

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER Grant Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Kimberly Lane Williamstown, KY 41097	
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 - Some	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 review of the facility's policy, the facility failed to prepare and serve food in a safe manner. Observations on 09/09/2025 during lunch tray line preparation staff failed to utilize proper hand hygiene. The findings include: Review of the facility's policy titled Hand Hygiene dated 06/09/2025, revealed for all staff to perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Hand hygiene technique when using soap and water to dry thoroughly with a single-use towel and use clean towel to turn off the faucet. The use of gloves does not replace hand hygiene. Observation during initial tour of kitchen on 09/09/2025 at 11:06 AM revealed hand hygiene signage located above the hand sink near the tray line and proper glove use signage above the hand sink between the production area and the dish room. A review of the signage in the kitchen located above the hand sink in the production area, not dated, revealed it stated all employees must wash their hands before returning to work and explained the steps for proper handwashing. Proper hand washing: 1. Wet hands up to the elbow with hot water. 2. Apply soap. 3. Rub hands together for 20 seconds. 4. Clean under fingernails. 5. Rinse thoroughly under running water. 6. Dry hands with paper towel or an electric hand dryer. A review of the signage in the kitchen posted above the hand sink in the production area between the dish room not dated, titled proper glove use 1. Wear gloves to help prevent contaminating foods with bare hands 2. Change gloves frequently-especially when switching between tasks or after four hours of continuous use. 3. Wash hands between glove changes. Observation on 09/09/2025 at 12:30 PM revealed cook 1 walked from the production area to the hand sink turned on the faucet, washed her hands and turned off the faucet handles with her bare hands. She then used the paper towel to dry her hands and returned to serve the lunch tray line. Observation on 09/09/2025 at 12:41 PM revealed dietary worker 1 took off her gloves, turn on the faucet, washed her hands and then with the tips of her fingers turn off the faucets. She then used the paper towel to dry her hands. She returned to the production area behind the tray line. In an interview with the Dietary Manager on 09/11/2025 at 7:40 AM she stated staff should sing happy birthday twice when washing their hands. They should use the paper towel to turn off the faucet. She stated proper handwashing prevents the potential for infection and bacteria. In an interview with Director of Nursing (DON) Infection Preventionist (IP) on 09/12/2025 at 9:20 PM, she stated her expectations would be for dietary staff to use proper hand hygiene techniques. In an interview with the Administrator on 09/12/2025 at 9:34 AM, he stated his expectation was for staff to use proper hand hygiene techniques and turn off the faucet with a paper towel.		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER Grant Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Kimberly Lane Williamstown, KY 41097	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policies, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent and control the development and transmission of communicable diseases and to implement interventions to protect the residents. The facility failed to follow their policy related to ensuring the ice machines and water fountain were properly cleaned. Additionally, the facility failed to ensure Resident (R) 9's catheter was properly secured, and the catheter bag remained off the floor to help prevent infection. The findings include: Review of the facility policy titled Infection Prevention and Control Program dated 02/02/2025 revealed the facility established and maintained an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to prevent the development and transmission of communicable diseases and infections. Added review revealed standard precautions taken included environmental cleaning and disinfection according to facility policy. Further review revealed all staff have responsibility for cleanliness of the facility and are to report problems to appropriate department when outside their scope of practice. Continued review revealed all reusable equipment requiring special cleaning, disinfection shall be cleaned in accordance with current procedures. Review of ice machine manufacturer's instructions given by the facility, revealed the ice machine should be cleaned and descaled every 6 months or more often if the Time to Clean light comes on or if there is visible buildup. Added review revealed weekly maintenance included to empty and sanitize ice storage bin, clean door gaskets and frame, and to clean external surfaces with mild detergent or stainless-steel cleaner. Further review revealed monthly maintenance included cleaning and sanitizing the ice storage bin. 1. Observation of the ice machine on the 200 Hall on 09/10/2025 at 3:35 PM, revealed large amounts of dust and cobwebs collected underneath machine on the floor and on each side of the machine. Continued observation revealed large collection of dust and cobwebs on the walls on each side and back walls behind machine. Added observation revealed the supply lines leading from the wall into the machine had large amounts of cobwebs and dust. Further observation revealed black substance located on the front corners of the ice collection bin. During this observation the Maintenance Director scrapped black substance with his thumb nail from left corner. 2. Observation of Heritage Hall ice machine at 3:40 PM on 09/10/2025 revealed black substance located on rim of ice storage bin and inside ice dispenser. Added observation revealed underneath the machine with flashlight, revealed a large buildup of cobwebs and dust on the bottom of the ice machine, underneath the ice machine on the floor, and on lines leading to ice machine. Further observation revealed large buildup of dust and cobwebs on walls of each side and back wall of machine. During review of the manufactures maintenance instructions for the ice machines with the Maintenance Director (MD) on 09/12/2025 at 9:25 AM, he stated he had never seen those maintenance instructions before and was not following the recommendations but was doing the weekly maintenance and would provide that log; however, the log was not provided prior to exit on 09/12/2025. 