STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185208	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carmel Manor	100 Carmel Manor Road Fort Thomas, KY 41075

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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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on observation, interview, record review, and review of the facility's policy, the facility failed to provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Observation on 09/18/2025 revealed nursing staff instead of dietary staff took breakfast tray carts to the units and served the residents, and resident roommates were regularly served meals more than 27 minutes apart, which angered the resident who had to wait. Also, in an interview with the Dietary Manager on 09/18/2025, he stated he only had nine current dietary employees, and it took seven each day to perform the required dietary functions. This deficient practice affected 80 residents who received their meals from the kitchen. The findings include:Review of the facility's policy titled, Serving a Meal, dated 08/2024, revealed residents should be encouraged to eat in the dining room; however, requests to remain in the room should be honored.1. Observation on 09/18/2025, beginning at 8:00 AM, revealed in the kitchen the breakfast tray line was started to prepare the residents' breakfast trays. Continued observation at 8:20 AM revealed the Dietary Manager (DM) worked on the tray line with a Dietary Aide. The DM called off the tray cards to the Dietary Aide for texture diets, vegan diets, and specific foods for each tray. Also, one staff member from the kitchen office and one cook, who worked in the kitchen, assisted with the tray line. Further observation revealed the DM/or other dietary staff, after the tray carts were complete, called the units to inform staff the tray carts were ready for pick up to take to the units. Continued observation revealed nursing staff from the residential units picked up meal carts from the kitchen and took them to the units. Observation revealed the last breakfast tray cart was sent to one of the units at 8:41 AM. In an interview with Dietary Manager 1 on 09/18/2025 at 8:44 AM, he stated the timing of the breakfast meal should be from 8:00 AM to 9:00 AM, or he had one hour to serve all the meals. He stated he currently had only nine staff members and needed seven per day to carry out the functions of the department. He stated he was allowed two cook positions and five and one-half diet aide positions per day. He stated the Dietary department was down three positions. He stated the meal tickets were specific to each unit; however, there was no specific order of the meal tickets on the trays.Review of the Dietary schedule on 09/18/2025 at 8:40 AM revealed there were only nine staff members listed.In an interview with Dietary [NAME] 1 on 09/18/2025 at 10:21 AM, he stated the meal tickets were for each unit cart and not in any certain order. 2. Observation on 09/18/2025 at 8:30 AM of R74's roommate eating breakfast in the room, revealed approximately 50 percent of the roommate's meal had been consumed, and R74 did not have a breakfast tray. Continued observation revealed at 8:55 AM, a second breakfast cart arrived on the unit, and at 8:57 AM, R74's breakfast tray was delivered.Review of R74's admission Record revealed the facility admitted him on 06/07/2022 with diagnoses of diabetes with long term use of insulin.Review of R74's annual Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 06/06/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 15 out of 15, which indicated intact mental cognition.Review of R74's Care Plan Report, last revised 09/06/2025, revealed a focus area for being at risk for alterations in blood glucose due to diagnosis of diabetes, and long-term use of insulin.In an interview with R74 on 09/18/2025 at 8:32 AM, he stated he always took the breakfast (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	meal in his room, and everyday his roommate was done with the meal before his tray had been delivered. R74 stated because of his diagnosis of diabetes, upon waking in the morning he was hungry from not eating since dinner the previous night. He stated it pisses him off having to smell the roommate's meal when he was hungry. He stated he had continually asked staff where his breakfast was and why it was always late, but nobody had provided any explanation or resolution.In an interview with Certified Nurse Aide (CNA) 1 on 09/18/2025 at 8:59 AM, she stated there were three CNAs working on the unit for the day shift for 39 residents. She stated she was the only regular staff, with the other two both being agency, which was very common. CNA1 stated nurse aides were responsible for going to the kitchen to pick up meal carts, bring to the unit, deliver the trays and provide feeding assistance, pick up trays after the meal, and return carts to the kitchen. She stated that routinely was done by her since she was often the only regular staff working the unit that knew the process. She stated the meal carts were not organized in any particular order, and residents got trays at different time intervals, resulting in residents in the same room not getting food at the same time. She stated there were two meal carts so all of the actions were performed a second time. Additionally, she stated R74's roommate's breakfast tray was on the first meal cart, while his was on the second. She stated that meant the whole first cart had to be delivered, with those residents assisted, before going to get the second cart. She stated after meals, nursing staff had to collect the trays, place them back on the carts, and return them to the kitchen. She stated during breakfast and lunch mealtimes at least one nurse aide was off the unit, leaving two to provide care to the 39 residents. She further stated during tray passing, feeding, and tray pickup, staff was doing their best to answer call lights timely. In an interview with the former Dietary Manager 2 on 09/20/2025 at 1:25 PM, she stated the former Administrator cut staffing in Dietary and assigned the nursing staff to pick up the meal tray carts to deliver to the units. She stated the unit kitchenettes where residents could dine had not been opened since COVID, and residents had been eating in their rooms.In an interview with Director of Nursing (DON) 2 on 09/19/2025 at 11:04 AM, she stated her expectation was to hire staff and fill the needed dietary positions. In an interview with the Administrator on 09/19/2025 at 9:57 AM, she stated the former Administrator cut staffing in Dietary. She stated she planned to hire more dietary staff and open all the unit kitchenettes, so residents could eat in the kitchenette and not in their rooms. She stated the decision for nursing staff to pick up the meal carts was the former Administrator's decision.In an additional interview with the Administrator on 09/19/2025 at 2:04 PM, she stated there was concern for residents not getting trays at the same time as others due to the current issues with meal ticketing in the kitchen.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on observation, interview, and review of the facility's policies, the facility failed to provide meals at regular times comparable to normal mealtimes in the community or to which they were accustomed and preferred. Observations on 09/16/2025, 09/17/2025, 09/18/2025, and 09/19/2025 revealed breakfast, lunch, and dinner meals were delivered late, some an hour later than the expected time. During subsequent interviews with residents and families, they reported delayed meals negatively altered the remainder of the residents' day and evening routines, which upset the residents for 5 of 14 sampled residents, Resident (R) 26, R28, R51, R62, and R64.The findings include:Review of the facility's policy titled, Resident Rights-Promoting and Maintaining Resident Dignity during Mealtimes, effective date 03/16/2023, revealed the practice of the facility was to treat each resident with respect, dignity, and give care in a manner that maintained or enhanced quality of life, recognizing each resident's individuality and protecting the rights of each resident. Further review revealed staff would allow adequate time for residents to complete their meals and would not rush them, to allow residents the time needed to complete as much as the residents desired of the meal. Review of the facility's policy titled, Serving a Meal, undated, revealed the facility would serve meals that met the needs of residents. Further review revealed staff should remember some residents took a long time to eat and should provide adequate time for the resident to consume the meal. 1. Observation of the supper meal on 09/16/2025 at 5:15 PM revealed residents sitting at the table waiting for the supper meal to be delivered. Further observation revealed the meal did not arrive until 5:58 PM. Then, there was additional time to sort out the delivery of trays to diners at the table. Continued observation at 6:08 PM, revealed R28 was at the table and R64, who required feeding assistance, was still sitting with his meal in front of him but unable to eat. Furthermore, R51 was trying to feed him. Additional observation revealed R26 asked staff why a cold dinner was an hour late. Observation revealed the entree was a dollop each of chicken salad, tuna salad, and egg salad, with melon. Also, some residents had soup. a. During an interview with R28's Family Member (F) 5 on 09/18/2025 at 7:41 PM, he stated when lunch was served so late at 1:15 PM, it was a long haul from breakfast at 7:00 AM, and his wife got really uncomfortable and anxious with hunger. He stated that was more significant, especially since she did not understand what the hunger pangs meant. He stated staff had to be very careful with her medications. He stated she had taken anti-anxiety medication for quite a while, because prior to that, she was very agitated and screaming. He stated it was very important the anti-anxiety medications did not wear off, so she must have her evening medications by 8:00 PM. Thus, he stated if supper was delayed, day shift could not get her to bed, and medications were delayed. b. During an interview with R64's F12 on 09/18/2025 at 1:45 PM, she stated late suppers were especially troublesome for her husband. She stated he typically went to bed by 6:30 PM with assistance from the day shift staff. She stated if supper trays arrived at 6:15 PM, by the time he had eaten and the nursing assistants had helped others and cleared the trays away, it was time for shift change. She stated then the night shift staff needed to make rounds to get started, so that delayed his transfer to bed and preparation for sleep. She stated he was so exhausted he could not help as much to get to bed, making him much more likely to fall. 2. Observation of the lunch meal on 09/17/2025 at 1:15 PM revealed trays were delivered at that time, and R28 received a late meal. 3. Observation of R25 on 09/18/2025 at 8:30 