STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185250	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakmont Manor	1100 Grandview Drive Flatwoods, KY 41139

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation and interview, the facility failed to dispose of refuse in a sanitary manner for 2 of 2 dumpsters observed. This deficient practice had the potential to affect all residents who resided in the facility.The findings include:During an interview on 04/22/2026 at 3:20 PM, the Administrator stated the facility did not have a policy regarding dumpsters.Observation of the facility's dumpsters with the Dietary Manager on 04/20/2026 at 9:55 AM revealed the dumpsters were approximately 100 feet from the facility. Two dumpsters with lids and sliding side doors sat adjacent to each other, surrounded by a concrete brick wall that wrapped around them but did not enclose them. Facing the dumpsters, the left dumpster's right-side door was fully opened. Inside the left dumpster, several bags of trash rested at the bottom, below the level of the side door. During a concurrent interview, the Dietary Manager stated all staff was responsible for making sure the doors were closed. She stated she had educated staff on that before.Observation of the dumpsters on 04/22/2026 at 1:05 PM revealed the right dumpster's right-side door was fully opened. No staff was using the dumpster at that time. Bags of trash filled the dumpster a little less than halfway, just below the opened side door.During an interview on 04/22/2026 at 2:28 PM, the Regional Food and Nutrition Services Manager stated all staff who took out trash were responsible for shutting the doors after use. She stated the dietary department in-serviced their employees on this and assumed every department did the same. She stated there was no written documentation of in-services on dumpsters.During an interview on 04/22/2026 at 2:33 PM, the Dietary Manager stated they educated staff on closing dumpsters, but there was no specific training documentation on dumpsters they could provide.During an interview on 04/22/2026 at 3:06 PM, the Interim Maintenance Director stated the maintenance department was responsible for dumpsters behind the building, as well as the housekeeping department. He stated the facility's dumpsters were expected to be closed at all times.During an interview on 04/22/2026 at 3:10 PM, the Housekeeping Manager stated all staff was responsible for the dumpsters. The Housekeeping Manager stated all staff knew the doors must be closed because critters, raccoons specifically, had gotten into the dumpsters in the past.During an interview on 04/22/2026 at 3:16 PM, the Director of Nursing (DON) stated staff was responsible for taking the trash out to the dumpsters and closing the doors afterward. She stated she expected the dumpsters to be closed when they were not in use.During an interview on 04/22/2026 at 3:20 PM, the Administrator stated the facility's expectation was to make sure all refuse was disposed of and the dumpsters were shut and closed afterward. He stated he expected each department to be responsible for making sure they were closed.

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