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 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER SENIOR LIVING I 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), the facility compliance date for health 09/02/2025, as alleged.	{P 000}		

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

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	100398	A. BUILDING: _____ B. WING _____	C 08/14/2025

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P 000	Initial Comments A Complaint Survey was concluded on 08/14/2025 investigating KY00047044, KY00047004, KY00047001, KY00046950, KY00046733, KY00046536, KY00046306, KY00045674, KY00045294, KY00044922, KY00044533, KY00045675, and KY00047000. The facility was found not to be in compliance. There were no deficiencies related to KY00047044, KY00047004, KY00047001, KY00046950, KY00046733, KY00046536, KY00046306, KY00045674, KY00045294, KY00044922, KY00044533 and KY00045675. There was a deficiency cited related to KY00047000. Survey Dates: 08/11/2025-08/14/2025 Survey Census: 58 Survey Sample: 20 Supplemental Residents: 0	P 000		
P 255	902 KAR 20:036 5(1)(g)4 Section 5, Provision of Services Section 5. Provision of Services. (1) Basic health and health related services. (g) 4. A staff member with access to controlled substances shall be responsible for maintaining a recorded and signed: a. Schedule II controlled substances count daily; and b. Schedule III, IV, and V controlled substances count at least one (1) time per week.	P 255	In response to P 255 Basic Health and Health Related Services The administrator conducted an In-Service with all the med techs on 8/28/2025 explaining the importance of counting narcs between shifts and keeping proper documentation to ensure all medications are accounted for. Located in the med room is a binder for Daily Medication and Narc Exchange, which requires staff on duty and staff arriving to sign and date for each shift. Staff is required to go over the MARs before leaving to ensure all medications have been signed for.	

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Tiffany Nipper

Tiffany Nipper, Administrator 9/2/2025

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P 255	Continued From page 1 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 schedule III, IV, and V controlled substances count at least one (1) time per week were provided per Kentucky Revised Statutes (KRS) regulation P0255 for 2 out 5 sampled residents (R) (R1 and R5). The findings include: Resident (R) #1 was admitted to the facility on 05/11/2023 with diagnoses to include chronic pain syndrome, nonrheumatic mitral valve syndrome, and gastroparesis. Review of his medication administration record revealed he was prescribed Gabapentin 600 MG two times daily and Tramadol 50 MG two times daily as needed. Review of the daily narcotic count sheet for these medications were not signed and dated. The last documented narcotic count was dated 12/04/2024 by the oncoming Medication Technician (MT) and the off going MT. R5 was admitted to the facility on 05/09/2025 with diagnoses to include major depressive disorder, seizure, and multiple sclerosis. Review of his medication administration record revealed he was prescribed Gabapentin 1200 MG three times daily. Review of daily narcotic sheets for this medication revealed the sheet had not been signed and dated since admission. Review of the facility's undated and untitled policy, revealed the facility will ensure that all therapeutic services and/or medications shall be	P 255	The administrator will conduct weekly checks for three months (11/28/2025) to ensure med techs are counting narc's and signing off that counts are correct.	

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P 255	Continued From page 2 administered as per a provider's order and will be documented accordingly. Review of facility's document undated form titled, "Daily Medication and Narcotic (Narc) Exchange", revealed that the staff leaving has (should) sign all the MARs and narc books. Arriving staff will check and sign the form after confirming all charting has been completed. A new sheet is to be started at the beginning and 1st shift of the day. Review of the "Daily Medication and Narc Exchange" form revealed the latest count documented was 12/04/2024, no time of shift indicated, and 09/26/2024, with time of 07:30 AM indicated. In an interview with Medication Technician (MT) #2, on 08/11/2025 at 03:50 PM, he stated he counts narcotics when he comes on shift and he goes off shift. He further stated, he does not know of any sheets that are signed by oncoming or offgoing shifts. In an interview with MT #1, on 08/12/2025 at 10:20 AM, she stated the MT count narcotics between shifts but they have never signed a piece of paper saying they counted. In an interview with the Administrator, on 08/14/2025 at 04:00 PM, she stated she was not aware of the regulation stating that schedule I and II narcotics had to be counted daily or that schedule III, IV, and V narcotics had to be counted weekly. She stated her MTs count when starting a shift with the MT leaving a shift. She went on to say that they used to document that and she was unaware when they stopped that or why. She further stated she knew the importance	P 255		

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P 255	Continued From page 3 of counting the narcotics and documenting on a regular basis and if a medication was missing, a resident could go without their medication. Furthermore, she went on to state it could result in legal issues.	P 255		

Tiffany Nipper

Tiffany Nipper, Administrator 9/2/2025