

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Morgantown Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 South Warren Street Morgantown, KY 42261	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50153</p> <p>Based on observation, interview, and review of the facility's policy, it was determined the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with the manufacturer's specifications, and accepted professional nursing principles and practices for one (1) of four (4) medication carts audited out of a total of seven (7) medication carts.</p> <p>Observation on 05/24/2024 at 9:40 AM, of the medication cart (Cart 1) that serviced rooms #15-27 on The City hall, revealed seven (7) cards of medications were beyond the expiration date printed on the label as well as the beyond use date identified on the affixed pharmacy-generated label. This affected Residents (R3), R23, R36 and R91.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Medication Administration, General Guidelines, dated 09/2018, revealed medications are administered as prescribed in accordance with manufacturer's specifications, good nursing principles and practices. Further review revealed the person administering the medication is to, check expiration date on package/container. No expired medications will be administered to a resident. Additional guidelines included, the beyond use dating, which only lists month/year, fall to the last day of the month.</p> <p>Observation on 05/24/2024 at 9:40 AM, of the medication cart (Cart 1) that serviced rooms #15-27 on The City hall, revealed seven (7) cards of medications were beyond the expiration date printed on the label as well as the beyond use date identified on the affixed pharmacy-generated label. The expired medications prescribed to R3, R23, R36 and R91 included the following:</p> <p>Resident (R3)</p> <p>Pantoprazole 20 mg tablets (medication used to treat gastroesophageal reflux disease) expired 03/15/2024 with eight (8) tablets remaining.</p> <p>R23</p> <p>Meclizine 12.5 mg tablets (antihistamine) expired 04/18/2024 with 25 tablets remaining.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Morgantown Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 South Warren Street Morgantown, KY 42261	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Amlodipine 2.5 mg tablets (medication used to treat high blood pressure) expired 05/15/2024 with 25 tablets remaining.</p> <p>R36</p> <p>Olanzapine 2.5 milligrams (mg) half tablets (antipsychotic) expired 03/14/2024 with 27 tablets remaining.</p> <p>Olanzapine 2.5 mg half tablets expired 04/24/2024 with 30 tablets remaining.</p> <p>R 91</p> <p>Cetirizine 5 mg tablets (antihistamine) expired 02/28/2024 with 1 tablet remaining.</p> <p>Vitamin D3 50 microgram tablets expired 03/16/2024 with seven (7) tablets remaining.</p> <p>During an interview on 05/24/2024 at 9:40 AM, with Licensed Practical Nurse (LPN) 3, she stated she was not usually on this medication cart, but was assigned to it this day. LPN3 further stated the nurses assigned to the medication cart should check the expiration dates of the medications and remove them if expired. In continued interview, she stated the contracted pharmacy checked for expired medications, but she was unsure of how often pharmacy completed this audit.</p> <p>In an interview with the Assistant Director of Nursing (ADON), on 05/29/2024 at 4:25 PM, she stated it was her expectation medications be removed from the medication cart if expired or discontinued, by the nurses assigned to the carts. The ADON further stated she audited the medication carts as often as every two (2) weeks, monthly, and as needed.</p> <p>In an interview with the Director of Nursing (DON), on 05/29/2024 at 3:06 PM, she stated a representative from the pharmacy checked the medication carts and medication storage monthly. She stated the pharmacy representative tried to get to the facility early enough to check all medication carts and was at the facility just last week. The DON further stated it was her expectation the floor nurses assigned to the medication carts would pull the medication from the cart if it was discontinued or expired. Further, she stated she expected the pharmacy medication cart audits to catch any expired medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Morgantown Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 South Warren Street Morgantown, KY 42261	
