Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100009	A. BUILDING: _____ B. WING _____	R-C 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTTSVILLE MANOR	824 NORTH FOURTH STREET SCOTTSVILLE, KY 42164

(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 the implementation of the acceptable Plan of Correction (PoC), the facility was deemed to be in compliance on 11/18/2025, as alleged.	{P 000}		

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

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100009	A. BUILDING: _____ B. WING _____	07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTTSVILLE MANOR	824 NORTH FOURTH SCOTTSVILLE, KY 42164

(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 A Relicensure Survey was initiated and completed on 07/28/2020 with a deficiency cited,	P 000		
P 096	902 KAR 20:036-3(8)(f)1-12. Section 3. Administration and Operation (8) Personnel. (f) In-service training. In-service training shall include but not be limited to the following: 1. Policies of the facility in regard to the performance of their duties; 2. Services provided by the facility; 3. Record keeping procedures; 4. Procedures for the reporting of cases of adult and child abuse, neglect or exploitation pursuant to KRS Chapters 209 and 620; 5. Patient rights as provided for in KRS 216.510 to 216.525; 6. Methods of assisting patients to achieve maximum abilities in activities of daily living; 7. Procedures for the proper application of physical restraints; 8. Procedures for maintaining a clean, healthful and pleasant environment; 9. The aging process; 10. The emotional problems of illness; 11. Use of medication; and 12. Therapeutic diets. This requirement is not met as evidenced by: Based on observation, interview, and facility policy review, it was determined the facility failed to ensure staff followed procedures for maintaining a clean, healthful and pleasant environment. The staff failed to remove gloves and wash hands after handling garbage and prior	P 096		

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
	100009	A. BUILDING: _____ B. WING _____	07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTTSVILLE MANOR	824 NORTH FOURTH SCOTTSVILLE, KY 42164

(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 096	Continued From page 1 to going to nursing station. The findings include: Review of "Engineering and Work Practice Controls (Standard Operating Procedures" not dated, revealed employees wash their hands immediately (or as soon as possible) after removing gloves or other personal protective equipment and hands are washed between all patient contacts: before eating, drinking and facilities for handwashing are provided and are separate from those used for washing equipment or for waste disposal. Antiseptic hand cleaner is used whenever clean running water is not available: however, they are not used as a substitute for handwashing. Hands are washed with soap and water as soon as possible. Wearing gloves does not mean you do not have to wash your hands! Observations during the lunch meal in dining room on 07/28/2020 at approximately 12:10 PM revealed Maintenance Personnel #1 was wearing gloves and passing resident trays. After passing trays, he was observed to remove a trash bag from trash bin, empty the trash bag, put a new trash bag in bin, and proceed to nurse's station and touched a fan, several papers, and cabinet without taking off gloves or washing his hands. Interview with Maintenance Personnel #1 on 07/28/2020 at 12:15 PM, revealed he failed to take gloves off or wash hands after handling trash receptacle. He stated this failure could result in the potential to introduce germs and other infection control issues for residents, staff and visitors. He revealed he failed to follow facility policy on handwashing and glove use.	P 096		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100009	A. BUILDING: _____ B. WING _____	07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTTSVILLE MANOR	824 NORTH FOURTH SCOTTSVILLE, KY 42164

(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 096	Continued From page 2 Interview with the Administrator on 07/28/2020 at 12:20 PM revealed she expected personnel to follow facility policy regarding gloves and handwashing. She stated failing to take gloves off and failing to wash hands after glove use is an infection control violation of facility policy and standards of care.	P 096		