STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185210	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Harrodsburg	180 Lucky Man Way Harrodsburg, KY 40330

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 facility policy review, the facility failed to serve food in a sanitary manner. Observation of the kitchen revealed dietary staff with unrestrained hair, which affected 42 of the 43 current residents in the facility that received food from the kitchen.The findings include:Review of the facility's policy titled, Hair Restraint Policy, reviewed date 07/09/2025, revealed, All Dining Service employees will be required to wear hair restraints as required by the 209 Federal Food Code; Hair Restraints 2-402.11 Effectiveness. Review of the policy provided by the facility titled, FDA Food Code 2009: Chapter 2 - Management & Personnel, revealed, Hair Restraints 2-402.11 Effectiveness. (A) Except as provided in paragraph (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, AND LINENS; AND UNWRAPPED SINGLE-SERVICE and SINGLE-USE ARTICLES.Observation during the initial tour of the kitchen on 01/20/2026 at 12:00 PM revealed Dietary Service Aide (DSA) 1 wearing a ballcap with approximately three inches of hair hanging loose on the entire back of her head. During an interview with DSA1 at the time of the observation, when asked what the policy instructed about hair restraints, she stated, Can I get back to you with that? Observation on 01/20/2026 at 12:19 PM revealed the Director of Food Service (DFS) was wearing a scarf, but the back of her hair was put up and not covered. During an interview with the DFS at the time of the observation, she stated, I forgot to put a hairnet on.During an interview with the Assistant Director of Food Service (ADFS) on 01/20/2026 at 1:03 PM, she stated, The policy says all hair is to be kept back with a hat, scarf, or hair net. During additional interview with the ADFS on 01/22/2026 at 2:37 PM, she stated hairs could potentially fall into food if it was not covered with a net. During an interview with the Culinary Support Staff on 01/22/2026 at 2:40 PM, he stated there could potentially be hair on a jacket that could fall into the resident's food if hair was not properly restrained.During an interview with the Divisional Vice-President on 01/23/2026 at 9:58 AM, she stated although the policy stated hair must be covered, it was permissible for two inches of the back of the hair to be uncovered.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. Based on observation, interview, record review, and review of the facility's policy, the facility failed to obtain dental services for 1 of 5 residents assessed for dental services, Resident (R) 43. Resident 43 was seen by dental services on 06/09/2025 with a recommendation to follow-up with an oral maxillofacial surgeon. However, the resident had not been seen by an oral surgeon.The findings include: Review of the facility's policy titled, Dental Services Including Repair, Replacement, review date 12/31/2023, revealed, The facility will ensure the delivery of emergency dental services to meet the resident needs. Emergency dental services will include services needed to treat an episode of acute pain in teeth, gums, or palate; broken, or otherwise damaged teeth, or any other problem of the oral cavity that requires immediate attention by a dentist.Review of R43's admission Record revealed the facility admitted R43 on 03/11/2021 with diagnoses which included hemiplegia (the loss of ability to move) and hemiparesis (weakness) following cerebral infarction (stroke) affecting the left side, alcoholic cirrhosis of the liver with ascites (fluid build-up), and mild cognitive impairment of uncertain origin. Further review of R43's medical record revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 11 of 15, indicating moderate cognitive impairment. Review of R43's Progress Note dated 06/09/2025 and written by dental services, revealed R43 was seen by a Doctor of Dental Medicine (DDM). Per the note, the DDM recommended a referral to oral surgery.Observation of R43 on 01/20/2026 at 1:44 PM revealed he had several missing teeth. Further observation revealed most of the remaining teeth were broken off at the gum line.During an interview with R43 at the time of the observation, he stated the top teeth were very sensitive. He stated, I can't chew nothin. He further stated he had been eating soft food, mostly cottage cheese. He stated he loved steak, but he could not eat it because of his teeth. He stated he had trouble eating the roast and chicken the facility served.During an interview with Social Services Director (SSD) on 01/22/2026 at 1:08 PM, she stated Resident (R) 43 was seen by dental services, and they recommended R43 see an oral surgeon. She reviewed