STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185046	A. Building B. Wing	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Springlake Health & Rehabilitation Center	509 North Hayden Avenue Salem, KY 42078

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 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 policy, the facility failed to store, label and date food in accordance with professional standards for food service safety. The findings include: Review of the facility policy titled, Storage Procedures, revised 01/2025 revealed, refrigeration equipment was to be routinely cleaned and defrosted, foods should be covered and dated, leftovers were to be refrigerated immediately and used within five (5) days with a used by date clearly marked. Continued policy review revealed, Individual frozen supplements must be dated if being stored in refrigerators on designated nurses' stations kitchen refrigerator. Observation of the Nutritional Room refrigerator located on the 100 hall, on 09/24/2025 at 1:40 PM, with Registered Nurse (RN) 1, revealed a peanut butter and jelly sandwich that was not labeled or dated, and the bread was hard. Continued observation revealed a loosely wrapped, partially eaten restaurant sandwich, not labeled or dated, a bagged meal from a fast-food restaurant with a receipt dated 09/16/2025. Further observation revealed a plastic container of leftover food, not labeled or dated; three bottles of coconut water with an expiration of July 2025; and eight Magic Cups (frozen nutritional supplement), that were melted, and not labeled or dated. In interview with the Dietary Manager (DM) on 09/26/2025 at 11:30 AM, she stated she and the DON were responsible for the nutrition room. She said she tried to check the nutrition room refrigerator weekly; however, did not do it as much as she should. The DM further stated items stored in the refrigerator should have been labeled and dated when stored there.During interview with the Director of Nursing (DON) on 09/26/2025 at 11:42 AM, she stated the DM and herself were responsible for checking the refrigerator in the nutrition room. She said the refrigerator had not been checked daily. The DON further stated she expected items stored in the refrigerator to be labeled and dated. During interview with the Administrator on 09/26/2025 at 12:30 PM, she stated she expected the refrigerator in the nutrition room to be checked daily as required. She further stated any food items not labeled or dated were to be discarded.

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