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	100071	A. BUILDING: _____ B. WING _____	C 04/24/2026

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 KY00048153, KY00048150, KY00048118, KY00048097, KY00048102, KY00048080 and KY00048066, was initiated on 04/15/2026 and concluded on 04/24/2026. KY00048153, KY00048097, KY00048102, and KY00048066 had regulatory violations identified cited at P0330 and P0335. KY00048080 had regulatory violations identified cited at P0180, P0270, P0280, P0330, and P0335. KY00048150 had regulatory violations identified cited at P0210, P0330, and P0335. There were no regulatory violations identified with KY00048118. Survey Dates: 04/15/2026 through 04/24/2026. Facility census: 87. Sample size: 47.	P 000		
P 180	902 KAR 20:036 4(11)(b)10 Section 4. Administration and Operation Section 4. Administration and Operation. (11) Medical records. (b) Each record shall include: 10. Medication and treatment sheets, including all medications, treatments, and special procedures performed for that resident, with the date and time of each service documented and initialed by the individual rendering treatment or administering medication;	P 180		

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

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This requirement is not met as evidenced by:
Based on interview, record review, and policy review, the facility failed to provide quality care / treatment to ensure medications were properly administered to 1 out of 1 residents sampled for medications, out of 47 total sampled residents, (Resident (R)40).

The findings include:

Review of the facility policy labeled, "Medication Policy / Provider Orders", undated, revealed medication administration "must" be documented. Review of the policy further revealed, "staff responsible for medication assistance and the implementation of therapeutic services will follow the written orders of the resident's provider."

Review of the facility's face sheet revealed the facility admitted R40 on 01/23/2026, with diagnoses of schizophrenia and hypothyroidism. Review of the resident's physician's orders revealed an order for Quetiapine 100 milligram (an antipsychotic medication used to treat schizophrenia and other mental health conditions) dated 01/23/2026, for the medication to be administered every six hours as needed (PRN) for psychosis.

Review of R40's MAR for the month of February, revealed the facility administered one dose of the Quetiapine 100 milligram (mg) to R40 on:

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P 180	Continued From page 2 02/12/2026, 02/13/2026, 02/14/2026, 02/15/2026, 02/16/2026, 02/18/2026, 02/21/2026, 02/23/2026, and 02/24/2026. Continued MAR review revealed the facility administered two doses of Quetiapine on 02/17/2026, and three doses on 02/22/2026. However, further MAR review revealed even though the Quetiapine was documented as administered on the MAR, there was no documentation of the time of administration, nor a reason why the medication was being given. During an interview with the Assistant Administrator on 04/24/2026 at 1:15 PM, she stated the administration details for PRN medications should be documented on the back of the MAR. She further stated the administration documentation should include the time medication was given and the reason for giving it. During an interview with Resident Aide (RA) 5 on 04/24/2026 at 1:30 PM, she stated administration details for PRN medications should be documented on the back of the MAR. She reported a possible reason why that information was not documented on R40's MAR was because the MAR was a hand-written one. RA 5 further stated the hand-written MAR did not have lines on the back of the sheet (to write on) like the printed MARs had, that came from the pharmacy. During an interview with the Regional Director on 04/24/2026 at 2:08 PM, she stated she expected medication administration to be documented properly. She further stated there should always be a note thoroughly explaining what happened, when, and why in regards to medication administration.	P 180		

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P 210	Continued From page 3	P 210		
P 210	902 KAR 20:036 5(1)(a) Section 5. Provision of Services Section 5. Provision of Services. (1) Basic health and health related services. (a) A PCH or SPCH shall provide basic health and health related services, including: 1. Supervision and monitoring of the resident to ensure that the resident's health care needs are met; 2. Supervision of self-administration of medications; 3. Storage and control of medications; and 4. Arranging for therapeutic services ordered by the resident's health care practitioner, if the services are not available in the facility. This requirement is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to provide basic health services to ensure medications were properly administered for 1 out of 1 out of residents sampled for medication out of the total 47 sampled residents, (Resident (R)40). The findings include: Review of the facility's policy labeled, "Medication	P 210		

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Policy/Providers Orders", undated, revealed staff responsible for medication assistance were to follow the written orders of the resident's provider. The policy further stated, "resident refusal must be documented."

