STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185224	A. Building B. Wing	12/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bowling Green Nursing and Rehabilitation Center	1561 Newton Avenue Bowling Green, KY 42104

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy review, the facility failed to ensure medications, syringes, and lancets were properly secured and supervised on 1 of 4 medication carts.The findings include: A facility policy titled, Safety and Supervision Standard of Practice, revised 02/2021, revealed, Purpose: The facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision are facility-wide priorities. During an observation on 12/17/2025 at 8:02 PM, the surveyor noted a small, plastic, opened top caddy on top of a medication cart outside room [ROOM NUMBER] on the B Hall that contained 10 insulin pens, two bottles of Lantus insulin, one insulin syringe, one cup of alcohol pads, one cup of lancets, and one glucometer. The medication cart was not within sight of a nurse, and no residents were observed in the hallway. During an interview on 12/17/2025 at 8:05 PM, Registered Nurse (RN) 13 stated she normally did not leave insulin and insulin supplies out, but she had to go to the nurse's station to get her papers. RN 13 stated she should have taken the insulin and insulin supplies with her. During an interview on 12/19/2025 at 1:18 PM, the Assistant Director of Nursing (ADON) stated nurses should not leave medications on the medication cart. The ADON stated syringes and lancets should be locked in the medication room when not in use. The ADON stated she expected nurses not to leave medication, syringes, or lancets unattended. During an interview on 12/19/2025 at 1:50 PM, the Director of Nursing (DON) stated insulin and insulin supplies were to be stored when not in use. During an interview on 12/19/2025 at 2:09 PM, the Administrator stated he expected all medications and supplies to be locked in the medication cart or the medication room.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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