AM revealed she left the dining room without her breakfast being served.During an interview with R25 on 09/18/2025 at 8:30 AM, she stated the late delivery for breakfast meant she missed the meal completely. She stated she had to leave to keep from being late for an appointment.4. Observation of breakfast delivery on 09/19/2025 at 9:15 AM revealed Certified Nurse Aide (CNA) 7 was still delivering meal trays to resident rooms.During interview with CNA7 on 09/19/2025 at 9:06 AM, she stated this morning's breakfast delivery was (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	very late, and the late meals had been really bad. She stated residents got really frustrated when they had to sit and wait when they were so hungry. She stated the residents were used to breakfast earlier. She also stated dietary staff used to bring the tray carts but now the unit staff had to wait for them to call or stop what they are doing when dietary called, to go get the tray carts from the kitchen. She stated trays were not in any particular order, which added to delivery delays.During an interview with R52 on 09/18/2025 at 12:50 PM, he stated late meals were frustrating because it upset the rest of the day. For example, he stated he depended on staff completely for eating and for other Activities of Daily Living (ADL) such as oral care, dressing, and transferring to his wheelchair. He stated he and other dependent diners were the last to get their meals. Then, he stated if breakfast was delivered late, and he was the last to get his tray, he must be fed, teeth brushed, changed and dressed for the day, and transferred to his wheelchair. He stated that might cause him to be late or miss church services. He stated it was very important to him to go to Mass every morning.During an interview with R62's F11 on 09/18/2025 at 12:37 PM, who was feeding R62, she stated meals delivered late affected medication administration. She stated her father had scheduled medication at 12:00 PM. She stated if he received his medicine at noon, but did not eat until later, he was likely to be too sleepy to eat well. During an interview with CNA5 on 09/18/2025 at 8:24 PM, he stated meals were expected on the unit between 7:30 to 8:00 AM for breakfast, 11:30 AM to 12 noon for lunch, and supper was usually delivered around 4:30 PM to 5:00 PM. He stated it was upsetting to residents when meals got delayed, and meals were one of the most important things to residents. He stated it made such a difference for the residents when mealtime went smoothly. He also stated if trays were late or contained food items residents had told staff they did not want, it threw their whole day off, and they became more agitated and upset. He stated meal service was the biggest problem they had on their unit. During an interview with Licensed Practical Nurse (LPN) 1 on 09/18/2025 at 8:35 AM, she stated late meals, especially breakfast, was a real problem for residents with appointments. She stated when it was delayed, the resident must leave the building without eating, which could affect blood sugar for some and cause others not to feel as well because they were hungry. She stated residents with dementia were especially affected, and being hungry increased their anxiety, just like changing to another room or another unit. However, she stated even the residents who did not have dementia became upset and anxious. She stated, if a meal was late, one of the aides would apologize and offer snacks to decrease the upset.During an interview with Unit Manager 1 on 09/19/2025 at 4:45 PM, he stated meal delay affected residents by disrupting their routines, and routine was important with residents, especially those with dementia. He stated residents might not be able to articulate discomfort with hunger and might become agitated and anxious.During an interview with Dietary Manager 1 on 09/18/2025 at 8:44 AM, he stated the timing of the breakfast meal should be from 8:00 AM to 9:00 AM, or he had one hour to serve all the meals. He stated he currently had only nine staff members and needed seven per day to carry out the functions of the department. He stated the Dietary department was down three positions.During an interview with Director of Nursing (DON) 2 on 09/19/2025 at 4:13 PM, she stated delayed mealtimes could really throw the residents' day off. She also stated when residents were happy with meals, they were happier with other things. She stated she found that residents might be more agitated when hungry. During an interview with the Administrator on 09/19/2025 at 2:04 PM, she stated the previous administration changed the way the meals were delivered. She stated there were a lot of staff cut from the Dietary department. She stated the meal ticketing system was difficult to follow now and was not set up in a way to work well in the kitchen. She stated there had never been an organized system for arranging trays. She also stated the impact of late meals could create a lot of stress for residents, threw their day off, and it was important to provide calm in resident care.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of the facility's document and policy, the facility failed to store and prepare food in a safe manner. Observation on 09/16/2025 and 09/17/2025 revealed uncovered kitchen utensils and equipment. Also, observation on 09/16/2025 of the resident kitchen unit refrigerators revealed two of the four had resident food products not labeled with the resident's name, date received, and the identity of the food product. The deficient practice had the capability of affecting 80 residents who received food from the kitchen or all residents that had additional food left in the unit kitchenette refrigerators. The findings include:Review of the facility's policy titled, Food: Safe Handling for Foods from Visitors, dated 09/2017, revealed residents would be assisted in properly storing and safely consuming food brought into the facility for residents by visitors. The policy stated when food items were intended for later consumption, the responsible facility staff member would ensure food was stored properly and away from facility food. The policy stated foods were sealed in containers to prevent cross contamination, and foods were labeled with the resident's name and current date received. Per the policy, refrigerators would be equipped with thermometers and their temperatures monitored daily for refrigeration equal to or lesser than 41 degrees Fahrenheit (F). The policy stated freezer temperatures would be equal to or lesser than 0 degrees F.The State Survey Agency (SSA) Surveyor requested the refrigerator logs for monitoring the unit kitchenette refrigerator temperatures on the [NAME] Pavilion and the St. [NAME] Pavilion from Director of Nursing (DON) 2 on 09/19/2025 at 11:04 AM. However, the SSA Surveyor did not receive these logs by time of survey exit.Observation on 09/16/2025 at 2:15 PM of the [NAME] Pavilion unit kitchenette refrigerator revealed it contained a pitcher of orange juice not dated or labeled; two small bowls of broth or soup with no date or label; three cartons in packs of four yogurt in a plastic grocery bag with no name or date; and two frozen food boxes stored in the refrigerator. Further observation revealed the boxes were soft to the touch, and one box contained an unfrozen meatloaf, 280 grams (g), dated 07/2026 and with no name. Further observation revealed the other box contained stuffed peppers, 283 g, dated 07/2027 with no name. Also observed was a large plastic bag of frozen deer meat in butcher paper with no name or date. The refrigerator had a working thermometer, but there was no temperature log visible. Observation on 09/16/2025 at 2:20 PM of the St. [NAME] Pavilion unit kitchenette refrigerator revealed it contained one pitcher of tea and one pitcher of lemonade with no date or label; three separate cups of cranberry juice with no date or label; one box with a small football shaped ice cream cake with no date or name; a 32 ounce plastic cup with a baseball team logo with no name or date; 30 frozen ice cream bars, which appeared refrozen and were soft to the touch with no dates or names; six fruit frozen ice bars dated 10/2026, which appeared melted and refrozen; one container of taco salad with no name or date; one lemon meringue pie outdated with 09/06/2025 sell-by-date and no name; 1/4 bag of organic pita chips with bag date of 10/21/2025 and no name. The refrigerator had a non-working thermometer, and there was no temperature log visible.Observation on 09/17/2025 at 11:20 AM of the kitchen production area revealed, on the bottom shelf under the production table, the nested set of mixing bowls that were turned up and not covered. Further observation revealed the Robo Coupe blade with container was not covered, and the stand mixer on the table with the mixing bowl in place was not covered. In an interview with Certified Nurse Aide (CNA) 6 on 09/18/2025 at 10:13 AM, she stated the residents' food was kept in the kitchen refrigerators on the unit and should be labeled with the resident's name, date received, and identity of the food item. In an interview with the Dietary Manager on 09/18/2025 at 8:44 AM, he stated the equipment needed to be covered because anything could fall into the equipment. He stated the refrigerators in the kitchenette areas were not for storage of resident food items. He stated the residents had a separate refrigerator for each unit. He stated the dietary department was not (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	responsible for the unit kitchenette refrigerators at present.In an interview with Registered Nurse Director of Nursing (DON) 2 on 09/19/2025 at 11:04 AM, she stated her expectation was for food equipment to be covered and resident's food labeled with their name and date. She stated nursing staff monitored the residents' refrigerator on each unit which were like small dorm refrigerators, and there was only one per unit. In an interview with the Administrator on 09/19/2025 at 9:57 AM, she stated her expectation was for the resident's food to be labeled with name and date. She also stated she expected dietary staff to follow state and federal regulations. She stated they were going to open one of the kitchenettes on one unit the next week. She stated the Dietary department would be responsible for the kitchenette refrigerator. She stated before the kitchenettes were opened, they had to be cleaned out and the equipment repaired.