STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185226	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carmel Home	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **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 ensure the Pharmacist reviewed residents' drug regimens at least once a month for 4 of 5 residents sampled for Medication Regimen Review (MRR). Resident (R)4, R5, R10, and R18). The findings include:Review of the facility policy titled, Medication Regimen Review, undated, revealed, the facility ensured that all residents' medication regimens were regularly reviewed to optimize therapeutic outcomes, prevent adverse reactions, and comply with regulatory requirements. Per policy review, a pharmacist was to conduct periodic reviews of each resident's medication regimen to assess effectiveness, identify potential risks, and recommend necessary adjustments to enhance resident safety and care. Policy review revealed under, Guidelines a licensed pharmacist was to review each resident's medication regimen at least once a month. Continued policy review revealed the medication regimen review would be conducted following admission, upon any significant change in a resident's health status, and when new medications were added to the resident's regimen. Further review revealed the pharmacist was to document (his/her) findings and recommendations in the resident's medical record, addressing any concerns about the appropriateness, safety, or effectiveness of the medication regimen. In addition, the pharmacist was to provide a written report of the review to the attending physician within 24 hours of the review. Review further revealed all medication regimen reviews, recommendations, and provider responses were to be documented in the resident's medical record in accordance with facility policy and regulatory requirements.Review of the facility's, Pharmacy Service Agreement, signed by the Administrator and the Pharmacist, revealed the scope of services included a licensed pharmacist to be available to conduct routine medication regimen reviews and provide clinical consultation to the staff as requested. Further review of the Agreement revealed the pharmacy was to maintain accurate records of all medications dispensed and provide required reports to the facility in compliance with state and federal regulations.1). Review of the facility's Electronic Medical Record (EMR) revealed the admission Record noted the facility admitted R4 to the facility on [DATE], with diagnoses of major depressive disorder, Alzheimer's Disease, and type 2 diabetes mellitus. Review of the Quarterly Minimum Data Set (MDS) Assessment for R4, with an Assessment Reference Date (ARD) of 01/29/2026, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of six out of 15, which indicated severely impaired cognition. Continued review of R4's EMR and the paper Medical Chart revealed no documented evidence a licensed Pharmacist had completed the MRR's monthly as required for the months of 12/2025, 01/2026, 02/2026, and 04/2026.2) Review of the facility's EMR for R5, revealed the admission Record noted the facility admitted R5 to the facility on [DATE], with diagnoses of anxiety disorder, Alzheimer's Disease, and chronic kidney disease.Review of R5's Annual MDS Assessment, with an ARD of 01/29/2026, revealed the facility assessed the resident to have a BIMS score of three out of 15, which indicated severely impaired cognition. Continued review of R5's EMR and paper Medical Chart revealed no documented evidence a licensed pharmacist had completed the MRR's monthly as required for the months of 12/2025, 01/2026, 03/2026, and 04/2026.3) Review of the (continued on next page)

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

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	facility's EMR for R10 revealed the admission Record noted the facility admitted the resident on 02/08/2022, with diagnoses of generalized anxiety disorder, Alzheimer's Disease, and other depressive disorders.Review of R10's Quarterly MDS Assessment, with an ARD of 02/26/2026, revealed the facility assessed the resident as having a BIMS score of six out of 15, which indicated severely impaired cognition. Continued review of R10's EMR and paper Medical Chart revealed no documented evidence a licensed Pharmacist had completed the MRR's monthly as required for the months of 12/2025, 01/2026, 02/2026, and 04/2026.4) Review of the facility's EMR for R18 revealed the admission Record noted the facility admitted R18 on 01/04/2024, with diagnoses of anxiety disorder, Alzheimer's Disease, and other seizures.Review of R18's Quarterly Annual MDS Assessment, with an ARD of 02/19/2026, revealed the facility assessed the resident to have a BIMS score of six out of 15, which indicated severely impaired cognition. Continued review of R18's EMR and paper Medical Chart revealed no documented evidence a licensed Pharmacist had completed the MRR's monthly as required for the months of 12/2025, 01/2026, 02/2026, and 