Review of the facility's document labeled, "Rights of Residents - Duties of Facilities - Actions", undated, revealed the statement, "each resident shall be treated with consideration, respect, and full recognition of his dignity and individuality."

Review of the facility's face sheet revealed the facility admitted R40 on 01/23/2026, with diagnoses that included hypothyroidism and schizophrenia. Review of the February Medication Administration Records (MARs) for R40 revealed initials that were circled for the dates of 02/12/2026 through 02/26/2026 with no documentation of an explanation as to why noted on the back of the MAR. Per review, the medications with circled initials documented on R40's MAR included: daily Olanzipine (medication used to treat schizophrenia) 10 milligram (mg); Cyanocobalamin (a high-dose form of Vitamin B12.) 1000 mg; Levothyroxine (used to treat underactive thyroid disease) 75 mg; Mirtazepine (used to treat depression) 15 mg; Cholecalciferol (calcium supplement) 1000 mg; as well as twice daily Divalproex Soduim (used to treat seizures and manic episodes associated with bipolar disorder) 500 mg; and Buspirone (used to treat symptoms of anxiety disorders) 5mg.

Review of the Nurses' Progress Notes revealed an entry documented on 02/26/2026 at 10:30 AM, noting the facility transferred R40 to an in-patient psychiatric hospital related to the resident having been acting "erratically." (R40's medications had been circled on the resident's MAR from

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02/12/2026 through 02/26/2026, prior to the resident's transfer to the in-patient psychiatric hospital).

During an interview with Resident Aide (RA) 4 on 04/22/2026 at 3:05 PM, she stated a circle on the MAR for R40 indicated either the resident had refused the medication or the medication had not been available in the facility at the time it was due to be given. She reported if the resident refused, documentation of a "R" should have accompanied the circled initials located on the MAR. Additionally, RA 4 further stated, R40 likely ran out of the medications (the medications noted as circled on R40's MAR), accounting for the circles on the resident's MAR.

During an interview with the Regional Director on 04/22/2026 at 3:32 PM, she stated circled initials on a MAR indicated the resident had not received the medication. She reported that should have been further explained on the back of the resident's MAR regarding the reason the medication had not been given.

During an interview with RA 5 (the RA who circled the initials on R40's MARs) on 04/24/2026 at 10:20 AM, she stated she recalled R40 gradually ran out of her medications after her admission to the facility from Western State Hospital. RA 5 reported R40 never refused her medications and the resident was concerned when her Depakote "ran out" because the resident told her (RA 5) she needed the medication for her mental health. She said she documented "an open circle" on the MAR if a resident ran out of medication. RA 5 explained if there was a circle around her initials on the MAR that indicated a resident refused or had not answered "the medication call." RA 5 reviewed R40's MAR (with the circled initials);

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however, was unable to provide an explanation as to why the resident had not been receiving her medications, as there was no further explanation documented on the MAR or in the record.

During an interview with R40's State Guardian on 04/24/2026 at 12:13 PM, she stated she typically received admission packets, including consent for treatments, within the first two days following a resident's admission to a facility. She said once she received the paperwork, it was signed and returned to the facility within 48 hours. R40's State Guardian reported however, there had been a long delay in receiving R40's admission packet from the facility after her (R40's) admission. She reported she received the paperwork (for R40) on 02/16/2026 and returned it to the Regional Director on 02/17/2026. R40's State Guardian further stated R40 notified her on 02/23/2026, she had not been receiving her medications from the facility.

During an interview with the facility's contract Pharmacy Technician, on 04/22/2026 at 3:42 PM, she stated the only request the Pharmacy received to fill R40's medications had been received on 02/24/2026 (The day after the State Guardian returned the paperwork to the Regional Director). She further stated the requested medications had been delivered to the facility the following day.

During an interview with the Regional Director on 04/24/2026 at 2:08 PM, she stated it was the responsibility of facility staff to obtain signed admission paperwork immediately upon admission of a resident. She said she expected medication administration to be documented properly. The Regional Director further stated there should always be a note thoroughly

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explaining what happened, when, and why in regards to medication administration.

Review of facility policy, labeled, "Medication Policy/Providers Orders", undated, revealed for medication administration documentation, resident refusal "must be" documented. Continued review of the policy revealed, "staff responsible for medication assistance and the implementation of therapeutic services will follow the written orders of the resident's provider."

