Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100050	A. BUILDING _____ B. WING _____	R-C 09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOMES I LLC	219 STEVENS AVENUE PRINCETON, KY 42445

(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 review of the acceptable plan of correction (PoC), the facility compliance date for health on 09/17/2025, as alleged.	{P 000}		

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

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	100050	A. BUILDING _____ B. WING _____	C 07/17/2025

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P 000	Initial Comments A Complaint Survey was concluded on 07/17/2025. The facility was found to not be in substantial compliance Deficiencies were issued related to KY00046559, KY00046855, KY00045807, and KY00045484 No deficiencies were issued related to KY00044668, KY00045861, and KY00045201 Survey Dates: 07/14/2025 - 07/17/2025 Facility Census: 48 Sample Size: 18	P 000		
P 290	902 KAR 20:036 5(1)(k) Section 5. Provision of Services Section 5. Provision of Services (1) Basic health and health related services (k) 1. If a resident manifests persistent behavior that might require psychiatric treatment, the PCH or SPCH shall notify the resident's physician or health care practitioner acting within the practitioner's scope of practice to evaluate and direct the resident's care 2. If the resident's condition does not improve making continued stay in a PCH or SPCH unfeasible, the physician or health care practitioner shall initiate transfer of the resident to an appropriate facility as soon as possible This requirement is not met as evidenced by Based on interviews, record review, and review of facility policy, it was determined that the facility	P 290	On 7.16.25 all staff were in-serviced by the administrator on the importance of notifying the provider of behavioral incidents timely. In the event that the dedicated tablet used to reach the provider is not working, the staff were advised that a call must be made. Beginning on July 16, 2025, the Regional manager will periodically check with facility administrator to confirm all lines of communication are working properly, for a period of two months. POC completion date 9.17.25	

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LABORATORY DIRECTOR'S OR PROVIDER'S/SUPPLIER REPRESENTATIVE'S SIGNATURE: Karen Crocker — TITLE: administrator — DATE: 8.22.2025

STATE FORM 6899 R4UC11 If continuation sheet 1 of 1

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P 290	Continued From page 1	P 290		

failed to notify the Primary Care Provider of a resident's persistent behaviors in order to evaluate and direct resident care for one (1) of eighteen (18) sampled residents, (Resident (R)18).

The findings include:

Review of facility document titled, "Admissions Policy Statement", not dated, revealed it was the policy of the home to admit only persons whose care needs did not exceed the capability of the home.

Review of facility document titled, "Policy on Combative Residents", not dated, revealed it was the policy of the facility to provide continuous supervision and monitoring of residents during a combative episode to ensure that the residents healthcare needs were met. Further review of the policy revealed any resident who was combative would be placed on one to one observation with staff, and the resident's doctor should be notified for orders and to follow out those orders.

Review of facility document titled, "Policy and Procedure for Acting out Residents", not dated, revealed it was the policy of the facility to provide continuous supervision and monitoring of residents during an acting out episode to ensure that the residents health care needs were being met.

Record review revealed (Resident (R)18) admitted to the facility on 03/08/2025 with diagnoses that included Paranoid Schizophrenia.

Review of a Nursing Progress Note dated 04/08/2025, revealed (Resident (R)18) punched another resident in the nose and an incident

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P 290	Continued From page 2	P 290		

report was filed. Further review of nursing progress notes revealed numerous behavioral incidents recorded on multiple different dates with no follow-up.

Resident 18 was unable to be interviewed due to current behaviors during the time of attempted interview.

In an interview with the facility Nurse Practitioner (NP) on 07/17/2025 at 3:07 PM, she stated she has been the Primary Care Provider for the residents since 11/04/2024. She stated she was coming to the facility once a week when the census was high, but less frequent when the census drops. She stated the facility does not notify her of anything. She stated she would come in and see the residents and there would be a note left for her by staff that would tell of things that happened in her absence from the facility, and she stated that she informed the staff that this is not appropriate notification and that is why they were provided with the iPad tablet so that she can be notified of events as they occur. She stated the facility has 24/7 telehealth capabilities or at least the ability to get the healthcare access for the residents but they are not utilizing the resource properly. The NP stated unless she is physically there assessing patients she would have no way of being able to tell if a resident was fit to be in a group home setting unless the facility notifies her and informs her of the resident's behaviors. She stated the facility hasn't been doing that. The NP stated that she had no shared notes documented from the facility since April of 2025. She stated she told facility staff that was what the tablet was for, and that she had asked if the tablet was even working and staff stated to her that the tablet was "dead", and they were unable to locate the charger. She stated she

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found the charger and charged the tablet and advised the staff that they are to utilize it. The NP also stated she is the only provider for the residents at the facility, and there is a psychiatric provider as well. She stated she wants the patients safe and of getting a 202 is the only option to keep them safe then she is ok with that but she still would like notification but to date she is still not getting notified of anything going on with them. She stated all providers can provide care for the residents via telehealth so that they can try to alleviate the symptoms if a resident is having an episode.