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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44370</p> <p>Based on observation, interview, review of facility policy, and review of the Kentucky Food Guide 2013 Food Code guidance, it was determined the facility failed to provide foods at a safe and appetizing temperature on 05/24/2024 for the noon meal, to the residents of Serenity Hall.</p> <p>Observation on 05/24/2024 at 12:09 PM, revealed during kitchen tray line for Serenity Hall, the [NAME] slaw, cucumber salad and banana pudding was left out sitting on a tray, and was not placed in an ice bath. Following the completion of the tray line for Serenity Hall, at 12:25 PM, the State Surveyor requested a temperature check on all foods on the tray line and the following temperatures were observed: coleslaw, seven (7) servings at 61 degrees Fahrenheit (F); cucumber and onion salad, two (2) servings at 66 degrees F, and banana pudding 15 servings at 71 degrees F.</p> <p>The findings include:</p> <p>Review of facility policy titled Food Preparation, dated 02/2023, revealed all foods would be prepared in accordance with the Food and Drug Administration (FDA) food code. Continued review revealed all foods will be held at appropriate temperatures of less than 41 degrees Fahrenheit (F) for cold food holding.</p> <p>Review of the Kentucky Food Guide 2013 Food Code, revealed cold foods should be held at 41 degrees F or less.</p> <p>Review of the Service Line Checklist, dated 05/24/2024, revealed temperatures for all hot and cold foods should be taken prior to service and recorded. Temperature of cold food should be at or less than 41 degrees F. Continued review of the Checklist recorded temperatures for the 05/24/2024 noon meal prior to serving, revealed the coleslaw was 33 degrees F, cucumber and onion salad was 36 degrees F and the banana pudding was 35 degrees.</p> <p>Observation on 05/24/2024 at 12:09 PM, revealed during tray line for Serenity Hall, the [NAME] slaw, cucumber salad and banana pudding was left out sitting on a tray, and was not placed in an ice bath. Following the completion of the tray line for Serenity Hall, on 05/24/2024 at 12:25 PM, the State Surveyor requested a temperature check on all foods on the tray line and the following temperatures were observed: coleslaw, seven (7) servings at 61 degrees F; cucumber and onion salad, two (2) servings, at 66 degrees F; and banana pudding 15 servings at 71 degrees F.</p> <p>During an interview with the Dietary Manager on 05/24/2024 at 12:27 PM, she stated the cold foods should be held at 41 degrees F. The Dietary Manager who was assisting with tray line proceeded to replace the coleslaw, salad and pudding and placed these food items in an ice bath.</p> <p>In a follow up interview with the Dietary Manager, on 05/24/2024 at 5:08 PM, she stated the banana pudding was canned and was refrigerated prior to the noon meal being served. She further stated she could not speak to the food temperatures during tray line and the State Surveyor would need to speak to the cook.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Morgantown Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 South Warren Street Morgantown, KY 42261	
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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the Dietary Cook, on 05/24/2024 at 5:24 PM, she stated the dining cart for Serenity Hall was the fourth cart that left the kitchen. She stated the trays of pudding, coleslaw and salad were not placed in an ice bath prior to serving. She further stated dietary staff typically used an ice bath for cold food, but they were in a rush because a staff member had to leave due to a family emergency. The Dietary [NAME] stated the banana pudding was canned and they added bananas to the regular diet. She further stated she could not recall what the tray line food temperatures were prior to serving the noon meal. The State Surveyor shared that the recorded temperature for the banana pudding was 35 degrees Fahrenheit (F), the coleslaw was 33 degrees F, and the cucumber and onion salad was 36 degrees F. The cook stated based on those temperatures she would assume the food items had been in the cooler prior to her taking the temperatures. The Dietary [NAME] stated the temperatures taken of the cold foods following the completion of the tray line for Serenity Hall were not at a safe temperature and residents could potentially become sick if foods were not kept at safe temperatures.</p> <p>During an interview with the Director of Nursing (DON), on 05/24/2024 at 4:32 PM, she stated she expected kitchen staff to check food temperatures before and while serving food. She stated the cold foods at the noon meal tray line maybe should have been placed in an ice bath. She further stated she could not provide an answer for potential outcomes if food was served at inappropriate temperatures as she really could not answer a hypothetical question.</p> <p>During an interview with the Administrator, on 05/24/24 at 4:40 PM, he stated he expected cold foods to be kept cold. He stated the food code mentioned food should be palatable and served at a safe temperature.</p>		