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and review of the facility's policies, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent and control the development and transmission of communicable diseases. The facility failed to implement its infection prevention and control policies and procedures and identify and correct problems relating to infection prevention practices for 7 out of 52 sampled residents, Resident (R) 3, R15, R49, R55, R58, R68, and R82. The findings include:Review of the CDC Guidelines Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 04/12/2024, revealed hand hygiene should be performed immediately before providing resident care and after care was completed. It stated staff should ensure the proper selection and use of personal protective equipment (PPE) based on the nature of the patient/resident interaction and potential for exposure. According to the guidelines, regular and proper handwashing was essential for preventing the spread of infections. Additionally, appropriate PPE must be used according to the level of risk, and surfaces and equipment should be cleaned and disinfected to minimize infection risks.Review of the facility's policy titled, Infection Prevention and Control Program [IPCP], undated, revealed the facility maintained a program to provide a safe, sanitary, and comfortable environment to prevent the transmission of disease and infections consistent with national standards and guidelines. The policy stated staff was responsible to follow the IPCP. Additionally, staff was required to perform hand hygiene, use personal protective equipment, and adhere to cleaning and disinfection of shared equipment according to the policy. Further review revealed staff was required to handle and transport linen in a manner that prevented the spread of infection. Additionally, the policy referred to an established water management program (WMP) to monitor and test the water system and identified the Maintenance Director as the WMP leader.Review of the facility's policy titled, Transmission Based Precautions [TBP], dated 04/21/2025, revealed the facility used appropriate transmission-based precautions based on residents' diagnoses and infection status. Per the policy, these precautions were implemented in addition to standard precautions to control the spread of infections. The policy stated contact precautions were specifically applied for residents suspected or confirmed to have infections that spread through direct or indirect contact, such as C. diff. Per the policy, care providers must wear gowns and gloves before entering the resident's room and practice hand hygiene after removing gloves and before leaving the room.Review of the facility's policy titled, Infection Control - Enhanced Barrier Precautions, dated 04/2025, revealed the facility implemented targeted glove and gown use to prevent the transmission of multi-drug-resistant organisms (MDROs). The policy stated staff used enhanced barrier precautions to provide high-contact care, which included dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, device care, and wound care.Review of the facility's policy titled, Infection Control: Handwashing Policy, dated 04/21/2025, revealed the facility identified hand hygiene as the primary method for preventing the spread of infection. The policy defined hand hygiene as the process of cleaning hands with either soap and water or an alcohol-based hand rub (ABHR). It stated ABHRs should be used in all clinical situations, except when hands were visibly soiled or after caring for a resident with known or suspected infection with Clostridioides difficile (C. diff), a highly contagious bacterium that caused diarrhea and colitis. In these circumstances, staff was instructed to use soap and water.Review of the facility's policy titled, Medication Administration, undated, revealed staff must wash hands prior to administering medications per facility protocol. Further review revealed staff must conclude medication administration by washing hands using the facility's protocol and then sign the Medication Administration Record (MAR).Review of the facility's policy titled, Infection Control-Cleaning and Disinfection of Resident Care Equipment, dated 11/13/2024, revealed it stated, Reusable resident care equipment will be cleaned and disinfected in accordance with current CDC recommendations in (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	order to break the chain of infection.Review of the facility's policy titled, Oxygen Administration, revised date 04/2023, revealed it stated, Change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated. The policy also revealed the humidifier bottle should be changed when it was empty, every 72 hours, or per facility policy. 1. Review of R49's Face Sheet revealed the facility admitted R49 on 10/27/2023 with diagnoses of schizophrenia, hypertension, and heart failure.Review of R49's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 07/26/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 12 out of 15, indicating moderate cognitive impairment.Review of R49's Orders, dated 08/07/2025, revealed an order for supplemental oxygen to keep oxygen saturations greater than 90 percent. Another order dated 08/25/2025 was to change and label all tubing and masks for oxygen every Sunday.Observation on 09/16/2025 at 2:30 PM, 09/17/2025 at 9:10 AM, and 09/18/2025 at 8:58 AM revealed R49 had oxygen tubing and humidification dated for 09/07/2025.During an interview on 09/17/2025 at 2:56 PM with Interim Director of Nursing (DON) 1, she stated oxygen tubing and supplies should be changed every Sunday on night shift. She stated the Unit Manager did audits to ensure they were getting changed. She stated it was important to follow the orders and to make sure the oxygen supplies and tubing stayed clean to prevent any further infection. 2. Review of R3's Face Sheet revealed the facility admitted R3 on 06/29/2022 with diagnoses of hemiplegia, diabetes, and vascular dementia. Review of R3's Orders, dated 05/26/2025, revealed EBP was ordered related to a pressure wound.Observation on 09/16/2025 at 5:45 PM revealed Certified Nurse Aide (CNA) 12 exited R3's room with a Hoyer lift, a resident under EBP precautions with EBP precautions signage on the door. CNA12 then placed it in the hallway outside of the room without cleaning or disinfecting it. During an interview on 09/16/2025 at 5:50 PM with CNA12, she stated shared equipment was cleaned after each use with bleach wipes. She stated she did not clean the Hoyer after using it because she did not have any bleach wipes. When asked how the next person would know that it was dirty, she stated it should be cleaned before and after each use. She stated the only education she received at the facility was safety, and it was a packet given to her from the front desk. She stated she read it, took a test, then turned it back into the front desk. During an interview on 09/17/2025 at 2:56 PM with Interim DON1, she stated Hoyer lifts should be cleaned after use with bleach wipes. She stated that was important to ensure infection could not spread.During an interview on 09/19/2025 at 3:23 PM with Director of Nursing (DON) 2, she stated it was her expectation that staff followed the equipment manufacturer's guidelines, including the Hoyer lift. 3. Review of R68's admission Record revealed the facility admitted the resident on 11/23/2022 with diagnoses to include cerebral infarction, muscle weakness, and dysphasia.Review of R68's quarterly MDS, with an ARD of 08/22/2025, revealed the facility assessed the resident to have a BIMS score of eight out of 15, indicating the resident was moderately cognitively impaired.Review of the September 2025 Order Summary Report revealed R68's active orders for 09/18/2025 included contact isolation precautions every shift for methicillin-resistant staphylococcus aureus (MRSA) in urine, with a start date of 09/03/2025.Observation on 09/17/2025 at 9:02 AM revealed Licensed Practical Nurse (LPN) 2 entered a contact precaution isolation room to assist R68 in the restroom. LPN2 did not don (apply) gloves or an isolation gown prior to contact with the resident and/or their environment. LPN2 exited the bathroom and room with bagged trash and linen, but she did not perform hand hygiene before exit. Continued observation revealed LPN2 reentered the room to assist R68 out of the bathroom. Upon exiting the room, LPN2 again failed to perform hand hygiene.During an interview with LPN2 on 09/17/2025 at 9:12 AM, she stated she did not put on gloves or an isolation gown before entering R68's room because she was just helping the resident quickly in the restroom and did not think it was necessary. When asked about hygiene practices, LPN2 stated she forgot to use hand sanitizer after leaving the room, and she should have performed proper hand hygiene. She stated she was aware of the facility's infection control policy, but she did not explain why she did not follow the CDC guidelines for contact precautions.4. Review of R15's Face Sheet revealed the facility (continued on next page)

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	185208	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carmel Manor	100 Carmel Manor Road Fort Thomas, KY 41075

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	admitted R15 on 11/06/2024 with diagnoses of heart failure, overactive bladder, and other disorders of the bladder.Review of R15's quarterly MDS, with an ARD of 08/25/2025, revealed the facility assessed the resident to have a BIMS score of nine out of 15, indicating moderate cognitive impairment.Review of R15's Care Plan, dated 11/06/2024, revealed R15 was care planned for an indwelling suprapubic catheter with an intervention to maintain integrity of the drainage system. Further review revealed the resident had interventions to include EBP, dated 11/20/2024.Review of R15's Orders, dated 01/31/2025, revealed an order which stated, Secure catheter to prevent tension and check placement every shift.Observation on 09/17/025 at 9:08 AM and 09/18/2025 at 8:59 AM revealed R15's indwelling catheter urine collection bag was observed lying on the floor without a barrier underneath.During an interview on 09/17/2025 at 2:56 PM with Interim DON1, she stated indwelling catheter bags should not be on the floor for infection control reasons.During an interview on 09/18/2025 at 5:36 PM with the Assistant Director of Nursing/Infection Preventionist (ADON/IP), she stated indwelling catheter collection bags should be hung below the level of the bladder and not touch the floor for infection control purposes. She stated if the collection bag was at risk for touching the floor when the bed was in the lowest position, then she would expect staff to find another way to hang it so it was below the level of the bladder and did not touch the floor. She stated her expectation was for staff to identify the issue and correct it or to make someone aware so that it could be changed out with a clean catheter bag. She stated the facility's staff should be following the facility's policies and the CDC IP guidelines to prevent infection. Observation on 09/18/2025 at 11:00 AM revealed CNA13 was in R15's room and had just finished cleaning her. CNA13 was not wearing any PPE, gown and gloves, and R15 was in enhanced barrier precautions. During an interview on 09/18/2025 at 11:00 AM with CNA13, she stated she should have worn PPE. She stated it was important to wear the proper PPE to prevent introducing any risk of potential bacteria to the residents.5. Review of R58's admission Record