STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIE	ĒR	STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment and neglect by anybody.		
Level of Harm - Immediate jeopardy to resident health or safety	**NOTE- TERMS IN BRACKETS H	AVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 42932
Residents Affected - Few	Based on interview, record review, and facility policy review, it was determined the facility faile		
	#10 were found by staff in Residen mid-thigh, and Resident #10 had h	ion documentation revealed on 12/06/2 at #10's room. Both residents were obse is/her hand on Resident #174's thigh. F e facility failed to ensure Resident #174 he safety of other residents.	erved to have their pants down to Resident #10 was placed on one (1)
	2. Review of the facility's investigation documentation revealed on 12/27/2021, revealed Resident #174 was involved in a second (2nd) allegation of abuse. Resident #174 was found by staff in Resident #175's room. Per the allegation, Resident #174 was found behind the door in Resident #175's room with his/her clothing disheveled and Resident #175 was lying on the bed pulling at the waist of his/her pants. Review of the residents ' medical record and interviews with staff revealed the facility failed to provide increased supervision for the residents, to ensure their safety, as well as, the safety of other residents.		
	3. Review of the facility's investigation documentation and interview with facility staff revealed on 01/15/2022, Resident #175 was observed in a second (2nd) sexual abuse allegation. Resident #67 was found in Resident #175's room actively engaged in sexual intercourse. Per record review, there was no documented evidence the facility provided increased monitoring and/or supervision to ensure the safety of Resident #175 and other residents.		
	4. In addition, on 12/21/2021, Resident #174 wandered into Resident #37's room. Staff found Resident #174 with water on his/her face and observed Resident #37 holding an empty cup. Staff also observed both residents pulling each other's hair, and immediately separated the residents. Resident #37 was placed on one (1) on one (1) monitoring following the incident and referred to psych for evaluation. However, the facility failed to provide increased supervision and monitoring for Resident #174, of whom had a history of wandering into other residents ' rooms.		
	(continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

(X6) DATE

Facility ID: 185127 If continuation sheet Page 1 of 50

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street	P CODE
		Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety	The facility's failure to ensure residents were free from abuse, has caused or is likely to cause serious injur harm, impairment, or death to a resident. Immediate Jeopardy (IJ) was identified on 02/12/2022 and determined to exist on 12/06/2021 at 42 CFR 483.12 Freedom from Abuse, Neglect and Exploitation (F600 F607, and F610), 42 CFR 483.21 Comprehensive Resident Centered Care Plan (F657), and 42 CFR 483.72 Administration (F835). The facility was notified of the Immediate Jeopardy on 02/12/2022.		
Residents Affected - Few	Immediate Jeopardy on 02/19/2022 removed as alleged on 02/19/2022 D at 42 CFR 483.12 Freedom from Comprehensive Resident Centered	/ removal plan was received on 02/22/2 2. The State Survey Agency determined , prior to exit on 02/24/2022, which low Abuse, Neglect and Exploitation, (F60 d Care Plans (F657) and 42 CFR 483.7 f systemic changes and quality assura	d the Immediate Jeopardy was ered the scope and severity (s/s) t 0, F607 and F610) 483.21 0 Administration (F835), while the
	The findings include:		
	revealed it was the facility's intentic unknown origin and misappropriatio assure all alleged violations of fede unknown origin and misappropriatio violations were to be reported imme and local agencies in accordance w physical, mental, verbal and sexual that were necessary to attain or ma revealed sexual abuse included, bu not reasonably related to appropria	I, Abuse, Neglect and Misappropriation on to prevent the occurrence of abuse, on of resident property. Continued revie eral and state laws which involved abus on of resident property were investigate ediately to the facility Administrator, Sta vith federal and state law. The policy re I abuse, and included deprivation by a aintain physical, mental and psychosoc at was not limited to, any physical conta the provision of ordered care or services hed in the policy caused physical harm, understand the incident.	neglect, exploitation, injuries of ew revealed the facility intended to be, neglect, exploitation, injuries of ed. Review revealed all alleged ate Survey Agency, and other state eview revealed abuse included caretaker of goods and services ial well-being. Further review act with a resident's body that was s. In addition, review revealed the
	responded to Resident #10's call lig #174 lying on the bed with pants pu on floor with his/her pants pulled do observed to have his/her hand on F immediately separated, and a head Report further revealed no injuries	eport dated 12/06/2021, revealed Kent ght. Review revealed upon entering the ulled down to thighs, and Resident #10 own to his/her knees. Continued review Resident #174's thigh. Further review re I to toe skin assessment was conducte were found on either resident, and neit ed Resident #10 was placed on one (1)	room KMA #1 observed Resident seated at the head of the bed, fee revealed Resident #10 had been evealed both residents were d of both residents. The Incident her resident was able to recall the
	diagnoses of Unspecified Dementia	record revealed the resident was admit a with Behavioral disturbance; Dysphag s discharged home with his/her spouse	gia; and Wandering. Continued
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 assessed the resident to have a Br which indicated Resident #174 was Assessment revealed Resident #17 physical illness or injury. Further rebehaviors that significantly interfere intruded on the privacy or activities Review of Resident #174's Compreproblem area of wandering with introbserve for effectiveness of the me and approach in a calm manner. Further revisions had been made to Resider or others secondary to his/her beharevisions had been made to Reside involving Resident #174's Psychia referred for an acute psychiatric vis aggression, and insomnia. Further behaviors and was wandering into Review of Resident #174's Physicia every evening, initiated on 12/08/20 Behavior monitoring records for Rehowever, the facility did not provide Resident #10's clinical rediagnoses of Dementia with Behavi Assessment, dated 11/18/2021, for score of three (3), which indicated a Minimum Data Set (MDS) Assessment physical, verbal or other behavioral Review of Resident #10's Compret problem area for wandering and se area revealed interventions which i each shift; monitoring the resident's Further review revealed the interver per order; perform every fifteen (15) 	an Orders revealed an order for Zoloft 2	accore of one (1) out of fifteen (15), red review of the Admission MDS rs that put the resident at risk of Resident #174 had experienced ing behaviors which significantly ions during the assessment period. revealed the facility had noted a needications as ordered and act the rights and safety of others; entions which included for staff to y, and take to the resident to bal for the resident not to harm self lan revealed no documented ent which occurred on 12/06/2021, revealed the resident had been viors with other residents, cently exhibited more aggressive 25 milligram (,) given by mouth /06/2021 were requested; the resident for after 12/06/2021. ed to the facility on [DATE], with PD. Review of the Quarterly MDS essed the resident with a BIMS d review of Resident #10's resident as having no presence of od. evealed the facility had identified a ed review of the wandering problem sexually inappropriate behaviors. ter Resident #10's medications as tain a psychiatric (psych) consult

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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by f		CIENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of Resident #10's physiciar mouth every day for seven (7) days of the physician 's orders revealed Anxiety on 12/14/2021. Review of Resident #10's Behavior one (1) monitoring beginning 12/06 to one (1) monitoring during the con Review of Resident #10's Psychiatu referred related to recent sexually i pharmacological intervention to aid revealed a recommendation for a g used to treat Major Depressive Dis- Viibryd to 10 mg daily, and eventua (antidepressant medication and als Observation of Resident #10 on 02 interacting appropriately with other Observation of Resident #10, on 02 closed, and a one (1) on one (1) sta Review of the facility's investigatior Resident #174, revealed the invest did not substantiate sexual abuse f diagnosis of Dementia and BIMS so	n orders revealed an order, dated 12/06 s which was to start on 12/07/2021 and an order, dated 12/13/2021, to begin F Monitoring sheets revealed the reside i/2021. Continued review revealed Res urse of the survey with no further incide ric Progress Note, dated 12/07/2021, re nappropriate behaviors, increased anx with the sexually inappropriate behavi gradual taper and dose reduction of Vilt order) 20 milligram (mg) daily. Further ally discontinue the medication after se to used to treat Anxiety) 10 mg by mou /08/2022 at 12:40 PM, revealed the ree residents and a one (1) on one (1) star	6/2021, for Viibryd 10 mg tablet by end on 12/13/2021. Further review Paxil 10 mg by mouth daily for In thad been placed on one (1) to ident #10 remained on the one (1) ents. evealed the resident had been iety and for evaluation of possible ors and Anxiety. Continued review oryd (antidepressant medication review revealed to reduce the ven (7) days, then initiate Paxil th daily. sident seated in the dining area if member present with him/her. sident lying on the bed with eyes ident involving Resident #10 and inued review revealed the facility ent due to both residents having a evealed sexual abuse was not

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	185127	B. Wing	02/24/2022
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE
Danville Centre for Health & Rehat	ilitation	642 North Third Street Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying information	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	working when the incident occurred stated she had been charting at the went to answer it. Per KMA #1, who observed the privacy curtain was a walked to the foot of the bed where with his /her feet on the floor, and h Resident #174 with his/her pants d thigh. KMA #1 revealed she immed about the incident. She stated Resi incidents of sexually inappropriate revealed Resident #174 had been f one (1) monitoring immediately folk specific interventions put in place for asked if she had been trained on id behaviors, she stated yes, she had revealed staff attempted to redirect them in an activity or conversation. placed on one (1) to (1) monitoring Interview with State Registered Nui working on 12/06/2021, when the in she had not observed any inapprop during the time she provided care p the incident occurred. Continued in monitoring immediately after the inci other residents' rooms, and staff wo however, she was unable to recall involving Resident #10. Further interview	A Aide (KMA) #1, on 02/09/2022 at 9:35 d between Resident #174 and Resident e nurse's station when Resident #10's room the lso closed. Continued interview revealed e she observed Resident #10 sitting at t ais/her pants down to mid-thigh. KMA # own to mid-thigh, and Resident #10's h liately separated the residents, and not RN #2 then notified the Administrator a dent #174 had not had wandering tend behaviors prior to the incident with Res taken to his/her own room, and Residen oving the incident. Further interview re- for Resident #174 following that incident lentifying and reporting abuse and man been trained on abuse and manageme residents if they were having behavior. She additionally revealed residents ex.	#10 on 12/06/2021. KMA #1 call light began going off, and she rough the closed door she ad she pulled the curtain back, and the head of the bed sitting upright 1 stated she also observed and had been on Resident #174's ified her charge nurse, Registered and had been on Resident #174's ified her charge nurse, Registered and Director of Nursing (DON) lencies and had not had any ident #10 on 12/06/2021. KMA #1 nt #10 was placed on one (1) to vealed she was unsure of any t. KMA #1 further revealed, when tagement of residents with ent of behaviors. In addition, she s and would attempt to engage periencing behaviors might also be 11:00 AM, revealed she had been 74 and Resident #10. She stated to touching with either resident she had been on break at the time en placed on one (1) to one (1) dent #174 frequently wandered into ident's room. SRNA #6 revealed; tesident #174 following the incident been trained on abuse, she stated

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	185127	A. Building B. Wing	02/24/2022
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying information	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident #174 and Resident #10, t one (1) to one (1) monitoring on 12 Resident #10 was still on the one (specific interventions that were put Manager stated neither resident ha an incident occurred on the unit it w and resident care plans and interve morning clinical meeting were the D Managers, Administrator, Social W involving Resident #174, that Resid interview revealed Resident #174 a meeting; however, she did not reca She further stated the facility had id should have put interventions in pla Unit Manager revealed the facility s incident. Interview with the facility for about had been aware of the incident invo any specific interventions which ha interview revealed she recalled Res incident on 12/06/2021. She stated resident as he/she had no history of had not looked at Resident #174's frequently on the unit, and it was di revealed when employed at the fac recommendations related to a resid been discussed in the facility's mor #174's behaviors as instigating the made changes to Resident #174's Resident #174 on increased monito one (1) to one (1) monitoring follow identified potential for abuse conce	a 02/09/2022 at 2:44 PM, revealed she hat occurred on 12/06/2021. She stated /06/2021, when the incident occurred. (1) on one (1) monitoring by staff; howev in place for Resident #174 following the d a history of any incidents prior to 12/0 /vas discussed in the morning clinical mentions were reviewed. The Unit Manage Director of Nursing (DON), Assistant Dir orker, and MDS Nurse. She stated, reg lent #10 had been discussed in the mo and his/her behaviors had also been dis II any specific interventions having bee lentified that Resident #174 wandered is ace following the 12/06/2021 incident we should have placed Resident #174 on in ocial Services Director (SSD), on 02/11 a year and left her position at the facilit olving Resident #174 and Resident #100 d been put into place for Resident #174 sident #10 had been placed on one (1) Resident #10's behavior on 12/06/202 f sexual behavior prior to the incident of behaviors after the incident, as the resi efficult to keep residents from wandering ility, she had been involved with reside lent's behaviors on the unit. Interview re ning clinical meetings; however, the fac incident on 12/06/2021. The former SSD care plan. Further interview revealed it toring; however, they had not due to Resi ing the incident. The former SSD further rn related to Resident #174's increased been care planned for his/her wandering ing the incident. The former SSD further rn related to Resident #174's increased been care planned for his/her wandering ing the incident. The former SSD further rn related to Resident #174's increased been care planned for his/her wandering	d Resident #10 had been placed on Continued interview revealed ver, she could not recall any e incident on 12/06/2021. The Unit D6/2021. Interview revealed when eeting, Monday through Friday, per revealed attendees of the rector of Nursing (ADON), Unit parding the incident on 12/06/2021 rning clinical meeting. Further scussed in the morning clinical n implemented for Resident #174. into other residents' rooms and ith Resident #10. In addition, the hereased monitoring following the 1/2022 at 10:00 AM, revealed she y on 12/29/2021. She stated she on 12/06/2021, and did not recall 4 following the incident. Continued to one (1) monitoring after the 1, had been a new behavior for the late. The former SSD stated they dent was known to wander g into other residents' rooms. She nts' psych consults, referrals, and evealed residents' behaviors had cility had not perceived Resident BD stated therefore, they had not might have helped to have placed sident #10 having been placed on er stated the facility had not d wandering into other residents'

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administrator at the facility from Ju on 12/06/2021 involving Resident # Continued interview revealed when they stated nothing had happened with his/her hand on Resident #174 of both residents, had not shown er any other touching between the res substantiated abuse had occurred. Resident #10 was immediately place revealed she had received training investigating and reporting abuse. ' were free from abuse, through scree abuse, and monitoring the resident 2. Review of the facility's Incident F #18 entered Resident #175's room the room, with his/her top dishevele observed Resident #175 lying on th revealed the residents were immed Review further revealed a head-to- In addition, review revealed Reside incident. Review of Resident #174's clinical was discharged home as a planned revealed diagnoses which included Review of the Admission Minimum assessed Resident #174's Compre planned the resident for wandering protect the rights and safety of othe him/her to another location. Further self or others, secondary to his/her made to his/her care plan following made after the 12/27/2021 incident Review of Resident #175's medical diagnoses including: Unspecified P Disease. Review of Resident #175's Quarter	Report, dated 12/27/2021, revealed Star for routine checks and found Resident ed and bra strap exposed. Continued re- he bed with his/her pants and brief parti- liately separated, and Resident #174 w toe assessment was completed on both ent #175 had been placed on one (1) or record revealed the resident was admited d discharge with his/her spouse on 12/2 I Unspecified Dementia with Behavioral Data Set (MDS) Assessment, dated 11 ef Interview for Mental Status (BIMS) si- paired. The ensive Care Plan dated 10/29/2021, 1 with interventions which included for si- ers, and remove Resident #174 from sit r review of the care plan revealed a gas behaviors. Additionally, review revealed the 12/06/2021 sexually inappropriate involving Resident #175. I record revealed the facility admitted th 'sychosis; Parkinson's Disease; Unspec- ty Minimum Data Set (MDS) Assessment ving a Brief Interview for Mental Status	stated at the time of the incident the facility's Abuse Coordinator. tigation of the 12/06/2021 incident, esident #10 having been observed ments which had been completed rator stated staff had not observed appened, so she had not by psych following the incident and er the incident. Further interview nd had been trained on ed the facility ensured residents is prior to hire, training the staff on the Registered Nurse Aide (SRNA) #174 standing behind the door of eview revealed SRNA #18 also ially pulled down. Further review as directed back to his/her room. In residents with no injuries noted. In (1) monitoring following the ted to the facility on [DATE], and 28/2021. Continued review I disturbance, and Wandering. 1/05/2021, revealed the facility core of one (1) which indicated revealed the facility had care taff to intervene as needed to tuations as needed, and take al for Resident #174 not to harm ed no documentation of revisions incident, nor evidence of revisions incident, nor evidence of revisions incident, nor evidence of revisions incident on 02/01/2021, with cified Dementia; and Alzheimer's

