights except on 03/20/2023. In addition, there was no documentation the resident refused.<br><br>5. Record review revealed the facility admitted R5 on 12/07/2024 with diagnoses which included Anxiety, Cognitive Impairment, Hypertension, and History of Brain Aneurysm.<br><br>Further record review revealed there was an admission weight of 167, however, there was no documented evidence the facility obtained monthly weights except on 12/07/2024. In addition, there was no documentation the resident refused.<br><br>6. Record review revealed the facility admitted R6 on 02/05/2020 with diagnoses which included Psychosis, Cognitive Disorder, Disruptive Behaviors, and History of Traumatic Brain Injury (TBI).<br><br>Further record review revealed there was an admission weight of 174.2, however, there was no documented evidence the facility obtained monthly weights except on 02/05/2020. In addition, there was no documentation the resident refused.<br><br>6. Record review revealed the facility admitted R7 on 05/09/2024 with diagnoses which included | P 135 | | |

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| P 135 | Continued From page 6<br><br>Depression, and Learning Disability.<br><br>Further record review revealed there was an admission weight of 174.8, however, there was no documented evidence the facility obtained monthly weights except on 05/09/2024. In addition, there was no documentation the resident refused.<br><br>On 02/27/2025, a scale was was observed outside the Administrator's office/nurse station to record resident's weights.<br><br>In an interview with Administrator, on 02/27/2025 at 2:00 PM, she stated regarding monthly weights indicated no weights were recorded monthly since she had become Administrator. She stated she had no documentation to verify that monthly weights were taken at all. She stated if the facility had not taken and documented the resident's weights, the facility and staff would not be aware of any weight concerns. She stated she understood the importance of resident's weights and how failing to monitor those weights could have a negative outcome in providing care. She stated she was new in the Administrator role and was still learning her position. She further stated monthly weights would be put into practice immediately and a documented list would be placed in the resident's charts. | P 135 | | |
| P 355 | 902 KAR 20:036 5(3)(c)4 Section 5 Provision of Services<br><br>Section 5. Provision of Services.<br>(3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services.<br>(c) Dietary services | P 355 | The cook will ensure all food is labeled and dated upon delivery, prior to putting the items in their proper storage location or upon taking out of manufacterers packaging to place in secondary containers.<br>The cook will make sure all food items are properly sealed and dated when opened.<br>An in-service will be had with all kitchen staff regarding proper protocol on 04/01/25.<br><br>Administrator will perform weekly audits starting on 04/01/2025 through 07/01/2025.<br><br>POC completion date 7/02/2025 | |

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| P 355 | Continued From page 7 | P 355 | | |

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 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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| P 355 | Continued From page 8 | P 355 | | |

This requirement is not met as evidenced by.
Based on observation, interview, record review and facility policy reviews, it was determined the facility failed to ensure food preparation and storage was followed for resident safety with the potential to affect 36 of 36 residents residing in the facility

The findings include.

Review of facility policy titled, "Dry Food Storage", revision dated 03/01/2022, revealed all food items should be dated Further review revealed food items removed from their original containers were placed in a different container, the new container should be labeled and dated.

Review of undated facility policy titled, "Position Description; Cook", revealed duties included receiving and examine food items and supplies for quality and quantity, place food items and supplies in dry storage, refrigerator, cooler, and/or freezer to ensure food safety Continued review revealed duties included utilizing proper storage containers and properly labeling and dating those containers. Furthermore, to avoid cross-contamination and maintain a safe and clean kitchen

Observation of the kitchen, on 02/26/2025 at 3:00 PM, revealed Freezer1 contained biscuits with a tear on the packaging exposing contents to air Continued observation revealed Freezer4 in the pantry had a bag of french fries torn open exposing the food to air contaminants. Continued

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| P 355 | Continued From page 9<br><br>observation revealed Refrigerator2 contained a package of bacon, two packages of shredded pizza cheese blend, and a package of lettuce that had been opened and uncovered and had exposed the contents to air. Further observed of Refrigerator2 revealed a large bottle of BBQ sauce with an expiration date of 12/2023. Continued observation of the dry goods pantry revealed a 20-pound bag of corn meal unlabeled, undated, and uncovered exposing products to air and other contaminants. Continued observation revealed a bag of flour that was opened but not covered, a bag of potato powder with an expiration date of 01/2015, and a bag of macaroni noodles in a clear package but was not covered to prevent contamination. Additionally, there were two bags of cake mix, one was opened and uncovered, and the other was unopened but was not dated. Further observation revealed Refrigerator5 contained a gallon jug of ranch dressing that had been opened but had no use by date, and a bottle of mustard that had expired according to the use by date on the bottle.<br><br>In an interview with Cook1, on 02/26/2025 at 3:45 PM, she stated food items were to be dated when received, and any opened food items should be labeled and dated if stored out of the original container. She further stated outdated food items should be discarded by the expiration dates located on the package. She stated residents could get sick if served foods that were outdated or contaminated.<br><br>In an interview with the Administrator, on 02/28/2025 at 3:15 PM, she stated she expected dietary staff to ensure the food items were properly stored, labeled, and dated for safety. She further stated staff were to follow the guideline for rotating old and new products to | P 355 | | |

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| P 355 | Continued From page 10<br>ensure freshness and to prevent serving outdated food items. The Administrator further stated all new food items were to be dated when received and stored. She stated when a food item had been opened and was stored on the shelf or in a refrigerator or freezer, the product should be covered to prevent air contaminants and had required an opening date and use by date. The Administrator stated these practices would prevent food borne illness and other sickness. Additionally, staff were expected to follow all guidelines related to food safety as that would ensure residents were provided the best quality of care. | P 355 | Amberly Bradley 03-28-25 administrator | |