STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100071	A. BUILDING: _____ B. WING _____	C 02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNYRILE I LLC	502 NOEL AVENUE HOPKINSVILLE, KY 42240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	Initial Comments A Complaint Survey investigating KY00047807, KY00047945, KY00047956, and KY47985 was initiated on 02/11/2026 and concluded on 02/12/2026. There was no deficient practice identified with KY00047956. A deficiency was cited at P0335 related to KY00047945, KY00047985, KY00047807. A deficiency was also cited at P0350. Survey Dates: 02/11/2026 through 02/12/2026. Facility census: 87 Sample size: 31	P 000		
P 335	902 KAR 20:036 5(3)(b)4 Section 5. Provision of Services Section 5. Provision of Services. (3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services: (b) Housekeeping and maintenance services. 4. Maintenance. The premises shall be well kept and in good repair as established in clauses a. through d. of this subparagraph. a. The facility shall ensure that the grounds are well kept and the exterior of the building, including the sidewalk, steps, porches, ramps, and fences, are in good repair. b. The interior of the building, including walls, ceilings, floors, windows, window coverings, doors, plumbing, and electrical fixtures, shall be in good repair. Windows and doors shall be screened.	P 335		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100071	A. BUILDING: _____ B. WING _____	C 02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNYRILE I LLC	502 NOEL AVENUE HOPKINSVILLE, KY 42240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 335	Continued From page 1 c. Garbage and trash shall be stored in areas separate from those used for the preparation and storage of food and shall be removed from the premises regularly. Containers shall be cleaned regularly. d. A pest control program shall be in operation in the facility. Pest control services shall be provided by maintenance personnel of the facility or by contract with a pest control company. Care shall be taken to use the least toxic and least flammable insecticides and rodenticides. The compounds shall be stored under lock if stored by the facility. This requirement is not met as evidenced by: Based on observation, interview, and facility policy review, there was sufficient evidence to determine the facility failed to ensure resident(s) were provided proper physical environment related to a continued infestation of bed bugs in the facility for 15 out of 31 sampled residents, Residents (R)#2, 4, 5, 6, 7, 9, 12, 14, 17, 21, 23,	P 335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100071	A. BUILDING: _____ B. WING _____	C 02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNYRILE I LLC	502 NOEL AVENUE HOPKINSVILLE, KY 42240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 335	Continued From page 2 27, 28, 29, and 30. The findings include: Review of facility's undated document, titled, "Pennyrile Homes Bed Bug Protocol", revealed when bed bugs were identified, staff should keep the person and all personal items in one area and report to the Administrator and pest control company. Residents' personal items were to be double-bagged and tied tightly. Further review revealed staff were to keep infested residents out of community areas and prevent socializing with other residents until bed bugs were contained. Residents were to shower and change into clean clothing, and staff were to document any bed bug bites found on the resident. Residents' clothing and linens were to be washed and dried at high temperatures to destroy bed bugs and eggs. Review of the facility's undated policy, titled, "Pest Control Policy", revealed that Pennyrile Manor will have an agreement with a pest control company that will service the site monthly. It further states that the pest control company will spot check the facility for bed bugs on a monthly basis and any concern will be brought to the administrator's attention. Observation of residents' rooms in the facility on 02/11/2026 and 02/12/2026 revealed the frequent presence of dead bed bugs on floors, radiators, walls, and linens, as well as live bed bugs crawling on residents' beds and linens. Rooms with observed and/or reported active bed bugs included 3A, 8A, 10A, 15A, 17A, 20B, 31B, 36B, 18C, 20C, 21C, and 24C. Review of Pest Control invoices provided by the facility revealed a service agreement for bed bug	P 335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100071	A. BUILDING: _____ B. WING _____	C 02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNYRILE I LLC	502 NOEL AVENUE HOPKINSVILLE, KY 42240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 335	Continued From page 3	P 335		

treatments signed by the facility on 01/08/2026 to treat rooms B19-B32, B34, B36, B37, shower room, hallway, and laundry room. A service agreement was signed on 01/12/2026 to treat rooms A1-A17, shower room, med room, break room, laundry room, entry hallway, rooms C18-C24, lounge, shower room, bathroom.

