STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185464	A. Building B. Wing	10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Meadows Health & Rehabilitation	310 Boxwood Run Road Mount Washington, KY 40047

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 21382 Based on interview, record review, and review of the facility instructions for completion of the Center for Medicare and Medicaid Services (CMS) Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) CMS-10055, revealed that the facility did not provide the SNFABN document to one of one resident (Resident (R)52) who remained in the facility after receiving skilled Medicare part A services. This failure could lead a resident or responsible party to not make an informed decision about remaining in the facility after Medicare A services ended. The findings include: Review of the directions for completion of the Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN) Form CMS-10055 directed, Medicare requires SNFs to issue the SNFABN to Original Medicare, also called fee-for-service (FFS), beneficiaries prior to providing care that Medicare usually covers, but may not pay for in this instance because the care is: not medically reasonable and necessary; or considered custodial. The SNFABN provides information to the beneficiary so that she/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. SNFs must us the SNFABN when applicable for SNF Prospective Payment services (Medicare Part A). Review of R52's electronic medical record (EMR) revealed the Face Sheet located in the Profile tab indicated the facility originally admitted the resident on 05/09/2024 for therapy. The resident's last covered day (LCD) was 07/31/2024 and she remained in the facility for long-term care (LTC). The facility issued a Notice of Medicare Non-Coverage (NOMNC) on 07/29/2024 that was signed by her representative. She was not issued a SNFABN although she remained in the facility for LTC. R52 had 16 days of Medicare A remaining. Review of the Medicare Part A, PPS (Prospective Payment System) Minimum Data Set (MDS) with an Assessment Review Date (ARD) of 07/31/24, completed at the end her of Medicare Part A services, revealed R52 had a Brief Interview of Mental Status score of 09 out of 15 which indicated R52 had moderately impaired cognition. (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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Business Office Manager (BOM) on 10/24/2024 at 4:06 PM, she stated she was responsible for issuing the liability notices to residents whose Medicare A services were ending. When asked about the CMS-10055 SNFABN she stated, we give those to residents when their Medicare Part B services were ending. When asked if she had ever issued one to a resident who was coming off Medicare A services, her reply was no. She stated was unaware that a CMS-10055 SNFABN was required for Medicare A residents remaining in the building for long-term care. She stated the facility did not have a policy. Per BOM, the facility used the CMS directions to complete and issue the notices. A copy of the directions that she followed was requested. On 10/24/2024 at 4:30 PM, the BOM provided the directions for the CMS-10123 NOMNC however she did not provide a copy of the directions for the CMS-10055 SNFABN form. The Administrator provided two pages that she printed from the CMS website on 10/24/2024 at 5:00 PM and stated, We don't have to complete them until the end of the month because it is not mandatory yet.The surveyor reviewed the pages the Administrator printed and informed the the Administrator the CMS-1055 had been in use for years but CMS had recently revised the form to make it easier to understand and complete. Additionally, the pages printed were from the CMS website were in reference to the revised CMS-1055 and when they new form was to be used. The Administrator did not provide the directions for completion of the current version of the CMS-10055. Interview on 10/25/2024 at 10:00 AM, the Administrator made multiple attempts to stated that the SNFABN was not required if there was no expectation of liability for the resident. She stated the company that owned the facility until 11/01/2024 never went after bad debt and always wrote it off. During an interview on 10/25/2024 at 03:15 PM, the Administrator stated her expectation was that they were going to follow Medicare guidelines.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 40824 Based on observations, interviews, and facility policy review, the facility failed to properly store medications. Specifically, there were several loose tablets in three of six medication carts (Peach unit, Cherry unit and Maple unit). This failure increased the risk for drug diversion from three of six medication carts. The findings include: Review of the undated facility policy titled, Review of Unused Drugs revealed, All unused, contaminated, or expired prescription drugs shall be disposed of in accordance with state laws and regulations (refer to any state-specific requirements). Policy Explanation and Compliance Guidelines: 1. Drugs will be destroyed in a manner that renders the drugs unfit for human consumption and disposed of in compliance with all current and applicable state and federal requirements . During interview on [DATE] at 2:42 PM, with Licensed Practical Nurse (LPN)2 and observation of the Peach Unit medication cart, revealed when the drawers of the cart were opened there were two loose tablets (one round pink tablet and one round white tablet) in the first large drawer, three loose tablets (one pink round tablet, one round white tablet, and one green tablet) in the second large drawer, and three and a half tablets (partial white tablet, one round brown tablet, one