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 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE MANOR I LLC	515 WATER 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)	COMPLETION DATE
P 000	Initial Comments A Complaint Survey was initiated and concluded on 11/13/2025, investigating KY00047525. Deficiencies were issued related to KY00047525.			
[illegible]	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 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		

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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This requirement is not met as evidenced by:
Based on observation, interview, and review of State regulation, the facility failed to ensure its grounds were well kept and in good repair.

The findings include:

Review of State regulation 902 KAR (Kentucky Administrative Regulation) 20:036 5(3)(b)4. revealed: "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."

1. During the initial observation of the facility, on 11/13/2025 at 10:15 AM, revealed noticeable temperature variations between rooms and regions of the facility, most noticably cold at the end of hallways A and B near the exit doors and windows.

In interview on 11/13/2025 at 10:45 AM, the Administrator stated, regarding the missing or

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P 335	Continued From page 2 non-functional heaters in resident rooms of the facility. The Administrator indicated that she had just become aware of the problem with the change of seasonal weather recently. She said she was aware of the "back two" rooms of Hall B and Hall C being without heat at the time (Rooms 12, 14, 20, and 21). The Administrator reported resident rooms 20, 14, and 12 were occupied however "nobody" had verbalized complaints of being too cold. When the State Survey Agency (SSA) Surveyors asked the Administrator if there was a temporary heat source(s) on hand in the facility if residents did complain of being cold, she said there was no such thing at that time. She reported if a resident were to complain of cold she knew if she asked the regional manager she would be allowed to take the company car and go get a heater. In interview on 11/13/2025 at 1:35 PM Resident(R)2 stated he had been "too cold recently. He reported he had requested his father bring him a personal space heater for his room. R8 further stated his father had not brought the heater yet but it would be here "soon." 2. Continued observation on 10/13/2025 at 10:15 AM revealed the water fountain on Hall A was covered with black plastic and the electrical cord was unplugged. Continued observation revealed missing light fixtures and no heaters present in multiple resident rooms on Hall B. The SSA Surveyors requested the service records for the facility's ice machine and water fountain however no such documentation was produced during the survey. In continued interview on 11/13/2025 at 10:45 AM, the Administrator stated the facility s	P 335	1. Clint Lonas electric arrived at the facility on 12/05/25 to address the issues with the heaters and outlets in the facility. Heate s and outlets will be fixed no later than 01/15/26 2. A1 plumbing will be arriving at the facility to address the issues with the water fountain on A hall, and repairs will be made no later than 01/15/26

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"handy-man" had another full-time position. She stated therefore the "handy-man" was often "hard-pressed" to find time to look at the issues within the facility. The Administrator said she had been aware of the water fountain needing to be repaired for "a couple of months," and the "handy-man" had also been made aware of the water fountain not working. She stated she hoped he would be able to come "tomorrow afternoon" if he had time to make repairs. The Administrator explained she was aware of some electrical outlets not working throughout the facility, and said "It's old" (regarding the building). She stated, in relation to the rooms that had nonfunctioning electrical outlets, there were "Not that many," not functioning, but "room 10 for sure" was not working. She further stated "corporate" had recently visited the facility and made a list of the repairs needed, which included the water fountain. The Administrator additionally said she did not know when the electrical outlet problems began, but that been included on the list that corporate compiled.

3. Observation on 10/13/2025 at 2:30 PM revealed the area directly under the attic Heating, Ventilation, and Air Conditioning (HVAC) unit was leaking. The SSA Surveyor request to see that area, and the Administrator lead the Surveyor to the structural joint between the body of the facility and Hall B. Continued observation revealed a crack in the ceiling of that area, discoloring around the access panel for the HVAC unit, and bubbling of the paint below that area.

In interview on 10/13/2025 at 10:45 AM, related to the leaking HVAC unit and mold-growth, the Administrator stated she was aware of one unit that leaked in the attic of the facility. She further stated however, she was not aware of any ceiling

3. As per the cracks in the ceiling, they will be patched with flexible fill topped with a joint compound, then sanded and painted by Chad Galloway, handyman, in agreeance with a previous work order, no later than 01/15/2026.