Observation of the medications stored in medication cart B on 04/16/2026 at 3:00 PM, revealed four insulin pens labeled only with a resident's initials. Continued observation of the insulin pens revealed the pens were initialed as follows:
Lantus pen 100 units/mL (milliliter) and the Insulin Lispro pen 100 units/mL - labeled, "JS;"
Insulin Aspart pen 100 units/ mL - labeled, "RC;"
Insulin Lispro pen 100 units/mL - labeled R46. In addition, observation revealed one Basaglar Insulin Glargine pen unopened, and unlabeled, in the medication cart that should have been in the refrigerator if unopened, and one Freestyle Libra (continuous glucose monitoring device) that was unlabeled.

During an interview on the 04/16/2026 at 3:00 PM, at the time of the medication cart observation, the Administrator stated the Lantus pen 100 units/mL - labeled, "JS" belonged to R36; the Insulin Aspart pen 100 units/mL - labeled, "RC" belonged to R45; the Insulin Lispro pen 100 units/mL - labeled, "JS" - belonged to R36; the Insulin Lispro pen 100 units/mL - labeled, "DB" - belonged to R46; and the Freestyle Libra that was unlabeled - belonged to R36.

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P 210	Continued From page 8 During an interview with the Administrator on 04/16/2026 at 3:10 PM, she stated, she had been "following suit" with what other people had done regarding the labeling of insulin pens. She said she did not realize there was anything wrong with "their" method for labeling the insulin pens. The Administrator reported she would make sure medications were properly labeled in the future. However, observation of medication cart B on 04/24/2026 at 10:30 AM, revealed an opened, unlabeled Lantus pen and an Insulin Aspart pen labeled only with the initials "RC - 3/18". Further observation revealed other insulin pens stored in the medication cart which were labeled with a pharmacy label containing the resident's names. During an interview with the Administrator on 04/24/2026 at 10:33 AM, she stated she requested the pharmacy to print off labels for the insulin pens. She further stated however, "they" were still waiting on more labels to come from the pharmacy.	P 210		
P 280	902 KAR 20:036 5(1)(i) Section 5. Provision of Services Section 5. Provision of Services. (1) Basic health and health related services. (i) 1. All medicines kept by the PCH or SPCH shall be kept in a locked place. 2. The nurse or administrator or staff person designated by the administrator shall be responsible for administering or supervising the self-administration of medication. 3. The administrator or staff person designated by the administrator shall: a. Be responsible for supervising the	P 280		

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self-administration of medication;
b. Ensure that all medications requiring refrigeration are kept in a separate locked box in the refrigerator in the medication area; and
c. Ensure that drugs for external use are stored separately from those administered by mouth and injection.

This requirement is not met as evidenced by:
Based on observation, review of the facility's pharmacy agreement, and interview, the facility failed to provide quality care / treatment to ensure all medications requiring refrigeration were kept in a separate locked box in the refrigerator in the medication area for 4 out of 47 sampled residents, (Resident (R)20, R47, R31, and R45). Additionally, the facility failed to ensure drugs for external use were stored separately from those administered by mouth and injection.

The findings include:

Review of the facility's document, labeled, "Bluegrass LTC Pharmacy Provider Services Pharmacy Agreement", dated, 01/19/2026, revealed the pharmacy would be responsible for drug storage inspections.

Observation of the facility's medication cart B on 04/16/2026 at 3:00 PM, with the Administrator present, revealed a bottle of Latanoprost 0.005% eye drops stored in the cart belonging to R20, with a visible sticker on the bag that stated, "Refrigerate." Continued observation revealed the Latanoprost 0.005% eye drops were stored in the medication cart along with injectable and oral

