

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare at North Hardin Rehab & Welln		STREET ADDRESS, CITY, STATE, ZIP CODE 599 Rogersville Road Radcliff, KY 40160	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>44370</p> <p>Based on observation, interview, and review of the Diet Guide Sheet, it was determined the facility failed to ensure menu items were served in the recommended portion sizes which were approved to meet the nutritional needs of the residents. Staff failed to follow the portion sizes on the menu guide which was approved by a Registered Dietician.</p> <p>Observation on 05/02/2024 during the noon meal revealed, pureed meal tray portions were small and the server was using a blue-handled scoop. The server stated the scoop was 2 ounces. Continued observation revealed 2 ounces of the meatless entree and 2 ounces of pureed bread being placed on the plate.</p> <p>The findings include:</p> <p>Review of week 2 of the Diet Guide Sheet, for the noon meal, revealed the pureed meal consisted of pureed cheese lasagna, 8 ounces; pureed marinated mixed vegetables, 3.25 ounces; pureed potato salad, 4 ounces; pureed garlic bread 4 ounces and fruit cocktail 3 ounces.</p> <p>Review of the facility policy Therapeutic Diets, revised 10/2022, revealed all residents would have a diet order including regular therapeutic and texture modification, prescribed by the attending physician in accordance with the applicable regulatory guidelines. Continued review revealed diets would be prepared in accordance with guidelines in the approved Diet Manual and the individualized care plan. Continued review revealed a mechanically altered diet was one in which the texture of the diet was altered.</p> <p>During an interview with the Interim Dietary Manager on 05/02/2024 at 4:17 PM, she stated someone at the corporate level completed the menus. She stated for portion size the recipe printed specifics such as what size scoop to use. She stated they followed what it said. She stated the blue handled scoop was two (2) ounces. She stated she would have to look at the guidelines about the portion sizes.</p> <p>In an interview with the Regional Dietician on 05/02/2024 at 4:33 PM, she stated corporate dieticians approved the menus. She stated she would have to check the guideline for portion size and production size. She stated she could not speak to 2 ounces of a meatless entree and would have to check the guidelines. She further stated portion sizes can change daily.</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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview with the District Manager on 05/03/2024 at 1:57 PM, he stated a Registered Dietician at corporate signed off on the menus. He stated the menu guide translates to what the diet is and creates the meal ticket. He stated traditionally, residents would have been served 6-8 ounces of a meatless entree. He further stated the menus were created to equal out nutrients for the day. Additionally, he stated this was only the second week of using the new menus</p> <p>In an interview with the Director of Operation on 05/03/2024 at 2:08 PM, she stated residents receiving a pureed diet should have received eight (8) ounces of the entree. She stated potential outcomes of not receiving correct portion sizes could be residents may want more food. She stated this was an isolated incident and there were no potentials for weight loss. She further stated there were always snacks available for the residents.</p> <p>In an interview with the Director of Nursing (DON) on 05/03/2024 at 3:22 PM, she stated she expected dietary to follow the physicians order for meals. She stated a resident could still be hungry if they received small portions. She stated there were snacks available.</p> <p>In an interview with the Administrator on 05/03/2024 at 4:08 PM, he stated he expected dietary to follow the guidelines on portion sizes. He stated the diet guide was developed and it should be used and followed. The Administrator did not speak to outcomes for residents.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44370</p> <p>Based on observation, interview and review of facility policy, it was determined the facility failed to store food in accordance with professional standards for food service safety related to food items opened, not dated, and/or labeled. This had the potential to affect 115 of 120 residents.</p> <p>Observation during the initial kitchen tour on [DATE] at 9:40 AM, revealed assorted food items/containers not labeled, dated, or expired in both walk-in cooler #1 and walk-in cooler #2.</p> <p>The findings include:</p> <p>Review of the facility policy Food Storage, Dry Goods, revised ,d+[DATE], revealed all dry goods would be appropriately stored in accordance with the FDA food code. All items would be stored on shelves at least 6 inches above the floor.</p> <p>Review of the facility policy Labeling and Dating, dated 2017, revealed proper labeling and dating ensured all foods were stored and rotated. All foods would be dated upon receipt before being stored. Leftovers must be labeled and dated with the date they were prepared and the use-by date. All ready-to-eat foods held for more than 24 hours at a temperature of 40 degrees Fahrenheit or less would be labeled and dated with a prepared date being day one (1) and a use-by date, day seven (7). Always defer to state and local regulations as they supersede general guidelines.</p> <p>Observation during the initial kitchen tour walk-in cooler #1, revealed a gallon size plastic container that was , d+[DATE] full of sliced bologna, that was not labeled or dated, a plastic container dated [DATE] with 7 cooked chicken strips, not labeled or dated, a metal container that was ,d+[DATE] full of mechanical soft chicken, not labeled or dated, a plastic container containing 3 cooked pork chops, not labeled or dated, a container of beef base ,d+[DATE] full dated [DATE] and ,d+[DATE] gallon of milk that was expired with a date of [DATE].</p> <p>Continued observation of walk-in cooler #2 revealed 4 boxes of produce items sitting on the floor, 2 containers of thickened orange juice were opened, not labeled, or dated, 1 container of whipped topping, was opened, not labeled, or dated and ,d+[DATE] bag of shredded cheese opened, not labeled, or dated.</p> <p>In an interview with the Interim Dietary Manager on [DATE] at 9:45 AM, she stated the produce was sitting on the floor because it was delivered the previous day and she had not had time to put it away. She stated she was aware items could not be sitting on the floor. Continued interview revealed she expected all food to be labeled and dated before placing in the coolers. She stated there were signs posted everywhere in the kitchen. The DM stated there were no potentials related to residents becoming ill as the dietary staff would not serve outdated food. She stated she checks the cooler daily and she had not had a chance to check them when surveyors came in.</p> <p>In an interview with the District Manager on [DATE] at 11:18 AM, he stated all items were to be labeled and dated before storing. He stated there were no potential outcomes as staff would not serve foods that were not dated.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview with the Director of Nursing (DON) on [DATE] at 3:22 PM she stated she would expect the kitchen staff to label and date items before storing. She stated she would hope that there would be no potential outcomes for the residents.</p> <p>In an interview with the Administrator on [DATE] at 4:08 PM, he stated he expected staff to follow policies and guidelines related to labeling and dating foods and leftovers. He stated he could not speak to outcomes or what-ifs; he stated the kitchen strived to label and date foods in the kitchen to the best of their abilities.</p>		