

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2025
NAME OF PROVIDER OR SUPPLIER  Liberty Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  616 S Wallace Wilkinson Boulevard Liberty, KY 42539	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure 1 (Resident #34) of 5 sampled residents reviewed for unnecessary medications was assessed for self-administration of medication. Findings included: A facility policy titled, Medication Administration Self-Administration by Resident, dated 01/2023, indicated, Residents who desire to self-administer medications are permitted to do so with a prescriber's order and if the nursing care center's interdisciplinary team has determined that the practice would be safe and the medications are appropriate and safe for self-administration. A Resident Face Sheet indicated the facility admitted Resident #34 on 01/10/2023. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of chronic obstructive pulmonary disease (COPD) and acute and respiratory failure with hypoxia. A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/12/2025, revealed Resident #34 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. Resident #34's Care Plan included a problem statement revised 05/19/2025, that indicated the resident was at risk for respiratory issues related to COPD. Resident #34's Physician Order Report for the timeframe 06/08/2025 - 07/08/2025, revealed an order dated 06/09/2025, for albuterol sulfate aerosol inhaler 90 micrograms per actuation, inhale two puffs four times a day as needed. During a concurrent observation and interview on 07/06/2025 at 1:45 PM, an inhaler was noted on Resident #34's bedside table. Resident #34 stated they requested to keep the inhaler because it was an emergency inhaler and they had to have it when they needed it. During an observation on 07/08/2025 at 12:40 PM, an inhaler was noted on Resident #34's bedside table. In an interview on 07/08/2025 at 12:42 PM, Licensed Practical Nurse (LPN) #1 stated if a resident requested to self-administer medications, nursing would complete an assessment to determine if the resident was safe to self-administer the medication, and nursing would contact the physician to obtain an order for self-administration. LPN #1 stated Resident #34 had self-administered medications in the past but was not currently self-administering their medications. LPN #1 stated if an inhaler was on the resident's bedside table, it would be considered the resident self-administered the medication. LPN #1 stated she was not aware that Resident #34 had an inhaler on their bedside table. In an interview on 07/09/2025 at 9:08 AM, the Director of Nursing (DON) stated that when a resident requested to self-administer medications, staff were expected to complete an assessment to ensure the resident was competent to self-administer their medications then contact the physician for an order. The DON stated Resident #34's inhaler on their bedside table would be indicative the resident self-administered the medication. In an interview on 07/09/2025 at 9:25 AM, the Administrator stated her expectation for residents who wanted to self-administer medications was that an assessment should be completed and the policy should be followed for self-administering medications. The Administrator stated if residents could safely manage their medications, they had the right to self-administer medications.</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:  185408	Facility ID:  185408  If continuation sheet Page 1 of 2

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and facility policy review, the facility failed to maintain 1 (south side nourishment room refrigerator) of 2 nourishment room refrigerators in a clean and sanitary manner. Findings included: A facility policy titled, Equipment, revised 09/2017, indicated, All foodservice equipment will be clean, sanitary, and in proper working order. The policy specified, 4. All non-food contact equipment will be clean and free of debris. During an observation of the south side nourishment room on 07/07/2025 at 1:13 PM, the ice machine was noted to be dirty and had a pink and black substance on the interior ice deflector shield. The refrigerator had a dried, sticky dark brown liquid substance that had dripped down the interior back wall of the refrigerator. The bottom left drawer of the refrigerator had a dried, sticky, yellow substance in it. There was an unlabeled black lunch box that contained a dried white substance and an empty carton of milk that was stuck to dried white substance in the lunch box. During an observation of the south side nourishment room on 07/08/2025 at 10:03 AM, the black lunch box was no longer in the refrigerator, the dried, brown sticky substance remained on the back wall of the refrigerator, and the dried, yellow substance remained in the drawer. In an interview on 07/08/2025 at 10:17 AM with the Dietary Manager (DM) and District DM, the DM stated she checked the nourishment refrigerators on the north and south units for expired food items, but that nursing was responsible for cleaning it. The DM stated the maintenance department was responsible for cleaning the ice machine. The District DM stated the pink and black substance on the ice guard was possibly a stain or something had been splashed on it. The District DM stated the dietary department was responsible for checking the ice machine cleanliness monthly. The DM stated she had not been checking the interior of the ice machine. During a concurrent interview and observation on 07/08/2025 at 10:26 AM, the Staff Development Coordinator (SDC) stated the night shift nurse was responsible for cleaning the refrigerator in the nourishment room. The SDC stated the refrigerator did not look the best. The SDC stated she did not know what the dried yellow substance in the drawer could be because there had not been anything in the drawer in a long time. During a concurrent observation and interview on 07/08/2025 at 10:28 AM, the Plant Operations Director observed the ice machine and stated the ice machine needed to be cleaned. In a follow-up interview on 07/08/2025 at 2:54 PM, the DM stated she expected the refrigerators to be cleaned daily. In a telephone interview on 07/08/2025 at 3:50 PM, the Registered Dietitian stated she completed a monthly sanitation review of the kitchen but did not inspect the nourishment rooms. In an interview on 07/09/2025 at 9:08 AM, the Director of Nursing stated she expected the refrigerators and ice machines to be cleaned weekly or as needed to maintain cleanliness. In an interview on 07/09/2025 at 9:25 AM, the Administrator stated she expected resident refrigerators to be checked daily. The Administrator stated the refrigerators should be cleaned weekly and as needed. The Administrator stated the ice machines should be checked and cleaned as needed. The Administrator stated keeping the refrigerators and ice machines clean was important for sanitation.</p>		