STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185047	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fulton Nursing and Rehabilitation, LLC	1004 Holiday Lane Fulton, KY 42041

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 facility policy, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. The failure had the potential to affect all residents who consumed meals from the kitchen. The findings include: 1). Review of the facility's policy titled, Food Storage-Dry Goods, dated 10/2019, revealed all items were to be stored six inches above the floor on shelves. Review of the facility's policy titled, Food Storage-Cold, dated 10/2019, revealed the facility was to ensure frozen and refrigerated food items were appropriately stored in accordance with the guidelines of the Food and Drug Administration (FDA) Food Code. Continued review of the Food Storage-Cold policy revealed the facility was also to ensure all food items were stored properly in covered containers, labeled and dated, and arranged in a manner to prevent cross-contamination. Observation of the kitchen's dry pantry storage on 06/03/2026 at 10:35 AM, revealed two cases of boxed juices stored directly on the floor. Per observation, two cans of marinara sauce, 104 ounces (OZ); one can of 3-bean salad, 108 OZ; and one can of banana pudding, 112 OZ, were dented; however, remained on the active storage shelf to be served to residents. During an interview with the Dietary Manager (DM) on 06/03/2026 at 10:30 AM, he stated the food items stored on the floor had been part of a delivery. He reported however, he was aware food items were not to be placed directly on the floor. The DM said staff should have stored those items (on the floor) on the shelves immediately. He further stated the dented cans were not to be served to residents and should have been removed and discarded, but he had overlooked the dented cans. Observation of the kitchen on 06/04/2026 at 11:20 AM, revealed the 3-door refrigerator that previously had been observed to be at 45 degrees Fahrenheit (F), above the required temperature of 41 degrees F. Per continued observation of the 3-door refrigerator revealed the temperature was at 49 degrees F. Per observation, all food items previously stored in the refrigerator (on 06/03/2026) had been were removed, however, dietary staff still had residents' drinks stored in the refrigerator, even though the refrigerator temperature was above the required 41 degrees F. Further observation, of the outdoor freezer, revealed a box of sausage patties in it's original container, with the interior plastic uncovered. Continued observation, of the outdoor freezer, revealed a box of croissants with plastic wrapping uncovered and stored underneath the condenser and the box was covered with ice particles (from the condenser). In interview with the DM on 06/04/2026 at 11:40 AM, he stated all of the food items from the 3-door refrigerator had been removed. He reported he did not believe there was any concern for storing the residents' drinks at 49 degrees F, even though he knew cold items were required to be stored at 41 degrees F. The DM further reported his expectations for dietary staff, when storing food items, was for them to ensure all food containers were covered securely to prevent contamination. In addition, he said he expected dietary staff to follow the guidance received through their training and through the food safety policy. 2). Review of the facility's policy titled, Staff Attire, dated 10/2019, revealed all staff were to have their hair off their shoulders, confined in a hair net and facial hair properly restrained. Observation of the kitchen on 06/04/2026 at 2:30 PM, revealed the DM was observed with his beard net below his mustache while preparing residents' meal plates at the steam table. During an interview with DM on 06/04/2026 at 11:40 AM, he stated he was aware beard (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185047	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fulton Nursing and Rehabilitation, LLC	1004 Holiday Lane Fulton, KY 42041

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	nets were to cover all facial hair; however, his beard net dropped down below his beard, and he failed to pull it back up. He reported if staff were not wearing beard or hair nets correctly there was potential for hair to fall into residents' food causing contamination concerns. During an interview with the Administrator, 06/04/2026 at 6:30 PM, she stated expectations for dietary staff ,wearing hairnets and beard nets, was for them to ensure they had completely covered all hair, including facial hair. She reported her expectations for all dietary staff was for them to ensure deliveries of food items were not left stored on the floor, but should immediately store all food delivered on the shelves in the pantry. The Administrator said she also expected all the dietary staff to follow the facility's policies and procedures on food safety, by properly dating, sealing, and covering any food items before placing the food in dry or cold storage. She further stated if staff were not following the facility's food safety policy and procedures there was always potential for harm, specifically cross contamination and food being exposed to air contaminants. In addition, the Administrator stated she would not want residents to be served unsafe, or freezer burnt foods.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185047	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fulton Nursing and Rehabilitation, LLC	1004 Holiday Lane Fulton, KY 42041

