STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185334	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Nursing & Rehab Center, Inc	1595 S US Highway 231 Beaver Dam, KY 42320

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, record review, and review of facility policy, the facility failed to store medications in accordance with the manufacturer's recommendations in one (1) of two (2) medication storage refrigerators and for one (1) of 13 sampled residents, (Resident (R) 38). The findings include: Review of the undated facility policy titled, Insulin Administration, revealed, the nursing staff will have access to specific instructions (from the manufacturer if appropriate) on all forms of insulin delivery system(s) prior to their use. Review of the undated facility policy titled, Insulin Administration, revealed, the nursing staff will have access to specific instructions (from the manufacturer if appropriate) on all forms of insulin delivery system(s) prior to their use. Review of the pharmacy reference guide titled, Medication storage and Administration Quick Reference Guide, with a revision date of April 2024, revealed a Refrigeration guideline that food products may not be stored in the refrigerator except when the food product is being treated as a medication and the resident has a prescriber's order. Further review of the Medication storage and Administration Quick Reference Guide revealed a section titled, Storage of Pens & Cartridges at room temperature (59 degrees Fahrenheit (F) - 86 degrees F) Discard after, revealed Insulin Lispro should be discarded after 28 days if held at room temperature. Review of the facility pharmacy-supplied manufacturer's recommended storage guideline undated and titled, SARS-CoV-2 Virus (COVID-19) mRNA Vaccine (All Populations Monograph) revealed the recommended storage duration for the Moderna COVID-19 vaccine thawing directions revealed after thawing, the vaccine may be stored refrigerated between 2°C to 8°C (36°F to 46°F) for up to 60 days prior to use or up to the expiration date printed on the carton, whichever comes first. Observation of administration of Lispro insulin on 05/06/25 at 6:34 AM for R38 revealed an open date of 04/01 on the Lispro insulin pen to total 36 days since opened. Observation of the medication storage refrigerator located in the Staff Development Coordinator's (SDC) office on 05/07/2025 at 10:00 AM, revealed one partial bag of oranges, one container of coffee creamer, one partial container of snack cheese, meat and crackers stored in the refrigerator that (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

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	also contained an open vial of Tubersol solution for injection, single dose syringes of influenza vaccines, two unopened vials of pneumonia vaccine, and COVID19 single dose vaccines. Observation of the Staff Development Coordinator's (SDC) medication storage refrigerator on 05/07/2025 at 10:05 AM, revealed one (1) box containing six (6) Moderna COVID19 Spikevax 2024-2025 single dose syringes being stored unthawed without a thaw date noted. Review of the label on the vaccine packaging revealed a delivery date of 11/05/2024. In an interview with the Licensed Practical Nurse (LPN) 1 on 05/07/2025 at 11:00 AM, LPN1 was asked how long insulin could remain out of refrigeration after opening, the LPN1 stated, is it 30 days? The LPN1 stated she would change it out and get a new one to replace the Lispro insulin pen. In an interview with the Director of Nursing (DON) on 05/07/25 at 11:19 AM, she stated the LPN had made her aware of the insulin available for use on the North hall medication cart that was beyond the recommended 28 days. The DON stated staff had obtained a new Lispro insulin pen to replace the available Lispro insulin with the beyond use date. The DON stated that food and medications should be stored separately in separate refrigerators. The DON further stated the COVID19 Spikevax vaccine would be removed from the refrigerator and disposed of properly. In an interview with the SDC on 05/07/2025 at 11:20 AM, she stated the COVID19 Spikevax was stored in a frozen state until she removed it from the freezer on 02/20/2025 to prepare for administration. The SDC provided a calendar log for vaccine activities with the COVID19 Spikevax thaw date of 02/20/2025 noted on the calendar. After reviewing the pharmacy-supplied recommended storage guideline of 60 days after thawed then counting the number of days from 02/20/2025 to the current date of 05/07/2025 totaled 75 days. The SDC stated that more than 60 days had passed since the vaccine had been thawed. The SDC further stated food items should not be stored with medications. In an interview with the Administrator on 05/08/25 at 3:22 PM, he stated he expected staff to follow the facility policy regarding medication storage and use. He further stated a negative outcome could result, however, it is not in the scope of his practice and would consult the physician for guidance.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of the facility's policy, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety, which had the potential to affect 50 of the facility's 50 residents who consumed food from the kitchen. The findings include: Review of the facility's policy titled, Food Receiving and Storage, revision dated 11/2022, revealed dry foods that were stored in bins were removed from original packaging, labeled and dated (use bydate) and were rotated using a first in--first out system. Continued review revealed all foods stored in the refrigerator or freezer were covered, labeled and dated (use by date). Further review revealed refrigerated foods were labeled, dated and monitored so they are used by their use by date, frozen or discarded. Observation of the kitchen's dry storage area, on 05/06/2025 at 9:45 AM, revealed a plastic container with multiple packages of croutons expired per facility use by date of 03/28/2025. Continued observation revealed six packages of strawberry glaze stored in a plastic container that were expired. Observation of shelf with canned products revealed a large can of peaches was dented and was still on the shelf. In an interview with the Dietary Services Manager (DSM), on 05/06/2025 at 10:00 AM, she stated staff were aware to follow the first in, first out rule when receiving food items. She further stated all dented cans should be removed from the shelf and stored in a designated place to prevent usage. Observation of a walk-in refrigerator2, on 05/06/2025 at 10:15 AM, revealed three bags of shedded lettuce, one open and covered, and two were unopened, but all had expired per the package label use by date. Further observation revealed a plastic storage bag with grated parmesan cheese that had expired. Additionally, a plastic bag containing six heads of lettuce was not covered when stored allowing air contamination. In an interview with the DSM, on 05/06/2025 at 10:25 AM, she stated that the process was to date any food item that had been opened with the open date and a use by date. She stated she was unaware there was a manufacturers expiration date on the lettuce, but would remove them to ensure they had not been used. Continued observations of walk-in freezer1, on 05/06/2025 at 10:35 AM, revealed a bag of Salisbury steak in a plastic bag, and a bag of breaded pork chops that were expired. In an interview with Dietary Aide1, on 05/07/25 at 11:15 AM, she stated worked in the facility for a year. She stated she had not usually received and stored food items, but was aware that food items should be dated when received in the facility. She further stated once those products were opened they were to be covered, and a new open date was written on the package before they had been stored in the refrigerator, freezer, or pantry. She stated if staff had not followed the facility's policy or guidelines there was a potential for food to be contaminated and could possibly make residents sick. She stated the goals was to serve residents good quality food and promote a homelike environment. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Beaver Dam Nursing & Rehab Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE: 1595 S US Highway 231 Beaver Dam, KY 42320	

