| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185145 | A. BUILDING _____ B. WING _____ | R 03/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CEDAR RIDGE HEALTH CAMPUS | 1217 US HIGHWAY 62 E CYNTHIANA, KY 41031 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| {F 000} | INITIAL COMMENTS<br><br>An off-site desk review was conducted on 03/25/2024. Based on the acceptable Plan of Correction (POC), the deficiencies were deemed to be corrected on 03/21/2024, as alleged. | {F 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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| | 185145 | A. BUILDING _____ B. WING _____ | C 02/09/2024 |

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| F 000 | INITIAL COMMENTS<br><br>A Standard Recertification Survey in conjunction with an Abbreviated Survey investigating KY00037107, KY00038310, and KY00039302 was initiated on 02/06/2024 and concluded on 02/09/2024. KY00037107, KY00038310, and KY00039302 had no deficient practice related to the allegations cited. Deficient practice was identified at 42 CFR 483.60 Food and Nutrition Services, with the highest Scope and Severity at an "F" level.<br>Census: 50. | F 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/04/2024

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| F 000 | INITIAL COMMENTS<br><br>A Standard Recertification Survey in conjunction with an Abbreviated Survey investigating KY00037107, KY00038310, and KY00039302 was initiated on 02/06/2024 and concluded on 02/09/2024. KY00037107, KY00038310, and KY00039302 had no deficient practice related to the allegations cited. Deficient practice was identified at 42 CFR 483.60 Food and Nutrition Services, with the highest Scope and Severity at an "F" level.<br>Census: 50. | F 000 | | |
| F 812 SS=F | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and review of the facility's policies, it was determined the facility | F 812 | This plan of correction is to serve as Cedar Ridge Health Campus credible | 3/21/24 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Electronically Signed — 03/04/2024

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| F 812 | Continued From page 1<br>failed to prepare and store food under sanitary conditions. Observation of the kitchen on 02/06/2024 revealed staff did not perform hand hygiene between glove changing and tasks. Observation of the Skilled nourishment room on 02/07/2024 revealed non-food items stored with food items and undated food items.<br><br>The findings include:<br><br>Review of the facility's policy titled "Guideline for Handwashing/Hand Hygiene," dated 12/31/2023, revealed all health care workers shall utilize hand hygiene frequently and appropriately. Per the policy, hand hygiene should be performed after removing gloves, with gloves worn as directed with Standard Precautions; before and after eating; and after toileting.<br><br>Review of the facility's policy titled, "Food Safety and Handling," dated 06/2016, revealed date marking must be done when food was Time and Temperature Foods (TTF), Ready to Eat (RTE) foods, which was refrigerated and held more than twenty-four (24) hours. Per the policy, the RTE potentially hazardous foods must be marked with the date of preparation and must be consumed or discarded within seven (7) days, including the day of preparation.<br><br>Review of the facility's policy titled, "Storage Procedures," dated 01/2023, revealed food storage areas were used for food and paper supplies. Per the policy, chemical/poisonous items were not stored in the food storage area. Open packages were labeled, dated, and stored in closed containers. Dry bulk foods were stored in plastic containers with tight covers or bins which were easily sanitized. Stock was dated | F 812 | allegation of compliance. Submission of this plan of correction does not constitute an admission by Cedar Ridge or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. Attached you will find our plan of correction for Cedar Ridge Health campus for our annual survey conducted on 02/09/2024. We initiated immediate interventions when concerns were identified on this date and began re-education for staff as well. We respectfully request paper/desk review for this plan of correction. If you need any information or paperwork, please contact me at (859) 234-2702.<br><br>The Statement of Deficiencies states that it was determined that the facility failed to prepare and store food under sanitary conditions. Observation of the kitchen on 02/06/2024 revealed staff did not perform hand hygiene between glove changing. Observation of the skilled nourishment room on 02/07/2024 revealed non-food items stored with food items and undated food items. Observation of the kitchen on 2/6/2024 revealed multiple food items opened, but not labeled and dated as well as a dented can. | |

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| F 812 | Continued From page 2<br>and rotated so that the oldest items were used first.<br><br>Observation on 02/06/2024 at 10:00 AM on the initial tour of the kitchen revealed an ingredient bin with no label or date which contained a white powder looking product. Observation of the walk-in refrigerator revealed five (5) bags, each containing five (5) pounds of shredded cheddar cheese. These cheddar cheese bags were not dated. Also, on the top shelf, there was a small piece of white cheese covered in clear wrap with no label or date. Continued observation of the dry storage area revealed a number 303 (volume approximately two (2) cups and weight approximately fifteen (15) to seventeen (17) ounces) size can of cream of chicken soup, which had a dent the size of the palm of a hand. In addition the following cans were not dated: five (5) number 303 cans of clam juice; three (3) cans of light red kidney beans; one (1) can of sliced peaches; two (2) cans of peach filling; three (3) cans of lemon pudding; one (1) can of applesauce; three (3) cans of hot fudge sauce; two (2) cans of diced tomatoes; nine (9) cans of fancy tomato sauce; three (3) cans of pizza sauce; and two (2) cans of diced tomatoes. Further observation revealed cake mix on a shelf in a clear zip lock bag not sealed and not dated; opened brownies mix and cake mix on a shelf not dated or closed; and an opened bag of long grain rice on a shelf not dated.<br><br>Observation on 02/06/2024 at 11:50 AM and 11:55 AM revealed Dietary staff changed gloves between tasks, with no hand hygiene/washing between the change.<br><br>Observation on 02/07/2024 at 10:00 AM of the | F 812 | There were no Residents affected, however, all Residents have the potential to be affected, therefore all food items related to the deficient practice were immediately discarded on 2/9/2024 and the pantry and nourishment rooms deep cleaned.<br><br>All facility staff were re-educated on 02/07/2024 by the Executive Director and Director of Health Services on the Guideline for Handwashing/Hand Hygiene as well as Food Safety and Handling Standards of Practice as it pertains to both the kitchen as well as resident nourishment rooms. 100% of facility employees acknowledged their understanding of the standards of practice.<br><br>On 2/12/2024 all dining services employees were asked to demonstrate understanding of the Guideline for Handwashing/Hand Hygiene as evidenced by demonstrating proper hand washing and glove changing. 100% of dining services employees were able to demonstrate proper handwashing/hand hygiene and glove changing protocol.<br><br>In addition, all dining services employees were asked to demonstrate their understanding of the Food Safety and Handling standards of practice as evidenced by labeling and dating all resident food items within the facility. This procedure was checked off by the Director of Food Services on 2/12/2024. 100% of dining services employees were able to | |