3. Observation of the drinking fountain on 09/10/2025 at 1:30 and on 09/12/2025 at 9:26 AM, revealed (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER Grant Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Kimberly Lane Williamstown, KY 41097	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the water fountain was functioning with water coming out spout when activated by panel button. Further observation revealed a buildup of a black substance on the drinking spout and drain of the drinking fountain. During the observation with the MD, he scraped it off with his thumb nail and said it could be mold. He further stated he did not think the water fountain worked. During an interview with the facility Maintenance Director (MD) on 09/11/2025 at 9:43AM, he stated he had worked at the facility for about 9 years, and he was responsible for taking care of repairs to the building and the upkeep of equipment. When asked how often the filter is changed on drinking fountain, he stated he was not sure adding he thought it doesn't have one. Continued interview with the MD on 09/12/2025 at 9:25 AM, he stated in the 9 years he had been here, he had never done anything to the drinking fountain on the memory care unit. When asked what his concern would be if not cleaned properly, he stated the water could be contaminated and could make people sick. Request was made at this time for manufactures instructions for water fountain; however, one was not provided by end of survey on 09/12/2025. During an interview on 09/12/2025 at 9:56 AM with the Environmental Services Director when asked how often the drinking fountain was cleaned on memory care unit, he stated he thought the drinking fountain on memory care unit was not even working. When asked if his department cleaned it, he again stated, he did not think it was working but would look at it and clean it if needed. During an interview with the Director of Nursing (DON) at 10:10 AM on 09/12/2025, she stated she was also the facility's Infection Preventionist (IP) nurse. She stated her duties as IP nurse include monitoring infections in building and assuring staff was following infection control procedures. She stated the black substances on the ice machines and water fountain and the buildup of dirt and dust on the ice machines were concerning to her because there could be a chance of cross contamination and bacteria buildup. She further stated when staff used bath basins to fill the coolers with ice, they should be thrown away to prevent infections. She stated her concern with the functioning water fountain on the memory care unit would be bacteria could be spread between residents. She added another concern would be residents who were on thickened liquids could be drinking from the fountain which could lead to aspiration pneumonia (lung infection caused by inhaling objects or substances in lungs instead of swallowing). During an interview with facility Administrator on 09/12/2025 at 11:30 AM he stated he provided oversight of the facility to include making sure staff received education. He stated equipment should be in working order and cleaned properly for the residents' safety. He stated he expected the ice machines and water fountain to be cleaned and maintained for infection control purposes, but he was unable to provide logs or documentation of a cleaning schedule for drinking fountain or ice machines. In continued interview, he stated when asked why a bath basin was sitting on top of 200 Hall ice machine, he stated that was what staff use to fill up coolers with ice but should be discarding and get a new one each time. e. In continued interview with the Administrator, he stated the memory care unit should not have a drinking fountain. When asked why, he stated there may be residents getting water that should not have thin liquids, and it posed a risk of cross contamination. He added it was his understanding the memory care unit drinking fountain was turned off. 4. Review of the facility's policy titled Indwelling Catheter Use and Removal dated 06/13/2025, revealed the catheter should be anchored to the resident's leg to prevent excessive tension on the catheter, which can lead to urethral tears or dislodgement of the catheter. Securement of the catheter to facilitate flow of urine, prevention of kinks in the tubing and positioning below the level of the bladder. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER Grant Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Kimberly Lane Williamstown, KY 41097	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R9's Resident Face Sheet revealed the facility readmitted R9 to the facility on [DATE] with diagnoses to include Obstructive Reflux Uropathy. Review of R9's Physician's Orders, dated 06/08/2022 revealed an order for a urinary catheter and catheter care to be performed twice daily. Continued review revealed change foley for blockage, leakage, or signs, symptoms of infection. Observation on 09/09/2025 at 1:34 AM, revealed R9 was in bed with his eyes closed, laying on his left side and catheter tubing appeared to have a white cloudy appearance. Observation on 09/10/2025 at 10:06 AM revealed R9's catheter bag was lying on the floor by the right side of the bed. Observation on 09/10/2025 at 2:28 PM revealed R9's catheter bag was lying on the floor between the right side of the bed and the residents' wheelchair. Observation on 09/10/2025 at 10:06 AM revealed R9 was in bed, with the catheter bag laying on the floor. Observation on 09/10/2025 at 2:28 PM revealed R9's catheter bag was on the floor to the left side of the bed. The resident's wheelchair was positioned close to the catheter tubing and the tubing was not secured to the resident. Observation on 09/11/2025 at 9:53 AM revealed R9 was in the hallway outside of his room, dressed sitting in his wheelchair. The catheter bag was not hanging from the wheelchair, R9 was holding the catheter bag under his shirt. In an interview with R9 on 09/11/2025 at 9:53 AM, he stated he was waiting in line to go outside to smoke. In an interview with State Registered Nurse Aide (SRNA) 3 on 09/11/2025 at 2:30 PM she stated the catheter bag should be hooked on the side of bed with the flap or dignity bag on the outside of the bed. In an interview with Licensed Practical Nurse (LPN) 1 on 09/12/2025 at 9:11 AM, she stated it was an infection issue if the catheter bag was laying on the floor and catheter tubing should always be secured to the resident's leg. In an interview with Director of Nursing (DON)/Infection Preventionist (IP) on 09/12/2025 at 9:16 AM, she stated it would be an infection control concern if the catheter bag was laying on the floor, and the catheter tubing was not secured to the resident's leg. In an interview with Administrator on 09/12/2025 at 9:20 AM, he stated his expectations were for the catheter bags to be properly hung on the bed or under the resident's wheelchair.		