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety	Review of Resident #175's Comprehensive Care Plan dated 11/26/2021, revealed a care plan had been developed for the resident's problem area of wandering. Continued review revealed care plan interventions which included intervening as needed to protect the rights and safety of others, and remove the resident fro a situation and taking the resident to another location, as needed. Further review revealed the care plan go was for Resident #175 not to harm self or others secondary to their behaviors.		
Residents Affected - Few	working on 12/27/2021, when the in she had been behind the nurse's st checks. Continued interview reveal Resident #175's room. She stated had already been separated, and F #7 stated Resident #175 had not his 12/27/2021. Per interview with SRN had to be redirected out of them by interventions which had been put in immediately placed on one (1) on c and also trained on management of Interview with the Unit Manager, or Resident #174 and Resident #175 on one (1) on one (1) monitoring or revealed however, the Unit Manager for Resident #174 following the inci- into other residents' rooms and sho incident. Further interview revealed Interview with the current Administr Administrator on 12/20/2021. She s #174 and Resident #175. Continue #174 and Resident #175 on 12/27/ contact had occurred between the the prior incident involving Resident wanderer, his/her increased behav behaviors were discussed in the fa SSD, Quality of Life staff person, a residents' behaviors, and reviewed facility staff was trained on managi their corporate Behavioral Health c staff was expected to provide for residents of the staff was expected to provide for residents of the staff was expected to provide for residents of the staff was expected to provide for residents of the staff was expected to provide for residents of the staff was expected to provide for residents of the staff was expected to provide for residents of the staff was expected to provide for residents of the staff was expected to provide for residents of the prior incident involving Health c	rse (SRNA) #7, on 02/10/2022 at 3:35 incident occurred between Resident #11 tation when SRNA #18 went into Resid led SRNA #18 alerted her to come to ar- by the time she arrived at the door to R Resident #174 was exiting the room, wit ad any issues of sexually inappropriate NA #7, Resident #174 frequently wander v staff. Further interview revealed she d in place for Resident #174; however, recome (1) monitoring. The SRNA revealed if residents with Dementia and resident in 02/09/2022 at 2:44 PM, revealed she that occurred on 12/27/2021. She state in 12/27/2021, immediately following the er could not recall any specific interven ident. She stated the facility had identific build have placed the resident on increa it staff had been trained on identifying a rator, on 02/11/2022 at 4:23 PM, reveal stated she was aware of the incident will di interview revealed she unsubstantiat 2021, due to the facility having been uri two (2) residents. The Administrator stat tt #174; however, as the resident had a iors had not been regarded as a conce cility's morning clinical meetings. Per ir nd she all participated in the morning c d and revised the residents' care plans ing residents with behaviors and the fac onsultant on specific behavior training the esidents' safety, intervene as necessary after discussion with the Administrator	74 and Resident #175. She stated ent #175's room during routine ssist as Resident #174 was in tesident #175's room, the residents th his/her shirt messed up. SRNA behaviors prior to the incident on ered into other residents' rooms and id not recall any additional called Resident #175 had been I she had been trained on abuse, s with behaviors. was aware of the incident with ed Resident #175 had been placed e incident. Continued interview tions which had been implemented ied that Resident #174 wandered sed monitoring following the nd reporting abuse. Ided she took the position of hich occurred involving Resident eable to substantiate physical ated she had also been aware of lready been identified as a rn. She revealed residents' tterview, the DON, Unit Managers, linical meeting, discussed the as needed. Interview revealed cility was currently working with for staff. Further interview revealed <i>r</i> , notify the Administrator, and put

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Medication Aide (KMA) #3 reported #175 were had been inappropriatel facility's investigation documentation Resident #67 and Resident #175 on abuse had occurred based on inform Review of Resident #67's medical r diagnoses including Chronic Diasto Pulmonary Disease (COPD) and D Review of the Quarterly Minimum D facility assessed the resident as ha severely impaired cognition. Furthe having no behaviors. Review of Re- facility care planned the resident as facility. Review of Resident #67's P	record revealed the facility admitted the slic (Congestive) Heart Failure, Atrial Fi	0 that Resident #67 and Resident anner). Further review of the inappropriate touching between tor had unsubstantiated sexual e resident on 04/17/2021, with brillation and Chronic Obstructive TE], for Resident #67, revealed th 6 (BIMS) score of two (2) indicating ty assessed Resident #67 as n, dated 07/01/2021, revealed the by him/her to elope from the he resident had been noted as
	diagnoses which included Alzheime of Resident #175's Quarterly MDS as severely cognitively impaired as Review of Resident #175's Compre plan on 11/26/2021, related to sexu no description of the sexually inapp behavior care plan interventions ind and safety; approach the resident in	record revealed the facility admitted the er's Disease, Unspecified Dementia, ar assessment dated [DATE], revealed the indicated by the BIMS score of two (2) chensive Care Plan revealed the facility ually inappropriate behaviors. Continue propriate behaviors the resident had dis cluded: for staff to intervene as needed in a calm manner; and remove him/her revealed additional interventions include e resident's behavioral episodes.	nd Unspecified Psychosis. Review e facility had assessed the reside). v had initiated a behavioral care d review of the care plan revealed splayed. Review revealed the to protect other residents' rights from situations and take to another
	displayed sexually inappropriate be staff member on the buttocks and n 11/26/2021, which documented Re- and other residents in a sexual mar Review of a Note dated 12/01/2021 member. Review of a Note dated 12 staff and pinched staff on the butt. I #175 had exhibited sexually inappro-	as Notes for November and December chaviors on 11/22/2021, which were no made sexual statements. Continued rev sident #175 as having threatened staff nner, cursing, and making vulgar stater I, revealed Resident #175 had made a 2/11/2021, revealed Resident #175 ma Further review of the Progress Notes re opriate behavior of hitting staff on botto ased sexual behaviors and making cor	ted as the resident had groped a view revealed a Note dated and other residents, touching sta nents to staff and other residents. verbal sexual comment to a staff ade several sexual statements to evealed on 12/20/2021, Resident oms; and on 12/27/2021, the
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by f		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	revealed Resident #67 and #175 ha entered Resident #175's room. She incident to Licensed Practical Nurse inappropriate sexual comments tow sexual behaviors toward other resid Interview on 02/11/2022 at 11:25 A her on 01/15/2022, she had found I on the bed in Resident #175's room residents having been found active statement detailing her observation Interview with Resident #175's Pow aware the resident had made sexual Interview with Kentucky Medication been sexually inappropriate toward not been aware of any incidents of Interview with the Unit Manager, or	Aide (KMA) #3, on 02/09/2022 at 8:30 ad been actively engaged in sexual inte e stated she separated the residents at e (LPN) #10. KMA #3 revealed Resider yard staff; however, she was not aware lents, prior to the incident involving Resident m, with Licensed Practical Nurse (LPN Resident #67 and Resident #175 active h. LPN #10 stated she notified the Adm ly engaged in sexual intercourse. KMA s and that Resident #67 and Resident ver of Attorney (POA), on 02/10/2022 at al comments towards nursing staff at th Aide (KMA) #1, on 02/09/2022 at 8:46 s staff and cursed at staff. Further inter sexual behaviors towards other resider n 02/10/2022 at 3:12 PM, revealed Res e recently. Further interview revealed t	ercourse on 01/15/2022 when she once and immediately reported the nt #175 had previously made of the resident displaying any sident #67 on 01/15/2022.) #10 revealed KMA #3 reported to ely engaged in sexual intercourse inistrator immediately of the #3 stated she filled out a witness #175 were having intercourse. t 11:11 AM, revealed she had been he facility. PM, revealed Resident #175 had view revealed; however, she had hts prior to 01/15/2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by f		IENCIES full regulatory or LSC identifying informati	on)
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Develop and implement policies an **NOTE- TERMS IN BRACKETS H Based on interview, record review, ensure its abuse policy was implem Interview with Kentucky Medication her and reported that she needed to the room, Resident #67 and Reside stay with the residents to protect the policy. The facility's failure to ensure that e abuse occurred has caused or is lik Immediate Jeopardy (IJ) was identi 12 Freedom from Abuse, Neglect a J, 42 CFR 483.21 Comprehensive I Administration (F835) at a s/s of a An acceptable Immediate Jeopardy Immediate Jeopardy on 02/19/2022 removed as alleged on 02/19/2022 removed as alleged on 02/19/2022 freedom from Abuse. Review of the facility's policy titled, revised 05/08/2019, revealed every extent feasible and consistent with incident of abuse. Review of the Self-Reported Incide Aide (KMA) #3 reported to Licensed inappropriately touching one anothe inappropriately touching one anothe inappropr	d procedures to prevent abuse, neglect AVE BEEN EDITED TO PROTECT CC and review of the facility's policy, it was bented for two (2) of thirty-five sampled Aide (KMA) #3 revealed that on 01/15 to come to the room of Resident #175. I ent #175 were engaged in sexual interce e residents from abuse and therefore file established policies and procedures we lely to cause serious injury, harm, impa- fied on 02/12/2022 and determined to nd Exploitation (F600, F607, and F610 Resident Centered Care Plan (F657) s J. The facility was notified of the Immed removal plan was received on 02/22/2 2. The State Survey Agency determined prior to exit on 02/24/2022, which low se, Neglect and Exploitation, (F600, F6 Care Plans (F657) and 42 CFR 483.7 f systemic changes and quality assural Abuse, Neglect, and Misappropriation r stakeholder, contractor, and volunteer personal safety and the person's trainin int Form dated 01/15/2022, revealed or d Practical Nurse (LPN) #10 that Resid ar. Further review of the facility investig /2022, revealed the Administrator unst igation.	t, and theft. DNFIDENTIALITY** 42932 is determined the facility failed to residents, Resident #67 and #175. /2022, Housekeeper #2 came to KMA #3 stated when she entered course. Housekeeper #2 failed to ailed to implement the abuse are followed when allegations of airment, or death to a resident. exist on 12/06/2021 at 42 CFR 483 1) at a scope and severity (s/s) of a /s of a J, and 42 CFR 483.70 diate Jeopardy on 02/12/2022. 2022, which alleged removal of the d the Immediate Jeopardy was ered the scope and severity to D at 507 and F610) 483.21 0 Administration (F835), while the nce activities. of Property, last reviewed and r must intervene immediately, to the ng, to prevent or interrupt an n 01/15/2022, Kentucky Medication ent #67 and Resident #175 were pation of the incident of ubstantiated sexual abuse based ed him/her on 04/17/2021, with

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	185127	A. Building B. Wing	02/24/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	AG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0607 Level of Harm - Immediate jeopardy to resident health or safety	Review of Resident #67's Quarterly Minimum Data Set (MDS) Assessment, dated 11/13/2021, revealed t facility assessed Resident #67 as severely cognitively impaired as indicated by the Brief Interview for Me Status (BIMS) score of two (2). Further review of the MDS revealed Resident #67 had disorganized thous was independent with transfers and ambulation and the facility assessed the resident to not wander and therefore failed to assess that the resident's wandering would place the resident in dangerous situations.		
Residents Affected - Few	Review of the medical record for Resident #175 revealed the facility admitted him/her or diagnoses which included Unspecified Dementia, Alzheimer's Disease, Unspecified Psy Parkinson's Disease.		
	facility had assessed the resident a Mental Status (BIMS) score of two	ly MDS Assessment, dated 10/29/202 ⁻ as severely cognitively impaired as indic (2). Further review of the MDS reveale only with transfers and ambulation.	cated by the Brief Interview of
	Review of the facility's investigation an allegation of inappropriate touch #2's written statement, regarding th #175 had been standing between t statement revealed Resident #67 h of his/her pubis (bones forming the and got Kentucky Medication Aide	ent #175. Review of Housekeeper Resident #175, revealed Resident review of Housekeeper #2's with his/her pants down to the top nt revealed Housekeeper #2 went	
	observing the residents in Residen needed to go to the resident's room Housekeeper #2 denied observing Therefore, Housekeeper #2 stated in the room while she obtained the the facility's abuse policy which dire	02/09/2022 at 1:30 PM and 02/11/202 t #175's room, she left Resident #175's n because Resident #67 was in the roo the residents to be in close contact or she did not feel it was inappropriate to assistance of nursing staff. Further inte ected staff to stay with a resident when ed she did not stay with Resident #67 o	room to notify KMA #3 she m lying on Resident #175's bed. engaging in physical touching. leave the residents alone together erview revealed she was aware of alleged and/or suspected abuse
	Interview with the Administrator, on 02/11/2022 at 11:47 AM, revealed KMA #3 had written out a statement regarding the incident and what she witnessed between Resident #67 and Resident #175 on 01/15/2022; however, the facility could not locate the witness statement, stating it was lost.		
	revealed Resident #67 and #175 h room after being notified by House Resident #175, and redirected Res	Aide (KMA) #3 on 02/09/2022 at 8:30 ad been actively engaged in sexual inte keeper #2. She revealed she immediat ident #67 out of the room. KMA #3 stat essed between Resident #67 and Resi	ercourse when she entered the ely separated Resident #67 and ted she immediately notified LPN
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	
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F 0607 Level of Harm - Immediate jeopardy to resident health or safety	Interview on 02/11/2022 at 11:25 AM, with Licensed Practical Nurse (LPN) #10 revealed KMA #3 reported her observation of Resident #67 and Resident #175 on 01/15/2022. The LPN stated KMA #3 told her she had found Resident #175 and Resident #67 actively engaged in sexual intercourse in Resident #175's roo LPN #10 stated she notified the Administrator immediately of what KMA #3 told her regarding finding the residents actively engaged in sexual intercourse.		
Residents Affected - Few	d - Few Interview with the Administrator, on 02/11/2022 at 11:47 AM and 4:43 PM, revealed all s protect residents and follow the facility's abuse policy if abuse was alleged or suspected. **The facility implemented the following actions to remove the Immediate Jeopardy on 02		
			Jeopardy on 02/19/2022.
	1.Incident # 1 occurred on 12/06/2021 involving Residents #174 and #10. The following steps were taken to ensure resident safety.		
	For Resident #174, a skin assessment was completed on 12/06/2021, with no bruising, m concerns noted. The Care Plan was reviewed on 12/09/2021 by the Minimum Data Set (M and interventions were updated on the resident's mood care plan. The MD (Medical Doctor resident's POA (Power of Attorney) was notified on 12/06/2021.		
	supervision. Resident #10's medica and medication changes were mad Services Consult was completed for 12/14/2021 and 12/29/2021. The re	placed on 1:1 supervision on 12/06/20 ations were reviewed on 12/07/2021 by e including Paxil started and Viibryd do r Resident #10 on 12/07/2021, and foll sident's care plan was reviewed by the ns added to the resident's psychosocia 21.	r the Psychiatric Nurse Practitione ose decreased. A Psychiatric low-up visits were completed on e Interim Director of Nursing (DON
	Incident #2 occurred on 12/27/202	l involving Resident #174 and Residen	t #175.
	12/27/21 with no concerns noted. F	urse Consultant completed a skin asse Review of documentation revealed the r 4 was discharged per a planned discha	resident's MD and POA were
	no concerns identified. Resident #1 transferred to the hospital on 12/27 Family were notified on 12/27/2021	The resident's care plan was unit on 12/27/2021 by the returned to the facility on [1]. The resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 12/27/2021 by the resident's care plan was updated to a behavior unit on 1	2/27/2021 and the elder was DATE]. The resident's MD and d on 02/18/2022 related to 1:1
		2 involving Resident #67 and Resident elders had pants off and were engagir t safety.	
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation For information on the nursing home's plan to correct this deficiency, please cont		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES	<u> </u>
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	For Resident #67, a psychosocial for psychosocial support and identify a and 01/17/2022 by the Administrator reflect the needs of the resident and trauma/injury was completed for Res The resident's MD and POA were r A Dementia Scale Pain Assessmer assessing the elders breathing, neg consolability was completed on 01/ pain. This assessment was noted to assessment completed on 12/06/20 For Resident #175, a skin assessmen noted. The resident was placed on resident was discharged from the fa 01/15/2022 and returned 01/26/202 02/01/2022 and returned on 02/10/2 The Resident was then placed on 1 resident was discharged from the fa incident on 01/15/2022. The Admin resident s 1:1 status. The Housekeeper was initially educ which included protection of the res 2/16/2022 by the Staff Developmen 2. Residents residing in the facility I Residents with a Brief Interview for the Administrator and/or Unit Mana 02/14/2022 and completed on 2/16/ Residents currently residing in the fa Administrator, Unit Manager or Staf abuse starting on 02/14/2022 with r Abuse/neglect audits, assessments Consultant or Regional [NAME] Pre any indications of potential abuse c 3. Charts have been reviewed for a any resident status changes to inclu- starting on 02/14/2022 and completed on 2/16/ and the status changes to inclu- starting on 02/14/2022 and completed on 2/16/ and the status changes to inclu- starting on 02/14/2022 and completed for a	tent was completed on 01/15/2022 by a 1:1 Supervision on 01/15/2022 and rer acility on 02/22/2022. The resident was 22 and remained on 1:1 supervision un 2022. 1:1 supervision upon return from the ho acility on 02/22/2022. The resident's M istrator updated the resident's care pla cated on the abuse policy on 01/19/202 sident and the Housekeeper was educa the Coordinator. have been assessed for any sign/ sym Mental Status (BIMS) score of greater ger/Staff Development Coordinator for /2022 with no issues identified. facility with a BIMS of less than eight (8 ff Development Coordinator for any sig	o (72) hours to provide ducted on 01/15/2022, 01/16/2022 dent's care plan on 01/15/2022, to An assessment for physical he Unit Manager on 01/15/2022. Sees the resident for pain by ssions, body language, and re of zero (0) which indicated no pain as did the baseline a Unit Manager with no concerns mained on 1:1 supervision until the stransferred to the hospital on til transferred to the hospital on spital and remained 1:1 until the D and Family were notified of the n on 01/15/2022 to reflect the 22 by the facility Administrator ated on the abuse policy on ptoms of potential abuse. that eight (8) were interviewed by any concerns starting on 8) were physically assessed by the ns and symptoms of potential reviewed by the Regional Nurse nd completed on 02/16/2022 for dentified. e Independent Risk Manager for nditions for the past thirty (30) day so reviewed for any potential abuse.

