

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Nazareth Home Clifton		STREET ADDRESS, CITY, STATE, ZIP CODE 2120 Payne Street Louisville, KY 40206	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51327</p> <p>Based on observation, record review, and interview the facility failed to ensure all drugs used in the facility were labeled and stored in accordance with professional standards. Observations during survey revealed medication in 2 separate unlabeled and unattended medication cups on top of 1 of 7 medication carts and 1 of 4 treatment carts was unlocked and unattended, with no staff in sight of the treatment cart</p> <p>The findings include:</p> <p>Review of facility policy #1495, Medication Administration, effective last reviewed 3/2021 revealed the facility administered medications adhering to the seven rights (right drug, right resident, right time, right dose, right dosage form, right route, and right to refuse. Continued review revealed no language addressing medication security and/or labeling of medications.</p> <p>Observation, on 05/06/2025 at 5:00 AM revealed two tablets in one medication cup and one tablet in another medication cup. Continued observation revealed both medication cups revealed only room [ROOM NUMBER] and 602 with no name to indicate the appropriate resident to receive the medications. Further, observation revealed the medication cups were unattended, with no staff in view of the medications.</p> <p>Observation on 05/06/2025 at 5:10 AM revealed an unlocked and unattended treatment cart, out of view of staff. Additionally, lying on top of the treatment cart were a tube of Nystatin cream and a tube of Fungal cream.</p> <p>Interview with Licensed Practical Nurse (LPN) #8 on 05/06/2025 at 9:08 AM, revealed medication carts should be locked when unattended and no resident information showing and no medications left out.</p> <p>Interview with the Administrator on 05/06/2025 revealed the expectation that medication carts should be locked and medications should not be left out as a resident or anyone could take them.</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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