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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185006 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/27/2025 |
| NAME OF PROVIDER OR SUPPLIER Morgantown Care & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 South Warren Street Morgantown, KY 42261 | |

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) |
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| <p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observation, interview, record review, and review of the facility's policy, the facility failed to ensure the results of its most recent certification and complaint survey results were readily accessible to residents in an area where residents did not have to request to review the results.</p> <p>The facility's failure directly impacted 4 of 5 residents who attended the resident council meeting (Resident (R) 1, R13, R16, and R52) and had the potential to affect all residents residing in the facility, their family/representatives, and visitors of the facility who had the right to review the facility's survey history.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Resident Rights, revised 01/31/2025, revealed all residents had the right to be treated with respect and dignity and those rights would be promoted and protected by the facility. Per review of the policy, residents had the right to examine (the facility's) survey results.</p> <p>In a Resident Council Meeting conducted on 02/26/2025 at 2:01 PM, with residents who regularly attended those meetings, all the residents present (R1, R13, R16, and R52) stated they did not know where the facility's survey results book was located.</p> <p>1. Review of R1's Face Sheet revealed the facility admitted the resident on 04/18/2005. (In interview on 02/25/2025 at 8:24 AM, the Administrator stated R1 was the resident council president.)</p> <p>Review of R1's Annual Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 01/14/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition.</p> <p>2. Review of R13's Face Sheet revealed the facility admitted the resident on 10/28/2016.</p> <p>Review of R13's Annual MDS Assessment with an ARD of 01/14/2025, revealed the facility assessed the resident to have a BIMS score of 11 out of 15, which indicated the resident was moderately cognitively intact.</p> <p>3. Review of R16's Face Sheet revealed the facility admitted the resident on 08/03/2022.</p> <p>Review of R16's Significant Change MDS Assessment with an ARD of 02/16/2025, revealed the facility</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 |
|---|---|--------------------------------------|
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 185006 | If continuation sheet Page 1 of 6 |

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| <p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>assessed the resident to have a BIMS score of 14 out of 15, which indicated the resident was cognitively intact.</p> <p>4. Review of R52's Face Sheet revealed the facility admitted the resident on 09/18/2023.</p> <p>Review of R52's Quarterly MDS Assessment with an ARD of 02/07/2025, revealed the facility assessed the resident to have a BIMS score of seven out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Observation on 02/26/2025 at 4:59 PM, revealed the facility's survey (findings) binder was located behind the nursing station. Continued observation and review of the survey binder revealed it was not up to date with the most current facility survey results. Further review of the facility's survey binder revealed the survey results of the Recertification Survey on 09/05/2019 was present; however, the Recertification Survey results from 05/24/2024 were not located in the binder.</p> <p>During interview with the Director of Nursing (DON) on 02/27/2025 at 10:00 AM, she stated the Administrator was responsible for ensuring the facility's survey results binder was accessible to residents (and others) and up to date. The DON further stated she and the Administrator had started working at the facility in August of 2024, and she thought updating the binder had just been forgotten.</p> <p>During interview with the Administrator on 02/27/2025 at 2:13 PM, he stated he was responsible for the facility's survey binder. He stated the binder should have never been stored behind the nursing station and should have been available in a public area. The Administrator reported the facility's survey binder just wasn't up to date, but he did not provide a reason why. He further stated it had now been corrected and a sign with large font had been placed in the front lobby. The Administrator additionally said the binder had been updated and was now accessible for anyone to view.</p> | | |