oval pink tablet, and one round white tablet) in the third large drawer. LPN2 stated that when a nurse finds loose pills in the medication cart, they are to put them in the sharps container, otherwise the night nurse cleans out the carts on a routine basis and throws away any loose pills. LPN2 stated that she had not seen the loose tablets in the cart, and she did not know who they belonged to. During interview on [DATE] at 3:02 PM, with LPN3 and observation of the Cherry Unit medication cart, revealed when the drawers of the cart were opened there was one loose tablet (one round white tablet) in the first large drawer, and two loose tablets (one round white tablet and one oval tan tablet) in the second large drawer. LPN2 stated that whoever notices loose pills in the cart was responsible for discarding them in the sharps container. LPN2 stated that she had not seen the loose tablets in the cart, and she did not know who they belonged to. During interview on [DATE] at 03:29 PM, with LPN1 and observation of the Maple Unit medication cart, revealed when the drawers of the cart were opened there was one loose tablet (one round yellow tablet) in the first large drawer. LPN1 stated that she had not noticed the loose tablet, but the facility protocol was for any nurse finding loose pills should discard of them in the sharps container. Otherwise, the Medical Records nurse (MR) does cart audits once a week and discards any loose pills. During an interview on [DATE] at 2:28 PM, the Director of Nurses (DON) stated that the MR nurse does cart audits on Monday or Tuesday every week. The DON stated that her expectation was for any loose pills to be disposed of in the sharps container. Any nurse may dispose of loose pills in the sharps box, and they don't record this information. The facility has a new pharmacy consultant group, and they haven't done cart audits. Additionally, the DON did not think the facility had a policy that directly addressed medication storage. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE] at 2:43 PM, the MR nurse confirmed that she performed cart audits on Mondays, but the last audit was on Sunday ([DATE]). She stated sometimes she finds loose pills, and sometimes she doesn't. Per the MR nurse, any nurse may dispose of loose pills in the sharps container when they find them. During an interview on [DATE] at 3:30 PM, the Administrator stated that she was aware that three of the six medication carts were observed having loose pills on [DATE]. She stated her expectation was for the MR nurse to do an audit at the beginning of the week to ensure the carts were clean and loose pills were disposed of. She felt that she had practical expectations and that from time-to-time pills were going to fall out of the blister packs. The Administrator stated when nurses see loose pills, the expectation was for them to destroy the medications, and any loose narcotic medications were to be given to the DON for destruction.

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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. 30260 Based on observation, interview, and policy review, the facility failed to provide food storage in a safe and consistent manner. Specifically, food items were observed open and unlabeled/ undated as to when the package/bottle/bags/boxes was opened. This had the potential to affect 78 of 79 residents who consumed food from the kitchen. The findings include: Review of undated policy provided by the facility titled, Guidelines for Storage subtitle Date Your Products with Use by Dates revealed use-by date for flour and syrup was one year, and two years for vinegar. The policy further revealed the use by date for frozen potatoes was eight months. During an observation and initial kitchen walk through with the Dietary Manager (DM) on 10/22/2024 beginning at 9:48 AM, the following was observed: 1. In the general kitchen area - four bags of flour were in an uncovered bin. The bags of flour were unsealed and unlabeled with the open date and expiration dates. At the time of this observation, the DM stated she was waiting on a replacement lid for the flour bin. The DM also stated she was unsure of how long the flour was good for before it had to be discarded. 2. In the general kitchen area there was an open, unlabeled bottle of Reliance brand pancake and waffle syrup. At the time of the observation, the DM stated the bottle did not belong to the kitchen and had been left there by another department. DM acknowledged the bottle was the responsibility of the kitchen staff. 3. In the dry product storage room, there were three open, unlabeled one-gallon bottles of white vinegar. At the time of the observation, the DM stated the vinegar was not used for patient food, but to clean the steamer. The DM acknowledged that since the vinegar was stored in the in the resident food area, it could be used in resident's food. 4. In the dry food storage area, there was a toolkit box containing cake decorating items and flavors. All items in the kit were undated and unlabeled. At the time of the observation, the DM stated she had no idea what the box was and what it was doing in the resident food storage area. 5. In the walk-in freezer, there was one open, unlabeled bag of cookie dough; two open, unlabeled bags of garlic bread; and one open bag of unlabeled hash browns. At the time of the observation, the DM acknowledged the food items should have been labeled with the open dates and should have been stored in their original boxes. During an interview with the Administrator on 10/25/2024 at 3:15 PM, she stated it was her expectation that all open food items should be labeled with the date opened and with an expiration date.