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 12/23/2025

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 KY00047553, KY00047684, KY00047701, KY00047683, KY00047579, and KY00047640 was initiated on 12/22/2025 and concluded on 12/23/2025. There was no deficient practice identified with KY00047553. Deficiencies were cited related to KY00047684, KY00047701, KY00047683, KY00047579, and KY00047640 were cited at P0210, P0335, and P0350. Survey Dates: 12/22/2025 through 12/23/2025 Facility census: 93 Sample size: 14	P 000		
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.	P 210		

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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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P 210	Continued From page 1	P 210		

This requirement is not met as evidenced by:
Based on observation, interview and record review, the facility failed to follow physician orders and arrange therapeutic services for an optometrist, dentist, and pain management for one (Resident (R) 2) of two sampled residents reviewed for appointments.

The findings include:

Review of R2's medical record revealed the resident was admitted on 02/28/2025 to the facility with diagnoses including psychosis, traumatic brain injury, gastroesophageal reflux disease (GERD), and Vitamin D deficiency. Per a History and Physical document from a previous facility, R2 also experienced redness and teary eyes and had a focal deficit.

Record review of physician orders revealed an order signed and dated on 05/12/2025 for referrals to an optometrist, dentist, and pain management.

Record review of R2's medical record revealed there were no appointments scheduled, in accordance with physician orders, in the period between 05/2025 and 12/2025. Further review revealed no evidence of attempts to schedule appointments or documentation as to why the

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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 210	Continued From page 2 physician's order for therapeutic provider appointments was not acted upon. Observation on 12/23/2025 at 10:30 AM revealed the resident had multiple missing teeth. R2 was eating popcorn at this time and stated he was not able to enjoy eating popcorn like he used to, as he struggled with chewing due to the poor condition of his teeth. Further interview with R2 on 12/23/2025 at 10:30 AM revealed that he would like his ordered appointments to be scheduled. In addition to the dental issues he described, R2 also stated he needed to see an eye doctor due to his vision. During the interview, R2 also noted he had experienced a fall which caused body pain. Interview with R2's family member (FM2) on 12/23/2025 at 2:05PM revealed she had told the facility many times that R2 needed his appointments scheduled. She stated R2 had missing teeth and would like for him to obtain dentures. She stated their usual response was "We will get to it" but nothing was ever accomplished. Interview with the Administrator on 12/22/2025 at 2:30PM, revealed she had served as Administrator since taking the position in 10/2025. The current Administrator stated she did not know what attempts the previous Administrator made to schedule appointments prior to her taking the administrator position in October 2025. She stated since becoming Administrator, she made attempts to schedule R2's appointments; however, R2's insurance did not cover the needed visits. She stated that after learning that the resident's insurance would not cover his visits, she attempted to notify his	P 210		

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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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P 210	Continued From page 3 daughter of those circumstances. Further interview with the Administrator revealed that important information like this should be documented. However, review of facility documentation revealed no evidence of attempts to contact family members regarding these appointments.	P 210		
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	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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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P 335	Continued From page 4 compounds shall be stored under lock if stored by the facility. 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 eight (Resident (R)2, R4, R5, R6, R7, R8, R11, and R12) of 13 sampled residents. Observations in the facility on 12/22/2025 and 12/23/2025 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 Side B of the facility. The findings include: Review of the facility's undated policy, titled, "Bed Bug Protocol," revealed that when bed bugs were	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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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P 335	Continued From page 5	P 335		

identified, staff should keep the person and all personal items in one area and report to the Administrator and pest control company. In addition to notifying the pest control company, other actions included the need to double-bag and tightly tie resident's personal items. Further review revealed staff were to keep infested residents out of community areas and prevent socializing with other residents until bed bugs were contained.