revealed the facility admitted the resident on 05/26/2018 with diagnoses to include Parkinson's disease, type 2 diabetes mellitus, and gastrostomy status.Review of R58's quarterly MDS, with an ARD of 07/22/2025, revealed the facility assessed the resident to have a BIMS score of 11 out 15 of, indicating the resident was moderately cognitively impaired.Review of the September 2025 Order Summary Report revealed the R58's active orders for 09/18/2025 included enhanced barrier precautions (EBP) every shift for gastrostomy tube (enteral feeding tube), with a start date of 04/21/2025.Observation on 09/17/2025 at 9:33 AM of CNA2 revealed she entered an enhanced barrier precaution (EBP) room to provide direct care to R58 without donning gloves and an isolation gown prior to contact with the resident and/or their environment. She placed contaminated bagged linen on the floor. Further observation revealed she changed the resident's urine-saturated bed, bagged the linens, and exited the room without performing hand hygiene. Continued observation revealed she took the dirty linen to the dirty utility room; however, she did not hand sanitize when she exited. Per observation, she then reentered R58's room and changed the bed without donning gloves and an isolation gown.Observation of CNA2 on 09/17/2025 at 9:40 AM revealed she removed a contaminated Hoyer lift (a mechanical lift used to transfer residents from one surface to another) after using it on R58 and put it in the clean storage area. CNA2 did not clean and disinfect the Hoyer lift after use on the resident.During an interview with R58 on 09/17/2025 at 9:42 AM, she stated most of the staff don't don gloves or an isolation gown while performing resident care activities such as changing her linens, assisting her out of bed, and providing her enteral feedings. R58 further stated she felt staff should follow facility policies to prevent the spread of infection and keep all residents safe.During an interview with CNA2 on 09/17/2025 at 9:47 AM, she stated she had been employed by the facility for three months and had received education to include IPCP when she reported to work. She stated she did not know she needed to wear a gown to change linen, make the bed, or transfer a resident under EBPs. According to CNA2, she stated it was only if she changed or bathed a resident. When asked why she did not use an isolation gown when she changed R58, she stated she forgot. She stated she was not educated to clean the Hoyer lift after use, and to her (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	knowledge, she had never seen a shared equipment cleaning policy. During an interview with CNA5 on 09/18/2025 at 8:25 AM, he stated he received education recently on infection control by different nursing leadership. He stated PPE, TBP, and hand hygiene were covered during the training. When asked what should be done to the shared Hoyer lift after use on a resident, CNA5 stated he did not do anything. He stated he was not educated on cleaning and disinfection of shared equipment, but stated, I'm pretty sure you're supposed to wipe it [Hoyer lift] down after each resident use.6. Observation on 09/17/2025 at 9:55 AM revealed CNA1 walked down the hall holding unbagged linen against her person and disposed of them in the dirty utility room. She did not perform hand hygiene. She went immediately to the clean linen closet and pulled multiple bed linens and towels from the shelf and held them against her person.7. Observation on 09/17/2025 at 11:00 AM revealed CNA1 took clean linen out of the linen closet. CNA1 piled the linen on her arm and against her person.During an interview with CNA1 on 09/17/2025 at 9:55 AM, she stated she had never been educated on the process of holding linen away from her person. CNA1 stated the linen was not dirty, but she was cleaning out the unused linen from a resident's room. When asked how linen should be transported, CNA1 stated, I don't know. How am I supposed to do it? CNA1 stated she had received infection control training that included PPE, hand hygiene, and transmission-based precaution (TBP) education upon hire.8. Observation on 09/18/2025 at 8:10 AM revealed LPN1 prepared and administered medications to a resident. She exited the resident's room without washing or sanitizing her hands. Further observation revealed LPN1 moved to R82's room and began preparing her medications without sanitizing her hands. Continued observation revealed she performed hand hygiene only after the State Survey Agency (SSA) Surveyor asked about the expectation for hand washing during medication administration.During an interview with LPN1 on 09/18/2025 at 8:53 AM, she stated it was an expectation to perform hand hygiene between each resident during medication administration, and it was important for infection control.During an interview with Registered Nurse (RN) 1 on 09/18/2025 at 9:07 AM, she stated it was expected that staff giving medications would sanitize their hands between residents due to infection control. During an interview with Unit Manager (UM) 1 on 09/19/2025 4:45 PM, he stated the expectation was to use hand sanitizer between each resident's medication administration. He stated it was important to have correct hand hygiene for infection control. During an interview with Director of Nursing (DON) 2 on 09/19/2025 at 4:13 PM, she stated her expectation with hand hygiene during medication administration was to use hand sanitizer between each resident. She stated it was important to ensure resident safety and for infection control purposes. During an interview with the Administrator on 09/19/2025 at 2:04 PM, she stated she expected the nurses to wash or sanitize hands between each resident during medication administration. She stated that was important and necessary for infection control.9. Review of R55's admission Record revealed the facility admitted the resident on 06/28/2025 with diagnoses to include enterocolitis due to C. diff, chronic obstructive pulmonary disease, and chronic kidney disease.Review of R55's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 07/05/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 11 out of 15, indicating the resident was moderately cognitively impaired.Review of the September 2025 Order Summary Report revealed the R55's active orders for 09/18/2025 included contact isolation precautions every shift for C. diff, with a start date of 09/15/2025.Observation on 09/18/2025 at 3:20 PM revealed CNA7 was in R55's room, where the resident was on contact isolation precautions for C. diff, and she was not wearing gloves or an isolation gown. CNA7 touched the end of the bed and the overbed table when she was in the room. The CNA did not perform hand-hygiene using soap and water before she exited the room. CNA7 used alcohol-based hand rub after she exited the room.During an interview with CNA7 on 09/18/2025 at 3:28 PM, when asked about the reason for the resident being on contact precautions, CNA7 stated she did not know. CNA7 stated she had not intended to provide direct care to the resident and therefore did not believe she needed to don gloves or an isolation gown. She stated she did not know the CDC guidelines to use (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	soap and water for hand hygiene in the case of a resident with C. diff, rather than an alcohol-based hand rub. Additionally, CNA7 did not state her understanding of the significance of wearing personal protective equipment (PPE) before entering the room of a resident with an active C. diff diagnosis. Furthermore, after the interview, CNA7 walked to the unit's common area and kitchenette and washed her hands in the kitchen sink.10. Review of the facility's documentation related to their water management revealed there was no documentation of a process flow diagram describing the building's water system where water flowed in the cold-water distribution, heating of water distribution, and then waste water; and to help identify areas where legionella could spread and grow.During an interview with the Maintenance Director on 09/19/2025 at 9:08 AM, regarding the facility's water management plan (WMP), he provided a binder with documentation on water temperature monitoring, legionella control documentation, and maintenance logs. He stated a third-party contractor did the disinfecting and testing of the water, but it had not been completed for 2025. He further stated he did not have a water flow diagram, and anything related to the plan, including the flow diagram, would be in the binder if one existed. When asked for the facility's WMP he opened the binder to a copy of the CDC's toolkit for developing a water management plan, which represented a CDC guide to implementing a WMP and not a facility specific WMP. The Maintenance Director stated, Well that's all we have; what's in the book.During an interview with Unit Manager (UM) 1 on 09/18/2025 at 10:56 AM, he stated all staff had been educated on the appropriate use of PPE, different types of TBPs, and hand hygiene. He stated nursing leadership had conducted infection control audits and did not observe non-compliance. He stated it was his expectation for all staff to follow facility policy related to proper PPE while in a TBP/EBP room, the cleaning and disinfection of shared equipment, and to always perform hand hygiene before and after providing care to the resident. He stated it was important to prevent the spread of communicable diseases.During an interview with the Assistant Director of Nursing/Infection Preventionist (ADON/IP) on 09/19/2025 at approximately 1:45 PM, she stated it was her expectation for all staff to follow the facility policies regarding infection prevention and control practices. She stated all staff was educated on facility policies and CDC guidelines. Furthermore, she stated it was her expectation for staff to perform hand hygiene according to CDC standards, use personal protective equipment as required, and follow cleaning and disinfection protocols for shared equipment. The ADON/IP further stated staff was instructed to handle and transport linen according to infection control guidelines. According to the ADON/IP, the Maintenance Director was responsible for the water management plan and to comply with the facility's water management program. The ADON/IP stated it was important for all staff to consistently follow infection prevention and control practices to help prevent the spread of infection among residents, staff, and visitors.During an interview with the Director of Nursing (DON) 2 on 09/19/2025 at 7:45 AM, she stated it was her expectation that all staff follow CDC guidelines and facility policy related to infection control and prevention. She stated her expectation was that staff had the knowledge and understanding of protocols to protect residents, staff, and visitors. The DON stated it was her expectation that nursing leadership had audits and observed staff, observed return demonstrations, and provided guidance related to infection control protocols. She stated it was important to prevent the spread of communicable disease and for the safety and well-being of residents, staff, and visitors.During an interview with the Administrator on 09/19/2025 at 2:04 PM, she stated all staff were expected to follow CDC regulations and facility policies regarding infection prevention and control protocols. She stated it was important to mitigate the spread of infection and disease. She stated nursing leadership had performed random audits of staff and found no issues related to hand hygiene, use of appropriate PPE, or failure to clean shared equipment. The Administrator stated there was no written Water Management Plan (WMP) or water management policy in place, and she was unsure whether a flow diagram existed to describe the building's water system. She stated having a flow diagram was necessary for infection prevention and control, as it would assist in identifying areas where Legionella could spread and grow. Furthermore, she stated the importance of a WMP was to mitigate Legionella and other waterborne illnesses.