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 30260 Based on record review, interviews, and policy review, the facility failed to verbally explain the contents of the binding arbitration agreement for one resident (Resident (R)24) of three residents reviewed for binding arbitration agreements. The findings include: Review of the facility's policy provided by the facility titled, Binding Arbitration Agreement dated 10/01/2022, revealed Policy Explanation and Compliance Guidelines: I. When explaining the arbitration agreement, the facility shall: a. Explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, this facility. b. Explain to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands. c. Ensure the resident or his or her representative acknowledges that he or she understands the agreement. Review of R24's quarterly Minimum Data Set (MDS), located in the electronic medical record (EMR) under the MDS tab and with an Assessment Reference Date (ARD) of 08/10/2024, revealed R24 was admitted to the facility with diagnoses of Alzheimer's disease with late onset, depression, unspecified, personal history of transient ischemic attack (TIA), and cerebral infarction. The MDS indicated R24 had a Brief Interview for Mental Status (BIMS) score of 99, indicating severe cognitive impairment. During a telephone interview with R24's family member (F)1 on 10/24/2024 at 9:00 AM, he stated he had signed R24's binding arbitration agreement for the resident. F1 stated he did not recall anyone explaining the contents of the agreement to him. He stated that he wanted R24 to be admitted and that he signed whatever was presented to him. F1 stated he was unsure of what legal rights he was giving up by signing the arbitration agreement. (continued on next page)

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/23/2024 at 3:45 PM, the Admissions Director (AD) stated during the admission process, his process for obtaining a binding arbitration agreement was to ask the resident or their representative if they knew what the binding arbitration agreement was. If they say no, he goes on to explain that arbitration was when a serious allegation was filed against the facility,and it goes to arbitration. A neutral lawyer would be brought in to listen to both sides, to mediate and to come to a conclusion. The AD stated that he assured the resident that they would still be treated in the facility regardless of whether they signed the arbitration agreement or not. The AD stated he would ask if the resident or their representatives wanted to read through the binding arbitration document first and most of them said, no. The AD stated he never told residents or their representatives that they could take the arbitration to be reviewed by their attorney before signing but gave them a copy of the entire admission packet after they have signed. When asked if he told residents of their right to rescind the arbitration agreement before thirty days, he stated, No. The AD stated he did not know how many days residents had to rescind the arbitration agreement and that no one had ever told him about the resident's right to rescind nor did he inform residents of that right. The AD stated he did not inform residents of the right to a neutral choice of venue. The AD stated he was not aware that residents could not change their minds after thirty days had passed. During an interview with the Administrator on 10/25/2024 at 3:15 PM, she stated it was her expectation that the AD explains the binding arbitration agreement to residents before they sign.

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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. 51678 Based on observation, interview, and policy review, the facility failed to ensure infection control practices had been followed by two of six staff (Licensed Practical Nurse (LPN)2 and LPN4) while dispensing medications for two of 11 residents (Resident (R)59 and R39) observed during medication administration. This deficient practices has the potential to contaminate the medications taken by the residents. The findings include: Review of the undated facility policy titled Medication Pass Procedure included, .medications were to have been opened without contamination. Wasted or dropped medication would have been destroyed and documented. During an observation on 10/23/2024 at 3:23 PM, while putting medications into plastic medication cups and filling a small plastic cup with water, LPN4 touched the inside of the medication and plastic cup. LPN4 proceeded to give R59 the medication cup and R 59 dropped a capsule from the cup onto her shirt. LPN4 picked up the medication and gave the capsule to R59 with her bare hands. During an observation and interview on 10/24/2024 at 3:41 PM, LPN2 stated that she used her fingernail to open the foil covering on the back of the blister pack before she pushed the medication out of the blister pack. LPN2 was observed to touch R39's blister packs with her fingernail and open the foil on the back of the pack for seven medications. During an interview on 10/25/2024 at 9:31 AM, LPN2 denied she had used her fingernail to open the foil covering before she pushed the medication out of the blister pack. During an interview on 10/25/2024 at 9:28 AM, LPN4 confirmed that she had touched the insides of the medication and water cups. Per LPN4, she knew she should not have touched the cups in that manner. LPN4 stated she should have used a glove or disposed of R59's capsule medication when it fell on R59's shirt. She stated she could have also asked the resident if she would have wanted to pick the pill up herself. During an interview on 10/25/2024 at 11:38 AM, Staff Development Nurse confirmed LPN2 and LPN4 had both failed to ensure infection practices during the medication passes. Staff Development stated each nurse had competency observations as part of their orientation and on an annual basis. During an interview on 10/25/2024 at 2:42 PM, the Director of Nursing (DON) revealed she was aware of the incidents by the nurses. The DON stated both LPN's breached infection control practices while passing medications.