

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER Radcliff Veterans Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Veterans Drive Radcliff, KY 40160	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles. One of two medication rooms reviewed contained one box of a Covid-19 vaccine which was not labeled with the Beyond Use Date (BUD) or the thaw date. The findings include: On [DATE], the survey team requested any policies regarding storage and labeling of drugs and biological requiring a thaw date. The facility did not provide these policies prior to exit on [DATE]. Observation of the medication storage room in the 500 Neighborhood, on [DATE] at 2:26 PM, revealed one box of a thawed Covid-19 vaccine in the medication refrigerator. The box was labeled with a serial number, lot number, manufacturer's expiration date of [DATE], and a pharmacy label with a prescription date of [DATE]. There was no visible thaw date noted on the box. In addition, there was no BUD noted on the box. Review of an untitled manufacturer package insert revealed the instructions for storing the vaccine were After thawing, [brand name for the Covid-19 vaccine] may be stored refrigerated between 2 C to 8 C (36 F to 46 F) for up to 90 days or up to the expiration date printed on the carton, whichever comes first. During an interview with Licensed Practical Nurse (LPN) 1 on [DATE] at 2:26 PM, he stated he was unaware the vaccine expired 90 days after thawing and did not know that a thaw date or BUD needed to be labeled on the box. During an interview with Registered Nurse (RN) 1 on [DATE] at 3:00 PM, she stated that she might have known, at one time, that there was to be a thaw date on that vaccine, but she could not recall. Interview with the facility's Infection Preventionist (IP), on [DATE] at 3:00 PM revealed that, We had been going by the manufacturer's expiration date, the boxes were not received with thaw date or beyond use date stickers to fill out. I called the pharmacy, and he educated me that the Mnexspike has a 90-day expiration date when thawed. I informed him that there are no warning stickers on the boxes and no labels to alert the receiving nurse about special handling. She further stated that she was starting education of the nursing staff about the handling and storage of the Covid -19 vaccines and the differing expiration dates of different brands. During an interview with the Director of Nursing (DON) on [DATE] at 1:20PM, she stated Once we get them (the vaccines) from pharmacy, they go in the fridge, and we go by the manufacturer's expiration date. She stated nurses were trained upon hire and whenever new vaccines came out. She verbalized that negative outcomes of items not being labeled properly were that the veterans could get the wrong medication, it could harm a veteran.		

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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