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of the facility's document and policy, the facility failed to provide food at safe serving temperatures. Observation on 09/16/2025 of residents' supper trays on the cart revealed the foods to be served were not at safe temperatures for 5 of 18 sampled residents, Resident (R)14, R46, R57, R63, and R81. The findings include:Review of the facility's policy titled, Dining Services Food Preparation Guideline, dated 07/01/2024, revealed no foods were to remain unrefrigerated for a period of more than one hour to prevent the food's temperature from being in the danger zone, which was 41 degrees Fahrenheit (F) to 135 degrees (F). Per the policy, the Hazard Analysis Critical Control Point (HACCP), was a method that identified the period when potentially hazardous food, (meat, milk, egg products, and pudding etc.) were most likely to be in the temperature's danger zone of 41 degrees F to 135 degrees F. The policy stated the temperature danger zone provided the ideal condition for bacteria and other microorganisms to grow rapidly. The policy stated that could contaminate the food to the point where foodborne illness could result.Review of the facility's document Food Temperature Recording Log, dated 09/16/2025, revealed the food temperatures at the supper time-of-service were chicken salad, 39 degrees F; tuna salad, 38 degrees F; egg salad, 39 degrees F; fruit 38 degrees F; and soup 181 degrees F.Observation of the St. [NAME] Pavilion Unit on 09/16/2025 at 5:30 PM revealed the dinner trays were delivered to the unit. Further observation at 5:45 PM revealed five supper trays were still undelivered and on the food cart. Per staff, the remaining five trays on the cart were for residents who were in a meeting. Observation of the food temperatures on 09/16/2025 at 6:00 PM with the Assistant Dietary Manager of the meal tray with no meal slip, revealed the applesauce was 74 degrees F, the water was 75 degrees F, the lemonade was 74 degrees F, the raspberry sherbert was melted at 23 degrees F, the fresh fruit (honeydew and cantaloupe) was 70 degrees F, the chicken salad was 71 degrees F, the tuna salad was 69 degrees F, the egg salad was 70 degrees F, and broccoli cheddar soup was 101 degrees F.In an interview with the Assistant Dietary Manager on 09/16/2025 at 6:15 PM, he stated hot food in the kitchen on the steam table should be held at 135 degrees F. He stated his expectation was for hot food to reach the units at 100 degrees F and for cold food to reach the units at 55 degrees F [both temperatures in the danger zone]. He stated, on 09/16/2025 for the supper service, the plates were not cold because staff forgot to take the plates out of the warmer prior to service. The State Survey Agency (SSA) Surveyor stopped the Assistant Dietary Manager on 09/16/2025 at 6:20 PM and had him remove the five trays still on the cart and remake them for R14, R46, R57, R63, and R81 who had not returned from the meeting.In an interview with the Dietary Manager on 09/18/2025 at 8:44 AM, he stated for serving, temperatures should not be over 40 degrees F for cold food; at 165 degrees F for hot meat; at 165 degrees F for hot vegetables; and 180 degrees F for hot soup. In an interview with the Registered Nurse (RN) Director of Nursing (DON) on 09/19/2025 at 11:04 AM, she stated the resident's tray should be returned to dietary if the resident was not present for the meal, and a new tray sent to the resident. In an interview with the Administrator on 09/19/2025 at 9:57 AM, she stated new trays should be made for residents when they were not present at mealtime.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, record review, and review of the facility's policies, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 3 of 29 sampled residents, Resident (R) 15, R16, and R80. The findings include: Review of the facility's policy titled, Catheter Care, revised date 04/24/2025, revealed residents with indwelling catheters maintained their dignity and privacy. The policy stated, Privacy bags will be available and catheter drainage bags will be covered at all times while in use. Review of the facility's policy titled, Resident Rights-Promoting and Maintaining Resident Dignity, dated 03/16/2023 and revised on 06/16/2025, revealed it stated, It is the practice of this home [facility] to provide and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment that maintains or enhances residents' quality of life by recognizing each resident's individuality. The policy also revealed that resident privacy would be maintained. Review of the facility's policy titled, Resident Rights-Promoting and Maintaining Resident Dignity During Mealtimes, dated 03/16/2023, revealed it stated, Residents should be served one table at a time. Per the policy, all staff members involved in providing feeding assistance to the residents promoted and maintained resident dignity during mealtimes. 1. Observations on 09/16/2025 at 2:35 PM, 09/17/2025 at 9:08 AM, and 09/18/2025 at 8:59 AM, revealed R15's indwelling urinary catheter bag did not have a dignity cover. Review of R15's Face Sheet revealed the facility admitted R15 on 11/06/2024 with diagnoses of heart failure, overactive bladder, and other disorders of the bladder. Review of R15's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 08/25/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of nine out of 15, indicating R15 had moderate cognitive impairment. Review of R15's Care Plan, dated 11/06/2024, revealed the resident was care planned for an indwelling suprapubic catheter with an intervention to maintain integrity of drainage system. Review of R15's Orders, revealed an order, dated 01/31/2025, stating secure catheter to prevent tension and check placement and catheter care every shift. The SSA Surveyor attempted to interview R15 on 09/17/2025 at 9:08 AM and on 09/18/2025 at 8:59 AM. However, the resident was sleeping both days, and the catheter was on the left side of the bed (door side) on the floor with no dignity bag. During an interview on 09/17/2025 at 2:56 PM with the Interim Director of Nursing (DON) 1, she stated indwelling catheters should have a dignity bag in place for resident privacy. During an interview on 09/18/2025 at 11:00 AM with Certified Nurse Aide (CNA) 13, she stated she had not seen a dignity bag in the facility and was not aware of where they were kept. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/19/2025 at 3:23 PM with DON2, she stated it was her expectation that all catheters had a dignity bag in place for the privacy of the residents. During an interview on 09/19/2025 at 2:03 PM with the Administrator, she stated every catheter bag should be covered for resident dignity. 2. Observation of the dinner meal service on 09/16/2025 revealed the first round of dinner trays were delivered to the 100 Unit at 5:24 PM. Six residents were seated at one table, and trays were delivered to five of them. The sixth resident, R80, was not given her tray until 5:47 PM. Review of R80's Face Sheet revealed the facility admitted R80 on 11/29/2022 with diagnoses of dementia, stroke, and anxiety. Review of R80's annual MDS, with an ARD of 08/04/2025, revealed the facility assessed the resident to have a BIMS score of 15 out of 15, indicating intact cognition. During an interview on 09/18/2025 at 10:59 AM with R80, she stated she always received her meals later than her tablemates. When asked how she felt about that she declined to answer. During an interview on 09/19/2025 at 3:23 PM with DON2, she stated it was a dignity concern if a resident had to sit and watch other people eat. She also stated food palatability became a concern with a delay in service. During an interview on 09/19/2025 at 2:04 PM with the Administrator, she stated she was not sure if there was ever a solid system in place with the dietary department and passing of meal trays. She stated a resident not being served at the same time as their tablemates was a problem because that resident was the only one who got served late. She stated R80 did not get to eat with other residents. 3. Observation on 09/18/2025 at 8:55 AM revealed Certified Nurse Aide (CNA)10 loudly calling R16 a feeder in the dining room in front of other staff and residents. Review of R16's Face Sheet, revealed the facility admitted the resident on 12/09/2023 with diagnoses of late onset Alzheimer's disease, degenerative disease of the nervous system, and nontraumatic subarachnoid hemorrhage. Review of R16's quarterly MDS, with an ARD of 08/09/2025, revealed it had no BIMs score listed. An interview was attempted with R16 on 09/18/2025 at 9:10 AM, but she was unable to carry on a conversation due to her Alzheimer's disease. During an interview with CNA10 on 09/18/2025 at 10:28 AM, she stated she did not think that calling a resident a feeder was a dignity issue. During an interview with Licensed Practical Nurse (LPN) 2 on 09/18/2025 at 10:11 AM, she stated calling a resident a feeder out loud and in front of them and other staff and residents was a dignity issue. During an interview with Registered Nurse (RN) 2 on 09/18/2025 at 11:26 AM, he stated calling a resident a feeder was a dignity issue. During an interview with the Assistant Director of Nursing (ADON) on 09/19/2025 at 9:55 AM, she stated she did not like the terminology feeder, and the staff member that used it should be corrected. (continued on next page)

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with Director of Nursing (DON) 2 on 09/19/2025 at 10:00 AM she said calling a resident a feeder was a dignity issue. She stated some staff had been in the healthcare industry so long they remember when that was what they called residents who needed assistance feeding themselves or needed to be fed. In an interview with the Administrator on 09/19/2025 at 10:05 AM, she stated it was not her expectation of staff for them to call those residents who needed to be fed a feeder, and it was a dignity issue.