In an interview with the Assistant Administrator on 07/17/2025 at 3:11 PM, she stated that if a resident is having a behavioral event in order to protect the resident she would put the resident on 1:1 observation for awhile or have them come to her office and talk to her to have what she called a "cooling off" period and "vent" things out to her. She further stated that if residents were combative they would call for a 202/72 hour court ordered hold or the police would be called to intervene if needed, or just place the resident on 1:1 observation until they calm down.

In an interview with the Administrator on 07/17/2025 at 4:21 PM, she stated she talked with the NP via telephone as she calls to check up on the residents periodically. She stated they have a "laptop" that was provided to them to do telehealth visits for the residents She stated she has the laptop for after hours messaging to contact and inform the NP if someone needs to go out to the hospital but she doesn't contact her for psychiatric issues, she only contacts the psych provider about those issues and behaviors She stated the facility staff is responsible for contacting the providers and inform them of any

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P 290	Continued From page 4 behaviors residents are having but she cannot speak for them "not doing so". She stated they were having issues with the equipment not staying charged and that the NP came in and figured out the problem. She stated the "laptop" needed a new charger, and she thinks that may be the reason why staff did not contact the providers when they were having issues with residents. She further stated the third shift aide does not have a charge person/supervisor on their shift and would have to contact her or the Assistant Administrator and if an issue arises then they will contact the NP or Psych Doctor. She stated if they don't contact the providers by that method then they would always leave a note for her for when she comes to the facility. The Administrator stated Resident 18 was allegedly on a "do not return to the facility" list before the new owners took over the facility but one night he showed back up on a bus with other residents that had transferred from another facility in the Eastern Kentucky. She stated she is not sure how or why he was allowed to return to the facility. In an interview with the Regional Facilities General Manger on 07/17/2025 at 11:55 AM, she stated that the facility has discharged resident in the past for being combative but they ended up getting in trouble for improperly discharging them. She stated they were trying to meet residents needs but if they can't then they would discharge them to a state inpatient psychiatric facility. She further stated she expected staff to keep residents safe is to follow the facility policies and call her and notify her of anything	P 290		
P 330	902 KAR 20:036 5(3)(b)3 Section 5 Provision of Services	P 330		

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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.

As of 7.18.25 a policy as it relates to lighters and cigarettes has been implemented.
The policy states as follows:
Residents who choose to smoke tobacco must smoke outside.
Smoking is not permitted anywhere inside the facility.
Residents can hold their cigarettes and lighters, as it is their right
In the event that there is an incident, depending on the severity,
the resident/guardian, if applicable, will be given a warning. If an incident occurs again, there will be a conversation about next steps to ensure the safety of the resident and all others.

This requirement is not met as evidenced by:
Based on interview, record review, and review of facility policy, it was determined that the facility failed to maintain the condition and overall environment to ensure the safety for forty-eight (48) of forty-eight (48) residents.

The findings include:

Review of facility policy titled, "Fire Procedure and Evacuation Plan", not dated, revealed in the event of a fire, a staff member shall pull the fire station and call 911. The policy further stated the Administrator will notify all of its duty employees and also the state and the local police.

Review of facility policy titled, "24 Hour

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Supervision", not dated, revealed it is the policy of the facility to provide 24 hour supervision for all residents, with an hourly check by each nurse aide assigned to that section.

Review of facility document titled, " Fire and Safety Meeting", not dated, revealed all staff members are responsible for checking their work areas for any unsafe or hazardous devices or areas that need repair or replacements such as doors, windows, outlets, light switches, etc.

A facility smoking policy was requested however, one was not provided on exit although administration stated they had a policy on file.

Review of facility document titled, "Incident Report", dated 07/02/2025, revealed R5 signed out of the facility at 12:54 PM. At approximately 1:00 PM, the fire alarms started sounding and black smoke was noted coming from his room. All residents were safely evacuated from the facility and dispatch was called by the assistant administrator along with the administrator.

Review of document titled, "Fire Department Activity Sheet", dated, 07/02/2025 at 1:07 PM, revealed the fire department along with the state fire marshal, responded to a structure fire that was reportedly set by a resident in room number 7. The document further stated the resident that resided in Room 7 admitted to setting the fire and was arrested by the local police department

Closed record review of facility document titled, "Admission Record", dated 09/24/2019, revealed (Resident (R)5) admitted to the facility on 09/24/2019 with diagnoses that included Schizophrenia, Unspecified Intellectual Disability, and Chronic Obstructive Pulmonary Artery

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Disease.

