Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100030	A. BUILDING _____ B. WING _____	C 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENESIS HEALTH OF ASHLAND	3000 CENTRAL AVENUE ASHLAND, KY 41101

(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 and Complaint Survey investigating KY00042628, KY00043570, KY00045182, KY00045877, KY00045943, KY00046891, and KY00046975 was initiated on 09/30/2025 and concluded on 10/02/2025 with deficient practice identified. No deficient practice was cited related to KY00042628, KY00043570, KY00045182, KY00045877, KY00045943, and KY00046891. Regulatory deficiencies were identified and cited related to KY00046975.	P 000	P000 During the survey that was conducted on 9/30/25 thru 10/2/25 with these deficiencies found	10/20 /25
P 100	902 KAR 20:036 4(9)(a-b) Section 4. Administration and Operation Section 4. Administration and Operation. (9) Tuberculosis Testing. (a) All employees of a PCH or SPCH shall be screened and tested for tuberculosis in accordance with 902 KAR 20:205. (b) Residents of a PCH or SPCH shall be screened and tested in accordance with 902 KAR 20:200. This requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure employees were screened and tested for tuberculosis (TB) in accordance with 902 Kentucky Administrative Regulations (KAR) 20:205 for 8 out of 8 employees (Caregiver (CG)	P 100	P 100 During the survey it was founded that employees was not in compliance with TB screening upon hire or done yearly requirements. Founded that CG1 TB ended on 3/5/25 new update Tb test will be included with survey. CG2 tb was expired on 4/6/25 but if fact tb screening not due until 4/6/26 for the year. CG4 is no longer employed with Genesis. CG4 Tb screening ended on 9/16/24 has now been updated as of10/13/25 will send copy. CG7 tb screening expired on 11/14/24 for the year end its due next month for 2025-2026. CG7 had screening on 10/6/25. AA tb screening upon hire was 7/8/24 and redone on 7/16/25. The SRNA tb screening upon hire was not done. This has been corrected SRNA had screening as o10/7/25 Moving forward TB screening will be conducted upon hiring and done yearly after for working here at Genesis Health of Ashland.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [illegible] (X6) DATE 10/26/25

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OCT 27 2025

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Division of Health Care - EB
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Office of Inspector General

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P 100	Continued From page 1 1, CG2, CG4, CG5, CG7, Assistant Administrator (AA), and State Registered Nurse Aide (SRNA) 1). The findings include: Review of the facility's policy titled, "Tuberculosis Prevention and Control," revised 10/16/2023, revealed the facility will require the first step of screening for TB for all employees as part of a comprehensive TB exposure prevention and control program. The TB screening/testing will be required of every employee upon hire in order to identify any employee who shows sign of a possible TB infection or disease before they begin actual training or work hours. Review of employee records revealed the following: 1. CG1's TB screening and testing documentation revealed the TB test expired on 03/05/2025 2. CG2's TB screening and testing documentation revealed the TB test expired on 04/08/2025 3. CG4's TB screening and testing documentation revealed the TB test expired on 05/10/2025 4. CG5's TB screening and testing documentation revealed the TB test expired on 09/16/2024 5. CG7's TB screening and testing documentation revealed the TB test expired on 11/14/2024 6. CG8's TB screening and testing documentation revealed the TB test expired on 04/28/2025 7. AA's TB screening and testing documentation revealed no evidence of TB screening/testing upon hire 8. SRNA1's TB screening and testing documentation revealed no evidence of TB screening/testing upon hire During an interview with the Administrator on	P 100	P 100 All Caregivers and future Caregivers will have Tb screening per policy and will keep this policy ongoing to ensure that each step is followed per policy Admin and the Assist Admin will ensure policy is followed for every staff and new hires.	10/20/25

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P 100	Continued From page 2 10/01/2025 at 1:13 PM, she stated she was required to have any new hires to complete a TB skin test before they were allowed to work at the facility. She stated she was the onsite record keeper, and she does try to review records to ensure they are complying with their policy and state regulations. She further stated all the expired TB testing in the employee files will be updated and listed on the upcoming plan of correction. She further stated moving forward she will be reorganizing the employee files and keeping a list to stay up to date.	P 100		
P 235	902 KAR 20:036 5(1)(f) Section 5. Provision of Services Section 5. Provision of Services. (1) Basic health and health related services. (f) 1. The administrator or staff person designated by the administrator shall make a written report of any incident or accident involving a: a. Resident, including a medication error or drug reaction; b. Visitor; or c. Staff member. 2. The report shall: a. Identify any staff member who might have been witness to the incident; and b. Be filed in an incident file. This requirement is not met as evidenced by: Based on record review and interview, the facility failed to make a written report of an incident or accident involving 1 out of 16 sampled residents	P 235	P 235 Provision of services section 5. During survey conducted on complaint on conducted. On July 29 2025. Resident 15 failed to sign Out/In when leaving the facility. During an interview with State Guardian stated that the facility doesn't report in a timely if at all. Admin always call or send tex messages to Guardian about state appointed residents. Admin called guardian that admin called the local hospitals and shelters where Resident 15 always go. Guardian said the woman is good for calling her to let know if client has been there cause resident always end up at the shelter	