Review of the facility's pest control contract revealed that the company was to provide monthly services. Further review of the contract revealed that its regularly scheduled services did not include services related to bed bugs. Per the contract, services to treat bed bugs were an additional charge. Review of the facility's Pest Control invoices, dated 09/2025 through 12/2025, confirmed the facility has been serviced monthly by the pest control contractor; however, the services did not include the treatment of bed bugs.

a. Observation of R5's room on 12/22/2025 at 10:00 AM, revealed live bed bugs crawling on her bed and the wall.

b. Observation of R6's room on 12/22/2025 at 10:03 AM, revealed live bed bugs crawling all over the bed with blood-stained linens.

During an interview with R6 on 12/23/2025 at 10:00 AM, she confirmed that the facility currently had an active bed bug infestation. R6 described the bed buds as "very bad," stating that she had been bitten multiple times. She stated she believed the facility had treated her room and was not aware that there were still live bugs in

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 12/23/2025

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	P 335		

her room. R6 stated she had some itching at nights, and the facility had not provided anything for bites to her skin.

c. Observation of R7's room on 12/22/2025 at 10:10 AM, revealed active bed bugs on both beds in the room. During the observation on 12/22/2025 at 10:10 AM, R7 was noted to have multiple scabbed areas on her upper left arm. At this time, R7 stated she previously had bed bugs and bites, and she was waiting on medication to put on it to prevent itching.

d. Observation of R8's room on 12/22/2025 at 10:15 AM, revealed blood-stained linens on her bed. Additionally, observation revealed live bed bugs on both beds in the room. During the observation on 12/22/2025 at 10:15 AM, R8 was noted to have bug bite marks on her body. At this time, R8 stated she thought her room had been treated and was upset to learn there were still live bugs in her bed. \

e. Observation of R2's on 12/22/2025 at 10:30 AM, revealed his bed and bed linens were stained with blood and had both live and dead bugs on the mattress and the bedding. In an interview with R2, on 12/22/2025 at 10:30 AM, he stated he had bug bites, and the facility had not provided any treatment.

f. In an interview with R11 on 12/23/2025 at 9:45 AM, she stated the staff had changed her bedding the previous day and she had showered and had been provided new clothing to put on. She stated she had not seen any bed bugs but if she had she would kill them. R11 stated the observed blood stains on her pillowcase was from when she had killed those bed bugs. She

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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 7 stated she had not slept well at night sometimes and was concerned with having to sleep in a bed with live bed bugs. g. In an interview with R12 on 12/23/2025 at 10:15 AM, she stated she was aware of active bed bugs in the facility. She stated she had observed bugs on her bed before but thought they had been treated. She stated she does not like being in the facility with bed bugs. h. In an interview with R4 on 12/23/2025 at 10:30 AM, he stated the bed bugs were extremely bad when he was in another room and that the mattress had a large black spot made up of bed bugs. He stated they treated the room where he was but moved him into his current room. He stated he was still finding live bed bugs in his new room and had killed three that morning. He stated it was very humiliating and not a good environment. In an interview with the complainant on 12/22/2025 at 2:40 PM, she stated she had quit working at the facility in part because of the problem with bed bugs. The complainant stated that bed bugs had been an issue for the entire three months she worked at the facility and were so bad, you could observe them crawling up the walls in the resident rooms and the halls. She noted that the residents were suffering because they were being bitten. Further interview with the complainant revealed the facility was self-treating the problem (rather than using their pest control service) to deal with the bed bugs. She expressed the belief that their treatment was not effective, and the facility was not doing anything substantial to resolve the issue with the bed bugs. The complainant noted staff were	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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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P 335	Continued From page 8	P 335		

supposed to follow the policy to ensure the bed bugs did not spread; however, administration was not enforcing all the policies, and the treatment was not effective.