her notes and stated she contacted a family member (FM) 1, and he wanted to pursue the oral surgery. She stated the son told her he could take the resident any day but Wednesday. She stated dental services gave her a list of dentists that would be able to perform the surgery. She stated she then gave that list to a nurse at the 200 Hall, but she did not remember the name.During an interview with FM1 on 01/22/2026 at 1:25 PM, he stated he did not know much about the dental issue. He stated he only knew what his father told him, which was that all R43's teeth needed to be pulled. He stated R43's teeth had not been like that always. FM1 stated, before the stroke, R43 always took care of his teeth. FM1 then stated he thought his father had not taken care of his teeth since he was admitted to the facility. FM1 stated the facility called him about other things, whether R43 fell or any issue, but he did not recall staff mentioning anything about the teeth. FM1 stated he went to the doctor about R43's heart, but he had not heard anything from the facility about R43's teeth.During an interview with the Director of Health Services (DHS) on 01/22/2026 at 1:45 PM, she stated she knew R43 wanted to get his teeth removed, but she did not know how long it had been. She stated the nurses on the unit had attempted to contact FM1 about R43 several times, but they had not been successful. She stated the process for follow-up on dental services was the SSD would attempt to contact the Power of Attorney (POA). She stated the SSD would also ask the nurses to contact FM1. The DHS also stated the nurse usually handled issues with dental services.During additional interview with the DHS on 01/22/2026 at 2:12 PM, she stated she was unable to provide any documentation in the Nurse Progress Notes where the nurses had attempted to contact FM1 regarding the need for R43's further dental care.During an interview with the Divisional [NAME] President on 01/23/2026 at 9:58 AM, she stated she expected staff to follow the policy on dental care services.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, review of the glucometer (device used to measure blood glucose levels from finger stick) manufacturer's instructions, review of the germicidal wipe, used to clean and disinfect the glucometer, manufacturer's instructions, and review of the facility's policy, the facility failed to ensure its staff cleaned and disinfected the glucometer after use according to the manufacturer's instructions for 2 of 2 observations of using the shared glucometer on Resident (R) 4. The findings include:Review of the facility's policy titled, Infection Prevention and Control Program, review date 12/19/2025, revealed the purpose of the policy was to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections.Review of the manufacturer's instructions for the glucometer the facility used revealed the glucometer, with cleaning and disinfection, was to remain wet with the disinfectant for the appropriate contact time. It also revealed an approved disinfectant to use was Super Sani-Cloth Germicidal Disinfectant Wipe, Environmental Protection Agency (EPA) #9480-4.Review of the Super Sani-Cloth Germicidal Disinfectant Wipe container, with the Environmental Protection Agency (EPA) #9480-4, revealed its contact time was two minutes.Observation on 01/22/2026 at 9:38 AM revealed Licensed Practical Nurse (LPN) 4 checked the blood glucose level on R4, using a drop of blood from a finger stick and the shared glucometer. After the glucose check, LPN4 wiped the glucometer with a Super Sani-Cloth Disinfectant Wipe for 22 seconds (9:41:10 AM to 9:41:32 AM). She placed a paper towel on the cart and put the glucometer top of the paper towel, letting it air dry. Observation on 01/22/2026 at 3:53 PM revealed LPN4 performed another glucose check on R4. After the glucose check, she carried the glucometer to the cart with the glucose strips. She wiped the glucometer on all four sides with a Super Sani-Cloth Disinfectant Wipe for 48 seconds (3:55:40 PM to 3:56:28 PM). LPN4 then picked up another wipe and wiped the glucometer for an additional nine seconds (3:56:30 PM to 3:56:39 PM). She then placed the glucometer down on a paper towel.During an interview with LPN4, after the second observation, on 01/22/2026 at 4:00 PM, she stated she was taught to wipe the glucometer on all four sides. When questioned about the time the glucometer needed to stay wet, she stated she did not know.During an interview with the Director of Health Services/Infection Control Nurse on 01/22/2026 at 1:18 PM, she stated glucometers were cleaned with the wipes and then wrapped in the wipe for the time on the container. She further stated some residents had their own glucometer, but most residents did not and shared a glucometer.