

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Cal Turner Rehab and Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  456 Burnley Road Scottsville, KY 42164	

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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>47798</p> <p>Based on observation, interview, and review of the facility's policy, the facility failed to post survey results in a place readily accessible, where individuals wishing to examine survey results did not have to ask to see them. The facility's failure affected 10 residents who attended the resident council meeting (Resident (R)2, R21, R25, R37, R39, R40, R50, R62, R63, R85) and had the potential to affect all residents residing in the facility, as well as family/representatives, and visitors of the facility who had the right to review the facility's survey history.</p> <p>The findings include:</p> <p>Review of a facility policy titled, Rights and Responsibilities of Residents, reviewed 06/2024, revealed each resident and resident representative had the right to have access to all inspection reports at the facility.</p> <p>A meeting was conducted on 03/12/2025 at 1:03 PM, with residents who regularly attend Resident Council meetings. During the meeting, interview with the residents who were present (R2, R21, R25, R37, R39, R40, R50, R62, R63, and R85) revealed they did not know where the survey book (results of the facility's surveys) was located.</p> <p>Observation on 03/11/2025 at 11:00 AM revealed a sign in the main entrance hallway stating that State Law KRS 216.457 required state inspection reports on the facility to be made available to you upon request and to ask a representative of the facility. Further observation in this area, as well as throughout the facility, revealed no evidence that the required survey reports were present and/or accessible for independent review.</p> <p>During an interview with the Director of Nursing (DON) on 03/12/2025 at 4:40 PM, she stated her belief that the survey binder results were located behind each nursing station, but she would have to confirm that was correct. Additional interview with the DON, on 03/12/2025 at 4:54 PM, revealed the survey binder results were located behind the B-hall nursing station. The DON stated the facility added glass dividers to the nursing stations and the binder had been moved behind the nursing station during that time and had never been placed back out into view. She indicated the facility needed to move the binder back to the other side of the glass so residents and visitors would have access to the survey results.</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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview with the Minimum Data Set (MDS) Coordinator on 03/13/2025 at 2:40 PM, she confirmed that the facility survey binder had been behind the B-hall nursing station desk until yesterday. She stated if someone asked to see the binder, she would have informed the nursing supervisor.</p> <p>During an interview with Registered Nurse (RN) 3 on 03/13/2025 at 2:41 PM, she stated the facility survey results binder was kept behind the B-hall nursing station along with other binders. RN 3 stated residents and/or visitors would have had to ask to see the binder.</p> <p>Additional interview with the DON, on 03/13/2025 at 2:56 PM, revealed the facility survey results binder should be visible to allow anyone to look at it at any time.</p> <p>During an interview with the Administrator on 03/13/2025 at 4:38 PM, she stated she expected that, according to regulations, the facility survey results binder should be accessible for family members or residents to view any of the facility's survey findings.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47798</b></p> <p>Based on observation, interview, record review and facility policy review, the facility failed to ensure drugs and biologicals used in the facility were current for use and/or labeled in accordance with currently accepted professional principles, including the expiration date when applicable. Insulin was opened but not labeled or dated and expired medication was available for use. This failure involved one of two medication carts reviewed (out of a total of four carts), as well as one medication storage room reviewed (out of a total of two medication storage rooms), and affected two (Resident (R) 35 and R8) residents,</p> <p>The findings include:</p> <p>1. Review of a facility policy titled, Formulary Management, reviewed 04/2014, revealed medications acquired from a wholesaler, another pharmacy, or manufacturer would be stored in the pharmacy according to manufacturer guidelines.</p> <p>Review of a facility policy titled, Administration of Medication, revised 09/2019, revealed all multi-dose vials/pens should be marked with the date to be discarded (beyond use date). The policy further revealed all multi-dose vials/pens should be discarded 28 days after the initial puncture of the vial, or less if recommended by the manufacturer.</p> <p>Review of R8's Face Sheet revealed that the resident was admitted to the facility on [DATE] with medical diagnoses including type 2 diabetes mellitus with diabetic neuropathy.</p> <p>Review of R8's electronic Medication Administration Record (MAR) revealed that the resident was ordered and administered Basaglar insulin, 40 units subcutaneously nightly at bedtime for type 2 diabetes mellitus.