Review of Pest Control Service Notifications provided by the facility revealed Pass Pest was onsite spraying for bed bugs on 01/09/2026, 01/13/2026, 01/20/2026, 02/03/2026, and 02/10/2026. Additionally, the Pest staff were observed onsite to spray again for bed bugs on 02/11/2026 due to reports of live bed bugs in room 15A.

In an interview with R2, on 02/11/2026 at 9:22 AM, she stated she had bug bites on her left and right shins and both arms. She stated they were causing itching, and she was using cream supplied by staff to decrease the itchiness. She further stated she saw a bed bug crawling on her bed one day prior.

Observation of R4's room (10A) on 02/11/2026 at 9:32 AM, revealed multiple dead bed bugs on top of the radiator near R4's bed and one dead bed bug on R5's sheets.

In an interview with R4 on 02/11/2026 at 9:32 AM, she stated the facility was sprayed yesterday and an hour later, she returned to her room to find a live bed bug on her bed.

Observation of hallway A on 02/11/2026 at 9:35 AM, revealed many dead bed bugs on the walls and ceiling outside of room 15A. There were blood streaks all over the wall where bugs had been killed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100071	A. BUILDING: _____ B. WING _____	C 02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNYRILE I LLC	502 NOEL AVENUE HOPKINSVILLE, KY 42240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 335	Continued From page 4 Observation of R6's room (15A, on 02/11/2026 at 9:37 AM, revealed R6 lying in her bed. Her sheets and nightgown were covered in dead bugs and blood. Two live bed bugs were observed crawling on her sheets. Additionally, the walls around her mattress were covered with blood stains. In an interview with R7 on 02/11/2026 at 9:45 AM, he stated he's covered in bed bug bites. Observation of R7's room (17A) on 02/11/2026 at 9:45 AM, revealed many dead bed bugs on his mattress. In an interview with R9 on 02/11/2026 at 10:05 AM, he stated he saw a bed bug crawling on his bed the night prior. In an interview with R12 on 02/12/2026 at 8:55 AM, she stated she was getting bit by bed bugs every night before her room was cleaned on 02/11/2026. In an interview with R7 on 02/12/2026 at 9:10 AM, he stated he killed 5 bed bugs that morning while lying in his bed in room 17A. Observation of R14's room (18C) on 02/12/2026 at 9:12 AM, revealed several blood stains on R14's sheets. In an interview with R17 on 02/12/2026 at 9:30 AM, she stated she has a bite on her right leg that's very itchy. Additionally, she stated, "I hate bugs". Observation of R17's room (8A) on 02/12/2026 at 9:30 AM, revealed many dead bed bugs on the walls and floor.	P 335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100071	A. BUILDING: _____ B. WING _____	C 02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNYRILE I LLC	502 NOEL AVENUE HOPKINSVILLE, KY 42240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 335	Continued From page 5 In an interview with R21 on 02/12/2026 at 9:58 AM, he stated he sees live bed bugs every night in his room. Observation of R21's room on 02/12/2026 at 9:58 AM, revealed many blood stains on his sheets when he pulled back his blanket. Additionally, there were many dead bed bugs on the radiator and floor. In an interview with R23 on 02/12/2026 at 10:08 AM, he stated he saw a live bed bug in his room two days prior. In an interview with R27 on 02/12/2026 at 4:30 PM, he stated he kills bed bugs regularly in his bathroom by the commode and tub (room 20B). Stated he last killed one the day prior and that it's been an ongoing problem. In an interview with R29 on 02/12/2026 at 4:52 PM, he stated he has lived in the facility for two weeks and wants to leave because he's being "eaten alive" every night by bed bugs. Stated he is covered in bites and that he would rather live on the street. Observation of R28 and R29's room (21C) on 02/12/2026 at 4:52 PM, revealed one live bed bug crawling on R28's bed. In an interview with R30 on 02/12/2026 at 5:06 PM, he stated he saw a live bed bug in his room the night prior. In an interview with Control Branch Manager for Pass Pest Control on 02/11/2026 at 12:15 PM, he stated that once a bed bug infestation becomes extremely severe, often the only way to guarantee	P 335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100071	A. BUILDING: _____ B. WING _____	C 02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNYRILE I LLC	502 NOEL AVENUE HOPKINSVILLE, KY 