

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Oakview Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10456 US Highway 62 Calvert City, KY 42029	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47798</p> <p>Based on observation, interview and review of the facility's policy, the facility failed to store food in accordance with professional standards for food service safety.</p> <p>Observations revealed containers filled with a dark liquid that were opened, not dated, and/or labeled. This had the potential to affect 76 of 76 residents.</p> <p>Observation during the initial kitchen tour on [DATE] at 11:15 AM, revealed five drink containers that were not labeled, dated, or had expired in the walk-in cooler.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Food Storage, Cold Foods, dated ,d+[DATE] and revised ,d+[DATE], revealed all time/temperature control for safety, foods frozen and refrigerated, would be appropriately stored in accordance with guidelines of the FDA's (US Food and Drug Administration's) food code. All foods should be stored, wrapped, or in covered containers, labeled and dated, and arranged in a manner to prevent cross-contamination.</p> <p>Observation of a walk-in cooler on [DATE] at 11:15 AM, revealed two (2) containers of a dark liquid that were labeled with a created date of [DATE] and discard date of [DATE]. Further observation revealed three (3) containers of a dark liquid that were not labeled or dated.</p> <p>During an interview with Dietary Worker #1 on [DATE] at 11:15 AM, she stated the containers should always have a label and date. She further stated the containers should have been discarded.</p> <p>During an interview with the Dietary Manager on [DATE] at 11:30 AM, she stated she expected all food to be labeled and dated and staff should not use food or liquids after the discard by date.</p> <p>During an interview with the Administrator on [DATE] at 3:28 PM, he stated the dietary department was contracted and responsible to control the food brought into the facility. He stated he expected food to be dated, labeled, and covered. He further stated the use by date should be marked and the food should not be used past that date.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37031</p> <p>Based on observation, interview and facility policy review, the facility failed to develop and implement an ongoing infection prevention and control program to prevent, recognize, and control the onset and spread of infection to the extent possible related to clean supplies stored with Biohazard Waste in an outside storage building.</p> <p>The findings include:</p> <p>Review of the facility's policy, Infection Control, effective 01/23/2024, noted the facility's infection control policies and practices were intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.</p> <p>The objectives of the facility's infection control policies and practices included:</p> <p>a. Prevent, detect, investigate, and control infections in the facility; and</p> <p>b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.</p> <p>After an observation of Resident #74's (R74) wound care on 06/05/2024 at 10:22 AM with the Special Projects Director of Nursing, the nurse and the charge nurse went out of the facility to a small storage building. This building had a sign which stated it was the Biohazard room. Further observation revealed there were Biohazard Containers which held Biohazard Waste in the room. Observation revealed to the left of the waste containers, there were multiple boxes of clean examination gloves, COVID testing supplies, and clean trash bags.</p> <p>During an interview with the DON and the Regional DON, they stated clean supplies and Biohazard Materials should never be stored together. They further stated everything in the Biohazard Room would be considered contaminated.</p> <p>During an interview with the Administrator on 06/07/2024 at 10:49 AM, he stated he expected staff to follow the facility's policies as written regarding Biohazard Materials. He stated Biohazard Materials should not be stored in the same area as clean supplies.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>47798</p> <p>Based on observation and interview it was determined the facility failed to have an effective pest control program to ensure the facility was free of pest. All 76 residents had the potential to be affected.</p> <p>Observation during the initial tour on 06/03/2024 at 11:15 AM, revealed rodent and bird droppings in the emergency food storage supply room.</p> <p>The findings include:</p> <p>The facility was unable to provide a specific policy related to pest control. The Administrator stated the facility followed the guidance from the State Operations Manual which defined an effective pest control program as a measure to eradicate and contain common household pest.</p> <p>Observation during the initial tour on 06/03/2024 at 11:15 AM, revealed the storage area for the facility's emergency food supply was housed in a detached building occupied by the maintenance department. Observation revealed the floor of the room was covered with white droppings. Further observation revealed rodent droppings on the boxes of food stored on the shelves.</p> <p>During an interview with the Dietary Manager on 06/05/2024 at 12:50 PM, she stated the white droppings on the storage room floor appeared to be bird droppings. She further stated she was not aware of any rodent droppings.</p> <p>During an interview with the Administrator on 06/13/2024 at 3:28 PM, he stated he expected the storage room to stay within the appropriate temperatures and to be kept clean and free of rodents.</p>