

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Owensboro Health Muhlenberg Community Hospital Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE  440 Hopkinsville Street Greenville, KY 42345	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44370</p> <p>Based on interview, record review, and review of the Facility Assessment, it was determined the facility failed to ensure the services of a Registered Nurse (RN) were utilized for at least eight consecutive hours a day, seven days a week. The facility failed to provide eight consecutive hours of RN coverage for 13 days between 07/01/2024 and 09/30/2024. This failure affected all persons residing in the facility on those 13 days, as the residents did not receive the required minimum nursing services.</p> <p>The findings include:</p> <p>Review of the Facility Assessment Staffing Plan, dated 07/2024 and revised 11/2024, revealed the facility received a one-star rating on staffing due to a high number of days without an RN on site daily. The facility had an RN house supervisor available 24 hours a day in the attached acute hospital. Due to her supervising in the attached acute hospital and not being assigned eight consecutive hours to the long-term care facility, the RN house supervisor's hours were not reflected on the Payroll Based Journal (PBJ) report.</p> <p>Review of the facility's PBJ Staffing Data Report, dated 07/01/2024 through 09/30/2024, revealed there was no RN coverage for eight consecutive hours for the following 13 dates: 07/06/2024, 07/07/2024, 07/27/2027, 08/03/2024, 08/04/2024, 08/24/2024, 08/25/2024, 09/07/2024, 09/14/2024, 09/21/2024, 09/22/2024, 09/28/2024 and 09/29/2024.</p> <p>Interview with Certified Nursing Assistant (CNA) 6, on 01/07/2025 at 11:50 AM, revealed no evidence of RN coverage eight consecutive hours each day of the week, as she stated the facility had a Licensed Practical Nurse (LPN) who managed the units on weekdays and weekend shifts.</p> <p>Interview with CNA4, on 01/07/2025 at 11:59 AM, revealed no evidence of RN coverage eight consecutive hours, seven days a week, as she stated the facility had an LPN that worked as the unit manager on the floor weekdays and weekends, and she did not think they have an RN at night either.</p> <p>In interview with RN2 on 01/09/2025 at 2:00 PM, she stated she thought the facility had RN coverage on the weekends and she was not aware that an RN had to be in the facility all seven days per week, including weekends.</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
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview with RN3 on 01/09/2025 at 2:14 PM, she stated she was aware the facility had to have RN coverage. RN3 stated that they tried to have RN coverage on the weekends but there was not always an RN working in the facility on the weekend, although the attached hospital had a house supervisor who was available.</p> <p>In an interview with LPN1 on 01/09/2025 at 2:38 PM, she stated the facility did not have an RN on the weekends and she was not aware that the facility was required to have RN weekend coverage.</p> <p>In an interview with the Director of Nursing (DON) on 01/07/2025 at 12:10 PM, she stated she had been the DON for about a year. She stated the facility does not have an RN on most weekends, but there is an RN that works every third weekend. The DON stated that there was an RN manager in the attached hospital who covers the long-term care unit; however, the hospital RN did not work eight consecutive hours on the weekends when the facility has no other RN coverage.</p> <p>In a follow up interview with the DON on 01/09/2025 at 4:20 PM, she stated she was aware that the facility should have an RN working seven days a week, eight consecutive hours a day, and confirmed the hospital house supervisor could not be counted.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44370</p> <p>Based on observation, interview, and review of facility policy, the facility failed to store food in accordance with professional standards for food service safety. Refrigerated foods were not dated, labeled, and/or discarded in a timely manner. These failures had the potential to affect 34 of 34 residents in the facility who consumed food from the kitchen.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Food Safety Management System, revised [DATE], revealed leftover foods must be properly labeled and date marked. The policy also stated that leftover foods must be discarded if required by local, state, or provincial health department regulation, but failed to identify specific discard dates.</p> <p>Observation during the initial kitchen tour on [DATE] at 12:03 PM, with the Dietary Supervisor, revealed the cold prep cooler contained a small container of a red jelly-like substance that was not labeled or dated which the Dietary Supervisor identified as cranberry sauce, and a large container of pineapple chunks that was not labeled or dated. Additional observation revealed a large container of vanilla pudding, two containers of chopped pears, and two containers of fruit cocktail that were dated [DATE] - [DATE], as well as a large full container of applesauce, and a container of sliced cucumbers that were dated [DATE] - [DATE].</p> <p>In an interview with the Dietary Supervisor on [DATE] at 12:15 PM, she stated she expected staff to label and date all food items before placing them in the coolers. She stated leftovers were to be dated for three days out (from the original use date) and the items were to then be discarded in three days. She stated the evening shift dietary aide was responsible for checking the cold prep cooler and was supposed to remove any expired items.</p> <p>In an interview with the Administrator on [DATE] at 5:10 PM, she stated she expected the dietary staff to follow their policies for labeling and dating food items. She stated there could be consequences if residents were served expired or outdated foods.</p>		