04/2026.During an interview on 05/07/2026 at 10:18 AM, the Licensed Pharmacist stated he had signed a general contract with the facility and assumed services for the facility in December 2025. He said he was aware of the consulting part of the contract; however, thought they were still negotiating how all of that would work. The Licensed Pharmacist reported he reviewed patient charts in December, and communicated by telephone with the Director of Nursing (DON) about the reviews; however, had not communicated with the physician or provider. He explained also did a few patient reviews in February and March. The Licensed Pharmacist said he had not provided the facility with documentation of his chart reviews. He stated he had not been aware written reports were required. During the interview when the State Survey Agency (SSA) Surveyor questioned the Pharmacist about recommending gradual dose reductions for psychotropic medications or evaluating the use of an as-needed (PRN) antianxiety medication for residents, the Pharmacist was unable to answer the questions.During an interview on 05/07/2026 at 2:25 PM, the Physician stated the Medical Director had been experiencing health issues for the last three months, so he had been covering for the Medical Director. He said he was just covering for the Medical Director. The Physician reported being aware a pharmacist was to review residents' medications, but that he did not know how often (that was to occur). He explained he did recall signing a few of them. The Physician further stated it was important for medications to be reviewed to monitor for possible adverse reactions (for residents).During an interview on 05/07/2026 at 2:57 PM, the Director of Nursing (DON) stated the facility started using a new pharmacy in December, and that pharmacist had already handled the facility's assisted living residents. She said she had not been aware the MRR's were not being completed by the pharmacist, but thought he had been doing the reviews. The DON explained the pharmacist had done a few but had not consistently done them on a monthly basis. She said the Pharmacist usually called her or left a note in her mailbox (after the reviews). The DON further stated she had not seen any written reports, and additionally said she communicated with the provider about any recommendations the pharmacist had.During an interview on 05/07/2026 at 4:56 PM, the Administrator stated the facility was currently transitioning to a different pharmacy and the MRR's had fell through the cracks. She stated the pharmacist completed some of the MRR reviews in March, but the physician monitored residents' medications monthly during his rounds. The Administrator further stated she expected the MRR's to be completed monthly (as required).

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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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview, review of the facility's documentation, and review of the Centers for Medicare and Medicaid (CMS) Payroll Based Journal (PBJ) Report, the facility failed to electronically submit to CMS complete and accurate direct care staffing information based on its payroll and other verifiable and auditable data in a uniform format according to specifications as established by CMS. The findings include:Review of the facility's Payroll-Based Journal (PBJ) Staffing Report for Fiscal Year (FY) Quarter 1 2026 (October 1 - December 31) revealed the facility failed to submit data for that quarter and indicated no data was submitted for the quarter. In an interview with the Business Office Manager (BOM) on 05/06/2026 at 11:34 AM, she stated she was not able to submit the required information. In a continued interview on 05/06/2026 at 11:34 AM, the BOM said her computer had been hacked and needed to be replaced. She reported that, therefore, she had been unable to submit the payroll-based journal (PBJ) information due to those computer issues. The BOM said she received verification codes for her account and tried to log into the system on the Director of Nursing's (DON's) computer; however, it would not let her log in. The BOM provided the State Survey Agency (SSA) Surveyor with the quarter 2 documents, which revealed correct information had been submitted. She also provided approximately 500 pages of computer code which could not be read. In interview with the Director of Nursing (DON) on 05/07/2026 at 2:57 PM, she stated she knew nothing about the facility's Payroll Based Journal (PBJ) report. She further stated that the Administrator and the facility's business office handled all of that.In interview with the Administrator on 05/07/2026 at 4:26 PM, she stated the facility had computer issues, like someone was trying to hack their system. She reported the BOM's computer had to be shut down due to that. The Administrator further stated the BOM had been unable to access her account from the DON's computer and therefore, had been unable to submit the PBJ information.