Resident 5 was unable to be interviewed because the resident is currently incarcerated at the local jail in regards to the incident.

In an interview with the Complaintant on 07/14/2025 at 3:12 PM, he stated he was paged out about 1:00 or 2:00 PM that day for a reported structure fire at a facility. The Complaintant stated upon arrival the reported room 7 sprinkler system had activated and smoke filled the hallway. He stated the fire was already out by the time they had arrived. The Complaintant stated that the Fire Marshall also came to the facility and they noted the room did not have a working smoke detector in the room. He stated there were wires present and facility staff stated to him that it ws down for "maintenance". He stated the local police department alos responded and an officer made contact with the resident and he was arrested and charged with arson and wanton endangerment. He stated he informed the administrator that she should probably self report this incident to the appropriate state agencies as well but he was not sure if she did or not.

In an interview with the Activities Director on 07/16/2025 at 10:48 AM, she stated on the day of the incident she recalled she was outside of the facility taking a break and upon returning inside she happened to look up and saw black smoke so she continued down the hallway some until she walked up on a "big ball of fire" She stated she then ran to the medication room and told the Assistant Administrator that the building was on fire. The Activities Director stated Resident 5 was upset because he had been asked not to dig in the trash. She stated he got mad and went to his room and slammed the door She stated she

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thinks that during this time he had started the fire. She stated that the facility staff are responsible for keeping up with cigarette lighters and things as such but this particulr resident can come and go as he pleases and when he is out he can go buy whatever he wants. She stated they will ask the residents if they have anything on them when they return to the facility but they (the resident) reserves the right to not to be searched.

In an interview with Certifed Medication Aide (CMA) 1 on 07/15/2025 at 2:35 PM, she stated she was in the office filing paperwork away when the Activities Director came in and yelled " There's a fire!" She stated prior to that, she saw Resident 5 and he appeared angry to her when he came up to the nurse station to sign out. She stated she asked him where he was going and he stated to her, "Don't worry about where I'm going." CMA 1 stated she thinks Resident 5 set the fire on his way out of the facility that day. She stated the fire alarm didn't go off initially but the sprinkler system did activate and they began evacuating residents from the building and called 911. She stated no one was hurt as a result of the incident. The CMA 1 stated the police and fire department showed up and made sure the fire was put completely out. She stated she was interviewed by the fire department but she was busy maintaining order of the residents after the fire so she does not recall who all she spoke with that day.

In an interview with the Fire Chief on 07/16/2025 at 3:33 PM, he stated the life safety code regulations requires at least 1 smoke detector in each resident room, and no resident is to be a room without a working smoke detector. He stated the smoke detector in the affected room had been removed to be serviced at the time of

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the fire. He further stated that the police department had located the suspect and he is currently in jail in relation to this incident.

In an interview with the Assistant Administrator on 07/16/2025 at 3:11 PM, she stated she was in her office when two staff members came running and told her that the building was on fire. She stated she started evacuating located on the other side of the building and she also called the administrator who was at lunch at the time and informed her of the situation and she called dispatch as well to request assistance from the fire department. She stated prior to the fire Resident 5 presented with baseline behaviors and no concerns. She stated that she was told Resident 5 started the fire becuase he was upset about stafftelling him he needed to clean his room.

In an interview with the Administrator on 07/16/2025 at 3:45 PM, she stated she thinks the facility has a policy that addresses cigarette lighters but she is not for sure. She stated one person that works there stated to her that the residents can't have them on their person while in the facility but stated she knows that the residents are going in to town and buying cigarette lighters. She stated she ahs been looking into creating a new policy on lighters and that will require the residents to come into the medication room and retreive them before they before going out to smoke and returning them when finished. She stated before she became the manager they used to have designated smoke times and the facility would provide the lighters and cigarettes but they no longer porvide that and the residents get it with the r own allowance. She stated she was not aware of the life safety code requirement for the smoke detectors until afte the fire when

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P 330	Continued From page 10 the fire marshal informed her. She stated she only has one room that she knows of that does not have a working smoke detector. She stated she assumed they shoudl be checked at least once a month but she currently does not have any maintenance staff at the facility to do those type of things but she is currently trying to hire one. She stated Resident 5 was relativley a quiet resident however they have had issues with him assaulting another resident in the past and stealing mail from neighboring residences. She stated she had his eviction papers mailed to the jail and he will not be allowed to return to the facility when he is released. In an interview with the Regional Facilities General Manager on 07/17/25 at 11:55 AM, she stated they have tried confiscating lighters and having scheduled smoke breaks in the past, and they currently continue to confiscate them all day from residents but they just go out and buy more because they are allowed to come and go as they please. She also stated that the facility was not required to self report the fire incident because the fire marshal was notified and came and he would in turn notify the other state agencies. She further stated her expectations are for staff to keep the residents safe and follow the facility policy and notify her of anything.	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	P 335		

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P 335	Continued From page 11 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 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.	P 335	All areas of concern were addressed on the 7.14.25 and 7.15.25 with on-going monitoring by the Manager.	