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For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 4. Care plans were reviewed by Re Behavioral Specialist starting on 02 were updated regarding behaviors, 5. All residents residing in the facilit an accurate assessment score by t 02/15/2022. 6. Employees were interviewed by 02/15/2022. 6. Employees were interviewed by 02/15/2022. 7. The Medical Director was notified Administrator in accordance with at Residents #10, Resident #67, Residents #10, Resident #67, Residents #10, Resident #67, Resident Benoty 12/18/2022 including: F610-responding to allegations of a evidence that all alleged violations is exploitation, or mistreatment while the administrator or his/her designating including to the state survey agence verified appropriate corrective action F 835, the facility must be administration governing body, management compa administration. CMS's Abuse Critical Pathway and F600, residents have the right to be includes freedom from corporal pur- required to treat the resident's med unreasonable confinement, intimidation abuse, neglect, and exploitation of 	gional Nurse Consultant #1, Regional /16/2022 and completed on 02/18/202 wandering and reflected the resident's y will had a BIMS assessment comple he Social Services Director starting on the Administrator, Staff Development O of unreported abuse or knowledge of a g on 02/16/2022 and completed on 2/ d of all the allegations on 12/06/2021, 7 buse reporting. The facility's Medical D dent #174, and Resident #175. Regulatory Compliance educated the f I Nurse Consultant on the Center for M 2/17/2022 and the CMS regulations fo abuse, neglect, exploitation, or mistreat are thoroughly investigated, prevent fu the investigation is in progress. Report ted representative and to the other offin y, within five (5) working days of the inte n must be taken. ered in manner that enables it to use it highest practical physical, mental, and p is not limited to the administrator and n pany, and/ or others identified by the fa- reporting guidelines. e free from abuse, neglect, misappropri- ishment, involuntary seclusion and an ical symptoms. Abuse is defined as the ation, or punishment with resulting phys- d implement written policies and proce residents and misappropriation of resid- allegations and include training as req	Nurse Consultant #2 and the 2 to ensure that the care plans a current cognitive status. ted to ensure that all residents had 02/14/2022 and completed on Coordinator, and the Activities my type of sexual relations that had 18/2022 with no new concerns 12/27/2021, and 01/15/2022 by the irector is the physician for facility's Administrator/Regional ledicare/Medicaid Services (CMS) r F600, F607 and F657 on ment, the facility must have rther potential abuse, neglect, the results of all investigations to icials in accordance with state law, cident, and if the alleged violation is s resources effectively and psychosocial wellbeing of each may also include the facility's acility as part of the facility iation, and exploitation. This y physical or chemical restraint not e willful infliction of injury, sical harm, pain, or mental anguish dures that prohibit and prevent tent property/ Establish policies an

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0607 Level of Harm - Immediate jeopardy to resident health or safety	F 657, to ensure the timeliness of each resident's person-centered, comprehensive care plan, and to ensure that the comprehensive care plan is reviewed and revised by an interdisciplinary team composed of individuals who have knowledge of the resident and his/her needs., and that each resident and resident representative, if applicable, is involved in developing the care plan and making decisions about his or her care.		
Residents Affected - Few	misappropriation, neglect, involunta exploitation would be reviewed by t	tions of abuse including physical, verba ary seclusions, corporal punishment, in he Regional [NAME] President, Risk M tt a complete, thorough, and accurate i xt 90 days through 05/20/2022.	juries of unknown origin, and lanager, and/or [NAME] President
	10. All reportable incidents were reviewed from the last six (6) months from 08/01/202 by the [NAME] President of Clinical Operations starting on 02/16/2021 and completed concerns noted.		
	11. The facility Administrator, Regional [NAME] President, Regional Nurse Consultant #1 and F Nurse Consultant #2, Unit Manager, Business Office Manager, Assistant Business Office Mana Director, Rehab Service Manager, Scheduler, and the Staff Development Coordinator (SDC) w on the abuse policy to include sexual abuse on 02/14/2022 by the Director of Behavioral Health		
	The education included the followir	ıg:	
		ure to include types of abuse, recognizing abuse and reporting abuse with se, the federal regulations pertaining to abuse, and the stakeholder's role cognition and reporting of abuse.	
	Resident Rights include that reside	nt had the right to be free from abuse	
	The Behavior Management policy i behaviors occur.	ncludes supervision and interventions	o redirect residents when
	Care plan policy and procedure, to resident's current care needs.	include appropriately updating the resi	dent's care plan to reflect the
	Change of Condition Policy and Pro	ocedure, to include Physician and Fam	ily notification
	Quality Assurance Performance Im improvement and monitoring.	provement (QUAPI) policy and proced	ure to include process
	(continued on next page)		

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	185127	B. Wing	02/24/2022
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Director and Activities Director were recognizing abuse and reporting at abuse, and the stakeholder's role in resident's right to free from abuse (to redirect residents when behavior updating the residents' care plan to Procedure, to include Physician an- process improvement and monitorin The Administrator, Nursing Supervi Activities Director were then assign small groups which started on 02/1 letters were sent out to the remainin Leave Act (FMLA). No employee w and a score of 100% obtained, if er immediately re-educated, and the p This education would be included in employee will be allowed to work u obtained, if employee did not score post-test re-administered. This proc 13. A staff post-test regarding the a notification of abuse including MD r will be administered by the Adminis Assistant Business Office Manager daily for two (2) weeks. After two (2 members on different shifts for two Assurance (QA) committee weekly plan. At that time, based on evaluar questionnaire would need to contin 14. All grievances were reviewed o days to determine if any items docu issues were identified. The Adminis weeks starting 02/18/2022, to deter Administrator would report any aller Officials, Adult Protective Services 15. All incident reports from 11/10/2	isors, SDC, Business Office Manager, S and to re-educate all staff working in the 5/2022 and was completed by 02/18/20 ng PRN (as needed) staff, staff on vaca ill be allowed to work until education is mployee did not score 100% on the pos post-test will be re-administered. In the orientation process for all newly h ntil education is provided, post-test adm 100% on post-test, then employee will cess would continue until employee obt bove education to include types of abu notification would be administered daily strator, DON, Nursing Supervisors, SDC or Activities Director to six (6) different 2) weeks, then four (4) staff member's q (2) weeks. Results of the staff tests wil to determine the further need of contin tion, the QA Committee would determir ue. n 02/18/2022 by the Regional Nurse Ca umented were a reportable event or if c strator or Director of Nursing would revi rmine if there were any concerns relate gations of abuse, neglect, or misapprop	accedure to include types of abuse, the federal regulations pertaining to d reporting of abuse. (b) the ude supervision and interventions idure, to include appropriately e) Change of Condition Policy and olicy and procedure to include Social Services Director and facility, to include agency staff, in 022. On 02/18/2022, certified ation, or staff on Family Medical provided, post-test administered, it-test, then the employee would be ired staff members. No newly hired ninistered, and a score of 100% be immediately re-educated and ains a 100% score on post-test. se, protection of the resident, and , starting on 02/19/2022. The test 2, Business office manager, staff members on different shifts uestionnaires daily to different staff I be reported to the Quality ued education or revision of the ne at what frequency the staff onsultant for the last thirty (30) oncerns were not resolved. No ew grievances daily for two (2) d to resident abuse. The oriation to the State Regulatory d on 01/17/2022 by the

ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 642 North Third Street Danville, KY 40422	
or information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey	agency.
X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	EIENCIES full regulatory or LSC identifying informati	on)
² 0607 Level of Harm - Immediate eopardy to resident health or safety Residents Affected - Few	 16. Starting on 02/19/2022 the facil Nursing, Staff Development Coordi observations/interviews a week to e include but not limited to being tear wandering, or displaying fear of sta weeks. 17. Starting on 02/19/2022, five (5) determine if they have any knowled exhibiting increased signs and sym decreased appetite, bruising, anxie 18. Starting on 02/17/2022, all resid Interdisciplinary Team to determine plan of care to ensure their needs wensure resident safety. 19. Administrative oversight of the f Nurse Consultant, Regional [NAME member of the regional staff daily for then monthly. This would include a previous twenty-four (24) hours, an 20. Starting the week of 02/12/2022 four (4) weeks, then monthly for rec QA meeting was held on 02/11/202 02/12/2022, a second Quality Assu revisions, compliance and/or furthe would determine at what frequency oversight to ensure an effective plap plan to identify facility concerns and Corporate Administrative oversight President of Operations, or a memb 02/12/2022 and then daily for seven **The State Survey Agency verified Immediate Jeopardy on 02/19/2022 	ity Administrator, DON, Social Service: nator and/or Unit Manager would comp ensure residents are not exhibiting any ful, withdrawn, decreased appetite, bru ff or other elders. These audits would be random stakeholders would be intervie loge of any previously unreported abuse ptoms of abuse to include but not limite ty, increased wandering, fearful of staf dents returning from a behavioral hospite their appropriate level of supervision a were met and the needs of peers were facility would be completed via telepho if President of Operations, the Director or two (2) weeks beginning on 02/12/2/ review of all abuse allegations and ever y grievances filed, and stakeholder pos 2, a QA meeting would be held daily for commendations and further follow-up re 2 and an action plan was formulated a rance meeting was held to review the o any ongoing audits would need to com n was in place to ensure each resident d implement a plan of correction to invo of the QA meetings would be complete per of regional staff daily until the remo n (7) days, then weekly for four (4) wee I the facility implemented the following	s Director, Assistant Director of olete five (5) random resident sign or symptoms of abuse to using, anxiety, increased one ongoing for the next four (4) ewed weekly for four (4) weeks to e or observed any residents ed to being tearful, withdrawn, f or other elders. tal stay would be reviewed by the and/or needed modifications to the also met. This would be ongoing to ne or in-person by the Regional of Clinical Operations, or a 222, then weekly for four (4) weeks ents/incidents that occurred in the st-tests. r seven (7) days then weekly for egarding the above-stated plan. A nd implemented at that time. On current plan for any needed evaluation, the QA Committee tinue. The Administrator has the 's wellbeing as well as an effective olve all staff of the facility. ed by the Regional [NAME] val of immediacy beginning sks, then monthly. corrective actions to remove the

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of facility documentation an she completed a skin assessment, review revealed the resident's POA Psychiatric Assessment revealed th new medications were initiated on 1 the care plan was updated to include reduction of relief from signs and sy fear/apprehension. Review of Resident #10's medical r supervision on 12/06/2021 and rem Observation on 02/23/2022 reveale since 01/07/2022. Observation of R his/her room sitting at the bedside v documentation and interview with th review of Resident #10's care plan Assessment for Resident #10, on 1 (PMHNP) revealed the resident's V daily for seven (7) days and then th seen by the PMHNP, and Paxil was Psychiatrist and Advanced Practice review revealed the resident's care identified problem of psychosocial v Review of facility documentation ref #175, on 12/27/2021.	In the second se	2/2/4/2021 at 2:14 PM, revealed no concerns identified. Further of the incident. Review of a ic Services on 12/07/2021, and care plan revealed on 12/09/2022 bal for the Resident to experience ess, poor impulse control, sident #10 was placed on 1:1 022. ery fifteen (15) minute supervision A revealed the resident was in present. Further review of PM, revealed she completed a . Review of a Psychiatric Mental Health Nurse Practitioner milligrams daily to 10 milligrams /14/2021, the resident was again ealed a collaboration with a litional visit on 12/29/2021. Record new interventions added to the a second incident with Resident Resident #174 on 12/27/2021 by
		on 12/28/2021. Resident #175 had a skin assessment	completed on 12/27/2021 with no
	Review of documentation revealed concerns identified. Further review returned to the facility on [DATE]. R family were notified of the transfer of	on 12/28/2021. Resident #175 had a skin assessment revealed the resident was transferred teview of Resident #175's medical reco	completed on 12/27/2021 with no to the hospital on 12/27/2021, ther ord revealed the resident's MD and
	Review of documentation revealed concerns identified. Further review returned to the facility on [DATE]. R family were notified of the transfer of On 01/15/2022, another incident wi 01/15/2022 by the Unit Manager wi Resident #175 was placed on 1:1 s review revealed the resident returned	on 12/28/2021. Resident #175 had a skin assessment revealed the resident was transferred teview of Resident #175's medical reco on 12/27/2021.	completed on 12/27/2021 with no to the hospital on 12/27/2021, ther ord revealed the resident's MD and assessment was completed on the Behavior monitoring log revealed to the Hospital. Continued ain transferred to the hospital on
	Review of documentation revealed concerns identified. Further review returned to the facility on [DATE]. R family were notified of the transfer of On 01/15/2022, another incident wi 01/15/2022 by the Unit Manager wi Resident #175 was placed on 1:1 s review revealed the resident returned 02/01/2022. Resident #175 returned 02/22/2022.	on 12/28/2021. Resident #175 had a skin assessment revealed the resident was transferred to the view of Resident #175's medical recor- on 12/27/2021. th Resident #175 occurred and a skin at the no concerns identified. Review of th upervision on 1/15/2022 and transferre ad to the facility on [DATE] and was ag d to the facility on [DATE] and was disco- vealed Resident #67, who had a BIMS	completed on 12/27/2021 with no to the hospital on 12/27/2021, ther ord revealed the resident's MD and assessment was completed on the Behavior monitoring log revealed to the Hospital. Continued ain transferred to the hospital on charged from the facility on

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For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 area and was obviously cognitively psychosocial follow-up with Reside Interview with the Unit Manager on trauma/injury assessment for Resid #67's Care plan revealed it was rew the resident and the psychosocial f 01/17/2022. Review of the Dementia Scale Pair assessment was completed on 01/1 pain. Resident #175, review of his/her sk completed on 01/15/2022 with no crevealed Resident #175 was placed. Continued review of Resident #175 and went back out to the hospital or discharged from the facility on 02/2 Review of facility training records a she was educated on the abuse portection of the resident and the P the Staff Development Coordinator appropriate measures to take with Housekeeper had taken the post-tee 2. Review of documentation reveal medical record revealed the audit v revealed all residents. Interview with Administrator, on 02/2 were brought in to assist with skin s 3. Review of facility documentation reveal all residents. 	nd interview with Housekeeper #1, on licy on 01/19/2022 by the facility Admir lousekeeper was educated again on th . Housekeeper #1 stated she felt confic allegations of abuse. Further review of	Administrator had completed a 17/2022 with no concerns noted. nad completed a physical ns were noted. Review of Resident 022 and it reflected the needs of on 01/15/2022, 01/16/2022, and in for Resident #67 revealed the e of zero(0) which indicated no If the skin assessment was y's behavior monitoring log then transferred to the hospital. It returned to the facility on [DATE] y on [DATE]. Resident #175 was 02/24/2022 at 1:35 PM, revealed histrator. The training included e abuse policy on 02/16/2022 by dent and was able to verbalize documentation revealed the lents and review of Resident #10's nager, on 02/24/2022 at 2:14 PM, storms of abuse starting on revealed weekly skin sweeps Staff from other sister facilities and no concerns were noted. sk Manager on 02/18/2022, es, including event manager forms

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informat	ion)
F 0610	Respond appropriately to all alleged violations.		
Level of Harm - Immediate	**NOTE- TERMS IN BRACKETS H	AVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 42932
jeopardy to resident health or safety		and facility policy review, it was detern	
Residents Affected - Few	investigate three (3) allegations of sexual abuse involving four (4) of thirty (35) sampled residents (Resident #10, Resident #74, Resident #174 and Resident #175) to ensure appropriate action was taken to protect residents and prevent further sexual abuse/potential sexual abuse.		
	found in Resident #10's room. Resi pants down to mid-thigh. Resident a facility investigation revealed no roo	n, dated 12/06/2021, revealed Residen dent #10's pants were down to mid-thi #10 had his/her hand on Resident #17 ot cause analysis was conducted follow creased wandering as a potential facto	gh, as well as, Resident #174's 4's thigh. Further review of the ving the incident and the facility
	Review of the facility's investigation, dated 12/27/2021, revealed Resident #174 was the door in Resident #175's room, with his/her clothing disheveled and Resident # pulling at his/her pants. Further review of the facility investigation revealed no root conducted following the incident and the facility failed to identify Resident #174's in although the resident was involved in a prior incident on 12/06/2021.		esident #175 was on his/her bed d no root cause analysis was
	Aide (KMA) #3 reported to License inappropriately touching one anothe	nt Form dated 01/15/2022, revealed or d Practical Nurse (LPN) #10 that Resid er. Further review of the facility investig 2022 revealed the administrator unsub- tion.	lent #67 and Resident #175 were gation of the incident of
	sexual intercourse on 01/15/2022 w residents and immediately reported provided a written statement to the sexual intercourse when she entere 01/15/2022 KMA #3 reported to her	Aide (KMA) #3 revealed that Residen when she entered the room. She furthe I the incident to LPN #10. KMA #3 furth facility that stated Resident #67 and R ed the room on 01/15/2022. Interview w r that Resident #67 and Resident #175 stified the administrator immediately the	r stated that she separated the her stated in interview that she lesident #175 were engaged in with LPN #10 revealed that on were engaged in sexual
	administrator revealed even though	a revealed no witness statement from H a she had an eye witness statement fro ged in sexual intercourse, she did not h buse.	m KMA #3 stating Resident #67
	serious injury, harm, impairment, ou 02/12/2022 and determined to exis Exploitation (F600, F607, and F610 Comprehensive Resident Centered	vestigate allegations of sexual abuse, death to a resident. Immediate Jeopa t on 12/06/2021 at 42 CFR 483.12 Fre at the highest scope and severity (s/ Care Plan (F657) at s/s of a J, and 42	rdy (IJ) was identified on edom from Abuse, Neglect and s) of a J, 42 CFR 483.21 2 CFR 483.70 Administration (F835)
	at a s/s of a J. The facility was notif	ied of the Immediate Jeopardy on 02/1	2/2022.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Immediate Jeopardy on 02/19/2022 removed as alleged on 02/19/2022 level at 42 CFR 483.12 Freedom fm Comprehensive Resident Centered	v removal plan was received on 02/22/2 2. The State Survey Agency determined , prior to exit on 02/24/2022, which low om Abuse, Neglect and Exploitation, (F I Care Plans (F657) and 42 CFR 483.7 f systemic changes and quality assura	d the Immediate Jeopardy was ered the scope and severity to D F600, F607 and F610) 483.21 O Administration (F835), while the
	Review of the facility's policy titled, revealed the facility Administrator we constitute allegations of abuse. The oversee and complete the investigat review revealed the facility Administ violation. In addition, the policy reve the investigation findings, and take 1. Review of the facility's investigat Resident #10 which occurred on 12 sexual abuse as having occurred b investigation revealed no witness s review revealed the facility unsubst (8), there were no witnesses to any was conducted. Review of the clinical record for Re with diagnoses which included War Review of the facility's Admission M 11/05/2021, revealed the facility ha a score of one (1) on the Brief Inter Review of the clinical record for Re diagnoses of Wandering, and Demi	Abuse, Neglect and Misappropriation of yould investigate all allegations and rep e policy stated the facility Administrator ation and draw conclusions based on the trator was to make responsible efforts ealed the Administrator was to implement steps to eliminate any ongoing danger ion dated 12/06/2021, for the incident i 2/06/2021, revealed the facility had uns etween Resident #174 and Resident # tatements were documented related to antiated abuse occurred due to both re r harm, and no injuries to either resider sident #174 revealed the facility had act ndering, and Unspecified Dementia with Ainimum Data Set (MDS) Assessment i d assessed the resident as severely co view for Mental Status (BIMS) portion of sident #10 revealed the facility admitte entia with Behavioral Disturbance. DS Assessment for Resident #10 dated rely cognitively impaired by the score of	borts which could potentially was ultimately responsible to the nature of the incident. Further to determine the root cause of the ent corrective action consistent wit to the resident(s). nvolving Resident #174 and substantiated the allegation of 10. Continued review of the facility incident on 12/06/2021. Further esidents having BIMS below eight at. No formal root cause analysis dmitted the resident on 10/29/2021 h Behavioral disturbance. for Resident #174 dated ognitively impaired, as indicated by of the Assessment. d the resident on 04/20/2021, with d 11/18/2021, revealed the facility