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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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility policy, the facility failed to ensure each resident's drug regimen was free from unnecessary drugs, for 4 of 5 sampled for drug regimen review out of the total of 8 sampled residents, (Resident (R)5, R8, R10 and R18).The findings include:Review of the facility policy titled, Unnecessary Medications, undated, revealed the facility was to ensure each resident was free from unnecessary medications. Per policy review, all medications, including psychotropic medications, must be clinically indicated; appropriately dosed; monitored for effectiveness and adverse consequences; and used in accordance with current standards of practice. Continued review revealed an unnecessary medication was any medication used without adequate indication for use; used in excessive dose; used for excessive duration; used without adequate monitoring; used in the presence of adverse consequences indicating the dose should be reduced or discontinued; or any combination of the above.1). Review of the Electronic Health Record (EHR) and Medical Record (paper chart) for R5, of the Annual Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 01/29/2026, revealed the facility assessed R5 as having a Brief Interview for Mental Status (BIMS) score of three out of 15, indicating severe cognitive impairment. Review of the physician's order for R5 dated 03/18/2025, revealed an order for REXULTI oral tablet two milligrams (mg), give one tablet by mouth at bedtime for dementia with behaviors. Additional review of the orders revealed an order dated 01/27/2026, for Citalopram Hydrobromide (generic for Celexa, an antidepressant) oral tablet 20 mg, give one tablet by mouth one time a day for depression. Continued review of the EHR for R5 of the diagnosis list revealed no diagnosis to indicate the use of an antidepressant or antipsychotic medication. The indication for use of REXULTI (an antipsychotic) was for dementia with behaviors; however, that was not listed as a diagnosis for R5. Review of the facility's Behavior Observation and Side Effect Monitoring for R5 for 04/2026 revealed the resident had wandered 13 out of 30 days. Continued review revealed no documentation that R5 resisted care, exhibited socially inappropriate or disruptive behavior, had physically abusive behavior symptoms, or verbally abusive behavior symptoms.Continued review of the EHR and the Medical Record for R5 revealed no consistent documentation a licensed pharmacist had completed a monthly medication regimen review (MRR) as required. Review revealed since 11/2025, the pharmacist had only completed one MRR review on 02/16/2026. 2). Review of the admission Record revealed the facility admitted R8 to the facility on [DATE], with diagnoses of unspecified dementia with other behavioral disturbance and depression. Continued review of the EHR for R8 revealed the resident had been originally admitted to the facility's Personal Care unit on 11/29/2017.Review of R8's admission MDS Assessment, with an ARD of 04/28/2026, revealed the facility assessed the resident to have a BIMS score of five out of 15, indicating severe cognitive impairment.Review of R8's physician's orders revealed an order dated 03/22/2024, for Clomipramine (a tricyclic antidepressant used to treat obsessive compulsive disorder) 50 mg oral tablet, give one tablet by mouth once daily for depression. Continued review of R8's physician's orders revealed an order dated 01/24/2025, for Sertraline 100mg oral tablet, give one tablet by mouth once daily for depression, and an order dated 08/28/2025, for Seroquel 12.5 mg oral tablet, give one tablet by mouth twice daily for dementia with agitation. However, review further revealed no indication for the use of Seroquel.Review of the facility's, Behavior Observation and Side Effect Monitoring for R8 for 04/2026, revealed documentation noting R8 had one episode of socially inappropriate/disruptive behavioral symptoms. Further review of the EHR and Medical Record (paper chart) for R8 revealed no consistent documentation a licensed pharmacist had completed a monthly MRR as required. Review further revealed since 11/2025, the pharmacist had completed only one MRR review on 02/16/2026. 3). Review of the admission Record revealed the facility admitted R10 to the facility on [DATE], with diagnoses of Alzheimer's Disease, (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	other depressive disorders, and generalized anxiety disorder.Review of R10's Quarterly MDS Assessment with an ARD of 02/26/2026, revealed the facility assessed the resident to have a BIMS score of six out of 15, indicating severe cognitive impairment.Review of a physician's order for R10 dated 08/28/2025, revealed an order for Seroquel (an antipsychotic used to treat schizophrenia and bipolar disorder) 150 mg oral tablet give one tablet once daily for dementia with agitation. However, there was no documented evidence of R10 having a diagnosis of dementia with agitation.Review of the facility's, Behavior Observation and Side Effect Monitoring for R10 for 04/2026, revealed documentation noting R10 had 10 episodes of socially inappropriate/disruptive behavioral symptoms and three episodes of verbal abuse behavioral symptoms. Continued review of the EHR and Medical Record (paper chart) for R10 revealed no consistent documentation a licensed pharmacist had completed a monthly MRR as required. Additional review revealed since 11/2025, the pharmacist completed only one MRR review on 03/27/2026.4). Review of the admission Record revealed the facility admitted R18 to the facility on [DATE], with diagnoses of Alzheimer's Disease, anxiety disorder, and seizures.Review of R18's Quarterly Annual MDS Assessment, with an ARD of 02/19/2026, revealed the facility assessed the resident to have a BIMS score of six out of 15, indicating severe cognitive impairment. Review of the physician's orders for R18 revealed an order for Fluoxetine (generic for Prozac) dated 01/04/2024, 20 mg oral tablet, give one tablet once daily for depression; Mirtazapine (generic for Remeron) 15 mg oral tablet, give one tablet at bedtime for depression; and Seroquel, 12.5 mg