In an interview with Resident Aide (RA)/Med-Tech 2, on 12/23/2025 at 10:35 AM, she stated there had been a problem with bed bugs the entire three months she worked in the facility. The RA/Med-Tech 2 stated she did not believe the administration was doing all they could to get rid of the bed bugs. She stated the staff were trained on what to do when live bed bugs were observed in the facility, explaining that first they were to bag all linens and clothing in that resident room, residents were to be showered, and then moved to another room. Once the bagged linens were stored for a certain amount of time, those linens were to be washed and dried in high temperatures. However, she continued, she did not believe that all staff were following those procedures, and the administration was not monitoring or enforcing these procedures. She stated the residents were not sleeping well because of itching and a lot of the residents stayed out of their rooms all day long. She further stated she believed this concern could affect a resident's mental status and cause unwanted behaviors.

Observation during the survey confirmed the complainant and RA/Med-Tech 2's statements about the failure to follow the facility's procedures to prevent the spread of bed bugs. For example, observation of RA1, on 12/22/2025 at 3:20 PM, revealed the staff was gathering linens from resident ' s rooms that had live bed bugs. RA1 placed these linens into a cart and took them to the laundry room to wash, without placing the

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 12/23/2025

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 9	P 335		

linens in black trash bags and sealing them before washing in accordance with the policy. In addition, observation of the facility, on 12/23/2025 at 10:00 AM, revealed R6 was sitting in the commons area with other residents after her room was identified to have active bed bugs and was not prevented from socializing with other resident per the facility ' s policy.

In an interview with Handyman, on 12/23/2025 at 10:40 AM, he stated he had worked at facility for 3 weeks. He stated the facility was treating the bed bugs with chemicals which were sent to the facility from corporate; however, he had observed minimal results from those treatments.

In an interview with the Assistant Administrator, on 12/22/2025 at 10:40 AM, he stated staff was treating the bed bugs and indicated the belief that they were taken care of. After saying this, he confirmed that he was aware that there were still rooms with live bed bugs which were currently being actively treated.
In an interview with the Administrator, on 12/23/2025 at 12:50 PM, she stated she made rounds herself and knew that there were active bed bugs in at least ten rooms, and she had thrown out multiple bags of blood-stained linens in the past week. The Administrator stated the facility attempted to control the bed bugs internally the best they could and had been in contact with corporate; however, she did not believe that the corporate office was acting on the information provided. She stated that she informed Corporate that the chemicals that they had provided were not effective, but they had provided no further guidance. The Administrator stated she did not have the authority to have pest control come in to treat for bed bugs since this

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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 10 would entail an additional charge. She stated a potential negative outcome of the current bed bug infestation is that residents could be affected mentally by not sleeping, scratching a lot, losing their clothing because of the bites, and blood marks as well on linens. The Administrator stated she monitored staff daily to ensure they were following policy; however, nothing was working to control the current bed bug infestation.	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. 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.	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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 11 This requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow menus, update the menu when substitutions were made, or ensure that the substitutions were of equal nutritive values. During the lunch meal on 12/22/2025, facility staff failed to serve the planned foods listed on the menu, make sure that the revisions to the menu contained the same amount of protein, bread, dairy, and vegetables as originally planned, and document the changes made to the menu, which affected 93 of 93 residents who were provided meals in the facility. The findings include: A request for dietary policies was made to the Administrator on 12/22/2025 at approximately 10:30 AM. After checking with the corporate office, the Administrator replied that there were no dietary policies regarding serving sizes, substitutions, or equivalency of nutritive values. No such policies were provided prior to exit from the survey on 12/23/2025. In an interview with Resident (R)13, on 12/22/2025 at 11:55 AM, he stated the residents were not getting enough food and they never have enough left over for residents to ask for extra servings.	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 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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P 350	Continued From page 12 In an interview with R14, on 12/22/2025 at 12:00 PM, he stated the lunch meal was never enough food and he was still hungry; however, residents were told on multiple occasions that there were no leftovers. R14 stated that he had not received enough food that day and asked for more, adding that if the state workers were not in the facility and directly observed when he asked staff for more food, he believed they would have told him no. Observation on 12/22/2025 at 11:30 AM, revealed the posted menu for the day was to include tomato soup, grilled cheese sandwich, tossed salad, and ice cream for dessert. Further observation revealed drinks were to include Kool-Aid, coffee, tea, and water. No substitutions to the menu were noted. Observation of the actual lunch meal served on 12/22/2025 at 11:30 AM revealed that instead of tomato soup, residents received approximately 2 ounces of chicken noodle soup with one package of crackers. The small serving of soup was not provided in a bowl, but instead, was served on a flat sectioned tray, whose sides were approximately ¼ inch high and which could not hold any additional soup. In addition, the meal did not include the planned grilled cheese sandwich, with the result that the residents failed to receive either the bread or protein planned per the menu. The meal failed to include the planned tossed salad, resulting in residents not receiving the scheduled vegetable serving. The residents also failed to receive the planned dairy serving (ice cream), and instead, received a scoop of apple sauce for dessert. The only drink served was water, with none of the other beverage options listed on the menu provided.	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 12/23/2025