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P 235	Continued From page 3 (Resident (R) 15). On 07/29/2025, R15 left the facility without explanation and it was not reported to State Guardianship until 07/31/2025; additionally, there was no documented evidence of a written report of the incident. The findings include: Review of the facility's policy titled, "Sign Out/In Policy," effective 10/01/2023, revealed when residents are leaving the facility premises, they are to go to the office and sign out. Further review revealed the resident is to put the time they are leaving, where they are going, and estimated time they will be gone. When the resident returns to the facility, they are to sign back in. Review of the facility's "Sign Out Sheet," dated 07/29/2025, revealed R15 did not sign out when leaving the facility. Review of R15's "Admission Face Sheet" revealed the facility admitted the resident on 02/13/2022 with diagnoses of schizophrenia and depression. During an interview with the State Guardian (SG) for R15 on 10/02/2025 at 11:37AM, she stated the facility never reports to her office in a timely manner if at all, and she stated she has repeatedly told the Administrator they need to report immediately. She stated the facility not reporting immediately made it difficult to locate R15 after leaving the facility due to him having more time to travel a far distance. She stated luckily, she had a relationship with the local homeless shelter and they call her when a resident shows up there. She stated residents	P 235	continue All employees will now report if any Resident is not back at the facility or in their bed staff will report to after hour guardianship and make a report to the local police station which the police has said many of times if resident hasn't been gone 24 hrs missing person report will be done. But the employees will here on out will alert the Admin and AA of any resident not present. Staff will follow protcol step by step to ensure this will never happen again in the future	10/22/25

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P 235	Continued From page 4 from the facility go to the local homeless shelter to shower and eat. She further stated the local homeless shelter contacted her regarding R15, she went there to check on him there but he had been taken to a local community mental health center to be assessed and to be regulated on his medications. During an interview with the Administrator on 10/01/2025 at 2:13 PM, she stated she was unaware of R15 leaving the facility and not returning until 07/30/2025, and thought the employees on shift the night R15 did not return reported it to the SG immediately. She stated R15 would forget to sign out sometimes due to not taking his medications and would become delusional. During additional interview with the Administrator on 10/02/2025 at 10:12 AM, she stated the facility procedure was to call the state guardianship when they needed to report any issues with a resident. She stated she did not follow up with the SG for R15 or file a police report as she trusted her staff to complete a facility incident report, call the SG, and file a police report if needed. She confirmed there was no written report of the incident and stated she was aware the facility had issues with reporting in a timely manner and has been trying to correct the issue.	P 235		10/22/25

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B 075	902 KAR 20:205 4(4)(a-d) SECTION 4. TB RISK ASSESSMENT AND TUBERCULIN (4) TB Risk Assessments and Tuberculin Skin Tests or BAMTs for Health Care Workers upon Initial Employment in a Health Facility. (a) A baseline TB Risk Assessment, and a TST or BAMT if not excluded pursuant to subsection (2) of this section, shall be initiated on each new health care worker before or during the first week of employment. The results shall be documented in the health care worker's medical record or electronic medical record within the first month of employment. (b)1. A TB Risk Assessment required by paragraph (a) of this subsection and other sections shall be performed by: a. A physician; b. An advanced practice registered nurse; c. A physician assistant; d. A registered nurse, or e. A pharmacist. 2. A licensed practical nurse under the supervision of a registered nurse may perform the TB Risk Assessment. (c) An initial or first-step TST result of ten (10) millimeters or more of induration may be interpreted as positive for a new health care worker. (d) An initial or first-step TST result of five (5) millimeters to nine (9) millimeters of induration may be interpreted as positive for a new health care worker who has a medical reason as described in subsection (3) of this section for the TST result to be interpreted as positive.	B 075	B 075 TB Risk Assessment for Health Care prior to employment for staff in a Health Care Facility AA was hired 7/1/24 tb screening was on 7/16/24 AA did not work until results came back and another screening was conducted on 7/16/25 and will again in the 7th month in 2026. The SRNA TB screening was an over site by the Admin not pushing SRNA multiple of times requesting SRNA to get it taken care of. On 10/7/25 TB screening was completed and will each following year.	10/20/25

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B 075	Continued From page 1 This requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure each employee received a Tuberculin (TB) risk assessment and TB skin test (TST) or blood assay for mycobacterium tuberculosis (BAMT) upon initial employment, in accordance with the provisions of 902 Kentucky Administrative Regulations (KAR) 20:205, for 2 of 2 employees (Assistant Administrator (AA) and State Registered Nurse Aide (SRNA) 1. The findings include: Review of the facility's policy titled, "Tuberculosis Prevention and Control," revised 10/16/2023, revealed TB screening/testing will be required of every employee upon hire in order to identify any employee who shows sign of a possible TB infection or disease before they begin actual training or work hours. Review of employee records revealed the following: 1. No documented evidence of the AA's TB screening and testing results upon hire 2. No documented evidence of SRNA1's TB screening and testing results upon hire During an interview with the Administrator on 10/01/2025 at 1:13 PM, she stated she was required to have any new hires to complete a TB skin test before they were allowed to work at the facility. She stated she was the onsite record keeper, and she does try to review records to ensure they are complying with their policy and state regulations.	B 075		