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| <p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and review of the facility's policy, it was determined the facility failed to post staffing data for 2 of the 3 days of the State Survey Agency (SSA) Survey.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Nursing Services, Staffing Policy, revised 01/31/2025, revealed the facility's intent was to ensure nursing staff supported the well-being of its residents. The policy further stated staffing would be allocated and adjusted to deliver quality care considering the number, characteristics, and acuity of the facility's resident population.</p> <p>Observation of the daily staffing posting on 02/26/2025 at 4:52 PM, revealed the staffing posted in a hallway where it was not visible unless a person were walking down that particular hallway. Per review, the staffing posted was dated 01/30/2025 (approximately 27 days prior to the Survey initiation date).</p> <p>Observation of the daily staffing posting on 02/27/2025 at 8:33 AM, revealed the staffing data was not posted.</p> <p>During interview on 02/27/2025 at 9:30 AM, the facility's staffing Scheduler stated she was responsible for posting the staffing data. She reported it was important for the staffing to be posted daily to allow staff to know how the facility would be staffed each day. The Scheduler additionally stated she usually put each day's posting on top of the previous one and she did not know what had happened to the postings.</p> <p>During interview with the Director of Nursing (DON) on 02/27/2025 at 10:00 AM, she stated the Scheduler was responsible for ensuring the staffing data was posted. The DON stated she had discussed the staffing not being posted with the Scheduler yesterday and informed her that task needed to be done daily. She reported going forward, the business office would be assisting when the Scheduler was not at the facility and she (the DON) would also be checking to ensure the staffing was posted daily. The DON further stated she expected the posting to be completed daily as required.</p> <p>During interview with the Administrator on 02/27/2025 at 2:13 PM, he stated the Scheduler was responsible for the daily staffing posting and he expected that to be completed daily (as required).</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of facility policy, it was determined the facility failed to store food in a safe and sanitary manner.</p> <p>Observation on 02/25/2025 at 8:50 AM and 02/26/25 2:49 PM, revealed the walk-in freezer had frost and ice accumulated throughout and food particles located on the freezer's floor, which had the potential to affect all residents consuming foods stored there.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Food Storage: Cold Foods, revised 04/01/2018, revealed All Time and Temperature Control for Safety (TCS) foods, frozen and refrigerated, were to be appropriately stored in accordance with guidelines of the Food and Drug Administration (FDA) Food Code. Further policy review revealed all foods were to be wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>Observation of the facility's walk-in freezer on 02/25/2025 at 8:50 AM, revealed it had large piles of frost and ice accumulation throughout the freezer. Further observation revealed food particles lying on the floor of the walk-in freezer.</p> <p>Observation of the facility's walk-in freezer on 02/26/25 at 2:49 PM, revealed the large piles of frost and ice accumulation continued to be present throughout the freezer. Observation additionally revealed the food particles continued to be present lying on the floor of the walk-in freezer.</p> <p>In interview on 02/27/2025 at 8:30 AM, [NAME] 1 stated she had worked at the facility a little over a year. She said she performed other duties such as cleaning, sanitizing dishwashing, as well as, cooking and followed a cleaning schedule. [NAME] 1 reported once the schedule had been completed she turned it into her manager. She stated the cleaning of the walk-in freezer and cooler was done by the kitchen manager and she was not responsible for that task unless it was assigned to her.</p> <p>During interview on 02/25/2025 at 8:50 AM, the Dietary Accounts Manager stated the walk-in freezer had been malfunctioning, and a work order had been placed on Saturday, (02/22/2025). She stated there was nothing they could do to stop the accumulation of the ice in the walk-in, and she was in the process of trying to tidy things up when the State Survey Agency (SSA) Surveyor arrived to inspect the kitchen. The Dietary Accounts Manager reported the walk-in freezer and cooler were scheduled to be cleaned weekly and she was the staff member responsible for cleaning it. She further stated if she ran into a problem with her schedule she assigned the task of cleaning the walk-in freezer and cooler to someone else.