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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 interview, record review, and review of the facility's policy, the facility failed to ensure that all residents were informed and provided written information concerning the right, at the resident's option, to formulate an advance directive for 2 of 29 sampled residents, Resident (R) 2 and R37. Review of the residents' electronic medical records revealed there was no advance directive information for R2 and R37, and the facility did not produce documentation demonstrating advance directive information had been provided.The findings include: Review of the facility's policy titled Advance Directive and Care Planning Policy, effective 04/21/2024, revealed the facility would provide residents with information and education of their rights as well as to promote the residents' right to formulate an advance directive and to assist the resident in the exercise of those rights. Further review revealed resident choices would be incorporated into their plan of treatment, care, and services. Continued review revealed upon admission, the facility would identify if the resident had an advance directive and if not, determine if the resident wished to formulate one. The review also revealed a resident had the option to execute an advance directive but was not required to do so, and examples included a Living Will, a Directive to the Attending Physician, a Durable Power of Attorney for Health Care, a Medical Power of Attorney, a pre-existing medical order for Do Not Resuscitate or another document directing the residents' health care. Additional review revealed the facility was permitted to contract with other entities to furnish the information, but the legal responsibility remained with the facility to ensure the requirement was met. Further review revealed the facility would identify the primary decision maker and assess the resident's decision-making capacity through accepted standards of practice and according to regulation and plan for an appropriate resident representative for the resident assessed as unable to make health care decisions. Further review revealed if a resident was incapacitated at admission and unable to receive information or articulate whether an advance directive was previously executed, the facility would give advance directive information to the resident representative in accordance with state law. Continued review revealed all advance directive document copies must be obtained and located in the Electronic Medical Record (EMR), be readily retrievable, and all copies would be communicated in the care plan.1.Review of R2's admission Record revealed the facility admitted the resident on 07/02/2025 with diagnoses including acute and chronic respiratory failure with hypoxia, cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery, and malignant neoplasm of larynx. Review of R2's admission Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 07/09/2025, revealed no score for Section C, Cognitive Patterns. Review of the Advance Directive tab in R2's electronic medical record (EMR), revealed a signed Do Not Resuscitate [DNR] document. However, there was no documentation of R2's Advance Directive.Review of R2's Care Plan revealed a focus, dated 07/07/2025, indicating he had chosen specific advance directives and a goal that his advance directives would be honored through the next review date. The Care Plan also had an intervention that stated, Resident is a DNR.Interview with R2 was unsuccessful due to his non-verbal status. The State Survey Agency (SSA) Surveyor attempted to interview R2's Representative Party in R2's room on 09/16/2025 at 4:04 PM. However, the attempt failed due to the representative being occupied with a hospice consult and admission for R2. 2. Review of R37's admission Record revealed the facility admitted the resident on 05/29/2025 with diagnoses including psychotic disturbance, mood disturbance and anxiety, monoplegia of upper limb following cerebral infarction affecting right dominant side, and bipolar disorder. Review of R37's quarterly MDS, with an ARD of 09/05/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 15 out of 15, which indicated she was cognitively intact. Review of R37's Care Plan revealed a focus, dated 05/30/2025, indicating she had chosen specific advance directives and a goal that her advance directives would be honored through the next review date. Further review revealed an (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	intervention for the goal which stated, Discussed Advanced Directives/DNR with resident and/or appointed health representative. Also, in the Care Plan was a revised intervention, dated 06/11/2025, which stated, Resident is a DNR.Review of the Advance Directive tab in R37's electronic medical record (EMR), revealed a signed Do Not Resuscitate [DNR] document. However, there was no documentation of R37's Advance Directive. The SSA Surveyor requested a copy of R2's and R37's Advance Directive on 09/18/2025 at 3:07 PM from the facility's staff, but neither were provided by survey exit.During interview with Unit Manager 1 on 09/19/2025 at 4:45 PM, he stated it was important to have advance directives documented so staff could follow the resident's wishes in the event of a death.During interview with the Director of Nursing (DON) on 09/19/2025 at 4:13 PM, she stated an advance directive was important so staff was aware of the resident's wishes and could act on them appropriately.During interview with the Administrator on 09/19/2025 at 2:04 PM, she stated there should be a conversation about advance directives at admission, and it should be documented. She stated it was important, so staff knew how to respond in the event of an emergency.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview, record review, and review of the facility's policies, the facility failed to provide resolutions and/or provide documentation on resolutions related to reported missing items in the Resident Council meeting on 08/21/2025 for 2 out of 14 sampled residents, Resident (R) 52 and R57. The findings include:Review of the facility's policy titled, Resident Rights, dated 04/21/2024, revealed the facility would protect and promote the rights of the resident and afford each resident his or her basic right to be treated with dignity and respect. Per the policy, the facility would ensure all residents were afforded their right to a dignified existence, self-determination, and respect. The policy also stated all personnel were required to protect and promote the rights of each resident, as well as encourage and assist each resident in the fullest possible exercise of their rights. Review of the facility's policy titled, Complaint and Grievance Policy, effective 03/14/2024, revealed the Administrator was responsible to ensure the investigation of grievances and complaints. Per the policy, the Administrator might designate the Social Services Director or a different designee who would serve as the Grievance Coordinator. The policy stated the Grievance Official was responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; and issuing written grievance decisions to the resident.Review of the Resident Council minutes for the meeting held on 08/21/2025 at 11:00 AM, revealed R52 reported missing a white tee shirt, polo shirt, and one pair of navy-blue back-flap slacks with broadcloth-like fabric. Per the minutes, R52 had received no resolution. The minutes also stated R57 reported missing a pair of white leather gym shoes for eight months with no resolution.1. Review of R52's Face Sheet revealed the facility admitted the resident on 01/11/2021 with diagnoses of multiple sclerosis, neuromuscular scoliosis thoracolumbar region, and cranial nerve disorders in diseases classified elsewhere.Review of R52's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 06/03/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 15 of 15, indicating he was cognitively intact.Review of the facility's form Missing Property, dated 05/28/2025, revealed R52 reported to Social Services he was missing a polo shirt since summer/fall of 2024, with no resolution given.Review of the facility's form Missing Property, dated 08/26/2025, revealed R52 reported to Social Services he was missing one white tee shirt, with no resolution given.Review of the facility's form Missing Property, dated 09/15/2025, revealed R52's sister emailed the facility to report R52 was missing a pair of navy blue, back-flap slacks, with broadcloth fabric. Further review revealed the email was sent to the Director of Housekeeping, with no resolution given.2. Review of R57's Face Sheet revealed the facility admitted the resident on 01/12/2024 with diagnoses of unspecified convulsions, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and general anxiety.Review of R57's quarterly MDS, with an ARD of 05/15/2025, revealed the facility assessed the resident to have a BIMS score of 14 of 15, indicating she was cognitively intact.Review of the facility's form Missing Property, dated 05/09/2025 revealed R57 reported missing two clear shower caddies and a pair of white gym shoes. Per the form, the two-shower caddies were replaced; however, R57's white gym shoes were not replaced with no resolution given to the resident.During an interview with the former Social Services Director (SSD) on 09/19/2025 at 2:06 PM, she stated when she was an employee at the facility, anytime a grievance was reported to her she would immediately document the report, report to the correct department the grievance concerned, and start an investigation. She stated the facility was the resident's home, and if any items were broken, lost, or stolen at the facility, the facility was responsible for the replacement. She stated all residents had the right for a resolution for any grievance filed within one to two business days. During an interview with Director of Nursing (DON) 2 on 09/19/2025 at 3:35 PM, she stated she only had been employed by the facility for two (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	days. She stated she was unsure and did not want to speak out of turn about addressing grievances she had no knowledge about. During an interview with the Administrator on 09/19/2025 at 3:00 PM, she stated she was more familiar with current grievances and was working to provide resolutions to the residents. She stated for the older grievances that had been filed, she planned to review them and provide resolutions to the residents. She stated with the change in staff at the facility recently, a lot of responsibilities had not been completed. She stated all grievances should be documented by staff once a resident expressed a concern. She stated grievances should be turned into her office so she could open an investigation. She stated she believed all staff had been informed how to complete a grievance form. She stated staff knew where the forms were located and knew to bring them to her office.