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 charting at the nurse's station wher answer the call light, and when she pulled closed. Continued interview on the bed with his/her pants pulled his/her pants down to mid-thigh wit immediately separated the resident the Administrator and Director of N wandering tendencies; however, ha with Resident #10 on 12/06/2021. Resident #10 had been placed on or revealed however, she was unsure #174 following the incident. Interview with the former Administra Administrator and the facility's Abus Resident #174 and Resident #10. T investigation of the incident, it had and no evidence of abuse (even the while both residents' pants were put any other touching, than Resident # as having occurred. According to the one (1) monitoring following the incident increased monitoring had been initi- received training on abuse by the constraint classing behind the door of Reside Resident #175 lying on the bed with investigation revealed no witness s- unsubstantiated abuse occurred ar eight (8), there were no witnesses the not performed. Review of the clinical record for Re- Dementia with Behavioral disturbar Review of Resident #174's Admisss (1) which indicated the resident wa Review of the clinical record for Re- Unspecified Dementia, Unspecified 	ion MDS assessment dated of 11/05/20 s severely impaired cognitively. sident #175 revealed an admitted [DAT Psychosis, Parkinson's Disease, and a S assessment dated [DATE], revealed	off. KMA #3 stated she went to he room the privacy curtain was nd saw Resident #10 sitting upright she also saw Resident #174 with 74's thigh. KMA #1 stated she ered Nurse (RN) #2, who notified ed Resident #174 had always had riate behaviors, prior to the incident ad been taken to his/her room and ely following the incident. The KMA d been implemented for Resident end she had been the acting nt on 12/06/2021, involving vere interviewed during the bened as far as physical contact oserved on Resident #174's thigh, staff interviewed had not observed to she had not substantiated abuse en immediately placed on one (1) to residents were evaluated by further revealed however, no e Administrator stated she had estigating and reporting abuse. IA #18 had found Resident #174 eled and bra strap exposed, and r down. Review of the facility's incident on 12/06/2021. the facility both residents had BIMS below usident. A root cause analysis was TE], and diagnoses of Unspecified D21, revealed a BIMS score of one TE], diagnoses which included Alzheimer's Disease.

SUMMARY STATEMENT OF DEFIC	STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422 tact the nursing home or the state survey a	
SUMMARY STATEMENT OF DEFIC	`	agency.
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day of the incident involving Reside SRNA #18 went into Resident #175 then called to her for assistance. Co Resident #175's room, Resident #1 #174's shirt was messed up as he/s physical contact occurring between Resident #174 frequently wandered The SRNA further revealed she did #174 after the incident which involv immediately been placed on one (1 Review of SRNA #18's witness stat room and opened the door to find F strap exposed through the shirt. Th of the room. Further review reveale his/her pants up. Telephone interviews were attempt #18 was no longer employed at the Interview on 02/11/22 11:47 AM an incident which occurred on 12/27/21 stated she unsubstantiated abuse r physical contact had occurred betw had been found in Resident #175's occurred. Continued interview reveal looked at the residents involved, an been aware of a prior incident invol #174's increased wandering behavi monitored residents, and had been responsible for protecting the rights behaviors of wandering into other re in two separate incidents of alleged 3. Review of the facility's investigati 01/15/2022 involving Resident #175 allegation of inappropriate touching documentation revealed Housekee in his/her room between the resider revealed Resident #67 had been lyi his/her pubic area. Further review co	rsing Assistant (SRNA) #7 on 02/10/20 ont #174 and Resident #175, she had b is room during routine checks. She rev ontinued interview revealed SRNA #7 v 74 was coming out of the room. She st she exited the room. SRNA #7 revealed the residents at the time of the incider d into other residents' rooms and had to not recall additional interventions havi ed Resident #174. She further stated h) on one (1) monitoring. ement dated 12/27/2021 revealed SRN Resident #174 standing behind the doo e statement stated the SRNA immedia d SRNA #18 observed Resident #175 ed with SRNA #18 on 02/11/2022, and facility, and the phone calls went unar d at 4:23 PM, with the Administrator re 021, between Resident #174 and Resi egarding the incident because the facil reen the two (2) residents. She stated s with his/her shirt disheveled; however, aled when an incident occurred, as par id reviewed their plans of care. Accordi ving Resident #174; however, the facili fors as a concern for his/her safety. Fui educated on abuse. The Administrator of is residents. However, the facility fa esidents rooms unsupervised which lead sexual abuse. ion document dated 01/21/2022, for the 5 and Resident #67, revealed the facility between the two (2) residents. Continu- per #2's written statement which noted in beds. Continued review of Housekee ing on Resident #175's bed with his/he of the written statement revealed House	22 at 3:35 PM, revealed, on the een at the nurse's station when ealed SRNA #18 entered the room when she arrived at the doorway of ated she could that Resident d she did not recall hearing of any t. Further interview revealed be redirected out of them by staff. ng been put into place for Resident owever, Resident #175 had IA #18 entered Resident #175's with his/her shirt twisted and bra tely redirected Resident #174 out ying on the bed attempting to pull on 02/14/2022. However, SRNA swered. vealed she was aware of the dent #175. The Administrator ity had been unable to validate any he had been aware Resident #174 no evidence sexual abuse had t of the investigation, the facility ing to the Administrator, she had ty had not identified Resident ther interview revealed staff further stated the facility was ailed to address Resident #174's id to Resident #174 being involved e incident which occurred on y had unsubstantiated the ued review of the investigation Resident #175 had been standing oper #2's written statement r pants pulled down to top of ekeeper #2 exited the room, and
	#174's shirt was messed up as he/s physical contact occurring between Resident #174 frequently wandered. The SRNA further revealed she did #174 after the incident which involvimmediately been placed on one (1 Review of SRNA #18's witness stat room and opened the door to find F strap exposed through the shirt. Th of the room. Further review reveale his/her pants up. Telephone interviews were attempt #18 was no longer employed at the Interview on 02/11/22 11:47 AM an incident which occurred on 12/27/2 stated she unsubstantiated abuse r physical contact had occurred betw had been found in Resident #175's occurred. Continued interview reveale occurred. Continued interview revealed at the residents involved, at been aware of a prior incident involwed interview revealed at the residents of alleged 3. Review of the facility's investigati 01/15/2022 involving Resident #175's interviation revealed Housekee in his/her room between the resident so falleged 3. Review of the facility's investigati 01/15/2022 involving Resident #175's interviation revealed Housekee in his/her room between the resident which area. Further review covent and got KMA #3 and the KMA written statements from staff. Further for the facility is the facility is investigation of in the staff. Further review for the facility is investigation of the facility is investigation of in the staff. Further review for the facility is investigation of the provent the resident #67 had been for the revealed Resident #67 had been for the facility is investigation of the facility is investigation of the facility is investigation for the facility is investigation for the facility is investigation of the facility is investigation of the facility is investigation of the facility is investigation for the facility is investigation for the facility is investigation for	#174's shirt was messed up as he/she exited the room. SRNA #7 revealed physical contact occurring between the residents at the time of the inciden Resident #174 frequently wandered into other residents' rooms and had to The SRNA further revealed she did not recall additional interventions havin #174 after the incident which involved Resident #174. She further stated h immediately been placed on one (1) on one (1) monitoring. Review of SRNA #18's witness statement dated 12/27/2021 revealed SRN room and opened the door to find Resident #174 standing behind the door strap exposed through the shirt. The statement stated the SRNA immediately of the room. Further review revealed SRNA #18 observed Resident #175 light the review revealed SRNA #18 observed Resident #175 light the room.

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	185127	B. Wing	02/24/2022
AME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Reha	bilitation	642 North Third Street Danville, KY 40422	
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F 0610 Level of Harm - Immediate eopardy to resident health or	included Atrial Fibrillation, Chronic (Congestive) Heart Failure.	rd for Resident #67's revealed an admi Obstructive Pulmonary Disease (COPI	D), and Chronic Diastolic
safety		in the Quarterly Assessment with a re Status (BIMS) score of two (2) indicatir	
Residents Affected - Few		record revealed the facility admitted th arkinson's Disease, Unspecified Deme	
	Review of Resident #175's Quarter (2) which indicated the resident was	ly MDS assessment dated of 10/29/20 s severely impaired cognitively.	21, revealed a BIMS score of two
	Resident #175's room after observi and Resident #175 standing betwee needed to go to Resident #175's ro his/her bed. Further interview revea	and 02/11/2022 04:25 PM, with House ng Resident #67 lying on Resident #17 en the beds. She stated she left the ro- iom because she had seen Resident # aled Housekeeper #2 stated the facility r suspected abuse incident occurred; h as per the policy.	'5's bed with his/her pants down, om to go notify KMA #3 that she 67 in Resident #175's room lying o 's abuse policy directed staff to sta
	by Housekeeper #2, she had gone observed Resident #67 and #175 a	A and 02/10/2022 at 9:55 AM, with KM, to Resident #175's room. KMA #3 reve ictively engaged in sexual intercourse, t to Licensed Practical Nurse (LPN) #1	ealed upon entering the room, she and she immediately separated th
	expected to protect residents, and a abuse coordinator and was response further stated she was trained on in Administrator stated due to the resi stated she did not review their capa unsubstantiated sexual abuse occur revealed even though she had an e	and 4:43 PM, with the Administrator re follow the facility's policy. The Administ sible to thoroughly investigate allegatio ivestigating abuse when she was an A dents' cognitive impairment, there wou acity to be able to consent to sexual ac irring between Resident #67 and Resid eye witness statement from KMA #3 sta intercourse, she did not believe sexual	rator stated she was the facility ns of abuse. The Administrator dministrator at another facility. The ld be no willful intent to abuse, bu tivity. She revealed she had lent #175. The Administrator ating Resident #67 and Resident
	**The facility implemented the follow	wing actions to remove the Immediate	Jeopardy on 02/19/2022.
	1.Incident # 1 occurred on 12/06/20 ensure resident safety.	021 involving Residents #174 and #10.	The following steps were taken to
		ent was completed on 12/06/2021, wit s reviewed on 12/09/2021 by the Minin	num Data Set (MDS) Coordinator,
	and interventions were updated on resident's POA (Power of Attorney)		(Medical Doctor) and the

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NAME OF PROVIDER OR SUPPLI	ED.	STREET ADDRESS, CITY, STATE, ZI	
Danville Centre for Health & Rehal		642 North Third Street Danville, KY 40422	
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X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	supervision. Resident #10's medica and medication changes were mad Services Consult was completed fo 12/14/2021 and 12/29/2021. The re on 12/06/2021 with new intervention notified of the incident on 12/06/202		the Psychiatric Nurse Practitione be decreased. A Psychiatric ow-up visits were completed on Interim Director of Nursing (DON I care plan. The MD and POA we
		involving Resident #174 and Residen	
	12/27/21 with no concerns noted. R	urse Consultant completed a skin asse Review of documentation revealed the r I was discharged per a planned discha	esident's MD and POA were
	no concerns identified. Resident #1 transferred to the hospital on 12/27 Family were notified on 12/27/2021	ent was completed on 12/27/2021 by t 75 was provided 1:1 Supervision on 12 /2021, then returned to the facility on [I . The resident's care plan was updated to a behavior unit on 12/27/2021 by th	2/27/2021 and the elder was DATE]. The resident's MD and I on 02/18/2022 related to 1:1
		? involving Resident #67 and Resident elders had pants off and were engagir t safety.	
	psychosocial support and identify a and 01/17/2022 by the Administrator reflect the needs of the resident and trauma/injury was completed for Re	ollow-up was conducted for seventy-tw ny concerns. The follow-ups were con- or. The Unit Manager reviewed the resi d to reflect the psychosocial follow-up. esident #67 via a skin assessment by the notified of the incident on 01/15/2022.	ducted on 01/15/2022, 01/16/2022 dent's care plan on 01/15/2022, to An assessment for physical
	assessing the elders breathing, neg consolability was completed on 01/	at and Pain Monitoring form that assess ative vocalization of pain, facial express 15/2022 by a Unit Manager with a scor o also indicate the resident was not in p 021 by Regional Nurse Consultant.	ssions, body language, and e of zero (0) which indicated no
	noted. The resident was placed on resident was discharged from the fa	ent was completed on 01/15/2022 by a 1:1 Supervision on 01/15/2022 and rer acility on 02/22/2022. The resident was 2 and remained on 1:1 supervision un 2022.	nained on 1:1 supervision until th transferred to the hospital on
	resident was discharged from the fa	:1 supervision upon return from the ho acility on 02/22/2022. The resident's Mi istrator updated the resident's care pla	and Family were notified of the
	(continued on next page)		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	EIENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 which included protection of the res 2/16/2022 by the Staff Developmen 2. Residents residing in the facility I Residents with a Brief Interview for the Administrator and/or Unit Mana 02/14/2022 and completed on 2/16. Residents currently residing in the fa Administrator, Unit Manager or Stat abuse starting on 02/14/2022 with r Abuse/neglect audits, assessments Consultant or Regional [NAME] Pre- any indications of potential abuse of 3. Charts have been reviewed for a any resident status changes to inclu- starting on 02/14/2022 and complete allegations that had not been previor 4. Care plans were reviewed by Re Behavioral Specialist starting on 02 were updated regarding behaviors, 5. All residents residing in the faciliti an accurate assessment score by to 02/15/2022. 6. Employees were interviewed by pro- Director regarding any knowledge of not been previously reported startin noted related to abuse reporting. 7. The Medical Director was notified Administrator in accordance with at Residents #10, Resident #67, Resident 8. The Senior [NAME] President of [NAME] President and the Regional 	have been assessed for any sign/ sym Mental Status (BIMS) score of greater ger/Staff Development Coordinator for /2022 with no issues identified. facility with a BIMS of less than eight (8 ff Development Coordinator for any sig no concerns identified. s, interviews, and questionnaires were i esident (RVP) starting on 02/14/2022 a concerns. No issues or concerns were i II residents residing in the facility by the ude event managers and change of co- ted on 02/16/2022. The charts were also ously reported with no concerns noted. gional Nurse Consultant #1, Regional 1/ 1/16/2022 and completed on 02/18/202 wandering and reflected the resident's the Social Services Director starting on the Administrator, Staff Development Co- funreported abuse or knowledge of an ig on 02/16/2022 and completed on 2/ d of all the allegations on 12/06/2021, for buse reporting. The facility's Medical D	ated on the abuse policy on ptoms of potential abuse. that eight (8) were interviewed by any concerns starting on 8) were physically assessed by the ns and symptoms of potential reviewed by the Regional Nurse nd completed on 02/16/2022 for dentified. e Independent Risk Manager for nditions for the past thirty (30) days so reviewed for any potential abuse Nurse Consultant #2 and the 2 to ensure that the care plans current cognitive status. ted to ensure that all residents had 02/14/2022 and completed on Coordinator, and the Activities ny type of sexual relations that had 18/2022 with no new concerns 12/27/2021, and 01/15/2022 by the irector is the physician for facility's Administrator/Regional ledicare/Medicaid Services (CMS)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	HENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	evidence that all alleged violations exploitation, or mistreatment while the administrator or his/her designa including to the state survey agency verified appropriate corrective action F 835, the facility must be administ	ered in manner that enables it to use it	rther potential abuse, neglect, the results of all investigations to cials in accordance with state law, cident, and if the alleged violation is s resources effectively and
	resident. The facility administration	highest practical physical, mental, and is not limited to the administrator and r pany, and/ or others identified by the fa	may also include the facility's
	CMS's Abuse Critical Pathway and	reporting guidelines.	
	includes freedom from corporal pur required to treat the resident's med	e free from abuse, neglect, misappropri nishment, involuntary seclusion and an ical symptoms. Abuse is defined as the ation, or punishment with resulting physi	y physical or chemical restraint not willful infliction of injury,
	abuse, neglect, and exploitation of	d implement written policies and proce residents and misappropriation of resic allegations and include training as req	lent property/ Establish policies an
	that the comprehensive care plan is individuals who have knowledge of	each resident's person-centered, compr s reviewed and revised by an interdisci the resident and his/her needs., and th lved in developing the care plan and m	plinary team composed of nat each resident and resident
	misappropriation, neglect, involunta exploitation would be reviewed by t	tions of abuse including physical, verba ary seclusions, corporal punishment, in he Regional [NAME] President, Risk M It a complete, thorough, and accurate in at 90 days through 05/20/2022.	juries of unknown origin, and lanager, and/or [NAME] President
	· ·	viewed from the last six (6) months from Operations starting on 02/16/2021 and	
	Nurse Consultant #2, Unit Manager Director, Rehab Service Manager,	onal [NAME] President, Regional Nurse r, Business Office Manager, Assistant I Scheduler, and the Staff Development al abuse on 02/14/2022 by the Directo	Business Office Manager, Activities Coordinator (SDC) were educated
	(continued on next page)		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0610	The education included the followir	ng:	
Level of Harm - Immediate jeopardy to resident health or safety		ude types of abuse, recognizing abuse eral regulations pertaining to abuse, ar and reporting of abuse.	
Residents Affected - Few	Resident Rights include that reside	nt had the right to be free from abuse	
	The Behavior Management policy i behaviors occur.	ncludes supervision and interventions	to redirect residents when
	Care plan policy and procedure, to resident's current care needs.	include appropriately updating the resi	dent's care plan to reflect the
	Change of Condition Policy and Pro	ocedure, to include Physician and Fam	ily notification
	Quality Assurance Performance Im improvement and monitoring.	provement (QUAPI) policy and proced	ure to include process
	Director and Activities Director were recognizing abuse and reporting ab abuse, and the stakeholder's role in resident's right to free from abuse (to redirect residents when behavior updating the residents' care plan to	Nursing Supervisors, SDC, Business C e educated on (a) Abuse policy and pro puse with emphasis on sexual abuse, th n prevention, protection, recognition an (c) Behavior Management policy to incl rs occur. (d) Care plan policy and proce or reflect residents' current care needs. (d Family notification and (f) the QAPI p ng.	becedure to include types of abuse the federal regulations pertaining to d reporting of abuse. (b) the ude supervision and interventions adure, to include appropriately (e) Change of Condition Policy and
	Activities Director were then assign small groups which started on 02/1 letters were sent out to the remaining Leave Act (FMLA). No employee w	isors, SDC, Business Office Manager, ned to re-educate all staff working in the 5/2022 and was completed by 02/18/2 ng PRN (as needed) staff, staff on vac ill be allowed to work until education is nployee did not score 100% on the po post-test will be re-administered.	e facility, to include agency staff, in 022. On 02/18/2022, certified ation, or staff on Family Medical provided, post-test administered,
	employee will be allowed to work u obtained, if employee did not score	n the orientation process for all newly h ntil education is provided, post-test adr 100% on post-test, then employee wil cess would continue until employee ob	ministered, and a score of 100% I be immediately re-educated and
	(continued on next page)		