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P 280	Continued From page 10 medications. The sticker noting the eye drops were to be refrigerated was brought to the Administrator's attention at that time. An additional observation of medication cart B on 04/24/2026 at 10:30 AM, with the Administrator present, revealed a Lantus pen and Insulin Aspart pen. Additional observation revealed there were four bottles of eye drops (topical medications) being stored in the same drawer of the medication cart as the injectable insulin pens (Which according to the Administrator, at the time of observation, belonged to R20, R47, R31, and R45). Continued observation revealed R20's Latanoprost 0.005% eye drops with the visible "Refrigerate" sticker on the bag still being stored in the medication cart with other medications. During an interview with the Administrator on 04/24/2026 at 10:33 AM, she stated she was not aware medications for external (topical) use should be stored separately from injectable or oral medications. Per observation at the time of interview, the Administrator moved the eye drops to a separate, empty drawer in the medication cart. She stated she did not know why the Latanoprost eye drops were still stored in the medication cart and not in the refrigerator as indicated.	P 280		
P 330	902 KAR 20:036 5(3)(b)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: (b) Housekeeping and maintenance services. 3. Safety. The condition of the overall	P 330		

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P 330	Continued From page 11 environment shall be maintained to ensure the safety and well-being of residents, personnel, and visitors. This requirement is not met as evidenced by: Based on observation, interview, and review of the facility policy, the facility failed to ensure the condition of the overall environment was maintained to ensure the safety and well-being of residents, personnel, and visitors. Observation of the overall facility during the State Survey Agency (SSA) Survey 04/15/2026 through 04/24/2026, revealed several environmental concerns as well as an ongoing infestation of bed bugs. The findings include: Review of the facility's undated policy titled, "Housekeeping and Maintenance", revealed the purpose of the policy was (for the facility) to maintain a clean, safe, and sanitary environment. Further review revealed housekeeping staff and	P 330		

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management shared responsibility for cleanliness and maintenance in the facility.

Review of the facility's undated policy titled, "Pest Control," revealed the purpose of the policy was to prevent infestations and maintain sanitation.

Review of the facility's, "Bed Bug Control Log" revealed the first bed bug treatment for bed bugs specifically was on 01/08/2026. From a contracting perspective, the facility signed a contract with a pest control services company to provide treatments specifically for bed bugs on 01/08/2026. Per review, on 02/25/2026 an additional contract to have weekly treatments provided for bed bugs was completed. Continued review of the Log revealed the facility documented monitoring results for each time the pest control agency had treated the facility. Further review revealed staff marked the treatments as ineffective until late March 2026, with only a couple of rooms recorded to have shown improvement. The pest control agency had not provided additional visits if live bugs were found, as they were only contracted to treat the facility once a week.

During an interview with the Administrator, on 04/16/2026 at 10:30 AM, she stated there were several resident rooms that had active bed bugs. She verbalized understanding that residents should not have to live in a facility infested with bed bugs, but said, the facility was working to get the issue under control. The Administrator reported Pest Control Representative (PCR) 1 had explained to her, there were spaces where the bugs hid and then came out after the beds, mattresses, and frames were sprayed. She stated the PCR said those should be replaced, and those changes were being addressed. She

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reported the facility had purchased multiple new mattresses and whenever staff found a damaged mattress it was replaced, and the facility was working on getting some new bed frames.

During a meeting with the Regional Manager (RM), on 04/16/2026 at 1:00 PM, four members from the local Fire Department were in the front office and requested surveyors to join the meeting. Fire department / Code Enforcement (FDCE) Chief had explained to RM that he had the authority to close that facility based on the continued infestation of bed bugs and the health risk to the community. He further stated he would close their sister facility located in the same county as well due to the same issues with the bed bugs. FDCE Chief provided photos of bed bugs in the facility on walls and bed frames and floors that he had received that day. FDCE Chief stated that he would allow the state surveyors to complete their investigation and what the facility's plans were to address the concerns before making any further decisions.

During an interview with the RM, on 04/16/2026 at 1:30 PM, she stated the Pest Control Representative (PCR) 1 had stated that the fumigation process was not required when they had begun with bed bug treatments. He believed the treatments that were being implementing should resolve the infestation problem. She stated after the facility had monitored treatments and had only observed minimal improvements, she stated she had explained to PCR 1 that the current treatment was not working and inquired about the next step. She stated PCR 1 had recommended new mattresses and bed frames, but she did not believe that would resolve the root cause of the problem.

