

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Lyndon Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 Lyndon Lane Louisville, KY 40222	

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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, review of the United States Department of Agriculture (USDA) web site, and review of the facility's policies, it was determined the facility failed to store and serve food in a safe manner which had the potential to affect 126 residents who received food from the kitchen. The findings include: Review of the USDA web site https://www.fsis.usda.gov, undated, revealed when checking food temperatures, a food thermometer was to be placed in the thickest part of the food, away from bone, fat or gristle. Continued review revealed for thin foods, the food thermometer was to be inserted through the side until it reached the center of the food. Further review revealed always check each piece of food to ensure it reached the safe internal temperature. Observation of the [NAME] on 07/22/2025 at 11:25 AM, during the lunch meal tray line, revealed the [NAME] pushed the food thermometers through the plastic wrap of the creamed corn, pureed enchilada casserole and kernel corn on the steam table. In interview with the Interim Dietary Manager on 07/24/2025 at 10:05 AM, she stated staff were not to pierce food with the thermometer through the plastic wrap or foil, as there was a potential for cross contamination. She said doing that could also cause a choking hazard. In interview with the [NAME] on 07/24/2025 at 10:20 AM, he stated the proper way to take the food temperature was by pulling back the plastic or foil covering the food. The [NAME] stated taking food temperatures that way would prevent the potential for cross contamination of the food. In interview with the Director of Nursing (DON) on 07/25/2025 at 1:09 PM, she stated her expectation was for staff to follow best practices for food service. She further stated, Plastic wrap or saran wrap over food, if you punch it, could be a potential aspiration risk or choking hazard. The DON further stated staff were to ensure the thermometer is clean and dry and inspected prior to use. In interview with the Administrator on 07/25/2025 at 3:18 PM, he stated his expectation was for staff to follow best practices for food service. He reported, When it comes to temping food in the kitchen, if there is a barrier like plastic wrap over the food, first of all, food should be uncovered and temped correctly. The Administrator further stated, I hope that wouldn't happen. In the event that should occur, I would hope staff would remove plastic wrap, if contamination, food should be replaced. I could foresee outcomes like choking or aspiration if served.</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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