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	185127	B. Wing	02/24/2022
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehab	ilitation	642 North Third Street Danville, KY 40422	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by t	IENCIES full regulatory or LSC identifying information	on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	notification of abuse including MD r will be administered by the Adminis Assistant Business Office Manager daily for two (2) weeks. After two (2 members on different shifts for two Assurance (QA) committee weekly plan. At that time, based on evaluat questionnaire would need to continu 14. All grievances were reviewed on days to determine if any items docu issues were identified. The Adminis	n 02/18/2022 by the Regional Nurse Co imented were a reportable event or if c strator or Director of Nursing would revi mine if there were any concerns relate	, starting on 02/19/2022. The test C, Business office manager, staff members on different shifts juestionnaires daily to different staff l be reported to the Quality ued education or revision of the ne at what frequency the staff onsultant for the last thirty (30) oncerns were not resolved. No ew grievances daily for two (2)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 and revised by a team of health profile **NOTE- TERMS IN BRACKETS H Based on interview, record review, and revise the person-centered cord (Resident #10, Resident #37, Resident #10, Resident #37, Resident #10, Resident #37, Resident #10's room with Resident #10's room with Resident #10's room with Resident #10's room with Resident #10 and Resident #10 had his Resident #10 and Resident #174 reprevent further incidents. Review of the facility's Incident Representered Resident #37's room after resident's room, KMA #1 observed his/her face and both residents were immediately separated. Review of a facility investigation represent #174 was found by staff the and Resident #175 was on the bed Resident #175 revealed the care part of the care plans were not represent further incident #175's room engreveated the care plans were not represent further incident #175's room engreveated the care plans were not represent for the care plans were not	AVE BEEN EDITED TO PROTECT Co and review of facility policy it was dete mprehensive care plan for four (4) of th dent #67, Resident #174 and Resident led Resident #37, Resident #67, Resid at risk for abuse and had care plans in n revealed, on 12/06/2021, Resident #1 #10's pants down to mid-thigh. Reside s/her hand on Resident #174's thigh. F evealed no evidence the care plan was bort dated 12/21/2021, revealed Kentuc hearing a noise in the room. Further re Resident #37 holding an empty cup, a re pulling each other's hair. Further rev the care plan for Resident #37 and Res to prevent further incidents. vealed on 12/27/2021, Resident #175's roor pulling at his/her pants. Review of the lans were not revised after the incident and interview with facility staff revealed on paged in sexual intercourse. Review of evised for Resident #67 and Resident #	ONFIDENTIALITY** 42932 rmined the facility failed to review irty-five (35) sampled residents #175). ent #174, and Resident #175 had place for behavioral problems. 174 and Resident #10 were found in ent #174's pants were down to urther review of the care plans for revised after the incident to cky Medication Aide (KMA) #1 had view revealed upon entering the nd Resident #174 with water on iew revealed the residents were sident #174 revealed the care plan was found in Resident #175's room m with his/her clothing disheveled care plans for Resident #174 and to prevent further incidents. on 01/15/2022, Resident #67 was the care plans for the residents #175 with individualized room and upon entering the room olding an empty cup and both
		oring following the incident and referred s were reviewed and revised to prever	

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For information on the nursing home's (X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		
F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility's failure to ensure residi is likely to cause serious injury, har identified on 02/12/2022 and deterr Neglect and Exploitation (F600, F6 21 Comprehensive Resident Center (F835), at s/s of a J. The facility way An acceptable Immediate Jeopardy Immediate Jeopardy on 02/19/2022 removed as alleged on 02/19/2022 level at 42 CFR 483.12 Freedom fr Comprehensive Resident Centered facility monitors the effectiveness of The findings include: Review of the facility's policy titled, developed person-centered compre- for each resident's medical, nursing were ongoing and revised as inform revealed care plan interventions we causes. Further review revealed the problem area(s), rather than address were to reflect action, treatment, or 1. Review of Resident #174's clinic diagnoses of Unspecified Dementia Admission Minimum Data Set (MD2) #174 to have a Brief Interview for M cognitive impairment. Continued re assessed Resident #174 as having significantly interfered with the reside privacy or activities of others during Review of the facility's Comprehen- area noted regarding the resident's interventions included for staff to re	ent person-centered care plans were re m, impairment, or death to a resident. I nined to exist on 12/06/2021 at 42 CFF 07, and F610) at the highest scope and red Care Plan (F657) at s/s of a J, and s notified of the Immediate Jeopardy o removal plan was received on 02/22/2 . The State Survey Agency determined, prior to exit on 02/24/2022, which low om Abuse, Neglect and Exploitation, (F I Care Plans (F657) and 42 CFR 483.7 f systemic changes and quality assura comprehensive Care Plans, dated 07/ ehensive care plans that included mean g, mental and psychosocial needs. Com nation about the resident and the reside re implemented after consideration of e interventions were to address the un- ssing only symptoms or triggers. Revie procedure to meet the objectives towa al record revealed the resident was ad a with Behavioral Disturbance, and Wa S) assessment dated [DATE], revealed (ental Status (BIMS) score of one (1), i view of the Admission MDS Assessme behaviors placed him/her at risk of ph dent's care, and wandering behaviors t	eviewed and revised has caused or Immediate Jeopardy (IJ) was R 483.12 Freedom from Abuse, d severity (s/s) of a J, 42 CFR 483. I 42 CFR 483.70 Administration n 02/12/2022. 2022, which alleged removal of the d the Immediate Jeopardy was ered the scope and severity to D F600, F607 and F610) 483.21 0 Administration (F835), while the nce activities. (19/2018 revealed the facility surable objectives and timetables tinued review revealed care plans ent's condition changed. Review the resident's problem areas and derlying source(s) of the resident's w further revealed the interventions and achieving the resident's goals. (19 the facility assessed Resident ndicating the resident had severe nt revealed the facility had ysical illness or injury, which hat significantly intruded on the d 10/29/2021, revealed a problem w revealed the care plan I take him/her to another location as

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F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	responded to Resident #10's call lig Resident #174 lying on the bed with the head of the bed, feet on floor w Resident #10 had his/her hand on I immediately separated and a head revealed no injuries were found on Resident #10 was placed on one (1 Continued review of Resident #174 revisions made to the resident's can Interview on 02/09/2022 at 9:35 AM when Resident #10's call light start door was closed. She stated she er interview revealed she pulled the co his/her feet on the floor, and his/her #174 and his/her pants were also d thigh. Further interview revealed Re following the incident; however, she Resident #174 after the incident. In had any incidents of inappropriate I Interview with the Unit Manager on in the 12/06/2021 incident, Resider The Unit Manager could not recall a following the incident. Additionally, wandering into other residents' room	's care plan dated 10/29/2021, reveale re plan following the incident on 12/06/ 4, with KMA #1 revealed she had been ed going off. Per KMA #1, she went to netered the room and the privacy curtair urtain open and observed Resident #10 r pants down to mid-thigh. KMA #1 stat own to mid-thigh, and Resident #10's f esident #10 had been placed on one (1 e was not aware of any specific interver addition, she stated Resident #174 was behavior prior to the incident with Resident #10 and Resident #174, had a histor e incident on 12/06/2021, Resident #10 n one (1) on one (1) at the time of inter ny specific interventions which had been the UM stated the facility had identified ms and the resident's care plan should owing the 12/06/2021 incident involving	resident's room KMA #1 observe area, and Resident #10 seated a Continued review revealed iew revealed the residents were of both. In addition, review furthe able to recall the incident, and d no documented evidence of 2021, involving Resident #10. charting at the nurse's station answer the call light, and the roor was pulled closed. Continued 0 sitting upright on the bed with ed she also observed Resident tand was lying on Resident #174') to one (1) monitoring immediate tions having been put in place for is known to wander, but had not lent #10. er of the two (2) residents involve of any incidents prior to that date 0 had been placed on one (1) on view. Continued interview reveale en implemented for Resident #174' Resident #174's behavior of have been reviewed and revised

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F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administrator and facility's Abuse C occurred on 12/06/2021. The forme evaluated by psych services, and F immediately following the incident. recall any specific care plan revisio Administrator further stated however reviewed and revised following the 2. Review of the clinical record for f [DATE], with diagnoses which inclu	ator on 02/11/2022 at 5:05 PM, reveale coordinator when the incident involving er Administrator stated following the inc Resident #10 had been placed on one (Further interview revealed the former A ns or interventions implemented for Re er, Resident #174's and Resident #10's incident which occurred on 12/06/2021 Resident #37 revealed the resident had ded Delirium due to psychological con	Resident #174 and Resident #10 ident both the residents were 1) on one (1) monitoring Administrator had been unable to esident #174. The former care plans should have been 1.
	assessed the resident with a BIMS Continued review of the MDS Asse behaviors of screaming, cursing or MDS Assessment revealed the faci behaviors during the observation por Review of Resident #37's care plan interventions to Administer and obs	DS assessment dated [DATE] for Residual score of three (3), which indicated severated the facility had assess threatening others during the observater lity had assessed Resident #37 as have riod.	ere cognitive impairment. sed Resident #37 as having verba ion period. Further review of the ring no occurrences of physical area of behaviors with medications as ordered, intervene
	secondary to behaviors. Review of the clinical record for Re included Wandering and Unspecifie Admission MDS assessment dated cognitively impaired as indicated by Assessment revealed Resident #17 intruded on other people's privacy of	on as needed, with goal that resident w sident #174's revealed an admitted [D/ ed Dementia with Behavioral Disturban [DATE], revealed the facility assessed a BIMS score of one (1). Continued re 4 had been assessed to have wander for activities. Further review of the Asse viors which placed the resident at risk of	ATE], and diagnoses which ce. Review of Resident #174's I the resident as severely eview of the Admission MDS ing behaviors which markedly ssment revealed Resident #174
	planned the resident for his/her war for staff to intervene as needed to p situation and move the resident to a	chensive Care Plan dated 10/29/2021, ndering behaviors. Review revealed the protect the rights and safety of others, a another location as needed. Further re- thers resultant to his/her behaviors.	e care plan interventions included and remove Resident #174 from a
	after hearing a noise there. Review #37 holding an empty cup, and Res hair. Further review revealed the re	oort dated 12/21/2021, revealed KMA # revealed upon entering the resident's sident #174 with water on his/her face, sidents were immediately separated, a eferred for a psychiatric evaluation due	room KMA #1 observed Resident both residents pulling each other's ind Resident #37 was placed on
	(continued on next page)		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 documented evidence of revisions on 12/21/2021. (Even though the Ir [1] monitoring and had been referred Further review of Resident #174's (evidence of revisions made to the r 12/21/2021. Interview on 02/10/2021 at 10:38 A the nursing station on 12/21/2021, stated upon entering the resident's and Resident #174 with water on h interview revealed she immediately Administrator. Further interview rev immediately after the incident; how specific interventions after the incid Interview on 02/10/2022 at 11:00 A 12/21/2021 incident between Resid aware Resident #37 had been plac revealed she could not recall any s incident though. Interview with Unit Manager on 02/ (1) on one (1) monitoring after the i #174's behaviors after the incident; for the resident after the incident th residents' rooms behavior should h 12/06/2021 which involved Resider #174's monitoring should have also Resident #37's and Resident #174' incident on 12/21/2021. Interview with former Social Servico interventions for Resident #174 and 12/21/2021, because both resident wandering behaviors. Further interview and review former social Servico interventions for Resident #174 and 12/21/2021, because both resident 	M with SRNA #6 revealed she had not lent #37 and Resident #174 occurred. ed on one (1) to one (1) monitoring afte pecific behavior interventions put into p 09/22 at 2:44 PM revealed Resident #3 ncident on 12/21/2021. She stated she however, did not recall any specific be ough. Continued interview revealed Re ave had interventions put in place follo ot #10. Further interview revealed an in o been implemented after the first incide s care plans should have been reviewe es Director (SSD) on 02/11/2022 at 100 d Resident #37 had not really been disc s had already been care planned for th view revealed the facility had determine Resident #174 had wandered into his/h	ing the incident with Resident #174 been placed on the one [1] to one r increase behaviors) /2021, revealed no documented ant with Resident #37 on n working on documentation behind Resident #37's room. KMA #1 ave an empty cup in his/her hand, ulling each other's hair. Continued he Unit Manager and the on one (1) to one (1) monitoring 74 having been placed on any 8 been working when the She stated however, she was er the incident. Further interview place for Resident #174 after the 837 was immediately placed on one e recalled discussion of Resident ehavior interventions implemented esident #174's wandering into other wing the first incident on tervention to increase Resident ent. In addition, she revealed ed and revised following the 200 AM, revealed additional cussed after the incident on ter Dementia diagnoses and ed the incident occurred due to