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P 330	Continued From page 14 1(a). Observation of Hall A, on 04/17/2026 at 9:55 AM, revealed two live bed bugs climbing on the wall outside of room 14. (b). Observation of Room 20/Hall B, on 04/17/2026 at 10:14 AM, revealed dead bed bugs on the floor and walls. Per observation, there was a large peeling section of the wall with a discoloration that resembled mold above the air conditioning unit under the window. Continued observation revealed in the bathroom, the ceiling was peeling around the exhaust fan and hanging from the ceiling. Further observation revealed a small cable fixture (a box that was to be affixed to the wall to cover the access point of the cable) was dangling from the wall by the cable in the room on the left of R32's bedside. In interview with PCR 1, on 04/17/2026 at 10:30 AM, he stated the facility's bed bug problem had been ongoing for a long time. He said he advised the facility's owners to incorporate weekly bed bug treatments before the bed bug issue got out of control as the facility's self-treatments were not working. PCR 1 explained the facility's owners eventually approved weekly bed bug treatments. He reported the Administrator and Regional Manager (RM) had been advised the facility's old rusted bed frames played a large role in keeping the bed bug treatments from working entirely, since the bugs were inside the bed frames. The PCR stated he was aware that live bed bugs were still in the facility. He said the facility was also aware it would take a new process and more time to eliminate the bed bugs entirely. PCR 1 explained the bed bugs were being transported by residents to the hospital, buses, ambulances, and other personal care facilities by the facility's residents, because they shared the same transportation and resources with those other	P 330		

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facilities. He stated his company's pest control company had provided bed bug services to other ambulatory centers because of the ongoing issue. PCR 1 stated he had tried methods other than fumigation to prevent residents from being relocated to other facilities and feared the bed bugs would be transported to those new locations. He further stated the facility needed put a monitoring system in place to ensure residents leaving and returning to the facility were checked to ascertain there were no new bed bugs brought into the facility.

2(a). Observations of Room 34/Hall B, on 04/17/2026 at 11:06 AM, revealed multiple dead bed bugs on the walls, and bedframes, and on the floor. Per observation, along the majority of the length of one wall approximately six inches from the ceiling there was a large crack in the paint. In addition, observation further revealed bed bug feces surrounding the area of that crack.

(b).During an interview with Resident Aide (RA) 2, on 04/22/2026 at 11:00 AM, she stated she recalled being in-serviced on her responsibilities to maintain a clean environment. She further stated she had been educated on monitoring residents, how to identify bed bugs, and what steps to take once the bed bugs had been identified, and on ensuring room cleanliness. She acknowledged that the facility was being treated and stated that she felt bad for the residents.

(c). During an interview with Family Member (FM) 1, on 04/22/2026 in 11:40 AM, she reported being "extremely" concerned about the facility's infestation of bed bugs. She said she was concerned for R22 (her daughter), and for the health of the other residents in the facility. FM 1 stated she had reported her concerns multiple

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times to the facility staff. She reported last week during a visit to the facility, she observed a bed bug crawling on her while she was in R22's room. The Family Member said R22 told her she had found live bed bugs on her bed multiple times, and the resident had complained to her (FM 1) often about being bitten. She stated even though the facility had a pest control service that had been treating the facility it had not worked effectively to resolve the bed bug issue. FM 1 explained she feared R22 would bring the bed bugs into her home when she (R22) visited at home with her (FM 1). She further stated anytime R22 visited with her she checked the resident for any bed bugs on her clothes and / or on her person. FM 1 additionally said she had continually expressed her concern for R22's health to the facility.

(d). Observation of R22's room, on 04/22/2026 at 11:45 AM, revealed live bugs crawling all over her bed and linens.

During an interview with R22, on 04/22/2026 at 11:50 AM, she stated she was still being bitten by bed bugs, even after her bed linens and clothing had been laundered. She said the bed bugs returned, and she did not like being in bed covered in bugs. She further stated she believed the facility was trying to get rid of the bed bugs, but had not been very successful in doing so.