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility's policy, the facility failed to notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood as soon as practicable. Additional information the resident and the resident's representation were not given, and which should have been on the notice included the date, location for the transfer, the resident's appeal rights, and the contact information for the state Long-Term Care Ombudsman. This deficient practice affected 3 of 3 sampled residents, Resident (R) 6, R10, and R66. The findings include: Review of the facility's policy titled, Discharge and Transfer from the Facility, effective date 04/21/2024, revealed for emergency transfers such as when a resident was transferred on an emergency basis to an acute care facility, that type of transfer was considered to be a facility-initiated transfer, and a notice of transfer must be provided to the resident and the resident's representative as soon as practicable. Per the policy, copies of notices for emergency transfer must also be sent to the ombudsman, but they could be sent when practicable, such as a list of residents on a monthly basis. Review of R6's Face Sheet revealed the facility admitted the resident on 05/23/2025 with diagnoses of Alzheimer's disease, type 2 diabetes mellitus with hyperglycemia, and acute kidney disease. Review of R6's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 08/29/2025, revealed the facility assessed the resident to have a Brief Interview for Minimum Status [BIMS] score of two of 15, indicating severe cognitive impairment. Review of R6's Health Status Note, dated 06/03/2025, revealed he was hospitalized on [DATE] for a fall that resulted in a fracture to his right hip and was status post an open reduction and internal fixation (ORIF) of the right hip fracture.Review of R6's electronic medical record (EMR) revealed there were no copies of a transfer/discharge notice or a bed hold notice.The State Survey Agency (SSA) Surveyor attempted to interview R6 on 09/18/2025 at 8:37 AM, but he was not interviewable.In an interview on 09/19/2025 at 9:18 AM with Family Member (F) 10 for R6, she stated the facility called her about R6's transfer to the hospital and verbally discussed the bed hold option. She stated she could not remember if a letter for the bed holds and transfer/discharge was sent to her.2. Review of R10's Face Sheet revealed the facility admitted the resident on 05/01/2025 with diagnoses of Alzheimer's disease, bipolar disorder, and hypertension.Review of R10's Nursing Home Comprehensive Set Minimum Data Set, dated 07/02/2025, revealed she was assessed as having a BIMS score of seven of 15, severe cognitive impairment. Review of R10's Health Status Note, dated 06/12/2025, revealed she was sent to the emergency room for a mental health evaluation due to behaviors. Review of R10's electronic medical record (EMR) revealed there were no copies of a transfer/discharge notice or a bed hold notice.The SSA Surveyor attempted to interview R10 on 09/18/2025 at 8:43 AM, but she was not interviewable.In an interview on 09/19/2025 at 9:30 AM with F11 for R10, he stated he never received a bed hold and transfer/discharge letter for R10, but the facility did call him and discuss both with him.3. Review of R66's Face Sheet revealed the facility admitted the resident on 05/24/2025 with diagnoses of Alzheimer's disease, dementia, and repeated falls.Review of R66's Nursing Home and Swing Bed MDS, dated 07/17/2025, revealed she was not assessed for a BIMS score. Further assessment of her EMR did not reveal any BIMS assessments. Review of R66's Health Status Note, dated 07/03/2025, revealed she was sent to a mental health facility for behaviors.Review of R66's electronic medical record (EMR) revealed there were no copies of a transfer/discharge notice or a bed hold notice.The SSA Surveyor attempted to interview R66 on 09/18/2025 at 8:48 AM, but she was not interviewable.In an interview on 09/19/2025 at 9:44 AM with F12 for R66, he stated he did not receive a bed hold letter and/or a transfer/discharge letter for R66. He stated the facility only called and told him R66 was being sent to the hospital. In an interview on 09/18/2025 at 10:11 AM with Registered Nurse (RN) 1, she stated she did not know who sent the bed (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hold and transfer/discharge letters to the family of the resident when they were sent to the hospital. She stated she did send a transfer/discharge letter with the resident to the hospital. In an interview on 09/18/2025 at 11:26 AM with RN2, he stated transfer/discharge letters were sent out to the resident's representative by the Social Services Director (SSD). In an interview with the SSD on 09/18/2025 at 2:22 PM, she stated she did not send out the bed hold and discharge/transfer letters.In an interview with the Assistant Director of Nursing (ADON) on 09/19/2025 at 9:55 AM, she stated she did not know if the bed holds and discharge/transfer letters were mailed to the resident's representative or the ombudsman. In an interview with Director of Nursing (DON) 2 on 09/19/2025 at 10:00 AM, she stated she had only worked at the facility for three days and was also unsure if the facility sent out bed hold and discharge/transfer letters/notices to the resident's representative when they were discharged to the hospital. In an interview with the Administrator on 09/18/2025 at 2:45 PM, she stated she did not have access to the bed hold and/or discharge/transfer letters/notices that were mailed out to the families of residents when the residents were transferred to the hospital. She stated she was unsure who, if anyone, sent those letters. She stated she had only been the Administrator for approximately three months and was unaware of the policy. She stated she had not found copies of the old letters, and she thought the previous Administrator did not send out the letters.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview, record review, review of the facility's investigation, and review of the facility's policies, the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for 1 of 23 sampled residents, Resident (R) 7.The findings include:Review of the facility's policy titled, Accidents and Supervision, no date, revealed it stated, The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents.Review of the facility's policy titled, Resident Care-Safe Resident Handling/Transfers, dated 10/01/2024, revealed it stated, It is the policy of this home to ensure that residents are handled and transferred safely to prevent or minimize risk for injury and provide and promote a safe secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. The policy also revealed two staff members must be used to transfer residents with a mechanical lift. Review of R7's Face Sheet revealed the facility admitted the resident on 08/17/2023 with diagnoses of end stage renal disease (ESRD), diabetes, and depression.Review of R7's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 07/17/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 15 out of 15, indicating intact cognition.Review of R7's Care Plan, dated 06/30/2025, revealed R7 had an Activities of Daily Living (ADL) self-care performance deficit related to weakness, with an intervention for transfers requiring a mechanical lift with two staff assistance.Review of R7's Investigation, dated 08/02/2025, revealed the incident with R7 occurred on 08/01/2025 at 7:56 PM. Further review revealed a witness statement, with no date or time listed, by Certified Nurse Aide (CNA) 16 that stated CNA16 was asked to assist with R7. Per the statement, CNA16 reported when he entered R7's room, R7 was up in the Hoyer [a mechanical lift used to transfer residents from one surface to another]. Additional review revealed a witness statement from R7, with no date or time listed. Per the statement, R7 reported she was left in the air in the Hoyer lift, while CNA14 and CNA15 left to get assistance from CNA16.During an interview on 09/18/2025 at 9:02 AM with R7, she stated both aides (CNA14 and CNA15) walked out of her room while she was suspended in the air in the Hoyer lift on 08/01/2025.During an interview on 09/17/2025 at 6:11 PM with CNA16, he stated that 08/01/2025 was a rough day. He stated he was working with two aides that did not normally work in his area, and they refused to do any weights or any showers. He stated he was in the middle of doing his rounds, and the aides came to him and told him that R7 was requesting him. He stated when he entered R7's room, along with CNA15, he saw R7 in the air in the Hoyer lift. He stated he did not recall any staff member being in there with her. He stated he assisted R7 to her chair, and CNA15 continued to argue with R7 before leaving the room. He stated he reported the incident to Director of Nursing (DON) 2 at the time.During an interview on 09/17/2025 at 4:33 PM with CNA14, she stated R7's complaint was false, and she was terminated for the accusations. CNA14 stated, No residents were left in a Hoyer lift on my shifts.During an interview on 09/17/2025 at 6:21 PM with CNA15, she stated when she walked out to ask CNA16 for assistance, she left CNA14 in the room. CNA15 denied walking out of R7's room, leaving R7 alone in the Hoyer lift.During an interview on 09/17/2025 at 2:56 PM with Director of Nursing (DON) 2, she stated the R7 Investigation determined CNA14 and CNA15 did leave R7 in the Hoyer lift and walked out of her room. She stated, based on this, they were both terminated, CNA15 on 07/31/2025 and CNA14 on 08/13/2025. She stated two staff members should be with a resident anytime a Hoyer lift was being used for the resident's and staff's safety. During an additional interview on 09/19/2025 at 3:23 PM with DON2, she stated her expectation was for staff to follow the manufacturer's guidelines for equipment, to be checked off on competency skills, and be able to perform tasks appropriately while maintaining the safety of the residents. During an interview on 09/19/2025 at 2:04 PM with the Administrator, she stated she was aware of gaps and deficits with the facility staff. She stated she (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	would expect the facility to identify concerns and improve the process of onboarding to ensure staff had 100 percent competencies. She stated that was important for resident safety.