MMARY STATEMENT OF DEFIC ch deficiency must be preceded by erview with the Administrator on sident #37's room and Resident en staff entered Resident #37's ntinued interview revealed Resid ters in his/her space. She stated being territorial and had thrown w iced on one (1) to one (1) monito riewed following the incident with w interventions due to Resident; erview revealed the facility shoul haviors though, and his/her beha e Administrator further stated bo is incident on 12/21/2021. Review of the facility's Self-Reports (Licensed Practical Nurse #1 ppropriately touching one another	full regulatory or LSC identifying information 02/11/22 at 4:23 PM, revealed Resider #37 had thrown water in Resident #174 room, the two (2) residents were also o dent #37 was known to be territorial of h d the facility felt Resident #37 had been water on Resident #174. Per interview, oring following the incident. She stated 1 h Resident #37; however, the resident's #37 having been placed on one (1) to c Id have put new interventions in place fa aviors should have been thoroughly add oth residents' care plans should have be orted Incident Form dated 01/15/2022, r 10) on 01/15/2022, that Resident #67 ar ier. Review of the facility's investigation 2022, revealed the Administrator unsub	agency. on) Int #174 had wandered into 4's face. The Administrator stated observed pulling each other's hair. his/her space and did not like the aggressor in the incident due Resident #37 was immediately Resident #174's care plan was is care plan was not revised with one (1) monitoring. Further for Resident #174's wandering dressed on the resident's care plan een reviewed and revised following revealed KMA #3 reported to a nd Resident #175 had been documentation of the incident of
MMARY STATEMENT OF DEFIC ch deficiency must be preceded by erview with the Administrator on sident #37's room and Resident en staff entered Resident #37's ntinued interview revealed Resid ters in his/her space. She stated being territorial and had thrown with wither ventions due to Resident with winterventions due to Resident si erview revealed the facility shoul haviors though, and his/her beha e Administrator further stated bo incident on 12/21/2021. Review of the facility's Self-Repor rse (Licensed Practical Nurse #1 ppropriately touching one anoth- ppropriate touching date 01/21/2	CIENCIES of ull regulatory or LSC identifying information a 02/11/22 at 4:23 PM, revealed Resider t #37 had thrown water in Resident #174 room, the two (2) residents were also on dent #37 was known to be territorial of h the facility felt Resident #37 had been water on Resident #174. Per interview, oring following the incident. She stated I h Resident #37; however, the resident's #37 having been placed on one (1) to c Id have put new interventions in place for aviors should have been thoroughly add oth residents' care plans should have been orted Incident Form dated 01/15/2022, r 10) on 01/15/2022, that Resident #67 ar ner. Review of the facility's investigation 2022, revealed the Administrator unsub	on) Int #174 had wandered into 4's face. The Administrator stated observed pulling each other's hair. his/her space and did not like the aggressor in the incident due Resident #37 was immediately Resident #174's care plan was a care plan was not revised with one (1) monitoring. Further for Resident #174's wandering dressed on the resident's care plan ean reviewed and revised following revealed KMA #3 reported to a nd Resident #175 had been documentation of the incident of
ch deficiency must be preceded by erview with the Administrator on sident #37's room and Resident en staff entered Resident #37's ntinued interview revealed Resid being territorial and had thrown vice of on one (1) to one (1) monito riewed following the incident with w interventions due to Resident : erview revealed the facility shoul haviors though, and his/her beha e Administrator further stated bo incident on 12/21/2021. Review of the facility's Self-Reports (Licensed Practical Nurse #1 ppropriately touching one anoth- ppropriate touching date 01/21/2	full regulatory or LSC identifying information 02/11/22 at 4:23 PM, revealed Resider #37 had thrown water in Resident #174 room, the two (2) residents were also o dent #37 was known to be territorial of h d the facility felt Resident #37 had been water on Resident #174. Per interview, oring following the incident. She stated 1 h Resident #37; however, the resident's #37 having been placed on one (1) to c Id have put new interventions in place fa aviors should have been thoroughly add oth residents' care plans should have be orted Incident Form dated 01/15/2022, r 10) on 01/15/2022, that Resident #67 ar ier. Review of the facility's investigation 2022, revealed the Administrator unsub	nt #174 had wandered into 4's face. The Administrator stated observed pulling each other's hair. his/her space and did not like the aggressor in the incident due Resident #37 was immediately Resident #174's care plan was a care plan was not revised with one (1) monitoring. Further for Resident #174's wandering dressed on the resident's care plan een reviewed and revised following revealed KMA #3 reported to a nd Resident #175 had been documentation of the incident of
sident #37's room and Resident en staff entered Resident #37's ntinued interview revealed Resid ters in his/her space. She stated being territorial and had thrown v iced on one (1) to one (1) monito viewed following the incident with w interventions due to Resident is erview revealed the facility shoul haviors though, and his/her beha e Administrator further stated bo is incident on 12/21/2021. Review of the facility's Self-Reportse (Licensed Practical Nurse #1 ppropriately touching one anoth- ppropriate touching date 01/21/2	t #37 had thrown water in Resident #174 room, the two (2) residents were also o dent #37 was known to be territorial of h the facility felt Resident #37 had been water on Resident #174. Per interview, oring following the incident. She stated I h Resident #37; however, the resident's #37 having been placed on one (1) to o ld have put new interventions in place fit aviors should have been thoroughly ado oth residents' care plans should have be orted Incident Form dated 01/15/2022, r 10) on 01/15/2022, that Resident #67 ar ner. Review of the facility's investigation 2022, revealed the Administrator unsub	4's face. The Administrator stated observed pulling each other's hair. his/her space and did not like the aggressor in the incident due Resident #37 was immediately Resident #174's care plan was a care plan was not revised with one (1) monitoring. Further for Resident #174's wandering dressed on the resident's care plan een reviewed and revised following revealed KMA #3 reported to a nd Resident #175 had been documentation of the incident of
gnoses including Unspecified Pa sease. Review of Resident #175' en assessed to have a BIMS sco mprehensive Care Plan for Resi ppropriate behaviors had been i kually inappropriate behavior Re erventions included: intervene as inner, divert attention, and remov- riew of the care plan revealed ad eded and to monitor behavioral e view of the Progress Notes for F e resident had displayed sexually omber's buttocks and made sexu ted Resident #175 was threaten is touching staff and other reside sident #175 had made a verbal se riew of the Progress Notes revea kually inappropriate behavior by sident as having increased sexual ther review of Resident #175's (esident #175 had displayed. Review of t s needed to protect the rights and safet we from the situation and take to anothe diditional interventions which included ge episodes. Resident #175 for the months of Novem y inappropriate behaviors on 11/22/202 ual statements. Continued review reveal ing other staff and residents, cursing an ents. Further review revealed a Note da sexual comment to a staff member, and exual statements towards staff and pinc aled a Note dated 12/20/2021, documer hitting staff on bottoms; and a Note dat al behaviors of making comments to staff Comprehensive Care Plan revealed the	Sified Dementia and Alzheimer's ATE], revealed the resident had red cognition. Review of the ehavioral care plan for sexually blan revealed no description of the the care plan revealed the sy of others, approach in a calmer location as needed. Further eriatric psychiatric services as abber and December 2021 revealed 1, where he/she groped a staff led a Note dated 11/26/2021 which documented da Note dated 12/11/2021, which the dated 12/11/2021, which the staff on the butt. Additional nting Resident #175 had exhibited ted 12/27/2021, which recorded the fit.
	propriate behaviors had been ually inappropriate behavior Re- erventions included: intervene a nner, divert attention, and remo- iew of the care plan revealed ac- ded and to monitor behavioral view of the Progress Notes for I resident had displayed sexually mber's buttocks and made sexual ed Resident #175 was threaten is touching staff and other reside sident #175 had made a verbal ed the resident made several s- iew of the Progress Notes reve- ually inappropriate behavior by ident as having increased sexual ther review of Resident #175's	propriate behaviors had been initiated. Continued review of the care plually inappropriate behavior Resident #175 had displayed. Review of the rentions included: intervene as needed to protect the rights and safet neer, divert attention, and remove from the situation and take to another work of the care plan revealed additional interventions which included graded and to monitor behavioral episodes. We of the Progress Notes for Resident #175 for the months of Novem resident had displayed sexually inappropriate behaviors on 11/22/202 mber's buttocks and made sexual statements. Continued review revealed Resident #175 had made a verbal sexual comment to a staff member, and et he resident made several sexual statements towards staff and pinciew of the Progress Notes revealed a Note dated 12/20/2021, docume ually inappropriate behaviors of making comments to staff and staff and pinciew of the Progress Notes revealed a Note dated 12/20/2021, docume ually inappropriate behaviors of making comments to staff and short the review of Resident #175's Comprehensive Care Plan revealed the effect the sexual behaviors toward resident(s) and staff documented in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview with KMA #3 on 02/09/20. #175 had been actively engaged in further stated she separated the res 4. Review of Resident #67's clinical diagnosis including Chronic Diastol Pulmonary Disease (COPD). Revie score of two (2) which indicated sev resident had been assessed to hav #175 dated 07/01/2021, revealed th attempts to elope from the facility. F resident had been care planned for Further review of Resident #67's ca address sexual behaviors toward o Interview with the facility's Minimum facility's Interdisciplinary Team (IDT updated/revised. She stated Reside revised to reflect any new and/or w resident's care plans were not accu Interview with the Director of Nursir to update and revise each resident" she routinely reviewed resident care Interview with the Administrator on each resident's care plan timely and concerns with care plans not being **The facility implemented the follow 1.Incident # 1 occurred on 12/06/20 ensure resident safety. For Resident #174, a skin assessm concerns noted. The Care Plan was and interventions were updated on resident's POA (Power of Attorney) For Resident #10, the resident was supervision. Resident #10's medica and medication changes were mad Services Consult was completed fo 12/14/2021 and 12/29/2021. The resident safety	22 at 8:30 PM and 02/10/2022 at 9:55 sexual intercourse on 01/15/2022, whi sidents and immediately reported the ir record revealed the facility admitted the ic (Congestive) Heart Failure, Atrial Fite wo f the Quarterly MDS assessment diverely impaired cognition. Further revie e no behaviors. Review of the Compre- ne resident had been care planned as a Review of Progress Notes for July 2021 wandering around [the] unit, with no o are plan revealed no documented evide ther resident(s). In Data Set (MDS) Coordinator on 02/12 behaviors. Further interview resident (s). In Data Set (MDS) Coordinator on 02/12 behaviors. Further interview resident (s). In Data Set (MDS) Coordinator on 02/12 behaviors. Further interview resident (s). In Data Set (MDS) Coordinator on 02/12 behaviors. Further interview resident (s). In Data Set (MDS) Coordinator on 02/12 behaviors. Further interview resident (s) and Resident #175's care pla orsening behaviors. Further interview resident (s) plan of care and make necessary char e plans to ensure their appropriateness 02/11/2022 at 04:15 PM revealed she d appropriately. The Administrator state revised when a change occurred. wing actions to remove the Immediate 021 involving Residents #174 and #10. ent was completed on 12/06/2021, with s reviewed on 12/09/2021 by the Minim the resident's mood care plan. The ME was notified on 12/06/2021. placed on 1:1 supervision on 12/06/2021, by e including Paxil started and Viibryd do r Resident #10 on 12/07/2021, and foll esident's care plan was reviewed by the ns added to the resident's psychosocia	AM, revealed Resident #67 and en she entered the room. She incident to LPN #10. The resident on 04/17/2021, with prillation and Chronic Obstructive ated [DATE], revealed a BIMS two of the MDS revealed the hensive Care Plan for Resident at risk for elopement due to I for Resident #67 revealed the ther behaviors documented. Ence of any revisions/updates to 2/22 at 5:32 PM, revealed the lents' care plans were in should have been updated and evealed she expected the MDS staff anges as needed. The DON stated S. expected revisions be made to ed she had not identified any Jeopardy on 02/19/2022. The following steps were taken to h no bruising, markings or num Data Set (MDS) Coordinator, 0 (Medical Doctor) and the 221 and currently remains on 1:1 the Psychiatric Nurse Practitioner use decreased. A Psychiatric ow-up visits were completed on a Interim Director of Nursing (DON)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	 tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0657	Incident #2 occurred on 12/27/2021	I involving Resident #174 and Residen	t #175.
Level of Harm - Immediate jeopardy to resident health or safety	12/27/21 with no concerns noted. F	urse Consultant completed a skin asse Review of documentation revealed the r 4 was discharged per a planned discha	esident's MD and POA were
Residents Affected - Few	no concerns identified. Resident #1 transferred to the hospital on 12/27 Family were notified on 12/27/2021	tent was completed on 12/27/2021 by t 75 was provided 1:1 Supervision on 12 /2021, then returned to the facility on [I . The resident's care plan was updated to a behavior unit on 12/27/2021 by th	2/27/2021 and the elder was DATE]. The resident's MD and I on 02/18/2022 related to 1:1
		2 involving Resident #67 and Resident elders had pants off and were engagir t safety.	
	psychosocial support and identify a and 01/17/2022 by the Administrator reflect the needs of the resident an trauma/injury was completed for Re	ollow-up was conducted for seventy-tw ny concerns. The follow-ups were conc or. The Unit Manager reviewed the resi d to reflect the psychosocial follow-up. esident #67 via a skin assessment by the notified of the incident on 01/15/2022.	ducted on 01/15/2022, 01/16/2022 dent's care plan on 01/15/2022, to An assessment for physical
	assessing the elders breathing, neg consolability was completed on 01/	nt and Pain Monitoring form that assess gative vocalization of pain, facial express 15/2022 by a Unit Manager with a scor o also indicate the resident was not in p 021 by Regional Nurse Consultant.	ssions, body language, and e of zero (0) which indicated no
	noted. The resident was placed on resident was discharged from the fa	tent was completed on 01/15/2022 by a 1:1 Supervision on 01/15/2022 and rer acility on 02/22/2022. The resident was 22 and remained on 1:1 supervision uni 2022.	mained on 1:1 supervision until the transferred to the hospital on
	resident was discharged from the fa	I:1 supervision upon return from the ho acility on 02/22/2022. The resident's MI istrator updated the resident's care pla	D and Family were notified of the
		cated on the abuse policy on 01/19/202 sident and the Housekeeper was educa at Coordinator.	
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X) INOVIDER/SUPPLIER/CLLA IDENTIFICATION NUMBER: 185127 (X) MULTIPLE CONSTRUCTION A. Huiding B. Wing (X) CONSTRUCTION DEVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 21F CODE 642 North Third Street Darwise, Centre for Health & Rehabiliston STREET ADDRESS, CITY, STATE, 21F CODE 642 North Third Street Darwise, KY 40422 For information on the nursing homes plane to correct this deficiency, places contact the nursing home or the state survey agency. SUMAARY STATEMENT OF DEFICIENCIES Cleah deficiency must be preceded by full regulatory or LSD (dentifying information) F 0657 SUMAARY STATEMENT OF DEFICIENCIES Cleah deficiency must be preceded by full regulatory or LSD (dentifying information) F 0657 A. Residents reading in the facility have been assessed for any sign and symptoms of potential abuse. Residents andror Unit Manager Stati Development Coordinator or any signs and symptome of potential abuse. Residents currently residing in the facility with a BIMS of less than eight (8) were physically assessed 1 Administrator, Ind Manager Stati Development Coordinators were winewed by the Regional Nu Consultant or Regional NUMEIP Resident (RVP) stating on 02/14/2022 and completed on 02/16/2022 any indications of potential abuse concerns. No issues or coordinator or any size and symptome stating on 02/14/2022 and completed on 02/16/2022 and completed on					
Darwille Centre for Health & Rehabilitation B42 North Third Street Darwille, KY 40422 For information on the nursing home's plan to correct this deficiency, plases contact the nursing home or the state survey agency. (X4) ID PREFIX TAC SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0657 Level of Harm - Immediate opport/b to resident health or safety 2. Residents residing in the facility have been assessed for any sign' symptoms of potential abuse. Residents with a Briel Interview for Menial Status (BINS) socre of greater that eight (B) were interview the Administrator and/or Unit Manager/Staff Development Coordinator for any concerns starting on 02/14/2022 and completed on 21/16/2022 With no concerns identified. Residents Affected - Few Abuse/neglect audits, assessments, interviews, and questionnaires were reviewed by the Regional Nu Consultant or Regional [NANE] President (RVP) starting on 02/14/2022 and completed on 02/14/2022 and indications of potential abuse concerns. No issues or concerns were identified. 3. Charts have been reviewed for all residents residing in the facility by the Independent Risk Manager any resident status, onorpited on 02/16/2022. The charts were also reviewed for any potential allegations that had not been previously reported with no concerns noted. 4. Care plans were reviewed by Regional Nus consultant #1, Regional Nuse Consultant #2 and the Behavioral Specialist starting on 02/16/2022 and completed on 02/18/2022 to ensure that it ecare plan were updated regarding behaviors, wandering and reflected the resident's current cognitive status. 5. All residents residing in the facility will had BI		IDENTIFICATION NUMBER:	A. Building	COMPLETED	
Damilie KW 40422 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0657 Each deficiency must be preceded by full regulatory or LSC identifying information) F 0657 Each deficiency must be preceded by full regulatory or LSC identifying information) F 0657 Eacidents residing in the facility have been assessed for any sign's amptomes of potential abuse. Passions with a Biff Introvie for Martal Status (BIMS) socies of greater that eight (B) were physically assessed to administrator, unif Manager or Staff Development Coordinator for any signs and symptoms of potential abuse starting on 02/14/2022 and completed on 22/14/2022 with no concerns identified. Abuse/reglect audits, assessments, intorviews, and questionnaires were reviewed by the Regional Nu Consultant or Regional [NAME] President (RVP) starting on 02/14/2022 and completed on 02/14/2022 any indications of potential abuse concerns. No issues or concerns were identified. 3. Charts have been reviewed by Regional Nurse Consultant #1. Regional Nurse Consultant #2 and the Each visit Specialist status on 02/14/2022 and completed on 02/14/2022 to ensure that the care plan were updated regarding behaviors, wandering and reflected the resident's current cognitive status. 5. All residents residing in the facility will had BIMS adiesses ment completed to any 11/16/2022 to ensure that all resident an accurate assessment score by the Social Starting on 02/16/2022 to ensure that the ca	NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0657 Each deficiency must be preceded by full regulatory or LSC identifying information) Level of Harm - Immediate jeopardy to resident health or safety 2. Residents residing in the facility have been assessed for any sign/ symptoms of potential abuse. Residents with a Binf Interview for Mental Status (BIMS) score of greater that eight (8) were interview the Administrator and/or Unit Manager/Staff Development Coordinator for any signs and symptoms of potential abuse starting on 02/14/2022 with no issues identified. Residents Affected - Few Residents currently residing in the facility with a BIMS of less than eight (8) were physically assessed to Consultant or Regional INAMEI President (RVP) starting on 02/14/2022 and completed on 02/14/2022 any indications of potential abuse concerns. No issues or concerns were identified. 3. Charts have been reviewed by Regional Nurse Consultant #1, Regional Nurse any resident status changes to include event managers and change of conditions for the past thirty (30 starting on 02/16/2022 and completed on 02/16/2022. The charts were also reviewed for any potential allegations that had not been previewed by Regional Nurse Consultant #1, Regional Nurse Consultant #2 and the Behavioral Specialist starting on 02/16/2022 and completed on 02/18/2022 with no enver that all resident an accurate assessment score by the Social Services Director starting on 02/14/2022 and completed on 02/16/2022 and completed on 02/16/2022 and completed on 02/18/2022 with no new concern noted related to abuse reporting. F. All resident #67, Resident #74, and Resident #174. 6. Employees were interviewed	Danvino Contro Ior Hoalar a Hondomatich				
(Each deficiency must be preceded by full regulatory or LSC identifying information) F 0657 Level of Harm - Immediate jeopardy to resident health or safety Residents residing in the facility have been assessed for any sign/ symptoms of potential abuse. Residents with a Brief Interview for Mental Status (BIMS) score of greater that eight (8) were interview the Administrator and/to Unit Manager/Staff Development Coordinator for any signs and symptoms of potential abuse starting on 02/14/2022 with no issues identified. Residents Affected - Few Residents currently residing in the facility with a BIMS of less than eight (8) were physically assessed 1 Administrator. Unit Manager or Staff Development Coordinator for any signs and symptoms of potential abuse starting on 02/14/2022 with no concerns. Not issues or concerns were reviewed by the Regional Nu Consultant or Regional NuMEI President (RVP) starting on 02/14/2022 and completed on 02/16/2022 any indications of potential abuse concerns. No issues or concerns were identified. 3. Charts have been reviewed for all residents residing in the facility by the Independent Risk Manager any resident status changes to include event managers and change or conditions for any potential allegations that had not been previously reported with no concerns noted. 4. Care plans were reviewed by Regional Nurse Consultant #1, Regional Nurse Consultant #2 and the Behavioral Specialis starting on 02/16/2022 and completed to resident's current cognitive status. 5. All residents residing in the facility will had a BIMS assessment completed to ensure that all resident an accurate assessment score by the Social Services Director starting on 02/14/2022 and completed on 0	For information on the nursing home's	plan to correct this deficiency, please con	 tact the nursing home or the state survey	agency.	
Level of Harm - Immediate jeopardy to resident health or safety Residents with a Brief Interview for Mental Status (BIMS) socie of greater that eight (8) were interview the Administrator and/or Unit Manager/Staff Development Coordinator for any concerns starting on 02/14/2022 and completed on 2/16/2022 with no issues identified. Residents Affected - Few Residents Currently residing in the facility with a BIMS of less than eight (8) were physically assessed 1 Administrator. Unit Manager or Staff Development Coordinator for any signs and symptoms of potentia abuse starting on 02/14/2022 with no concerns identified. Abuse/neglect audits, assessments, interviews, and questionnaires were reviewed by the Regional Nu Consultant or Regional [NAME] President (RVP) starting on 02/14/2022 and completed on 02/16/2022 any indications of potential abuse concerns. No issues or concerns were identified. 3. Charts have been reviewed for all residents residing in the facility by the Independent Risk Manager any resident status changes to include event managers and change of conditions for the past thirty (30 starting on 02/14/2022 and completed on 02/16/2022 and completed on 02/14/2022 and completed on 02/14/2022 and completed to 02/16/2022 and completed to ensure that the care plat were updated regarding behaviors, wandering and reflected the resident an accurate assessment score by the Social Services Director starting on 02/14/2022 with no new concern noted related to abuse reporting. 4. The Medical Director was notified of all the allegations on 12/06/2021, 12/27/2021, and 01/15/2022 Administrator regarding any knowledge of unreported abuse or knowledge of any type of sexual relations th not been previously reported starting on 02/16/2022 and completed on 02/16/2022 with no new concern noted related to abuse reporting.	(X4) ID PREFIX TAG			on)	
 Residents Affected - Few Residents Affected - Few Administrator, Unit Manager or Staff Development Coordinator for any signs and symptoms of potentia abuse starting on 02/14/2022 with no concerns identified. Abuse/neglect audits, assessments, interviews, and questionnaires were reviewed by the Regional Nu Consultant or Regional [NAME] President (RVP) starting on 02/14/2022 any indications of potential abuse concerns. No issues or concerns were identified. Charts have been reviewed for all residents residing in the facility by the Independent Risk Manager any resident status changes to include event managers and change of conditions for the past thirty (30 starting on 02/14/2022 and completed on 02/16/2022. The charts were also reviewed for any potential allegations that had not been previously reported with no concerns noted. Care plans were reviewed by Regional Nurse Consultant #1, Regional Nurse Consultant #2 and the Behavioral Specialist starting on 02/16/2022 and completed on 02/16/2022 and completed to no 20/16/2022 and completed to no 20/16/2022 and completed to no 20/16/2022 and completed to 20/15/2022. S. All residents residing in the facility will had a BIMS assessment completed to ensure that all resident an accurate assessment score by the Social Services Director starting on 02/14/2022 and completed to 20/15/2022. E. Employees were interviewed by the Administrator. Staff Development Coordinator, and the Activities Director regarding any knowledge of unreported abuse or knowledge of any type of sexual relations th not been previously reported starting on 02/16/2022 and completed on 2/18/2022 with no new concern noted related to abuse reporting. The facility's Medical Director is the physician for Resident #10, Resident #67, Resident #174, and Resident #175. T. The Medical Director was notified of all the allegations on 12/06/2021, 12/27/2021, and 01/15/2022 IAdministrator/Regior INAME] President of Regiulatory Compliance	Level of Harm - Immediate jeopardy to resident health or	Residents with a Brief Interview for the Administrator and/or Unit Mana	Mental Status (BIMS) score of greater ger/Staff Development Coordinator for	that eight (8) were interviewed by	
 Consultant or Regional [NAME] President (RVP) starting on 02/14/2022 and completed on 02/16/2022 any indications of potential abuse concerns. No issues or concerns were identified. Charts have been reviewed for all residents residing in the facility by the Independent Risk Manager any resident status changes to include event managers and change of conditions for the past thirty (35 starting on 02/14/2022 and completed on 02/16/2022. The charts were also reviewed for any potential allegations that had not been previously reported with no concerns noted. 4. Care plans were reviewed by Regional Nurse Consultant #1, Regional Nurse Consultant #2 and the Behavioral Specialist starting on 02/16/2022 and completed on 02/18/2022 to ensure that the care plan were updated regarding behaviors, wandering and reflected the resident's current cognitive status. 5. All residents residing in the facility will had a BIMS assessment completed to ensure that all resident an accurate assessment score by the Social Services Director starting on 02/14/2022 and completed or 02/16/2022. 6. Employees were interviewed by the Administrator, Staff Development Coordinator, and the Activities Director regarding any knowledge of unreported abuse or knowledge of any bype of sexual relations the not been previously reported starting on 02/16/2021, 12/27/2021, and 01/15/2022 Administrator in accordance with abuse reporting. 7. The Medical Director was notified of all the allegations on 12/06/2021, 12/27/2021, and 01/15/2022 Administrator in accordance with abuse reporting. 8. The Senior [NAME] President of Regulatory Compliance educated the facility's Administrator/Regior [NAME] President of Regulatory Compliance educated the facility's Administrator/Regior 02/18/2022 including: F610-responding to allegations of abuse, neglect, exploitation, or mistreatment, the facility must have evidence that all alleged violations are thoroughy investigated, prevent further potential abuse	-	Administrator, Unit Manager or Sta	ff Development Coordinator for any sig		
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 Behavioral Specialist starting on 02/16/2022 and completed on 02/18/2022 to ensure that the care plar were updated regarding behaviors, wandering and reflected the resident's current cognitive status. 5. All residents residing in the facility will had a BIMS assessment completed to ensure that all resident an accurate assessment score by the Social Services Director starting on 02/14/2022 and completed to 02/15/2022. 6. Employees were interviewed by the Administrator, Staff Development Coordinator, and the Activities Director regarding any knowledge of unreported abuse or knowledge of any type of sexual relations the not been previously reported starting on 02/16/2022 and completed on 2/18/2022 with no new concern noted related to abuse reporting. 7. The Medical Director was notified of all the allegations on 12/06/2021, 12/27/2021, and 01/15/2022 Administrator in accordance with abuse reporting. The facility's Medical Director is the physician for Residents #10, Resident #67, Resident #174, and Resident #175. 8. The Senior [NAME] President of Regulatory Compliance educated the facility's Administrator/Regior [NAME] President and the Regional Nurse Consultant on the Center for Medicare/Medicaid Services (i regulations for F610 and F835 on 02/17/2022 and the CMS regulations for F600, F607 and F657 on 02/18/2022 including: F610-responding to allegations of abuse, neglect, exploitation, or mistreatment, the facility must have evidence that all alleged violations are thoroughly investigated, prevent further potential abuse, neglec exploitation, or mistreatment, while the investigation is in progress. Report the results of all investigation the administrator or his/her designated representative and to the other officials in accordance with stati including to the state survey agency, within five (5) working days of the incident, and if the alleged violation working days of the incident, and if the alleged violation working days of the incident, and if the alleged		any resident status changes to include event managers and change of conditions for the past thirty (starting on 02/14/2022 and completed on 02/16/2022. The charts were also reviewed for any potential			
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 Director regarding any knowledge of unreported abuse or knowledge of any type of sexual relations the not been previously reported starting on 02/16/2022 and completed on 2/18/2022 with no new concern noted related to abuse reporting. 7. The Medical Director was notified of all the allegations on 12/06/2021, 12/27/2021, and 01/15/2022 I Administrator in accordance with abuse reporting. The facility's Medical Director is the physician for Residents #10, Resident #67, Resident #174, and Resident #175. 8. The Senior [NAME] President of Regulatory Compliance educated the facility's Administrator/Regior [NAME] President and the Regional Nurse Consultant on the Center for Medicare/Medicaid Services (fregulations for F610 and F835 on 02/17/2022 and the CMS regulations for F600, F607 and F657 on 02/18/2022 including: F610-responding to allegations of abuse, neglect, exploitation, or mistreatment, the facility must have evidence that all alleged violations are thoroughly investigated, prevent further potential abuse, neglect exploitation, or mistreatment while the investigation is in progress. Report the results of all investigation the administrator or his/her designated representative and to the other officials in accordance with state including to the state survey agency, within five (5) working days of the incident, and if the alleged violation must be taken. 		an accurate assessment score by t	, i		
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 [NAME] President and the Regional Nurse Consultant on the Center for Medicare/Medicaid Services (regulations for F610 and F835 on 02/17/2022 and the CMS regulations for F600, F607 and F657 on 02/18/2022 including: F610-responding to allegations of abuse, neglect, exploitation, or mistreatment, the facility must have evidence that all alleged violations are thoroughly investigated, prevent further potential abuse, neglect exploitation, or mistreatment while the investigation is in progress. Report the results of all investigation the administrator or his/her designated representative and to the other officials in accordance with state including to the state survey agency, within five (5) working days of the incident, and if the alleged violation werified appropriate corrective action must be taken. 		Administrator in accordance with a	buse reporting. The facility's Medical D	-	
evidence that all alleged violations are thoroughly investigated, prevent further potential abuse, neglec exploitation, or mistreatment while the investigation is in progress. Report the results of all investigation the administrator or his/her designated representative and to the other officials in accordance with state including to the state survey agency, within five (5) working days of the incident, and if the alleged violation werified appropriate corrective action must be taken.		[NAME] President and the Regiona regulations for F610 and F835 on 0	I Nurse Consultant on the Center for M	ledicare/Medicaid Services (CMS)	
(continued on next page)		evidence that all alleged violations exploitation, or mistreatment while the administrator or his/her designa including to the state survey agence	are thoroughly investigated, prevent fu the investigation is in progress. Report ated representative and to the other off y, within five (5) working days of the in	rther potential abuse, neglect, the results of all investigations to icials in accordance with state law,	
		(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLI	FR	STREET ADDRESS, CITY, STATE, ZI	P CODE
Danville Centre for Health & Rehal			
For information on the nursing home's	plan to correct this deficiency, please con	I tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0657 Level of Harm - Immediate jeopardy to resident health or safety	efficiently to attain or maintain the l resident. The facility administration	ered in manner that enables it to use it nighest practical physical, mental, and is not limited to the administrator and pany, and/ or others identified by the fa	psychosocial wellbeing of each may also include the facility's
Residents Affected - Few	CMS's Abuse Critical Pathway and	reporting guidelines.	
		e free from abuse, neglect, misappropr nishment, involuntary seclusion and an	

