STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185008	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owensboro Health Muhlenberg Community Hospital Ltc	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of the facility's policy, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety, which had the potential to affect 37 of the facility's 37 residents who consumed food from the kitchen. Observation of the kitchen revealed food items were not sealed and/or covered to prevent contamination. Food items were labeled with a use-by date but had not been discarded after expiration. Review of the facility policy titled, Food and Supply Storage, revised 04/2025, revealed all food supplies used in food preparation should be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption. All foods past the use by date should be discarded. Additionally, all unused portions and opened packages were to be covered, labeled and dated, and freezer food items were to be wrapped tightly to prevent cross-contamination. Observation during initial tour of the kitchen on 03/17/2026, revealed the following:a. Observation of the Walk-In Freezer, on 03/17/2026 at 11:35 AM, revealed one box of chicken patties in original box/container with flaps and plastic packaging inside the box, uncovered, and exposed to potential cross-contamination. b. Observation of the Walk-In Refrigerator, on 03/17/2026 at 11:45 AM, revealed approximately 12-14 American cheese slices out of its original container, stored in a plastic container and labeled with a use by date, but was outdated. A box/container of bacon, and hamburger patties with the box flaps opened and the plastic packaging inside uncovered with exposure to potential contamination. c. Observation of the Cook's freezer, on 03/17/2026 at 11:55 AM, revealed one box of frozen biscuits, in the original box/container, flaps opened and plastic packaging inside was uncovered allowing potential cross-contamination. d. Observation of small refrigerator located near steam table area, on 03/17/2026 at 12:00 PM, revealed approximately 12-14 American cheese slices stored in a plastic container but was unsealed allowing exposure to air contaminants. In an interview with the Director of Food Services, on 03/18/2026 4:30 PM, she stated her expectations for the kitchen staff regarding food safety had been to ensure all foods that were stored in the refrigerators and/or freezers would be sealed and covered to protect residents from being served food that had been potentially contaminated. She stated any food items that had a label with a use-by date should be discarded to ensure residents had not been served outdated food. She further stated there was a potential for residents to become sick or be exposed to bacteria if served contaminated or outdated foods. Additionally, she stated all staff were educated immediately after kitchen tour had ended to ensure proper food storage safety practices would be implemented. In an interview with the Administrator, on 03/19/2026 5:45 PM, she stated all dietary staff were expected to ensure any food products served from the kitchen were safe for the residents. She further stated expectations of food safety were defined in the facility's policy and procedures, guidelines, and the facility should be in compliance with those requirements.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the facility failed to maintain a comprehensive care plan that is reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments for 4 out of 4 sampled residents.The findings include: Record review revealed Resident (R)8 was admitted on [DATE] with diagnoses including congestive heart failure, Type 2 Diabetes Mellitus, coronary artery disease, and chronic obstructive pulmonary disease. Additional diagnoses include class 3 severe obesity, sleep apnea, ischemic congestive cardiomyopathy, and atrial flutter. Further review revealed an order for Eliquis 5 mg, oral, 2 times daily, started on 10/17/2025. Review of the most recent MDS for R8, accepted on 03/14/2025, revealed that the resident was reported as being on an anticoagulant. Review of the Comprehensive Care Plan for R8 revealed no care planning regarding the for risk of bleeding related to taking an anticoagulant. The Care Plan was further reviewed by the MDS Coordinator, and it was confirmed that there was no Care Plan initiated regarding risk for bleeding. The MDS Coordinator then presented the facility form labeled, Care Plan Addendum with the problem Risk for bleeding r/t anticoagulant therapy that she stated should have been added to R8's Care Plan. Observation of R3 on 03/17/2026 at 9:25 AM revealed upper left and right bedrails in use. Review of the Comprehensive Care Plan for R3 revealed no care planning in regard to the use of bedrails. Review of the facility's policy labeled, Careplans Comprehensive, last revised 01/2025, revealed the comprehensive care plan is based on a thorough assessment that included, but is not limited to, the MDS. Additionally, the policy stated, Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change. The policy also stated, The resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments. When such refusals are made, appropriate documentation will be entered into the resident's clinical records in accordance with established policies. Review of the facility's policy labeled, Safety: Use of Bed/Bedrails/Alarms, effective 01/2025, revealed, Bedrail/Alarm use or non-use shall be accompanied by a care plan. In an interview with the MDS Coordinator on 03/19/2026 at 12:00 PM, she stated she is responsible for reviewing and updating Comprehensive Care Plans. She further stated that there should be a care plan in place addressing a resident's risk for bleeding related to the use of anticoagulants. In an interview with RN1 on 03/19/2026 at 12:45 PM, she stated R24 frequently refuses her medications. Additionally, she stated R24 has been in the facility long-term and frequently gives staff a hard time by refusing medications and treatment. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Medication Administration Records for R24 from 12/13/2025 to 03/18/2026 revealed R24 refused 1,501 of 2,120 (approximately 71%) of the medications that were ordered and scheduled during that timeframe. These included antihypertensive and anticonvulsant medications, amongst others. Review of the Comprehensive Care Plan for R24 revealed no care planning related to her refusal of medications. In an interview with RN1 on 03/19/2026 at 3:07 PM, she stated refusal of care is not a problem she ever sees care planned. In an interview with the Director of Nursing (DON) on 03/19/2026 at 3:10 PM, she stated she is not aware of a care plan for refusal of care. She further stated the provider is made aware under circumstances of refusal but is unaware of a care plan that should be put in place. In an interview with RN1 on 03/19/2026 at 3:33 PM, she stated staff do not frequently notify providers regarding R24's refusal of medications and care because it is a chronic problem. She further stated that providers have been made aware of R24's frequent refusal of treatment over time. Record review for R24 revealed a provider note from 01/13/2026 that states, still continues to refuse medications often. Rude, verbally and physically abusive towards staff at times. Further record review revealed a provider note on 02/04/2026 that stated, non-compliance - refusing medications. In an interview with the DON on 03/19/2026 at 5:51 PM, she stated if a care plan is not updated and maintained as current, something could fall through and could be detrimental to a resident's care. She further stated bedrails and risk for bleeding should be addressed in the care plan and she stated again that she is not aware that refusal of care should be care planned as a problem. In an interview with the administrator on 03/19/2026 at 6:01 PM, she stated she expected staff to review and update care plans regularly and should be updated with any change in condition. She further stated bedrails should be addressed in a care plan and was unsure whether risk for bleeding should be included because she didn't recall seeing that before. Falls Notes 03/18/2026 10:51 AM Resident #7 stated that she fell a few weeks back and cracked her right hip, and reports falling many times. 03/19/2026 9:40 AM Physical Therapist Assistant (PTA) 10 stated that Resident #7 is not assessed by PT for the use of bed rails. 03/19/2026 9:46 AM RN1 stated that Resident #7 is a special low bed due to falls and that the family POA refused a bed alarm. 03/19/2026 2:48 PM Resident #7's Care plan review does not reflect the use of bed rails. 03/19/2026 3:00 PM MDS coordinator stated that she reviewed the progress notes when completing quarterly MDS assessments and completed the Care plan. She stated that she completes all care plans. The MDS coordinator did not state that medication refusal should be a part of the care plan.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on record review, policy review, and interviews, the facility failed to have follow-up procedures that must be in place to provide the information to the individual directly at the appropriate time for advance directives for one of the three residents sampled. A record review of Resident (R) 28's electronic chart on 03/18/2026 at 9:00 AM revealed the resident had an order for Do Not Resuscitate (DNR) as of 02/26/2026 and had advanced directive in parentheses behind the DNR located just beneath the resident's picture. A policy review of the documents titled Advance Directives & Medical Orders for Scope of Treatment (MOST), 600-024, revised date of 12/2025, on 03/18/2026 at 10:00 AM, revealed that the policy did not have direction on follow-up assessments for an advance directive. An interview with Resident #28's Daughter, Family #2 and power of attorney (POA) on 03/18/2026 at 9:37 AM, she revealed that she is her mother's POA but had not brought a copy to the facility. She denied that the facility had asked for the advance directive. During a review of Resident #28's durable power of attorney (DPOA) document on 03/18/2026 at 11:07 AM, it was revealed that the DPOA did not give medical decision-making rights to the POA. The DPOA conferred the ability to handle financial matters for the resident to include paying for healthcare. An interview with Social Services (SS) on 03/18/2026 at 2:10 PM, she stated that they have contacted the family regarding the advance directive and made the POA aware that they did not have medical decision-making rights per the DPOA papers scanned into the hospital. In an interview with Registered Nurse (RN)1 on 03/19/2026 at 2:03 PM, it was revealed that advance directive paperwork is either obtained at the time of admission or, if it is brought in later, a copy is left for Social Services if Social Services are not available. RN1 stated that they revisit the advance directives when needed, such as a change of condition, but does not know of a regular time frame in which the advance directives are revisited. An Interview on 03/19/2026 at 2:14 PM with SS revealed that she is the person who received the advance directives to review when they are brought to the hospital. She was not aware of regular follow-ups of advance directives. An interview with the DON on 03/29/2026 at 5:51 PM, she revealed that she was unaware whether the advance directives were to be followed up on after the admission assessment. The DON reported that a negative outcome could be that the facility would go against a resident's wishes. In an interview with the facility administrator on 03/19/2026 at 6:01, she reviewed the process of obtaining an advance directive; it is first assessed at admission if the resident has an advance directive, needs more information, or does not wish to provide an advance directive. If the resident had an advance directive, the nurse would communicate with social services to provide additional information. If they do not have the advance directive with them, they will follow up to obtain the advance directive. The administrator, upon reviewing the policy Advance Directives & Medical Orders for Scope of Treatment (MOST), 600-024 revised date 12/2025. Could not identify where it stated that they would need to follow up with the resident or responsible party to update the advanced directive. The administrator stated that a negative outcome could be resuscitation against a resident's wishes.