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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185165 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/17/2025 |
| NAME OF PROVIDER OR SUPPLIER Lyndon Crossing | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 Lyndon Lane Louisville, KY 40222 | |

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) |
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| <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>Based on observation, interview, and record review, the facility failed to store medications in a secure manner. Observations revealed medications on top of a medication cart, with no staff in view of the cart. The findings include: Review of the facility policy, Medication Storage, dated 02/01/2024, revealed under the General Guidelines that all drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. Review of policy review records revealed the medication storage policy was reviewed and acknowledged by Licensed Practical Nurse 4 and dated 09/24/2025. During observation and interview on 12/17/2025 at 8:50 AM, revealed Medication Cart C was unattended, positioned to the right of the nurse's station and locked. On top of the cart was a container of medication labeled with a resident's name. Additionally, a capped syringe was lying on the cart along with a glucometer (device used to measure blood glucose) with a test strip sticking out of the glucometer. Licensed Practical Nurse (LPN) 4 returned to the cart and when asked about the medications on the cart, LPN 4 stated loudly . I need to get the medications passed! Interview with LPN4 on 12/17/2025 at 10:40 AM revealed he was trying to get the medications out on time, and he revealed he was aware that it was against facility policy to leave medications unattended on top of the medication cart. He stated that he could go to the unit manager, if he needed assistance. LPN4 stated it was important to provide quality care to the residents, which included safely storing medication and syringes where the resident cannot access. Interview with Registered Nurse 1 on 12/17/2025 at 10:00 AM revealed medications and syringes or any patient identifiers are not to be stored on top of the carts or left unattended as this was against facility policy, and it was unsafe. Interview with the Unit Manager on 12/17/2025 at 1:30 PM revealed that LPN4 violated facility policy which indicated medications and syringes should not be left unattended on top of carts. The UM stated LPN4 should have notified her that he was leaving the floor and that it was important that the policy was followed for resident safety. Interview with the Director of Nursing on 12/17/2025 at 2:30 PM revealed that medications should never be left unattended on top of medication carts. The DON stated this is a violation of policy and that all nurses are trained upon hire, and prior to passing medications.</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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