		(
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	185127	A. Building	02/24/2022		
	105127	B. Wing			
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE		
Danville Centre for Health & Reha	bilitation	642 North Third Street			
		Danville, KY 40422			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)		
F 0835	Administer the facility in a manner	that enables it to use its resources effe	ctively and efficiently.		
Level of Harm - Immediate	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 42932		
jeopardy to resident health or safety		review of the Administrator's Job Desc			
Residents Affected - Few	policies and procedures, it was determined the facility failed to ensure it was administered in a manner to enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physi mental, and psychosocial well-being and protect its residents from abuse/potential abuse.				
		o ensure residents were free from abus			
		o ensure thorough investigations of abu t residents' Comprehensive Care Plans			
	allegations of resident abuse. (Refer to F600, F607, F610, and F656)				
	The facility's failure to ensure it was administered in a manner that enabled it to use its resources effer and efficiently to protect its residents from abuse/potential abuse, has caused or is likely to cause ser				
	injury, harm, impairment, or death t	to a resident. Immediate Jeopardy (IJ)	was identified on 02/12/2022 and		
	 determined to exist on 12/06/2021 at 42 CFR 483.12 Freedom from Abuse, Neglect and Exploitation (F600 F607, and F610), 42 CFR 483.21 Comprehensive Resident Centered Care Plan (F657), and 42 CFR 483.31 Administration (F835). The facility was notified of the Immediate Jeopardy on 02/12/2022. An acceptable Immediate Jeopardy removal plan was received on 02/22/2022, which alleged removal of the Immediate Jeopardy on 02/19/2022. The State Survey Agency determined the Immediate Jeopardy was 				
		 The State Survey Agency determined , prior to exit on 02/24/2022, which low 			
	level at 42 CFR 483.12 Freedom fr Comprehensive Resident Centered	om Abuse, Neglect and Explotation, (F I Care Plans (F657) and 42 CFR 483.7 f systemic changes and quality assura	600, F607 and F610) 483.21 0 Administration (F835), while the		
	The findings include:				
		tion for the Administrator with a revision direct the overall operations of the facili			
	05/08/2019, revealed the Administr that potentially could constitute alle of crime. Review further revealed th	Abuse, Neglect and Misappropriation of ator was to investigate all allegations, in gations of abuse, injuries of unknown so the facility's Administrator retained the u	reports, grievances and incidents source, exploitation, or suspicions iltimate responsibility for		
	1. Review of the Self-Reported Inci Medication Aide (KMA) reported to	estigations, and to draw conclusions re- dent Form dated 01/15/2022, revealed the nurse her observation of Resident	on 01/15/2022, a Kentucky		
	inappropriately touching one anoth	er.			
	(continued on next page)				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422		
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	written statements from KMA #3 or Interview with KMA #3, on 02/09/20	n of the incident dated 01/15/2022, reve LPN #10 regarding the incident. 022 at 8:30 PM and 02/10/2022 at 9:55 gaged in sexual intercourse on 01/15/2	AM, revealed she had observed	
Residents Affected - Few	Review of Resident #67's and Resi	dent #175's clinical record revealed bo	th residents had been assessed a	
	Interview with the Administrator, on 02/11/2022 at 11:47 AM, revealed she unsubstantiated sexual the 01/15/2022 investigation. Interview revealed the Administrator stated the investigation for the incident had been unsubstantiated due to Resident #67 and #175 had no willful intent for sexual a Further interview revealed the witnesses had given conflicting statements.			
	2. Review of the Self-Reported Incident Form dated 12/27/2021, revealed a State Registered Nu (SRNA) reported to a charge nurse her observation of Resident #175 lying on the bed pulling at this/her pants, and Resident #174 with his/her blouse disheveled. Review of the Witness Statemer completed by the SRNA revealed Resident #174 had been standing behind the door of Resident room with his/her shirt twisted and his/her bra showing through the crisscross of his/her shirt. Co review revealed the SRNA noted observing Resident #175 on his/her bed with his/her pants down			
		sident #175's clinical records revealed aking them unable to consent to sexual		
	the investigation of the incident on	02/11/2022 at 11:47 AM, revealed she 12/27/2021. Per the Administrator, the due to lack of evidence that sexual abu	investigation for 12/27/2021	
	room, and observed Resident #174 on Resident #10's thigh. Review of Resident #174 lying on Resident #	dent Form dated 12/06/2021, revealed I lying on the bed with Resident #10 sit the Summary of Incident documentation 10's bed with his/her pants down to the his/her pants down to the knees and hi	ting on the bed with his/her hand on revealed KMA #1 observed mid-thigh area, with Resident #10	
		dent #174's clinical records revealed the paired, and unable to consent to sexual		
	(continued on next page)			

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 642 North Third Street Danville, KY 40422	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview with the facility's former A sexual abuse for the investigation of the Administrator, she unsubstantia they stated nothing had happened a #174's thigh. Further interview rever was no evidence of sexual abuse. 4. Review of the facility's Incident F Resident #37's room with water on revealed the KMA also observed bo #37 had been placed on one (1) on to increased behaviors. However, r identified Resident #174's increase was involved in one (1) prior incider room. Interview with the Unit Manager, or Resident #174 and Resident #37 o initiated related to Resident #174's referred for a psychiatric evaluation Interview with the Administrator on into Resident #37's room on 12/21/ the two (2) began pulling each other facility concluded that Resident #37 #174's face, and immediately place the Administrator revealed Resident space. However, the Administrator #37's room was the precipitating ev action to prevent Resident #174 for dangerous situations. **The facility implemented the follow	dministrator, on 02/11/2022 at 5:05 PM of the 12/06/2021 incident involving Re- ted sexual abuse as when she intervie as far as physical contact aside from R haled skin assessments had been comp Report dated 12/21/2021, revealed KM/ his/her face, and Resident #37 holding oth residents pulling each other's hair. I one (1) monitoring and referred for a p eview further revealed no documented d wandering into other resident rooms, nt of alleged abuse on 12/06/2021 afte n 02/09/22 at 2:44 PM, revealed she wan n 12/21/2021. However, the Unit Mana wandering behavior, but Resident #37	A, revealed she unsubstantiated sident #174 and Resident #10. Per wed staff regarding the incident esident #10's hand on Resident oleted for both residents and there A #1 found Resident #174 in an empty cup. Continued review Further review revealed Resident osychiatric (psych) evaluation due evidence that the facility had or identified that Resident #174 r wandering into another resident as aware of the altercation between ger stated no interventions were was placed on 1:1 monitoring and stated Resident #174's face, and then inistrator revealed revealed the resident threw water on Resident hon did not like others in his/her ent #174's wandering into Resident efore failed to implement any t continued to wander into Jeopardy on 02/19/2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
		STREET ADDRESS, CITY, STATE, ZI	
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	supervision. Resident #10's medica and medication changes were mad Services Consult was completed fo 12/14/2021 and 12/29/2021. The re on 12/06/2021 with new interventio notified of the incident on 12/06/202		the Psychiatric Nurse Practitione ose decreased. A Psychiatric ow-up visits were completed on a Interim Director of Nursing (DON I care plan. The MD and POA we
	For Resident #174, the Regional No 12/27/21 with no concerns noted. F	I involving Resident #174 and Residen urse Consultant completed a skin asse Review of documentation revealed the r 4 was discharged per a planned discha	ssment of Resident #174 on resident's MD and POA were
	For Resident #175, a skin assessm no concerns identified. Resident #1 transferred to the hospital on 12/27 Family were notified on 12/27/2021 status and the resident's discharge	2/27/2021 and the elder was DATE]. The resident's MD and I on 02/18/2022 related to 1:1	
		2 involving Resident #67 and Resident elders had pants off and were engagir t safety.	
	psychosocial support and identify a and 01/17/2022 by the Administrator reflect the needs of the resident and trauma/injury was completed for Re	ollow-up was conducted for seventy-tw ny concerns. The follow-ups were con- or. The Unit Manager reviewed the resi d to reflect the psychosocial follow-up. esident #67 via a skin assessment by the notified of the incident on 01/15/2022.	ducted on 01/15/2022, 01/16/2023 dent's care plan on 01/15/2022, to An assessment for physical
	assessing the elders breathing, neg consolability was completed on 01/	nt and Pain Monitoring form that assess gative vocalization of pain, facial express 15/2022 by a Unit Manager with a scor to also indicate the resident was not in p 021 by Regional Nurse Consultant.	ssions, body language, and e of zero (0) which indicated no
	noted. The resident was placed on resident was discharged from the fa	ent was completed on 01/15/2022 by a 1:1 Supervision on 01/15/2022 and rer acility on 02/22/2022. The resident was 22 and remained on 1:1 supervision un 2022.	nained on 1:1 supervision until th transferred to the hospital on
	resident was discharged from the fa	:1 supervision upon return from the ho acility on 02/22/2022. The resident's Mi istrator updated the resident's care pla	D and Family were notified of the
	(continued on next page)		