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P 335	Continued From page 4 tile damage or mold growth related to that leak at that time. 4. Observation on 11/13/205 from 2:05 PM to 2:15 PM on 11/13/2025, of the Hall C restroom revealed the ceiling had an approximate 3 foot (ft.) long crack in the ceiling. Per observation the floor board of the vanity was caved in with a significant portion missing. Continued observation of the Hall C restroom revealed an approximate 10 inch (in.) diameter hole in the vanity where the plumbing pipes were. Further observation revealed mold growth around the bathtub base, shower liner joints, and in tile grout. An additional observation revealed an approximate 2.5 in. diameter hole in the shower liner, and the trim missing around the tub base. During additional interview on 11/13/2025 at 2:30 PM, the Administrator stated she was aware of the repairs needed in the Hall C restroom. She said that information had been included on the list that corporate compiled regarding necessary repairs needed at the facility. The Administrator reported, when asked if any treatment or remediation for the mold growth had been attempted, she responded that it had not. She further stated she was not aware of any emergency signage or lighting that was not functioning properly in the facility. 5. During interview on 11/13/2025 at 1:50 PM the 2nd shift cook stated the right two burners on the stove-top did not function. Observation at the time of interview revealed the cook demonstrated how the right two burners did not function as there was no reddening of the burner or no heat felt when one's hand was held closely above the burners. The cook further stated the non-functioning burners caused her to take an	P 335	4. A new shower curtain and liner was purchased at Walmart on 12/03/25 to replace the damaged. The caulking around the tub base and joints will be scraped out and cleaned and replace with new caulk that is waterproof, mold resistant, and shrink/crack proof by A1 plumbing, no later than 01/15/2026. The tile grout will be cleaned and sealed with a grout sealant that prevents mold and repeated as necessary by A1 plumbing, no later than 01/15/2026. Necessary trim will be purchased and applied to the base of the tub by A1 plumbing, no later than 01/15/2026.	

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P 335	Continued From page 5 "extra long" time to prepare residents' food at times	P 335	5. A new stove was delivered by Nick's appliances to the facilit on 11/21/25, allowing the cooks to provide meals at the correct times and temperature:	
P 355	902 KAR 20:036 5(3)(c)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. (c) Dietary services. 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	P 355		

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P 355	Continued From page 6 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. This requirement is not met as evidenced by Based on observation, interview, and review of State regulations, the facility failed to ensure ice water was readily available to the residents at all times. The findings include: Review of State regulation, 902 KAR (Kentucky Administrative Regulations) 20:036 5(3)(c)4(ii)l revealed, "Ice water shall be readily available to the residents at all times." Initial observation of the facility on 11/13/2025 at 10:15 AM, revealed the water fountain on Hall A was covered with black plastic and its electrical	P 355		

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	160007	A. BUILDING _____ B. WING _____	C 11/13/2025

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P 355	Continued From page 7 cord was unplugged. Continued observation revealed the water in the dining room beverage dispensers was without ice and lukewarm to touch. Further observation revealed the ice machine was noted to be room-temperature, not running, and with no ice present. State Survey Agency (SSA) Surveyor requested the service records for the facility's ice machine and maintenance records; however, no such documentation was provided during the survey. In interview on 11/13/2025 at 10:45 AM, the Administrator stated she had been aware of the non-functioning water fountain for "a couple of months." She said waster was "kept out" for residents "24/7" and "kool-aid or tea" was placed out for residents daily around 2:00 PM. The Administrator stated "corporate" had come to the facility recently and made a list of needed repairs which included repairing the water fountain. She further stated, "I think they're working on it." In continued interview on 10/13/2025 at 10?45 AM, the Administrator stated, in regards to the non-functioning ice machine, that it had been "out for a few months now. We think the line is clogged." When the State Survey Agency (SSA) Surveyor asked the Administrator about the water fountain and ice machine being repaired, the Administrator reported the facility's "handy-man" had been made aware of those issues. She said she hoped he ("handy-man") would be able to come tomorrow afternoon, if he had time to work on the water fountain and ice machine to "at least see what's wrong with" them. When the SSA Surveyor team asked the Administrator if there was any other access to ice within the facility for residents, she stated, "No." She further stated some residents obtained and purchased their	P 355	

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P 355	Continued From page 8 own ice for their personal use. In interview on 11/13/2025 at 1:30 PM, Resident (R)6 stated she felt there was enough to drink at the facility; however, then reported, "it is never cold enough. I have to buy my own ice." R6 verbally expressed displeasure with having to purchase ice herself. During interview on 11/13/2025 at 1:50 PM, the 2nd shift cook said she had been employed at the facility for about "a year and four months." She stated the ice machine had been "down" for "months." She stated the person who was at the facility before her told her the facility was "supposed to be getting a new one (ice machine), but it never came." The cook reported she knew of no other access to ice of any form for residents within the facility. She stated, "One resident is paying for her own ice and it's hard to keep it put up from other people" (residents) who wanted to use it	P 355	6. New Igloo water coolers were purchased and delivered to the facility fror Walmart on 12/04/25. The coolers hold ice for up to 3 days and will allow the water to remain cold. The ice machine will have new line put into it and wi be ran and tested by A1 Plumbing, no later than 01/15/2026 Amberly Bradley 12-05-25 administrator	

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{P 000}	Initial Comments Based upon implementation of the acceptable plan of correction (PoC), the facility was deemed to be in compliance on 01/07/2026, as alleged.	{P 000}		

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