</p> <p>During interview with the Regional Dietary Accounts Manager (RDAM) on 02/26/2025 at 2:49 PM, she stated they used a chemical cleaner to get the ice up and that cleaner was specially formulated to not freeze. She said using that chemical cleaner must be done on a regular basis to keep it from allowing ice to build up. The RDAM reported they had been trying to clean the walk-in freezer at least once a week; however, she thought the dietary manger had gotten behind because of being short staffed a couple of days. She said her expectations were for the walk-in freezer to be cleaned at a minimum of once a week for a detailed cleaning. The RDAM explained at that time the problem with the walk-in</p> <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>freezer was that outside air was getting inside and was causing excessive moisture to buildup. She stated a technician from a local service repair company came out and looked at it, then followed up with them on Monday regarding the freezer. The RDAM additionally said the local service repair company's technician let them know the walk-in freezer was beyond repair and the facility planned to replace the freezer.</p> <p>In interview with the facility's Maintenance Director on 02/26/2025 at 4:17 PM, he stated he had been informed on Friday about the walk-in freezer. He said he had someone come out that day to look at the walk-in freezer. The Maintenance Director reported they had another freezer that was next to it they could use if needed. He stated he believed they were now waiting on a part to fix the freezer's issue. The Maintenance Director said he thought air was coming in but he was not for sure. He explained the service technician was supposed to schedule a time when they would come back and fix the walk-in freezer. The Maintenance Director reported he could not recall who came out to look at the freezer. He further stated the normal protocol for was to report to the Administrator his issue before he could get someone else to come and fix freezer issues.</p> <p>In interview with the Registered Dietician (RD) on 02/27/2025 at 8:23 AM, she stated she came to the facility at least one to two days a week and performed a monthly sanitation audit of the kitchen. She stated she last performed the sanitation audit on Friday (02/21/2025) and found nothing unusual during her audit. The RD said the food appeared good, and the floors of the walk-in freezer were just slick and hard to get around on due to the excess moisture that was coming in. She reported the walk-in freezer issue had been an ongoing problem they had been dealing with. The RD stated the Dietary Accounts Manager had been coming in and sweeping out the excess ice and frost accumulation in the walk-in freezer from time to time; however, it just came back so fast it was hard to keep up with. She explained when she was at the facility on Friday and did the sanitary audit she had not seen any food or excess ice on the walk-in freezer floor at that time. The RD said if she had seen the freezer in its current state she would be providing ongoing education with the staff on cleaning and keeping the excess frost and ice swept up. She stated she felt there was not much else they could really do to properly address the situation with the walk-in freezer now as they could not keep the large amount of frost and ice from accumulating inside. The RD additionally stated her expectations were for dietary staff to do more frequent sweeping inside the walk-in freezer, but even then she was not still sure that would help with the issue.</p> <p>In interview with the Service Manager for the contracted Repair Services Company on 02/27/2025 at 9:14 AM, he stated he had been contacted and came out to the facility last week on 02/21/2025. He reported he found large amounts of ice building up because of there being a large amount of outside air coming into the freezer due to the seals and gaskets being compromised. The Service Manager said that caused water to get in between the foam panels and that those panels were most likely full of water. He stated the freezer had probably been doing that for a long time as the freezer was about [AGE] year. The Service Manager reported the seals and gaskets wore out and start going bad after about 10-15 years of usage and start losing their effectiveness. He explained in his opinion the amount of ice inside the walk-in freezer had taken weeks to accumulate that much in there. The Service Manager said, unless there had been a large amount of water inside or a leak of some sort which could have caused that much ice accumulation to be observed in the freezer. He reported if it was just humidity coming in from outside air, that would take a long time for the ice to accumulate the way it had in the freezer. The Service Manager stated in his opinion he thought the ice had to have been there awhile. He also stated he had service men coming back out to the facility today to take measurements for the new freezer that was to be ordered to replace the current one.</p> <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>In interview with the Administrator on 02/27/2025 at 8:00 AM, he stated he would consider the ice accumulation away from the food since it was mainly on the floor and that it posed no risk to the food stored in it at that point. He explained if the ice was accumulating on the food, then he would have it removed and replaced and would use the emergency food supply in the meantime until the replacement food got here. The Administrator further stated his expectations was for the excess ice to be swept out daily, but since it was located on the floor it should be okay.</p> |