

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Carmel Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 Old Hartford Road Owensboro, KY 42303	

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)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44370</p> <p>Based on interviews and record review, it was determined the facility failed to provide the services of a Registered Nurse (RN) at least eight (8) consecutive hours a day, seven (7) days a week from 07/01/2023 through 09/30/2023.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Staffing Policy, revealed it was the policy of the Center to ensure that sufficient qualified nursing staff were available daily to meet residents needs for nursing care and in a manner and environment which promotes each resident's physical, mental and psycho-social well-being thus enhancing their quality of life. Staffing was determined within the facility based on work assignments designed to meet the needs of residents as determined by the resident assessment and individual plans of care.</p> <p>Review of the facility's July 2023 daily staffing sheets revealed the facility failed to have RN coverage for eight (8) consecutive hours in the facility on 07/01/2023, 07/02/2023, 07/08/2023, 07/09/2023, 07/15/2023, and 07/16/2023.</p> <p>Review of the facility's August 2023 daily staffing sheets dated 08/01/2023 through 08/20/2023, revealed there was documented RN coverage for eight consecutive hours each day.</p> <p>Review of September 2023 daily staffing sheets revealed there was no documented RN coverage on 09/06/2023, 09/07/2023, 09/09/2023, 09/23/2023, and 09/30/2023.</p> <p>In an interview with the Business Office Manager (BOM) on 02/15/2024 at 10:04 AM, she stated she was unaware that the facility had no RN coverage as the Administrator was an RN. The BOM was unaware that the Administrators hours were not reported as direct care hours.</p> <p>In an interview with the Director of Nursing (DON) on 02/15/2023 at 5:58 PM, she stated the facility did not currently have a dedicated RN to work the weekends. She stated she believed resident safety was ensured, as the Administrator was also an RN and lived onsite.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview with the Administrator, on 02/15/2024 at 6:15 PM, she stated she was the Administrator but also an RN. She stated she was aware that the facility had days with no RN on duty, but she was an RN and lived onsite. The Administrator stated she was unaware her hours in the facility did not count for the RN coverage. She stated the facility had difficulty with hiring RNs, but the DON was always on call to cover call ins.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>44370</p> <p>Based on observations, interviews, and review of the facility policy, it was determined the facility failed to post staffing data for two (2) of the three (3) days of the survey.</p> <p>The findings include:</p> <p>Review of facility's policy titled, Staffing Policy, not dated, revealed the center would post the facility name, the current date, the Resident census, and the actual number of nursing staff on duty each shift daily. Included with this posting would be Registered Nurses, Licensed Practical Nurses, Medication Aids and Nursing Assistants directly responsible for patient care. The daily posting would be displayed in a public place, clearly visible where residents, staff and the general public may view it.</p> <p>Observation of the daily staffing posting on 02/13/2024 at 6:30 PM, revealed that the staffing posted for the 300 Hall, was dated 02/08/2024.</p> <p>Observation of the daily staffing posting on 02/14/2024 at 9:30 AM, revealed that the staffing posted for the 300 Hall, was unchanged and dated 02/08/2024.</p> <p>In an interview with the Director of Nursing (DON) on 02/15/2024 at 5:58 PM, she stated it was the responsibility of the night shift staff to update the white board for staffing. She stated the Administrator did the scheduling and posted the staffing sheets at the nurse's station.</p> <p>In an interview with the Administrator on 02/15/2024 at 6:15 PM, she stated she was aware that the white board had not been updated since 02/08/2024 and that it did not contain the correct information. She further stated it was the expectation that the daily staff postings would be accurate.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44370</p> <p>Based on observations, interviews, and review of facility documents, it was determined the facility failed to store, label, and date food in accordance with professional standards for food service safety.</p> <p>The findings include:</p> <p>Review of a facility document titled, Labeling and Dating for Safe Storage of Food, dated 04/10/2023, revealed labeling and dating were critical in order to promote food safety. The use of use by dates would be reviewed. All products should be dated upon receipt. All products should be dated when opened, used by dates on all food once opened and stored under refrigeration.</p> <p>Observation of the kitchen on 02/14/2024 at 8:42 AM, revealed walk in cooler #1 contained a plastic container partially full of a brown substance that was not labeled or dated. Further observation revealed a container full of a yellow/orange substance not labeled or dated.</p> <p>Observation of the kitchen on 02/14/2024 at 8:48 AM, revealed walk in cooler #2 contained a tray containing forty-one (41) ten (10) ounce Styrofoam cups of various liquids that were not dated.</p> <p>In an interview with the Certified Dietary Manager on 02/14/2024 at 8:50 AM, she stated the brown substance was caramel sauce and the yellow/orange container was cheese sauce left over from a facility party. She further stated the tray of various liquids were from the supper meal the previous night. The CDM stated she would remove all the items from the coolers because they should be labeled and dated prior to storage.</p>		