

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Martin County Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 62 Maude Road Inez, KY 41224	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, record review, and review of facility policy, the facility failed to provide pharmaceutical services to ensure the accurate administration of drugs to meet the needs of each resident for one of 26 sampled medication observations. The finding include: Review of the facility's policy titled, Medication Administration, effective date 07/01/2024, last reviewed on 08/20/2025, revealed, Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record and compare the medication and dosage schedule on the resident's MAR with the label. The policy also stated, Verify medication is correct three times before administering the medication. When pulling medication package from the med cart, when dose is prepared, and before dose is administered. Additionally, the policy indicated Medications are administered in accordance with written orders of the prescriber. Review of Resident (R)55's Face Sheet revealed the facility admitted the resident on 12/06/2011 with a diagnosis of epilepsy, aphasia, traumatic subdural hemorrhage, and contracture. Review of R55's admission Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 10/27/2025, revealed the Brief Interview for Mental Status [BIMS] assessment indicated the resident was considered severely cognitively impaired. Review of R55's Physician's Orders, dated 07/16/2021, revealed an order for Potassium Chloride Solution 10 % (given to increase potassium) Give 7.5 milliliters (ml) by mouth one time a day for hypokalemia diluted in 4 to 6 ounces of water or juice. Review of R55's Medication Administration Record [MAR], dated 07/17/2021 revealed Potassium Chloride Solution 10 % Give 7.5 ml by mouth one time a day for hypokalemia diluted in 4 to 6 ounces of water or juice. Observation of medication administration on 11/19/2025 at 8:40AM revealed Certified Medical Technician (CMT)1 drew up 7.5 milliliters (ml) of Potassium Chloride 10% and mixed it in the same cup with 15ml of levetiracetam. During an interview on 11/19/2025 at 3:07 PM CMT1 stated she did not dilute the medication prior to administering but offered the resident a drink after administering the medication. CMT1 stated it was important to follow medication administration instructions to prevent medication errors. CMT1 stated she was not aware of the importance of diluting the medication. During an interview on 11/19/2025 at 3:26PM Registered Nurse (RN) 1 stated it was important to follow medication administration instructions to assess for side effects and for the safety of the resident. RN1 stated it was important to dilute potassium chloride to prevent ulcers and gastrointestinal upset. During an interview on 11/19/2025 at 3:31PM with the Director of Nursing (DON) she stated it was important to follow medication administration instructions to ensure the resident's right to receive the correct medication. The DON stated it was important to dilute potassium chloride to prevent stomach upset. During an interview on 11/19/2025 at 3:34PM the Assistant Director of Nursing (ADON)1 stated it was important to follow medication administration instructions to monitor for side effects or adverse effects. ADON1 stated it was important to dilute potassium chloride to prevent stomach upset. During an interview on 11/19/2025 at 2:53PM with Pharmacist, she stated medication administration labels were applied before medications were delivered. The Pharmacist stated the label for potassium chloride stated to dilute in 4-6 ounces of water or juice. The Pharmacist stated that adherence to administration instructions was necessary to prevent stomach (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 185379	Facility ID: 185379 If continuation sheet Page 1 of 2

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	irritation or ulcer formation.During an interview on 11/19/2025 at 3:39PM the Administrator stated it was important to follow medication administration instructions to prevent adverse effects and to prevent medication errors. She stated it was important to dilute potassium chloride, so the resident does not receive the full dose at once.		