oral tablet, give once daily for dementia with agitation. However, further review revealed there was no diagnosis of depression or dementia with agitation noted for R18.Review of the facility's, Behavior Observation and Side Effect Monitoring for R18 for 04/2026, revealed no documented behaviors recorded for 04/2026.Continued review of R18's EHR and Medical Chart (paper chart) revealed no documented evidence a licensed pharmacist had completed the MRR monthly as required for the months of 12/2025, 01/2026, 02/2026, and 04/2026.During interview with the Licensed Pharmacist on 05/07/2026 at 10:18 AM, he stated he signed a general contract with the facility, and assumed services in December 2025. He said he was aware of the consulting part of that contract. The Licensed Pharmacist reported he thought they were still negotiating how all of that would work. He explained in December, he reviewed patient charts and communicated by telephone with the facility's Director of Nursing (DON); however, not with the physician or other provider. The Licensed Pharmacist said he had not provided the facility with documentation of the chart reviews he performed in December. He stated he had done a few patient reviews in February and March. The Licensed Pharmacist reported he was not aware a written report of his reviews was required. During the interview when questioned about recommending gradual dose reductions for psychotropic medications, appropriate diagnoses for the use of antipsychotics in residents with dementia, or evaluating the use of an as-needed (PRN) antianxiety medication, the Licensed Pharmacist could not answer those questions.During interview with the Physician on 05/07/2026 at 2:25 PM, he stated he had been covering for the Medical Director for the last three months due to the Medical Director's health issues. He said he had been providing care to residents on and off for 20 years. The Physician explained the physician(s) did a monthly medication review on each resident and he had prescribed antipsychotic medications for residents with dementia with agitation. He further stated it was important that medications be reviewed to monitor for possible adverse reactions.During interview with the DON on 05/07/2026 at 2:57 PM, she stated the facility started with a new pharmacy in December. She reported she was not aware the pharmacist was not completing the MRR's, as she thought he had been doing those. The DON said, according to the physician, prescribing antipsychotics for residents with a diagnosis of dementia with agitation was okay. She further stated a resident should have a diagnosis indicating the appropriate use of any medication.During interview with the Administrator on 05/07/2026 at 4:56 PM, she stated the physician did a medication review monthly for residents. She said the facility did not usually do dose reductions. The Administrator stated, If we did drug reductions, we would need to send them to a Surveyor's house for a few days. (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	She further stated the pharmacist was aware the MRRs needed to be completed. The Administrator additionally said, they were working on it.

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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 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 observation, interview, and review of facility policy, the facility failed to ensure the resident environment remained as free of accident hazards as was possible, open tote containing 36 medication cards with pills, unsecured, on the floor outside the medication storage area, which had the potential to affect all 17 residents.The findings include:Review of the facility's policy titled, Storage of Medications, undated, revealed, the facility shall ensure that all medications are stored securely and in accordance with applicable laws, regulations, and best practices to maintain their integrity and ensure the safety of residents. Review of the policy further revealed all medications were to be stored in a designated, secured area that was accessible only to authorized personnel.Observation on 05/07/2026 at 10:55 AM, of the facility's medication storage area, revealed five boxes of medication cards. Per observation, there were four cardboard boxes and one gray plastic tote sitting on the floor, unsecured, outside the locked medication storage area. In interview, at the time of observation, Registered Nurse (RN) 1 stated those containers had empty medication cards to be reviewed by the pharmacist. However, continued observation revealed 36 cards with pills remaining in them stored in the gray tote. Observation revealed the four cardboard boxes contained empty medication cards only. In continued interview, RN 1 stated she was unsure why those medications were stored in the gray tote, unsecured. She further stated she would need to defer that to the Director of Nursing (DON). During an interview with the DON on 05/07/2026 at 11:30 AM, the State Survey Agency (SSA) Surveyor made the DON aware of the concern regarding multiple medications being stored in the hallway, accessible to all residents, staff, and visitors. She then stated the boxes of medication cards should not have been sitting out unsecured. The DON further stated the medication cards should have been stored in the locked storage area. During an additional interview with the DON on 05/07/2026 at 2:59 PM, she stated, the boxes of medication cards found outside the storage room had been moved to a locked room after there were brought to her attention as a concern. She reported there were wanderers on the unit who could have pilfered through the box (gray tote) containing the medications and accessed those medications. The DON further stated her expectation was for all medications to be stored in a locked place. She additionally said she would educate her staff regarding proper medication storage.During an interview with the Administrator on 05/07/2026 at 4:26 PM, she stated the box (gray tote) of medications found in the hallway should have been returned to the pharmacy immediately. She further stated the facility did have some residents who wandered; however, did not generally get back to the area where the medications had been stored (unsecured).