

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Signature Healthcare at Summit Manor Rehab & Welln		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Bomar Heights Columbia, KY 42728	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51174</p> <p>Based on observation, interview, and review of the facility's policy, it was determined the facility failed to prepare, distribute, and serve food in a sanitary manner and in accordance with professional standards for food service safety. Dietary staff failed to wash hands and change gloves prior to preparing resident foods and failed to check the temperatures of seven of ten food items on the steam table during the dinner meal on 01/21/2025.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Food: Preparation revised 09/2017, revealed all foods were prepared in accordance with the Food and Drug Administration (FDA) Food Code. Per the policy, all staff would practice proper hand washing techniques and glove use and the staff would be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination. Further review of the policy revealed, all utensils, food contact equipment, and food contact surfaces were required to be cleaned and sanitized after every use.</p> <p>An observation on 01/21/2025 at 5:26 PM, revealed Dietary Aide 1 used a brown paper towel to clean the thermometer in between checking the temperature of the milk and apple juice. Further observation at 5:33 PM, revealed Dietary Aide 1 and [NAME] 1 put gloves on without performing hand hygiene. Continued observation at 5:36 PM on 01/21/2025 revealed, [NAME] 1 rinsed a soiled dish off and put it in the dishwasher, and went back to the steam table without performing hand hygiene or changing gloves. Furthermore, [NAME] 1 put the chopper in the dishwasher wearing the same gloves then, got the chopper out if the dishwasher while it was still wet, and sat it on the counter. Then, [NAME] 1 retrieved the food pusher from the dirty sink to use for the chopper. Continued observation revealed, [NAME] 1 was wearing the same gloves when she put the bread in the chopper and used the dirty food pusher for pureed bread.</p> <p>An observation on 01/21/2025 at 5:41 PM, revealed [NAME] 1 rinsed the thermometer off at the sink under water; [NAME] 1 then proceeded to check the temperature of the chicken breast and pork tenderloin. There were no temperatures taken for the noodles, lima beans, tater tots, cauliflower, salad, gravy, or mashed potatoes that were on the tray line for the evening meal.</p> <p>(continued on next page)</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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Dietary Manager 1 on 01/22/2024 at 2:12 PM, Dietary Manager 1 stated she was responsible for ensuring dietary staff abided by the guidelines to ensure proper food service to the residents. The Dietary Manager stated she expected the staff to change gloves and wash their hands when leaving the steam table or touching anything they were not cooking. She further stated she expected the staff to use the dishwasher for dirty dishes and let them air dry. Dietary Manager 1 stated staff should use an alcohol pad to wash the thermometer off in-between uses and let air dry before checking the temperatures.</p> <p>During an interview with the Administrator on 01/23/2024 at 2:04 PM, the Administrator stated she expected the Dietary staff to follow the protocols and policies. The Administrator further stated all food temperatures should be checked per the policy.</p>		