

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Harlan Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Medical Center Drive Harlan, KY 40831	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, record review, and facility policy review, the facility failed to develop a comprehensive care plan to address the residents' use of smokeless tobacco for 3 (Residents 33, 70, and 76) of 5 residents reviewed for tobacco use. Findings included: The facility policy titled, Care Plan Policy & Protocol, revised in September 2024, indicated, 2. The facility shall develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. 1. An admission Record indicated the facility admitted Resident (R) 33 on 01/10/2023. According to the admission Record, the resident had a medical history that included diagnoses of epilepsy, cognitive communication deficit, and spasmodic torticollis (chronic neurological disorder causing involuntary neck muscle contractures). An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/22/2025, revealed R33 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident used tobacco, had no difficulties swallowing, and was not on a mechanically altered diet. Resident 33's Smoking/Vaping/Tobacco Safety Evaluation dated 12/22/2025 revealed the resident used smokeless tobacco. An observation of R33 on 03/23/2026 at 11:59 AM revealed the resident was asleep in bed. A can of Longhorn smokeless tobacco was seen next to a sealed spit bottle on their bedside table in front of them. An observation of R33 on 03/25/2026 at 11:27 AM revealed the resident was awake in bed. Three cans of Longhorn smokeless tobacco were seen next to a sealed spit bottle on their bedside table in front of them. R33's Care Plan Report, last reviewed on 01/08/2026, did not include a focus area, goals, interventions, or safety risks related to the resident's smokeless tobacco use. During an interview on 03/26/2026 at 1:53 PM, Minimum Data Set Coordinator (MDS) 1 stated there was no care plan for smokeless tobacco use. She stated smokeless tobacco use should be included in the resident care plans due to the associated risk factors, including oral pain, risk of aspiration, and tooth decay. She stated care plan interventions could include monitoring dental visits, performing oral assessments, ensuring the resident was sitting upright, and observing for signs and symptoms of aspiration. During an interview on 03/26/2026 at 3:34 PM, the Director of Nursing (DON) stated the facility did not create care plans for smokeless tobacco use. She stated there were risks associated with smokeless tobacco use that included aspiration, pneumonia, and gastrointestinal issues. She stated that smokeless tobacco should be included in resident care plans and would include swallowing status, potential concerns, and if they could perform the act safely and independently. During an interview on 03/26/2026 at 4:57 PM, the Administrator stated that a care plan for residents who used smokeless tobacco was important to monitor residents' safety. She stated the facility had not included smokeless tobacco use in resident care plans but should have.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 185166	Facility ID: 185166
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