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 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. Based on observation, interview, and facility policy review, the facility failed to ensure residents were provided a safe, functional, sanitary, and comfortable environment, which had the potential to affect all residents consuming food from the kitchen. The findings include: Review of the facility's policy titled, Master Cleaning Schedule, undated, revealed the cleaning and shift assignments required daily cleaning of floors, backsplash, walls, ice machine, sinks, and coolers. Further review of the policy revealed staff were required to initial when the tasks were completed. On 06/04/2026 at 2:30 PM, the State Survey Agency (SSA) Surveyor requested a facility policy related to cleaning and sanitation guidelines for the dietary department; however, no such policy was provided. Observation of the kitchen on 06/03/2026 at 10:35 AM, revealed the pantry door covered with grime. Per observation, the wall outside the dry pantry storage was soiled with brown colored liquid splatters. Observation of refrigerator 1 revealed the outside of the doors were covered in grime and soiled on the inside doors with food crumbs caked in the door seals. Observation of the ice machine revealed it was soiled with black grime on the side and front of the machine. Observation of the walls across from the dishwasher revealed the walls were covered with brown splatters and grime. Continued observation, throughout that area, revealed the floors caked with a black substance around the ice machine and metal dishwasher table, and open floor areas were grimy. Further observation revealed two white metal garbage cans both covered with food splatters and other brownish colored grime. In addition, observation of the kitchen area revealed the front of the metal sink and the wall above the sink covered with food and liquid splatters and a brownish colored grime. During an interview with the Dietary Manager (DM) on 06/23/2026 at 10:35 AM, he stated, If I'm being honest, I don't regularly follow-up on the monitoring of the cleaning (In the kitchen). He further stated he understood not ensuring cleanliness could potentially cause harm to residents if they were served food from an unsanitary kitchen environment. During an interview with Dietary Aide, on 06/04/2026 at 2:20 PM, he stated routine cleaning was part of his daily job duties in the kitchen and he received training. He further stated he was to sign off when those cleaning tasks were completed but stated they could be doing a better job to ensure the kitchen environment was safe and sanitary. He stated he did not recall cleaning the seals inside of the refrigerator doors to remove debris or food particles. During an interview with Cook2, on 06/04/2026 at 2:40 PM, she stated she only worked for about two weeks but recalled being educated on dietary responsibilities. She stated she believed the dietary staff were cleaning the kitchen areas. She stated there were sign-off sheets, however, when making observations and seeing the condition of the kitchen, she stated she understood the concerns with sanitation and contamination hazards. She stated she would not want her family members or the residents to be served food from an unsafe environment. During an interview with the Administrator, on 06/04/2026 at 6:30 PM, she stated her expectations of the overall cleanliness of the kitchen environment were that staff would be following a cleaning schedule. She stated the dietary staff had been recently educated. She stated her expectations were that the DM had ensured staff were completing deep cleaning as scheduled and signing off upon completion, but DM should monitor to verify staff were completing the work. Additionally, she stated her expectations were that the dietary staff should follow policies on providing a safe and sanitary environment in the kitchen to prevent any indirect concerns of contamination to the residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185047	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fulton Nursing and Rehabilitation, LLC	1004 Holiday Lane Fulton, KY 42041

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and review of facility policy, the facility failed to provide a safe, clean, comfortable, and homelike environment for residents consuming their meals in the dining room, which had the potential to affect those residents. Observation on 06/03/2026 and 06/04/2026, revealed red and brown dried splash marks were observed on the dining room walls.The findings include: Review of the facility policy titled, Safe and Homelike Environment, dated 06/01/2025, revealed it defined sanitary as including, but not limited to, preventing the spread of disease-causing organisms. Further review revealed preventing the spread of disease-causing organisms was noted as: by keeping resident care equipment clean. Review of the facility-provided document (from a contract housekeeping services provider) titled, Wall and Handrail Cleaning, undated, revealed painted walls were to be cleaned with quaternary disinfectants. Review of another facility-provided document (from the same contract housekeeping services provider) titled, EVS Manager- Daily Room Audit Sheet, undated, revealed common areas in the facility were to be checked in the AM (morning) and in the PM (afternoon). 1) Observation during lunch, of the dining room, on 06/03/2026 at 12:03 PM, revealed brown and red substances dried on the walls next to the dishwasher entrance door and the exit door. In interview on 06/04/2026 at 4:59 PM, the Housekeeping Supervisor reported there was no cleaning schedule for the dining room area. She said the last time the walls in that area were cleaned was about a month prior. The Housekeeping Supervisor further stated the dried substances was food that had been slung on the walls by kitchen staff during their post-meal cleanup. She additionally said the kitchen staff were to clean the dining room area after meals. 2). Further observation on 06/03/2026 at 12:03 PM, of the dining room area, revealed the fluorescent light covers had dark areas, which appeared to be on the inside of the lens. In interview on 06/04/2026 at 5:09 PM, the Director of Maintenance stated the light lens (in the dining area) were last cleaned in February 2026, and he was now working on replacing them. He reported however, he needed a taller ladder, which he had to borrow, to reach the top light to clean it. The Director of Maintenance said he tried to clean the light lens monthly, but there was no formal schedule for cleaning the lights. He further stated he ordered new lens, which had been too small. The Director of Maintenance additionally reported while cleaning one light lens, it fell and broke, and he place the remainder of the lens back up, leaving an opening where he could see the bulb. In interview on 06/04/2026 at 6:14 PM, the Administrator stated her expectation was for there to be nightly cleaning of the floors, tables, chairs, and walls. She further stated the dining area light fixtures were in the process of being replaced.