STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185436	A. Building B. Wing	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellington Parc of Owensboro	2885 New 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and facility policy review, the facility failed to ensure drugs and/or biologicals used in the facility were stored and labeled in accordance with currently accepted professional principles. Medications were found loose, without identification as to who they belonged and/or what they were. This failure affected one (1) of two (2) medication carts observed out of a total of three carts.The findings include:Review of facility policy, titled Labeling of Medication, with a reviewed date of 01/27/2025, revealed that medication is to be labeled in order to facilitate safe administration of medications. It further revealed that labeling must be typed or printed and clearly indicate information including resident full name, brand and/or generic name, strength of medication, and prescribed dose of drug/medication.Observation of Medication Cart #30 at 6:02 PM on 02/04/2026 revealed three (3) loose medication tablets without identifying information in the third drawer on the left. The tablets included one which was round, tan in color, and imprinted with L22. Per a pill identifier, this tablet was Levothyroxine Sodium 125 micrograms (mcg) which is a thyroid drug. The second tablet was round, white in color, and imprinted with P5. Per a pill identifier, this tablet was Escitalopram Oxalate 5 milligrams (mg) which is a selective serotonin reuptake inhibitor used for anxiety disorders. Additionally, the third tablet was barrel shaped, white in color, and imprinted with 5. Per a pill identifier, this tablet was Buspirone Hydrochloride 5mg which is an anxiolytic used for anxiety or panic disorders.In an interview with Certified Nurse Aide (CNA) 3 on 02/04/2026 at 6:05 PM, she stated she checks the medication cart at the end of her shift. She was unsure what the facility policy directed or what to do after the loose tablets were found. CNA3 stated she would notify the Assistant Director of Nursing (ADON) or the Director of Nursing (DON) of the tablets.In an interview with the ADON on 02/06/2026 at 1:35 PM, she stated the medication technicians take it upon themselves to keep the carts clean and in order. She also stated that all the technicians know to go to the ADON or DON if they have any questions. She further stated this is the first time she has heard of loose medication in a medication cart since she has been at the facility for four months and was unsure what the policy is.In an interview with the DON on 02/06/2026 at 2:20 PM, she stated that after each medication pass the cart should be wiped down, trash thrown away and check for loose pills. She additionally stated that it is standard practice and it is not written in a policy.In an interview with the Executive Director on 02/06/2026 at 2:50 PM, he stated his expectation is that every time a medication cart expires it should be checked because eventually a resident will end up short on their medication if loose pills go unnoticed. He further stated that loose medications cause excess waste and cost.

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