During a second interview with the RM, on 04/24/2026 at 2:08 PM, she stated a new pest control contract would be signed with a plan to begin a new bed bug treatment on 04/27/2026. She reported extermination of the bed bugs was the facility's priority and to ensure residents were able to be placed back into their own rooms. In addition, the RM further stated every treatment

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P 330	Continued From page 17 would be monitored and documented on the facility's bed bug log sheet and utilized daily to maintain effectiveness to provide a safe and homelike environment for the residents.	P 330		
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. c. Garbage and trash shall be stored in areas separate from those used for the preparation and storage of food and shall be removed from the premises regularly. Containers shall be cleaned regularly. d. A pest control program shall be in operation in the facility. Pest control services shall be provided by maintenance personnel of the facility or by contract with a pest control company. Care shall be taken to use the least toxic and least flammable insecticides and rodenticides. The compounds shall be stored under lock if stored by the facility.	P 335		

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This requirement is not met as evidenced by:
Based on observation, interview, record review, and facility policy review, the facility failed to maintain an effective pest control program as evidenced by an ongoing infestation of bed bugs in the facility, affecting 11 of 36 resident rooms (2A, 9A, 11A, 12A, 13A, 21C, 22C, 20B, 21B, 31B, and 37B).

Observations on 04/15/2026 and 04/24/2026 revealed both dead bed bugs, as well as live bed bugs crawling on residents' beds and linens, the walls inside the rooms, and outside walls in the hallway on Hall A and B of the facility. Hall C also had both dead and live bed bugs in the resident rooms but none observed in the hallway.

The findings include:

Review of the facility's undated policy titled, "Pest Control", revealed the purpose of the policy was to prevent infestations and maintain sanitation.

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P 335	Continued From page 19 Review of the facility's, "Bed Bug Control Log," revealed the facility signed a contract with a pest control services company for treatments specifically for bed bugs on 01/08/2026. Continued review revealed on 02/25/2026, an additional contract was obtained for weekly treatments for bed bugs. Per review, the facility documented the monitored results each time the pest control treated the facility. Further review revealed however, staff marked the pest control treatments ineffective (for bedbugs) until late March 2026, with only a couple of rooms recorded as having shown improvement. Review of the facility's pest control invoices, revealed visits had been provided for bed bug treatments on 02/17/2026, 03/03/2026, 03/10/2026, 03/17/2026, 03/24/2026, 03/31/2026, and 04/14/2026, and since the last State Survey Agency (SSA) survey. Further review of the invoices revealed no documentation of a treatment provided on 02/24/2026. 1(a). Observation of room 9/Hall A on 04/16/2026 at 8:50 AM, revealed live bed bugs crawling on Resident (R)13's bed. (b). Observation of room 13/Hall A, on 04/16/2026 at 9:30 AM, revealed live bed bugs observed on R3's bed linens. In interview, at the time of observation, R3 stated she had observed some small bugs that morning and killed them. (c). Observation of room 11/Hall A on 04/16/2026 at 10:10 AM, revealed active bed bugs crawling on R22's bed linens. In interview, at the time of observation, the resident verbally complained of being bitten.	P 335		

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(d). Observation of room 37/Hall B, on 04/16/2026 at 10:14 AM, revealed numerous dead bed bugs on the walls and floors. Further observation revealed two live bed bugs crawling on the wall.

During an interview with the Administrator, on 04/16/2026 at 10:30 AM, she stated there were several resident rooms that had active bed bugs. She verbalized understanding that residents should not have to live in a facility infested with bed bugs, but said, the facility was working to get the issue under control. The Administrator reported Pest Control Representative (PCR) 1 had explained to her, there were spaces where the bugs hid and then came out after the beds, mattresses, and frames were sprayed. She stated the PCR said those should be replaced, and those changes were being addressed. She reported the facility had purchased multiple new mattresses and whenever staff found a damaged mattress it was replaced, and the facility was working on getting some new bed frames.

2(a). Observation of room 21/Hall C, on 04/17/2026 at 9:55 AM, revealed live bed bugs on R9's bed linens.

(b). Observation of room 12/Hall A, on 04/17/2026 at 10:00 AM, revealed R23 lying on the bed with her eyes closed, with live bed bugs crawling on the bed linens she was covered up with.

(c). Observation of room 22/Hall C, on 04/17/2026 at 10:05 AM, revealed live bed bugs crawling on one of the beds located by the window.

(d). Observation of room 20/Hall B, on 04/17/2026 at 10:14 AM, revealed a large live bed

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bug on R32's headboard. In addition, observation revealed a smaller live bed bug crawling on R31's bed linens.