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview, record review, and review of the facility's policy, the facility failed to ensure residents who required dialysis received such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences, including ongoing communication and collaboration with the dialysis facility regarding dialysis care and services for 1 of 1 residents sampled for dialysis services, Resident (R) 7. The findings include:Review of the facility's policy titled, Dialysis, dated 08/31/2023, revealed the home [facility] will ensure that each resident receives care and services for the provision of hemodialysis consistent with professional standards of practice. This will include: the ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility; ongoing assessment and oversight of the resident before and after dialysis treatment, including monitoring for complications, implementation of appropriate interventions, and using appropriate infection control practice; [and] ongoing communication and collaboration with the dialysis facility regarding dialysis care and services. The policy also stated, The nurse will monitor and document the status of the resident's access site upon return from the dialysis treatment to observe for bleeding or other complications.Review of the facility's Dialysis Agreement, dated 11/13/2006, revealed the agreement stated, [The] facility shall ensure that all appropriate medical, social, administrative, and other information accompany all designated residents at the time of transfer to center. This information, shall include, but is not limited to, where appropriate, the following: designated residents name, address, date of birth , and social security number; name, address, and telephone number of the designated residents next of kin; designated residents third party payor data and copies of cards or certificates evidencing same; appropriate medical records, including history of the designated resident's illness, including laboratory and x ray findings; treatment presently being provided to the designated resident, including medications and any changes in the patient's condition (physical or mental), change of medication, diet, or fluid intake; name, address, and phone number of the nephrologists with admitting privileges at center referring the designated residents to center; any advance directive executive by the designated resident; [and] any information that will facilitate the adequate coordination of care, as reasonably determined by center. Review of the facility's Dialysis Communication form revealed it should be completed by the facility and sent to the dialysis clinic with the resident to include resident name, visit date, vital signs, access assessment, level of consciousness, speech/communication, medications prior to transport to the dialysis clinic, any labs/test results, and time sent to dialysis. Further review revealed the dialysis facility should complete their portion after dialysis to include vital signs, amount of fluid removed, access assessment, level of consciousness, speech/communication, medications prior to transport to the facility, any labs/test results, and time sent back to the facility. The form should be sent back to the facility with the resident.Review of R7's Face Sheet revealed the facility admitted R7 on 08/17/2023 with diagnoses of end stage renal disease (ESRD), diabetes, and depression.Review of R7's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 07/17/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 15 out of 15, indicating R7 was cognitively intact.Review of R7's Care Plan revealed R7 had hemodialysis added as a focus on 08/17/2023 with an intervention to provide/receive written communication with dialysis center for every treatment. Review of R7's Dialysis Form revealed five completed forms received from the facility over the last three months, dated 06/27/2025, 06/30/2025, 07/02/2025, 07/04/2025, and 09/17/2025.Review of R7's Orders, revealed an order, dated 08/17/2023, for hemodialysis treatments three times per week, every Monday, Wednesday, and Friday.During an interview on 09/18/2025 at 9:02 AM with R7, she stated she was not usually given a form to take to dialysis with her. During an interview on 09/18/2025 at 9:08 AM with Registered Nurse (RN) 1, she stated she had been employed at the facility for about a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185208	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carmel Manor	100 Carmel Manor Road Fort Thomas, KY 41075

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	month and had never heard of a dialysis form. She stated she had never sent anything with R7 to dialysis and had never received anything from dialysis. She stated she had never communicated in any way with the dialysis clinic. During an interview on 09/18/0225 at 10:20 AM with RN2, he stated the facility used dialysis transfer forms that should be sent with R7 to each dialysis treatment. He stated, It is sporadic, a lot of times. He stated the dialysis center did not fill it out, and/or R7 did not bring it back from dialysis. He stated it was important to have communication so the facility would know how R7 did during dialysis or for any medication changes. He stated the binder with the blank forms was kept at the nurse's station. During an interview on 09/19/2025 at 9:12 AM with the dialysis clinic's hemodialysis (HD) RN, she stated R7 came with a form sometimes but not consistently. She stated the communication form would get completed by the dialysis clinic if the form was sent, and R7 only recently started to bring one. She stated the form was not in a binder or folder, and it was usually just a loose piece of paper that was folded up in the resident's purse. She stated the resident did not have it for all dialysis days.During an interview on 09/19/2025 at 3:23 PM with Director of Nursing (DON) 2, she stated it was her expectation that dialysis communication be done for continuity of care. She stated it was also important so the facility staff understand where the resident may be fluid wise and know how much fluid was removed and the overall health of the resident to ensure there is communication back and forth. She stated she had been only briefly at the facility, so she could not comment on R7's lack of Dialysis Communication forms.During an interview on 09/19/2025 at 2:04 PM with the Administrator, she stated the Dialysis Communication forms were important in preventing lapses of communication and for residents' continuity of care. She stated it was her expectation they be completed. She stated she did not know why these forms had not been completed. She stated she had not educated staff regarding this form and had not performed audits on its completion.

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of the facility's policy, the facility failed to ensure that all drugs and biologicals used in the facility were stored and labeled in accordance with professional standards. This affected 2 of 5 medication carts. The findings include:Review of the facility's policy titled, Medication Storage, undated, revealed the facility would ensure all medications housed on the premises would be stored in the medications rooms according to manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation and security. Further review revealed medications to be administered by mouth were stored separately from other formulations, such as eye drops, ear drops, and injectables. 1. Observation of the [NAME] Unit medication cart on [DATE] at 3:01 PM revealed an unlabeled strip of Dulcolax (bisacodyl, for constipation) tablets in a commercial type of blister pack with nine pills missing and 16 remaining, dated on a strip of tape on the back and stored with R82's medications. Further observation revealed R52's albuterol inhalation Aerosol HFA was stored with oral medications. 2. Observation of the St. [NAME] Unit medication cart on [DATE] at 4:45 PM revealed four insulin pens stored loosely, without a full label and not in separate packaging. During an interview with Licensed Practical Nurse (LPN) 5 on [DATE] at 4:45 PM, she stated her experience was insulin pens were maintained in the cart with the same resealable bag in which it was delivered by pharmacy. She stated this was important for infection prevention and control and that labeling was important for safety.During an interview with LPN5 on [DATE] at 9:19 AM, she stated they did not have any residents with insulin orders on her current unit. However, she stated when they did, they stored insulin pens in the fridge until ready to use, then kept them in the top drawer of the medication cart in the resealable bag with the resident's label the pharmacy sent. She stated this was for infection control, to prevent cross contamination. She stated it was important to store medications for different routes separately, also for infection control.During an interview with Registered Nurse (RN) 4 on [DATE] at 3:01 PM, she stated it was important to have medications correctly labeled to prevent giving a resident medication intended for someone else, as they could be allergic or have an adverse reaction. She stated it was important to store medications, including insulin pens, correctly to prevent cross contamination.During an interview with RN1 on [DATE] at 1:50 PM, she stated she thought the expectation was to store insulin pens in individual bags in the medication cart, and that was important for infection control.During an interview with Unit Manager 1 on [DATE] at 4:45 PM, he stated his expectation was that insulin pens, once opened and dated, should be stored in the cart in its individual bag with the label. During an interview with Director of Nursing (DON) 2 on [DATE] at 4:13 PM, she stated her expectation was medications should be clearly labeled for each resident. She stated if opening a new item that expired, it should be dated. She stated oral medications should be separated from inhalers, eye drops, and topicals, and each had their own separate space in the cart. She stated insulin pens should be clearly labeled with resident name, which was usually done by the pharmacy, pen caps on. She stated she had always stored insulin pens in their own bags. She stated that was for infection control and to prevent cross contamination. During an interview with the Administrator on [DATE] at 2:04 PM, she stated her expectation was that medications were stored properly and that insulin pens were stored in their individual bags for infection control.