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 _____	C 12/01/2025

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 A Complaint Survey investigating KY00047568 was initiated on 12/01/2025 and concluded on 12/01/2025 with a difficiency cited.	P 000		
P 058	902 KAR 20:031-6(1)(f) Section 6. Resident Unit The following shall be included: (1) Resident rooms. Each room shall meet the following requirements: (f) In multibed rooms, a method of assuring visual privacy for each resident shall be provided. This requirement is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that a method of visual privacy for each resident was provided. This affected 11 of 11 sampled resident rooms. Resident Rooms 103, 106,107,110, 112, 113,120, 121, 122, 123, 126, and 132. The findings include: On 12/01/2025, a representative from the State Survey Agency requested a facility policy from facility staff regarding privacy for residents, and the facility Administrator stated they did not have a facility policy but provided a section of the admission packet that addresses visual privacy. The Administrator pointed out item numbers #9 and #15 as areas that address privacy. Under Resident rights #15 stated "Residents shall be assured of at least visual privacy in multi-bed rooms and in tub, shower, and toilet rooms." Observation on 12/01/2025 at 11:45 AM of Resident Rooms 103,106,107,110,	P 058		

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

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P 058	Continued From page 1 112,113,120,121,122,123,126, and 132 revealed that the rooms did not contain a privacy curtain between the two beds. During an interview on 12/01/2025 at 11:50 AM with Resident (R) 2, the resident stated that she felt like she does not have her own space. During an interview on 12/01/2025 at 12:00 PM, R1 stated that she would like a privacy curtain because she felt like she has no privacy. During an interview on 12/01/2025 at 12:03 PM, R4 stated that he has no privacy curtain but states he needs one. R4 stated that not having visual privacy as "kind of awkward." In an interview on 12/01/2025 at 12:17 PM with Resident 7, he stated that he did not have a roommate but would like one if he got one. During an interview on 12/01/2025 at 1:30 PM, the Aid #1 stated the facility had never had any privacy curtains for residents. During an interview on 11/17/2025 at 2:19 PM, the Administrator confirmed the facility had an item in the admission packet (section #15) that addressed providing residents with a form of visual privacy. The Administrator stated that while she was aware of the need to provide residents with a form of visual privacy, it had never been brought to her attention as being a problem in the facility.	P 058		

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Tiffany Nipper

Tiffany Nipper, Administrator

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P 000	INITIAL COMMENTS Based upon the implementation of the acceptable Plan of Correction (POC) and the Onsite Revisit Survey conducted on 12/19/2025, the facility was deemed to be in compliance with health on 12/19/2025.	P 000		

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