</p> <p>Observation on 03/11/2025 at 1:10 PM of the medication storage room on C-hall revealed one package with two opened 10 milliliter (ml) vials of R8's Basaglar insulin inside the medication refrigerator that were not dated.</p> <p>In an interview with Registered Nurse (RN) 1 on 03/11/2025 at 1:45 PM, she stated that for medications that require refrigeration, such as insulins, it is the nursing staff's responsibility to write the date the bottle was opened on the package or vial.</p> <p>Interview with RN3, on 03/13/2025 at 2:35 PM, revealed that if she opened a new vial of insulin, she needed to write the beyond use date on the vial, which was 28 days from the date that the vial was opened. She stated that if she were to find a vial of insulin in the refrigerator without a beyond-use date, she would dispose of the vial and contact the pharmacy to order more insulin for the resident. She stated that a possible negative outcome of giving a resident undated insulin would be decreased effectiveness of the insulin.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Pharmacy Technician 1, on 03/13/2025 at 3:05 PM, confirmed that when nurses open new vials of insulin, they are expected to write a beyond use date of 28 days after the date it was opened, unless the expiration date of the insulin is before the beyond use date. Pharmacy Technician 1 said that when she comes to restock the medication rooms, she checks for expired medicines or medicines without a date written on them, and if there are any, she takes them out of the refrigerator. She added that there was not a specific policy that states this task is assigned to pharmacy technicians, but she attempts to take care of it when she comes up to the med room. Further interview with Pharmacy Technician 1 revealed that a possible negative outcome of giving undated insulin to a resident could be that the insulin would not be as effective and could cause harm to the resident, but she stated it would depend on how outdated the insulin was.</p> <p>In an interview with the Director of Nursing (DON) on 03/13/25 at 4:33 PM, she stated that her expectation of staff after they opened a new vial of insulin, would be for them to date the medication with a use by date. In addition, she stated that she expected her staff to check expiration dates on medications before giving the medications to the residents.</p> <p>Interview with the Administrator on 03/13/25 at 4:39 PM revealed her expectation of the nursing staff was that they put dates on medications after opening the medication.</p> <p>2. Review of an Admission Record revealed the facility admitted R35 on 08/01/2022 with diagnoses including anxiety disorder and unspecified dementia with agitation. Review of current physician orders revealed the resident had an order for hydroxyzine pam (medication which can be used to treat anxiety) as needed (PRN).</p> <p>Observation of the B hall medication cart, on 03/12/2025 at 1:10 PM, with RN1 and Licensed Practical Nurse (LPN) 1, revealed R35 had a blister pack containing ten tablets of hydroxyzine pam 50 milligrams (mg) tablets, with a preprinted expiration date of 01/2025.</p> <p>During an interview with RN1 on 03/12/2025 at 1:13 PM, she the stated night shift nurses were responsible to check the medication carts for expired medications. She stated the hydroxyzine should have been caught, disposed of and reordered.</p> <p>During an interview with LPN5 on 03/13/2025 at 10:16 AM, she stated anyone assigned to the medication cart should audit for expired medications. LPN5 stated if she saw an expired medication, she would send it back to the pharmacy and reorder the medication. She stated anyone on the cart was responsible and should observe for expired medications during their shift.</p> <p>During an interview with RN3 on 03/13/2025 at 2:41 PM, she stated she attempts to check the medication cart every shift. RN3 stated expired medications should not be administered and should be placed in the medication room with a note attached to notify the pharmacy to pick it up. RN3 further stated the medication should then be reordered. RN 3 stated if an expired medication was administered, it probably would not be as effective.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LPN2 on 03/13/2025 at 2:56 PM, she stated she works night shift, and the nurse or medication technician assigned to the cart is responsible for checking the medication carts for expired medications. LPN2 stated night shift usually had more time to do that than day shift. However, LPN2 further stated that anyone assigned to the medication cart could check for expired medications. She stated the expired medication should be placed in the medication room for pharmacy to pick up, the medication should be reordered. She stated if an expired medication was administered it would not be as effective as an in-date medication and it may lose its potency.</p> <p>During an interview with the DON on 03/13/2025 at 4:33 PM, she stated she expected expired medications to be caught prior to being given. The DON stated the night shift nurse or Certified Medication Technician (CMT) puts the bulk of the pills away and would be responsible for checking the cart for expired medications. The DON stated she would expect for the staff to check medication expiration dates prior to administration to prevent a possible negative outcome.</p> <p>During an interview with the Administrator on 03/13/2025 at 4:38 PM, she stated she expected nursing staff to review all of the medications in the cart to ensure they were active and not expired.</p>		