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

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P 350	Continued From page 13 In an interview with Cook1, on 12/22/2025 at 12:05 PM, she stated she normally followed the menu unless the facility ran out of something. She stated when that occurred, she had to make decisions on what to serve as a substitute. Further interview with Cook 1 revealed her statement that she did not have all of the menu items needed for the lunch meal on 12/22/2025, resulting in the observed substitutions. However, observation of the kitchen, on 12/22/2025 at 11:45 AM, revealed the food items listed on the lunch menu were present in the facility stock. The food supplies on hand included multiple loaves of bread in the pantry, cheese slices, and bags of salad, which were observed in the refrigerator. Observation of the kitchen revealed sufficient food in the pantry, refrigerator, and freezers to prepare the meal as originally scheduled on the menu. In addition, although the two ounces of soup was served on a flat tray, dishware supplies, including bowls, were observed and were sufficient in number to provide a full serving of soup. Additional interview with Cook1, on 12/22/2025 at 12:15 PM, revealed that residents should be able to request more food if there were leftovers and were still hungry, but she did not prepare enough for extra servings that day and did not realize the meal she served had less food than what was required on the menu. In an interview with the Administrator, on 12/22/2025 at 12:30 PM, she stated she had previously discussed with Cook1 about preparing enough food for the residents, as well as extra if they asked for it, and the need to ensure they did not run out of food during lunch service. The	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 12/23/2025

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 14 Administrator stated that the cook was to report to her if there were items she needed or she had to make substitutions. However, Cook1 failed to express to her about not having the food items listed on the menus or that she had altered the menu, and the Administrator was unaware of the changes made until surveyor intervention. Further interview with the Administrator revealed her belief that Cook1 and the other kitchen staff required re-education and training on the importance of following the menus and substituting food items and amounts appropriately. In an interview with Resident Aide (RA)2, on 12/23/2025 at 10:35 AM, stated she worked in the kitchen before but normally on the evening shift and the residents got plenty of food to eat at the evening meal. She stated since she had been on days while training as a Med-Tech, she had observed that the lunch meals were not enough to ensure residents were satisfied. She stated she had never known of the facility not having enough food in stock, but depending on who was working determined how much food was prepared. She stated residents required adequate food for nutrition, and they should never feel hungry. During a second interview with the Administrator, on 12/23/2025 at 12:50 PM, she stated residents did not always get extra servings and confirmed that residents should always be able to ask for something extra if they were still hungry. She stated if there was not enough food being served during a meal or to receive extra servings, the residents could request something else from the kitchen. She further stated dietary staff should be using bowls to serve soup (instead of flat trays)	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 12/23/2025

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P 350	Continued From page 15 which was unacceptable as she had recently purchased more soup bowls and other dishes. She reiterated the need for dietary staff to be retrained about following menus and substituting menu items to ensure they were meeting the nutritive values in meals for the residents, and that residents were getting enough to eat.	P 350		