During an interview with PCR 1 on 04/17/2026 at 10:30 AM, he stated the facility's bed bug problem had been going on for "a long time." He reported he had constantly advised the facility's owners to incorporate weekly bed bug treatments before the issue got out of control as their self-treatments were not working. PCR 1 said the owners eventually approved the weekly bed bug treatments. He explained he advised the facility's Administrator and the Regional Manager (RM) that the old rusted bed frames were a big factor in preventing the bed bug treatments from working entirely, as the bugs were inside the bed frames. The PCR stated he was aware that live bed bugs were still in the facility and it would take a new process and more time to eliminate the bed bugs entirely. He explained the bed bugs were being transported by residents in the facility out to the hospital, the buses, the ambulances, and other personal care facilities because they shared the same transportation and resources. PCR 1 said the pest control company had provided bed bug services to other ambulatory centers because of the facility's ongoing issue. He stated he had tried treatments other than fumigation to prevent residents from having to be relocated to other facilities. PCR 1 said he feared the bed bugs would be transported to the new locations if the residents were relocated. He explanied to the facility administration that if they decided to fumigate the building for bed bugs it would be important to ensure old bed frames were pressure washed or replaced to ensure there were no bugs hidden in the frames. Additionally, he stated the facility needed to have a monitoring system in place for when residents left and

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returned to the facility to make certain the residents were checked and ensure there were no new bed bugs brought into the facility.

3(a). Observation of room 21/Hall B, on 04/20/2026 at 9:32 AM, revealed a live bed bug on the far wall of the room under the window.

(b). Observation of room 2/Hall A on 04/20/2026 at 9:40 AM, revealed live bed bugs crawling all over bed A, with the linens having pockets of blood on them.

(c). Observation of room 31/Hall B, on 04/20/2026 at 9:45 AM, revealed numerous live bed bugs along the floor behind R39's bed and on the far wall of the room. Further observation revealed three dead bed bugs were on R39's pillow.

During an interview with Family Member (FM) 1, on 04/22/2026 in 11:40 AM, she stated she was "extremely concerned" about the facility's infestation of bed bugs. She said she had concerns for R22 (her daughter), and for the health of the other residents. FM 1 said she had reported her concerns multiple times to the facility staff. She explained she had observed a bed bug crawling on her while she had been in R22's room during a visit to the facility last week. FM 1 stated R22 complained to her often about being bitten and how she had found live bed bugs on her bed multiple times. She stated she was aware the facility had a pest control service treating the facility for the bed bugs however, that had not worked effectively to resolve the issue. The FM reported she had considered calling the health department because the issue was a health hazard. She said she was glad the State Survey Agency (SSA) Surveyors were in the facility and had hoped the issue would be resolved. FM 1

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stated R22 sometimes went home with her and she feared the bed bugs would be brought into her home. She stated anytime R22 visited her, she checked her (R22) for any bed bugs. Additionally, during the interview, the FM continually expressed her concern for R22's health in the facility.

During an interview with the RM on 4/22/2026 at 10:24 AM, she stated the Deputy Chief of the local fire department had recommended the facility contact another pest control agency for an inspection and quote for bed bug treatment. She she had consulted a different pest control agency that was contracted for effectively treating bed bugs in one of their sister facilities. She stated PCR 2 indicated that fumigation would not work and believed a powder treatment would be more effective at exterminating the bed bugs in the facility.

During an interview with PCR 2, on 04/22/2026 at 2:21 PM, he stated he had successfully treated bed bugs in a sister facility to the facility. He said he was willing to travel to start a treatment plan for the facility. The PCR reported his plan was to conduct an initial evaluation of the facilty and complete a full week of treatments the following week. He explained he had not inspected the facility, but had observed pictures the RM provided to him. PCR 2 stated fumigation was "a waste of money" and he preferred a "transport micron liquid spray and Delta Dust" (insecticides) for treatment. He further stated something with a "residual" was needed for the extermination of the bed bugs and their eggs.

During an additional interview with the RM, on 04/24/2026 at 2:08 PM, she stated once the new pest control contract was signed, the plan was for

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P 335	Continued From page 24 the new bed bug treatment to begin on 04/27/2026. She reported the goal was to exterminate the bed bugs and hopefully get all the residents "situated" back into their rooms. In addition, the RM further stated the facility's bed bug logs would be utilized daily after every treatment to monitor for bed bugs in the facility.	P 335		