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview with Dietary Aide2, on 05/07/2025 at 11:40 AM, she stated that she has worked in the facility for nine years and worked in the kitchen for three years. She stated that all dietary staff were responsible for checking expiration dates on all food items. She stated staff would follow the food items expiration date first, if on the package before following the date the food was opened. She stated that if she encounters foods that have expired or were past their use-by date, she would notify the DSM and the food was thrown out. She stated she had taken required instructional courses regarding food borne illnesses. She further stated if residents were served spoiled or expired foods they could potetially become ill. In an interview with the DSM, on 05/08/2025 at 2:09 PM, she stated after the inspection she had begun to prepare a in-service training for all dietary staff with a test for understanding on the following Monday. She stated she had begun to implement a new colored labeling system for every day of the week to prevent any confusion about dates and when to discard those food items. She stated she had also implemented a training in the following weeks to ensure all staff were trained on the proper way to store, label, and date all food items. She further stated her expectations for all staff would be to follow the facility's policy and procedure related to food safety and to utilize the training they have received. She stated moving forward she expected staff to use those guidelines to ensure residents were provided the best care and were served safe and quality food items.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and facility policy review the facility failed to establish an infection prevention and control program that addressed hand hygiene procedures to be followed by staff involved in direct resident contact for 1 of 7 sampled residents, (Resident (R)10). The findings include: Review of a facility policy titled Handwashing/Hand Hygiene, not dated, revealed that all personnel were expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. Further review of the policy revealed that hand hygiene was indicated immediately before touching a resident, after touching a resident, and immediately after glove removal. Review of a facility policy titled General Dose Preparation and Medication Administration, revised 11/15/2024, revealed that prior to preparing or administering medications, authorized and competent facility staff should follow facility's infection control policy which includes using appropriate hand hygiene before and after direct resident contact. Review of R10's Facesheet revealed the facility admitted the resident on 01/22/2025 with diagnoses that include chronic obstructive pulmonary disease, chronic kidney disease, and morbid obesity. Review of R10's Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 05/01/2025 revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R10 was cognitively intact. Observation of medication pass on 300 hall on 05/06/2025 at 6:51 AM revealed Registered Nurse1 (RN) applied Cahmosyn cream to resident (R) #10's buttocks. Further observation revealed RN failed to perform hand hygiene before donning and after doffing gloves and going into another resident's room. In an interview with RN1 on 05/06/2025 at 6:55 AM, he stated that he should have washed his hands before putting on the gloves and after removing the gloves. He stated that a negative outcome of not washing his hands would be the resident getting an infection or an infection spreading to other residents. In an interview with the Staff Development Infection Preventionist on 05/06/2025 at 6:57 AM, she stated a negative outcome of staff not performing hand hygiene could be an infection control issue. She stated that she expected staff to wash their hands before and after resident care. In an interview with the Director of Nursing (DON) on 05/08/2025 at 10:00 AM, she stated that she expected her staff to wash their hands before and after direct patient care and medication administration. She stated that it was an infection control issue for both staff and the residents. The DON stated that all staff at the facility get infection control training on hire and yearly with their continuing education. In an interview with the Administrator on 05/08/2025 at 3:22 PM, he stated that his expectation for his staff regarding handwashing while giving direct patient care would be to wash their hands between residents and tasks. He stated that possible negative outcomes of staff not washing their hands when providing direct patient care are possible infection control issues like spreading bacteria and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	viruses between residents.