42240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 335	Continued From page 6 effective treatment would be to fumigate the facility for multiple days and suggested that the facility would have to be evacuated for at least a week. Additionally, he stated that Pass Pest will spray for two more consecutive Tuesdays and it will then be up to the facility to continue weekly treatments for an additional cost or to move treatments to "as needed". In an interview with Customer Service Advisor for the Pest Control on 02/12/2026 at 2:30 PM, he stated the next step to attempting to get rid of the facility's bed bugs would be to have facility maintenance staff remove all the facility's light and electrical fixtures to spray inside. Additionally, he stated that the current plan is to continue trying to treat the facility with spray and stated he is hopeful considering the progress they have already made. In an interview with the Administrator on 02/12/2026 at 4:15 PM, she stated she expects the bed bug problem at the facility to become controlled if the pest control service does their job. She further stated that she was hopeful that the next step of removing the electrical and light fixtures would help and confirmed that a maintenance person would be available during the next scheduled treatment on 02/17/2026 to work with Pest technician to accomplish this plan.	P 335		
P 350	902 KAR 20:036 5(3)(c)3 Section 5. Provision of Services Section 5. Provision of Services. (3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services: (c) Dietary services.	P 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100071	A. BUILDING: _____ B. WING _____	C 02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNYRILE I LLC	502 NOEL AVENUE HOPKINSVILLE, KY 42240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 350	Continued From page 7 3. Menu planning. a. Menus shall be planned in writing and rotated to avoid repetition. b. A PCH or SPCH shall meet the nutrition needs of residents in accordance with physician's orders. c. Except as established in clause e. of this subparagraph, meals shall correspond with the posted menu. d. Menus shall be planned and posted one (1) week in advance. e. If changes in the menu are necessary: (i) Substitutions shall provide equal nutritive value; (ii) The changes shall be recorded on the menu; and (iii) Menus shall be kept on file for at least thirty (30) days. This requirement is not met as evidenced by: Based on observation and interview, there was sufficient evidence to determine the facility failed to post the planned menu one week in advance and failed to post substitutions to the menu as required, which affected 87 out of 87 residents who were provided meals in the facility. The findings include:	P 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100071	A. BUILDING: _____ B. WING _____	C 02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNYRILE I LLC	502 NOEL AVENUE HOPKINSVILLE, KY 42240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 350	Continued From page 8 Observations of the dining area on 02/11/2026 at 11:30 AM revealed no menu posted for lunch, no substitutions posted, nor any menus for future meals. Observations of the dining area on 02/11/2026 at 12:45 PM revealed a hand-written lunch menu labeled, "Substitutions" on the bulletin board outside the dining room. It listed only what was on the pre-determined menu for lunch. There were no actual menu substitutions posted. Additionally, no future meals were posted. Review of the facility's recent Plan of Correction (POC) from a previous survey completed on 12/23/2025 revealed that cooks should be posting substitutions in enough time for residents to view and request a meal substitution. In an interview with Cook1 on 02/11/2026 at 11:30 AM, she stated that she usually posts a menu with substitutions on the bulletin board outside the dining room. In an interview with Med Tech1 on 02/12/2026 at 3:15 PM, she stated the cooks have been writing out the menu and positing it before each meal. She further stated that there is no weekly or monthly menu posted for residents to see. In an interview with the Administrator on 02/11/2026 at 12:45 PM, she stated that the cooks are supposed to post a list of substitutions to each meal. The Administrator further stated during an interview on 02/12/2026 at 3:15 PM, that the weekly menu needs to be posted in advance. She then went into the dining room and taped the menu labeled, "WK 2" on the wall near the kitchen.	P 350		