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that a working call system is available in each resident's bathroom and bathing area. 51678 Based on observations, interviews and document review, the facility failed to ensure the call light systems annunciator was operating at two of two nurses' stations (Transition and Orchard). This deficient practice could result in residents being unable to obtain assistance with their activities of daily living. The findings include: During an observation on 10/22/2024 at 4:59 PM at the Transition nurse's station, the call light system did not alarm at the nurses' station. Interview at that time with Licensed Practical Nurse (LPN) 1 and the Assistant Director of Nursing (ADON) revealed the annunciation system had been damaged during a storm, which had occurred in the spring. Both stated the lights above the doors still worked so staff could watch when a resident put on their call light requesting assistance. During an observation on 10/23/2024 at 4:00 PM at the Orchard nurse's station, the call light system did not alarm at the nurses' station when activated. Observation on the Oak hallway of the Transition unit on 10/22/2024 at 5:30 PM revealed a light was on above R59's door indicating the resident's call light had been activated, R59's call light appeared outside of her room; however, did not ring or light the annunciation system at the nurses station. During an interview on 10/23/2024 at 4:12 PM with Certified Nursing Assistants(CNA)1, CNA3, and LPN5, they revealed the residents alert staff when they required assistance by activating their call lights. The light above the door would light up but did not ring at the nurses' stations. Usually someone is down the hall watching and could respond to the light. The residents who were able to understand had been given small hand bells to use to also alert staff if they required assistance. During an interview on 10/25/2024 at 9:53 AM, CNA2 and Certified Medication Technician (CMT) 1 stated that they have been doing 30-minute rounds on each hall to ensure the residents needs had been met. Both stated the residents who had a hand bell were able to understand how to use it. Review of the facility's Call Light Audits from October 2023 through September 2024 revealed the audits were conducted by various department supervisors. One resident room was observed per day. There were no documented times for what time of the day the audit had been completed. During an interview on 10/25/2024 at 2:42 PM, the Director of Nursing (DON) confirmed the Call Light Audits were only being conducted one day a week in one room each day. The DON stated that the Call Light Audits did not cover all different times of the day and the weekends. During an interview on 10/25/2024 at 2:50 PM, the Administrator revealed the call light annunciators had been damaged by a storm in July 2024. Per the Administrator, the current owner was aware of the damage but had not fixed the call light system. The Administrator stated the facility did not have a policy regarding call lights.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 51678 Based on observations and interviews, the facility failed to ensure two of two (Transition and Orchard) living room couches used by residents were maintained in a safe manner. The unrepaired couches could be a fall risk and possible risk for physical injury. This deficient practice has the potential to affect all 79 residents and their visitors in the facility. The findings include: During an observation on 10/23/2024 at 12:30 PM the Transition wing living room had a half-circle couch that had recliners at each end. The recliner on the right side was in the reclined position. A dining chair was positioned behind the back of the recliner and was holding the back in a more upright position. When the chair was removed, the recliner back would not stay upright. During an interview on 10/24/2024, Licensed Practical Nurse (LPN) 1 and the Assistant Director of Nursing (ADON) stated that the couch had only been broken for a week. They were not sure if the maintenance department had been notified. During an observation on 10/25/2024 at 9:34 AM, the Orchard living room had a half-circle couch. There was a two-cup holder on the left-hand side of the couch. The metal liners for those cup holders were missing. One of the two cup holders had exposed wood that was rough to the touch and could cause injury to a residents' hands and/or fingers. During an interview on 10/25/2024 at 9:34 AM, the Activity Director thought the couch in the Transition wing had broken about a week ago. The AD stated that a request for items to be fixed would be entered in the TELS (Building Management System) and then maintenance would fix the item. During an interview on 10/25/2024 at 9:54 AM, the Maintenance Director revealed he had not been notified of the condition of the couches. He reviewed the TELS system and did not see where the two couches had been reported. He stated the Transition living room couch recliner was broken. Per the Maintenance Director, he had not been notified of the metal liners missing from the Orchard couch. During an interview on 10/25/2024 at 2:42 PM, the Director of Nursing (DON) and the Administrator stated that the Transition living room couch had been broken for about a week. Both stated they were unaware of the missing metal liners for the Orchard living room couch.