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This requirement is not met as evidenced by:
Based on observations, interviews, record review, and review of facility policy, it was determined that the facility failed to meet the requirements regarding the provision of residential care services for forty-eight (48) of forty-eight (48) residents.

The findings include:

Review of facility policy titled "House Keeping Policy" revised on 6/15/2023 revealed the facility would maintain a clean and safe environment.

Review of facility document titled "Housekeeping Daily Job Duties" not dated revealed that all residential areas were to be cleaned when necessary and emergency house keeping be done when accidents occur.

An observation on 07/14/2025 at 3:50 PM revealed the men's restroom across the hall from room #37 had what appeared to be feces on the grab rail and toilet paper roll, and the floor was littered with dirty paper towels.

An observation on 07/14/2025 at 4:01 PM, revealed the activities room had cigarette butts scattered across the floor with puddles of water under the air conditioner ducting. Futher observation of the room revealed the air conditioning duct appeared to have spots of black mold growth on it as well as the floor directly under the air conditioner duct.

An observation on 07/14/2025 at 4.02 PM, revealed the men's restroom across the hall from rooms #18 and #19 had a strong odor of urine

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100050	A. BUILDING _____ B. WING _____	C 07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY STATE ZIP CODE
HIGHLAND HOMES I LLC	219 STEVENS AVENUE PRINCETON, KY 42445

(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 335	Continued From page 13	P 335		

and had a yellow colored puddle at the base of the toilet that appeared to be flowing across the floor to the drain in the middle of the restroom.

An observation on 07/14/2025 at 4:04 PM, revealed what appeared to be mottled patches of mold black in color on ducting and vents above room #15 door with free standing water on the floor below the air ducting in the central hallway.

An observation of facility dinning room on 07/14/2025 at 4:08 PM, revealed the dining room floor was dirty with food crumbs under the tables.

An observation on 07/14/2025 at 4:14 PM, revealed room #2 was unoccupied and had a dirty toilet and appeared to have a soiled paper towel on floor in front of toilet.

An observation of both the men and women's restrooms on 07/15/2025 at 9:48 AM, revealed the soap dispenser not working as intended. to work with the soap reservoir tube hanging from the soap dispenser not working with the actuator.

An observation on 07/15/2025 at 9:55 AM revealed the men's restroom near rooms #18 and #19 has a strong urine odor with yellow colored puddle at base of toilet running to the middle of the floor into the floor drain and does not appear to have been cleaned since the last observation on 07/14/2025 at 4:02 PM.

In an interview on 07/17/2025 at 3:48 PM House Keeper (HK)1 stated he had been a house keeper for 2 years. HK1 stated he worked second shift and part of his duties was to clean what he is assigned and what day shift did not have time for HK1 stated he does not use shift sheet due to not knowing how to use the copier machine. He

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P 335	Continued From page 14 stated he was responsible for cleaning four rooms and to clean the restrooms once a shift and when needed. He further stated it was hard to keep up when you are by yourself an reports more staff would "definitely" help. He stated the restroom near room 19 has a leaking toilet that leaks at the base and has a strong odor of urine, but has not been repaired properly. In an interview with the Administrator on 07/16/2025 at 3:45 PM stated that it doesn't matter if they clean the bathrooms constantly the resident will come back and mess them up. She stated that she knows that is not an excuse, but they are suppose to clean them twice a shift. The administrator reported that they use to have a check off list, but for some reason it wasn't working and the papers were getting tossed away and that she was going to start a sign in and sign out sheet for the HK to keep up with cleaning measures. In an interview with the regional facilities Regional Manager on 07/17/2025 at 11:59 AM, she stated that she expected the facility to not have urine odors and bad smells left unaddressed. She stated she expected the manager to do rounds on the floor and direct tasks that were left undone or other concerns. The Regional Manager further stated she created a shift sheet with a check off of tasks by the housekeeping team, but it had not been consistently used. She stated the facility was to contact the corporate office to get any supplies needed for issues with bed bugs.	P 335		