

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER Morganfield Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 509 North Carrier Street Morganfield, KY 42437	

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 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>47798</p> <p>Based on observation, interview, facility policy review, and review of manufacturer's instructions, the facility failed to ensure drugs and/or 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. A review of one medication storage room and one of two medication carts revealed that a Tuberculin vial stored in the medication storage room refrigerator was opened but not labeled with a date so as to calculate its discard date.</p> <p>The findings include:</p> <p>Review of a facility policy titled, Label/Store Drugs and Biologicals Standard of Practice, reviewed 10/2020, revealed drugs and biologicals must be labeled in accordance with currently accepted professional principles, including the expiration date when applicable. The policy further stated if a multi-dose vial was opened or accessed, the vial should be dated and discarded within 28 days unless the manufacturer specified a different date for the specific vial.</p> <p>Observation on 04/04/2025 at 10:30 AM of the medication storage room on Hall 2 revealed a house stock multi-dose vial of Aplisol tuberculin 5TU/0.1milliliters (ml) that was opened but was not dated. Review of manufacturer guidelines from PAR Pharmaceuticals (the manufacturer listed on the box containing the vial) revealed that vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency.</p> <p>During an interview with Licensed Practical Nurse (LPN) 2 on 04/04/2025 at 10:40 AM, she stated when vials were opened, they should be dated with the date opened and then should be discarded in 30 days. LPN2 stated since the vial was not dated, it should be discarded, adding that if it was used, it may not be as effective.</p> <p>During an interview with the Interim Director of Nursing/Regional Quality Manager (DON) on 04/04/2025 at 2:51 PM, she stated the expectation was that any vial or box be dated immediately upon opening, then it should be monitored for the appropriate discard date. She stated the drug may not be as effective and she would worry about infections, organisms, and growth.</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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Administrator on 04/04/2025 at 3:21 PM, she stated she expected staff to follow facility policy to ensure proper protocols related to vials being dated when opened were followed, as the facility did not want to do things outside of the manufacturer's guidance.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50153</p> <p>Based on observation, interview, record review, and review of facility policy, it was determined the facility failed to provide an infection prevention and control program to help prevent the development and transmission of communicable diseases and infections for four (Resident (R)31, R37, R50, and R155). of 14 sampled residents. Staff failed to perform hand hygiene when indicated during wound care and medication administration, as well as clean multi-resident use equipment as indicated.</p> <p>The findings include:</p> <p>1. Review of an undated facility policy titled, Hand Hygiene, revealed hand hygiene should be by using either handwashing, antiseptic hand wash, or antiseptic hand rub. and should be performed before and after glove use. The policy further stated gloves should be changed and hand hygiene performed before moving from a contaminated-body site to a clean-body site during resident care.</p> <p>Record review of an Admission Face Sheet revealed the facility admitted R50 on 02/06/2025 with diagnoses including an unstageable pressure ulcer of the right buttock and type 2 diabetes mellitus.</p> <p>An observation of wound care for R50's pressure ulcer of the right buttock was conducted with Licensed Practical Nurse (LPN) 2 on 04/04/2025 at 9:31 AM. LPN 2 donned gloves prior to performing wound care; however, she failed to perform hand hygiene after removing soiled gloves three separate times.</p> <p>During an interview with LPN 2 on 04/04/2025 at 11:30 AM, she stated she should have washed her hands between glove changes, indicating that this failure could have contaminated R50's wound.</p> <p>During an interview with the Infection Prevention (IP) Nurse on 04/04/2025 at 2:00 PM, she stated she expected staff to always wash their hands between glove changes. She stated handwashing and having precautions in place would help prevent infections and stop the spread of infections.</p> <p>During an interview with the interim Director of Nursing/Regional Quality Manager (DON) on 04/04/2025 at 2:51 PM, she stated she expected staff to follow handwashing guidelines and infection control guidelines and protocols for all care including wound care. She stated if the guidelines were not followed, it would increase the risk for infection and that would be her concern, adding R50's wound could have been contaminated.</p> <p>During an interview with the Administrator on 04/04/2025 at 3:21 PM, she stated she expected staff to perform proper handwashing because that is the best prevention of contamination.</p> <p>2. Review of the facility policy titled, Medication Administration Standard of Practice, with a review date of 10/2020, revealed that staff shall follow established infection control procedures for the administration of medications, as applicable.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Observation on 04/03/2025 at 8:20 AM revealed LPN1 preparing medications for R31. While removing R31's Calcium Carbonate/Vitamin D3 from the multi-dose blister card, the tablet fell on to the top of the medication cart. LPN1 then, with a bare hand, picked up the tablet and placed it into the medication cup for administration. Additionally, LPN1 removed a Clonazepam 1 milligram (mg) tablet from the multi-dose blister card into her bare hand and placed the tablet into the medication cup, then proceeded to administer it to R31.</p> <p>b. Continued observation of LPN1, while preparing medications on 04/03/2025 at 8:35 AM, revealed LPN1 dropped R155's 1/2 tablet of Entresto out of the multi-dose blister card onto the top of the medication cart. LPN1 then used a bare hand to place the tablet into the medication cup for R155. Ongoing observation revealed LPN1 also used a bare hand to place R155's Sinemet tablet into the medication cup.</p> <p>c. After administering medication to R31, LPN1 then returned to the medication cart. At 8:48 AM, LPN1 failed to perform hand hygiene and began to prepare medications for R37.</p> <p>In an interview with LPN1 on 04/03/25 at 9:01 AM, she stated she received one or two days of training as an LPN at the facility. LPN1 stated the top of the medication cart is wiped off at the start of the shift, but she probably should get another pill if one is dropped on the top of the medication cart when preparing medications. LPN1 related that hand hygiene would be important to do between residents to prevent the spread of infection.</p> <p>3. Review of the facility policy titled, Policies and Practices - Infection Control, with a revision date of 10/2018, revealed that an objective of the infection control policies and practices are to provide guidelines for the safe cleaning and reprocessing of reusable resident-care equipment. No policy that described the actual processes for cleaning of specific resident-care equipment was provided prior to exit from the facility.</p> <p>Observation revealed that during the medication pass for R155 which began on 04/03/2025 at 8:35 AM, LPN1 used a reusable electronic wrist blood pressure cuff to perform a blood pressure check for both R31 and R155 without cleaning the equipment between residents.</p> <p>In an interview with LPN1 on 04/03/25 at 9:01 AM, she stated the blood pressure cuff probably should be cleaned between residents but no one explained that.</p> <p>In an interview with the IP Nurse on 04/04/25 at 2:03 PM, she stated she would expect the nurses to complete hand hygiene and clean reusable equipment to prevent the spread of infection. The IP Nurse indicated that that in-services on handwashing are provided yearly and as needed, adding that nursing staff are educated on infection prevention during the quarterly nursing meetings.</p> <p>In an interview with the interim DON on 04/04/25 at 2:53 PM, she stated it was her expectation to follow handwashing and infection control and protocols for all tasks including wound care and medication administration.</p> <p>In an interview with the Administrator on 04/04/25 at 3:56 PM, she stated that it was her expectation for staff to follow infection control and prevention policies to prevent the spread of infection.</p> <p>(continued on next page)</p>		

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