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For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	EIENCIES full regulatory or LSC identifying informati	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	 which included protection of the res 2/16/2022 by the Staff Developmen 2. Residents residing in the facility I Residents with a Brief Interview for the Administrator and/or Unit Mana 02/14/2022 and completed on 2/16. Residents currently residing in the fa Administrator, Unit Manager or Stat abuse starting on 02/14/2022 with r Abuse/neglect audits, assessments Consultant or Regional [NAME] Pre- any indications of potential abuse of 3. Charts have been reviewed for a any resident status changes to inclu- starting on 02/14/2022 and complete allegations that had not been previor 4. Care plans were reviewed by Re Behavioral Specialist starting on 02 were updated regarding behaviors, 5. All residents residing in the faciliti an accurate assessment score by to 02/15/2022. 6. Employees were interviewed by pro- Director regarding any knowledge of not been previously reported startin noted related to abuse reporting. 7. The Medical Director was notified Administrator in accordance with at Residents #10, Resident #67, Resident 8. The Senior [NAME] President of [NAME] President and the Regional 	have been assessed for any sign/ sym Mental Status (BIMS) score of greater ger/Staff Development Coordinator for /2022 with no issues identified. facility with a BIMS of less than eight (8 ff Development Coordinator for any sig no concerns identified. s, interviews, and questionnaires were i esident (RVP) starting on 02/14/2022 a concerns. No issues or concerns were i II residents residing in the facility by the ude event managers and change of co- ted on 02/16/2022. The charts were also ously reported with no concerns noted. gional Nurse Consultant #1, Regional 1/ 1/16/2022 and completed on 02/18/202 wandering and reflected the resident's ty will had a BIMS assessment complet he Social Services Director starting on the Administrator, Staff Development Co- funreported abuse or knowledge of an ig on 02/16/2022 and completed on 2/ d of all the allegations on 12/06/2021, for buse reporting. The facility's Medical D	ated on the abuse policy on ptoms of potential abuse. that eight (8) were interviewed by any concerns starting on 8) were physically assessed by the ns and symptoms of potential reviewed by the Regional Nurse nd completed on 02/16/2022 for dentified. e Independent Risk Manager for nditions for the past thirty (30) days so reviewed for any potential abuse Nurse Consultant #2 and the 2 to ensure that the care plans current cognitive status. ted to ensure that all residents had 02/14/2022 and completed on Coordinator, and the Activities ny type of sexual relations that hac 18/2022 with no new concerns 12/27/2021, and 01/15/2022 by the irector is the physician for facility's Administrator/Regional ledicare/Medicaid Services (CMS)

F 0835 F6 Level of Harm - Immediate ex jeopardy to resident health or safety Residents Affected - Few F8 eff eff residents Affected - Few F6 inc resident go ad CM F6 inc resident F6 inc residents Affected - Few F6 inc resident F6 inc residents F6 inc resident F6 inc inc F6 inc resident F6 inc inc F6 inc	correct this deficiency, please con MMARY STATEMENT OF DEFIC th deficiency must be preceded by 10-responding to allegations of a dence that all alleged violations violation, or mistreatment while administrator or his/her designs uding to the state survey agence ified appropriate corrective action 35, the facility must be administration ciently to attain or maintain the ident. The facility administration reming body, management com ninistration. S's Abuse Critical Pathway and 00, residents have the right to b udes freedom from corporal pu uired to treat the resident's med easonable confinement, intimid	CIENCIES full regulatory or LSC identifying informati abuse, neglect, exploitation, or mistreat are thoroughly investigated, prevent fu the investigation is in progress. Report ated representative and to the other offi cy, within five (5) working days of the inc on must be taken. tered in manner that enables it to use it highest practical physical, mental, and p is not limited to the administrator and n apany, and/ or others identified by the far	agency. on) ment, the facility must have rther potential abuse, neglect, the results of all investigations to icials in accordance with state law, cident, and if the alleged violation i s resources effectively and psychosocial wellbeing of each may also include the facility's acility as part of the facility facility as part of the facility iation, and exploitation. This y physical or chemical restraint not e willful infliction of injury,
(X4) ID PREFIX TAG SU (Ea F 0835 F6 evi jeopardy to resident health or safety Residents Affected - Few F 8 eff residents go ad CN F6 inc F7 F6 F7 F8 F6 F7 F8 F6 F7 F6 F7 F6 F7 F7 F7 F8 F7 F7 <tr td=""> <</tr>	MMARY STATEMENT OF DEFIC th deficiency must be preceded by 10-responding to allegations of a dence that all alleged violations violation, or mistreatment while administrator or his/her designs uding to the state survey agence fied appropriate corrective action 35, the facility must be administ ciently to attain or maintain the ident. The facility administration rerning body, management com- ninistration. S's Abuse Critical Pathway and 00, residents have the right to b udes freedom from corporal pu- uired to treat the resident's med- easonable confinement, intimid	CIENCIES full regulatory or LSC identifying informati abuse, neglect, exploitation, or mistreat are thoroughly investigated, prevent fu the investigation is in progress. Report ated representative and to the other offi cy, within five (5) working days of the ind on must be taken. tered in manner that enables it to use it highest practical physical, mental, and p is not limited to the administrator and r apany, and/ or others identified by the far d reporting guidelines. e free from abuse, neglect, misapproprin nishment, involuntary seclusion and an dical symptoms. Abuse is defined as the	on) ment, the facility must have rther potential abuse, neglect, the results of all investigations to icials in accordance with state law, cident, and if the alleged violation i s resources effectively and psychosocial wellbeing of each may also include the facility's acility as part of the facility facility as part of the facility
F 0835 F6 Level of Harm - Immediate exit jeopardy to resident health or safety Residents Affected - Few F8 eff eff resident for the safety F6 out F6 inc resident go ad CM F6 inc red go red F6 inc inc red	th deficiency must be preceded by 10-responding to allegations of a dence that all alleged violations administrator or his/her designa uding to the state survey agence ified appropriate corrective action 35, the facility must be administ ciently to attain or maintain the ident. The facility administration rerning body, management com- ninistration. S's Abuse Critical Pathway and 00, residents have the right to b udes freedom from corporal pu- uired to treat the resident's med- easonable confinement, intimid	full regulatory or LSC identifying informati abuse, neglect, exploitation, or mistreat are thoroughly investigated, prevent fu the investigation is in progress. Report ated representative and to the other offic cy, within five (5) working days of the ind on must be taken. tered in manner that enables it to use it highest practical physical, mental, and p is not limited to the administrator and r ipany, and/ or others identified by the far d reporting guidelines. e free from abuse, neglect, misapproprin nishment, involuntary seclusion and an dical symptoms. Abuse is defined as the	ment, the facility must have rther potential abuse, neglect, the results of all investigations to icials in accordance with state law, cident, and if the alleged violation i s resources effectively and psychosocial wellbeing of each may also include the facility's acility as part of the facility acility as part of the facility
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few F & eff resign go ad CM F6 inc resign go ad CM F6 inc resign go ad CM F6 inc resign go ad CM	dence that all alleged violations violation, or mistreatment while administrator or his/her designs uding to the state survey agence ified appropriate corrective action 35, the facility must be administ ciently to attain or maintain the ident. The facility administration rerning body, management com ninistration. S's Abuse Critical Pathway and 00, residents have the right to buildes freedom from corporal pu- uired to treat the resident's med- easonable confinement, intimid	are thoroughly investigated, prevent fu the investigation is in progress. Report ated representative and to the other offi- cy, within five (5) working days of the in- on must be taken. tered in manner that enables it to use it highest practical physical, mental, and p is not limited to the administrator and r inpany, and/ or others identified by the far d reporting guidelines. e free from abuse, neglect, misappropri- nishment, involuntary seclusion and an dical symptoms. Abuse is defined as the	rther potential abuse, neglect, the results of all investigations to icials in accordance with state law, cident, and if the alleged violation i s resources effectively and psychosocial wellbeing of each may also include the facility's acility as part of the facility facility as part of the facility acility as part of the facility
ad CN F6 inc rec un F 6 ab prc wit F 6 tha inc rec rec un	ninistration. S's Abuse Critical Pathway and 00, residents have the right to b udes freedom from corporal pu uired to treat the resident's med easonable confinement, intimid	I reporting guidelines. e free from abuse, neglect, misappropri nishment, involuntary seclusion and an dical symptoms. Abuse is defined as the	ation, and exploitation. This y physical or chemical restraint not e willful infliction of injury,
un Fé ab pro wit Fé tha inc rep	easonable confinement, intimid		
tha inc rep	ise, neglect, and exploitation of	nd implement written policies and proce residents and misappropriation of resic a allegations and include training as req I.	lent property/ Establish policies an
	t the comprehensive care plan i viduals who have knowledge of resentative, if applicable, is invo	each resident's person-centered, compr is reviewed and revised by an interdisci f the resident and his/her needs., and the plved in developing the care plan and m	plinary team composed of nat each resident and resident
mi ex of	appropriation, neglect, involunt loitation would be reviewed by Clinical Operations to ensure that	ations of abuse including physical, verba ary seclusions, corporal punishment, in the Regional [NAME] President, Risk M at a complete, thorough, and accurate in ext 90 days through 05/20/2022.	juries of unknown origin, and lanager, and/or [NAME] President
by	•	eviewed from the last six (6) months from I Operations starting on 02/16/2021 and	
Nu Dir	se Consultant #2, Unit Manage ector, Rehab Service Manager,	onal [NAME] President, Regional Nurse r, Business Office Manager, Assistant I Scheduler, and the Staff Development ual abuse on 02/14/2022 by the Directo	Business Office Manager, Activitie Coordinator (SDC) were educated
(cc	ntinued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022
NAME OF PROVIDER OR SUPPLI	FD	STREET ADDRESS, CITY, STATE, ZI	PCODE
Danville Centre for Health & Rehabilitation 642 North Third Street Danville, KY 40422			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0835	The education included the followir	ng:	
Level of Harm - Immediate jeopardy to resident health or safety		ude types of abuse, recognizing abuse eral regulations pertaining to abuse, ar and reporting of abuse.	
Residents Affected - Few	Resident Rights include that reside	nt had the right to be free from abuse	
	The Behavior Management policy i behaviors occur.	ncludes supervision and interventions	to redirect residents when
	Care plan policy and procedure, to resident's current care needs.	ident's care plan to reflect the	
	Change of Condition Policy and Pro	ily notification	
	Quality Assurance Performance Im improvement and monitoring.	ure to include process	
	Director and Activities Director were recognizing abuse and reporting ab abuse, and the stakeholder's role in resident's right to free from abuse (to redirect residents when behavior updating the residents' care plan to	Nursing Supervisors, SDC, Business C e educated on (a) Abuse policy and pro puse with emphasis on sexual abuse, th n prevention, protection, recognition an (c) Behavior Management policy to incl rs occur. (d) Care plan policy and proce or reflect residents' current care needs. (d Family notification and (f) the QAPI p ng.	becedure to include types of abuse the federal regulations pertaining to d reporting of abuse. (b) the ude supervision and interventions adure, to include appropriately (e) Change of Condition Policy and
	Activities Director were then assign small groups which started on 02/1 letters were sent out to the remaining Leave Act (FMLA). No employee w	isors, SDC, Business Office Manager, ned to re-educate all staff working in the 5/2022 and was completed by 02/18/2 ng PRN (as needed) staff, staff on vac ill be allowed to work until education is nployee did not score 100% on the po post-test will be re-administered.	e facility, to include agency staff, ir 022. On 02/18/2022, certified ation, or staff on Family Medical provided, post-test administered,
	employee will be allowed to work u obtained, if employee did not score	n the orientation process for all newly h ntil education is provided, post-test adr 100% on post-test, then employee wil cess would continue until employee ob	ministered, and a score of 100% I be immediately re-educated and
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabili For information on the nursing home's pl (X4) ID PREFIX TAG F 0835 Level of Harm - Immediate jeopardy to resident health or safety	lan to correct this deficiency, please cont SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		
(X4) ID PREFIX TAG F 0835 Level of Harm - Immediate jeopardy to resident health or	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		agency.
F 0835 Level of Harm - Immediate jeopardy to resident health or	(Each deficiency must be preceded by		
Level of Harm - Immediate jeopardy to resident health or	13. A staff post-test regarding the a	full regulatory or LSC identifying information	on)
Residents Affected - Few	 notification of abuse including MD r will be administered by the Adminis Assistant Business Office Manager daily for two (2) weeks. After two (2 members on different shifts for two Assurance (QA) committee weekly plan. At that time, based on evalual questionnaire would need to contin 14. All grievances were reviewed of days to determine if any items docu issues were identified. The Adminis weeks starting 02/18/2022, to deter Administrator would report any alleg Officials, Adult Protective Services 15. All incident reports from 11/10/2 Independent Risk Manager to ident identified. 16. Starting on 02/19/2022 the facil Nursing, Staff Development Coordi observations/interviews a week to et include but not limited to being tear wandering, or displaying fear of sta weeks. 17. Starting on 02/19/2022, five (5) determine if they have any knowled exhibiting increased signs and sym decreased appetite, bruising, anxie 18. Starting on 02/17/2022, all resid Interdisciplinary Team to determine plan of care to ensure their needs v ensure resident safety. 19. Administrative oversight of the f Nurse Consultant, Regional [NAME member of the regional staff daily for then monthly. This would include a 	above education to include types of abu notification would be administered daily strator, DON, Nursing Supervisors, SDC or Activities Director to six (6) different 2) weeks, then four (4) staff member's of (2) weeks. Results of the staff tests will to determine the further need of contin tion, the QA Committee would determine ue. n 02/18/2022 by the Regional Nurse Course umented were a reportable event or if contrator or Director of Nursing would revision rmine if there were any concerns relate gations of abuse, neglect, or misapprop	se, protection of the resident, and , starting on 02/19/2022. The test C, Business office manager, : staff members on different shifts uestionnaires daily to different staff l be reported to the Quality ued education or revision of the ne at what frequency the staff onsultant for the last thirty (30) oncerns were not resolved. No ew grievances daily for two (2) d to resident abuse. The oriation to the State Regulatory d on 01/17/2022 by the use, and no concerns were s Director, Assistant Director of olete five (5) random resident sign or symptoms of abuse to ising, anxiety, increased be ongoing for the next four (4) ewed weekly for four (4) weeks to or observed any residents ed to being tearful, withdrawn, i or other elders. tal stay would be reviewed by the and/or needed modifications to their also met. This would be ongoing to the or in-person by the Regional of Clinical Operations, or a 022, then weekly for four (4) weeks, ents/incidents that occurred in the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022	
NAME OF PROVIDER OR SUPPLIER Danville Centre for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 642 North Third Street Danville, KY 40422		
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2022	
		B. wing		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Danville Centre for Health & Rehabilitation		642 North Third Street Danville, KY 40422		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying information)		
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	Review of documentation revealed a skin assessment was completed for Resident #174 on 12/27/2021 by the Regional Nurse Consultant, with no concerns identified. Further record review revealed Resident #174 was discharged home as planned on 12/28/2021. Review of documentation revealed Resident #175 had a skin assessment completed on 12/27/2021 with no concerns identified. Further review revealed the resident was transferred to the hospital on 12/27/2021, then			
Residents Affected - Few	returned to the facility on [DATE]. Review of Resident #175's medical record revealed the resident's MD and family were notified of the transfer on 12/27/2021. On 01/15/2022, another incident with Resident #175 occurred and a skin assessment was completed on 01/15/2022 by the Unit Manager with no concerns identified. Review of the Behavior monitoring log revealed Resident #175 was placed on 1:1 supervision on 1/15/2022 and transferred to the Hospital. Continued review revealed the resident returned to the facility on [DATE] and was again transferred to the hospital on 02/01/2022. Resident #175 returned to the facility on [DATE] and was discharged from the facility on 02/22/2022.			
	Review of a facility investigation revealed Resident #67, who had a BIMS score of six (6) was involved in an incident on 01/15/2022 with Resident # 175.			
	Resident #67, an Observation on 02/23/2022, at 3:35 PM, revealed the resident was sitting in the common area and was obviously cognitively impaired. Record review revealed the Administrator had completed a psychosocial follow-up with Resident #67 on 01/15/2022, 01/16/2022, 01/17/2022 with no concerns noted.			
	Interview with the Unit Manager on 02/24/2022 at 2:14 PM revealed she had completed a physical trauma/injury assessment for Resident #67 on 01/15/2022, and no concerns were noted. Review of Residen #67's Care plan revealed it was reviewed by the Unit Manager on 01/15/2022 and it reflected the needs of the resident and the psychosocial follow-ups which had been completed on 01/15/2022, 01/16/2022, and 01/17/2022.			
	Review of the Dementia Scale Pain Assessment and Pain Monitoring form for Resident #67 revealed the assessment was completed on 01/15/2022 by a Unit Manager with a score of zero(0) which indicated no pain.			
	Resident #175, review of his/her skin assessment dated [DATE], revealed the skin assessment was completed on 01/15/2022 with no concerns identified. Review of the facility's behavior monitoring log revealed Resident #175 was placed on 1:1 supervision on 1/15/2022 and then transferred to the hospital.			
	Continued review of Resident #175's medical record revealed the resident returned to the facility on [DATE] and went back out to the hospital on 02/01/2022 and returned to the facility on [DATE]. Resident #175 was discharged from the facility on 02/22/2022.			
	Review of facility training records a	nd interview with Housekeeper #1, on	02 [TRUNCATED]	