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| F 812 | Continued From page 3<br>Skilled Unit revealed the nourishment room freezer with ice packs in the freezer door. Further observation revealed the refrigerator contained an undated Golden Kens Italian 1.5 ounce packet, in a foam Mr. Snappy Cup. Also, observation revealed one (1) staff member's personal cup with a black lid and one (1) wrapped pumpkin cookie not dated on the nourishment room counter.<br><br>During interview with Dining Services Assistant #1 on 02/09/2024 at 10:01 AM, she stated, to prevent cross contamination, hand washing was required between changing gloves, after using the bathroom, and when changing tasks. She stated opened foods should be covered and a date label attached to show when the food would expire. She stated if an expiration date was not on the food item it must be thrown out because expired food could make the resident sick because the food could have soured. She stated cans were placed on the rack so that the cans received first would be used first. She explained the method to rotate food was first in/first out (FIFO) or to first use the food item which had been in stock the longest.<br><br>During interview with Cook #1 on 02/09/2024 at 10:10 AM, she stated washing hands, to prevent cross contamination, was required when entering the kitchen, between changing gloves, when touching anything, and when changing tasks. She stated staff used the "print genie" to label food in the walk-in refrigerator and to rotate food on the shelf. She stated the ingredient bin must be labeled and dated with the food product's information to prevent the wrong food ingredient being used to prepare food. She stated rotating and dating food would prevent food from being | F 812 | demonstrate proper use of the date genie labeling system by labeling and dating and properly storing all food items within the kitchen as well as in resident nourishment rooms, when restocking them.<br><br>The Director of Food Services or the Assistant Director of Food Services, will complete a daily audit starting 02/12/2024 utilizing the Labeling/Dating and Food Storage Audit tool which includes auditing that all food items are being labeled and dated, checking for dented cans and open food items on shelves to ensure the facility is following the Food Safety and Handling standard of practice within the kitchen and resident nourishment rooms daily for 30 days and then weekly for (3) months to verify ongoing compliance.<br><br>In addition, the Director of Food Services or the Assistant Director of Food Services will complete a daily audit starting 3/12/2024 utilizing the Hand Hygiene and Glove Changing tool monitoring all dining services employees that are currently working in the kitchen for proper hand/hygiene and glove changing protocol daily for 30 days and then weekly for (3) months to verify ongoing compliance. The audit tool will be utilized randomly each day across different dining services employees and working shifts in the kitchen.<br><br>Any necessary corrective action will be taken immediately during the audits. The Director of Food Services will present both audit findings to the Executive | |

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| F 812 | Continued From page 4<br>used that might be spoiled. She stated food not dated or labeled was thrown out, and a dented can would be sent back to the food supplier.<br><br>During interview with the Director of Dining Services on 02/09/2024 at 10:24 AM, she stated she expected staff members to wash hands after every task and/or between changing gloves. She stated her expectation was for staff members to use the "print genie" to produce a date sticker and place it on the food product and rotate cans first in and first out (FIFO) to prevent outdated food product from being used. She stated for food items left opened, a potential was created for cross contamination and bug infestation.<br><br>During an interview with the Director of Health Services on 02/09/2024 at 1:46 PM, she stated her expectation was for staff to wash hands any time they were soiled or between glove changes. She stated hand hygiene was important to protect the residents from cross contamination. She stated staff must date food when opened and when received into the kitchen. She stated if food was stored with non-food items, the potential existed for physical and chemical cross contamination.<br><br>During an interview with the Executive Director (ED) on 02/09/2024 at 2:22 PM, she stated her expectations were for Dietary staff to wash hands with soap and water when indicated; to date food and use the First in and First Out (FIFO) method for storage; and to keep food items and non-food items in separate locations and stored safely. | F 812 | Director and/or Director of Health Services and Medical Director weekly during the Weekly Medical Director Report, held every Wednesday. The first date of the presentation of audit findings will be 3/20/2024.<br><br>All audits will further be reviewed and discussed at the Quality Assurance Performance Improvement meetings held monthly. The following staff are the members of Quality Assurance Performance Committee: Executive Director, Director of Health Services, Medical Director or his designee, Infection Control and Prevention Officer, and at least two of members of the facility staff, including by not limited to: Assistant Director of Health Services, MDS Coordinator, Director of Social Services, Therapy Program Director, Medical Records Clerk, Director of Life Enrichment, Director of Plant Operations/Environmental Services, Business Office Manager, Consultant Pharmacist, Director of Dining Services.<br><br>The date of the first monthly QAPI review of the Labeling/Dating and Food Storage Audit findings was 3/6/2024. The date of the first monthly QAPI review of the Hand Hygiene and Glove Changing audit will be 4/3/2024.<br><br>Alleged date of compliance for facility: March 21, 2024. | |