

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2026
NAME OF PROVIDER OR SUPPLIER Glenview Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 Glenview Drive Glasgow, KY 42141	
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 - Few	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 policy, the facility failed to store food in accordance with professional standards for food service safety for items not labeled or dated, as required by the policy. Observation during initial tour of the kitchen, on 06/08/2026 at 6:11 AM, revealed items in the walk-in cooler that were labeled and/or dated incorrectly. This had the potential to affect 53 of 54 residents who received meals from the kitchen. The findings include: Review of the facility policy titled 'Food storage cold,' not dated, revealed it was the center's policy to ensure that all Time/Temperature Control for Safety (TCS), frozen and refrigerated food items would be appropriately stored in accordance with guidelines of the Food and Drug Administration (FDA) food code. The Dining Services Director/Cooks ensured that all food items were stored properly in covered containers, labeled, dated, and arranged in a manner to prevent cross-contamination. Review of a document titled 'TCS Foods and Seven Day Labeling' dated 2024, revealed that temperature control for safety foods can grow harmful bacteria if stored or labeled incorrectly. We must label and use TCS foods within seven days from preparation to stay safe. Observation on 06/08/2026 at 6:11 AM of the walk-in cooler revealed several items with labels that did not identify the contents of the container, as well as labels with only one date. Items included a small metal container covered with aluminum foil that was labeled; however, the label did not identify the contents of the container, and only one date, 06/06/2026, was written on the label. The Dietary Manager stated pimentos were in the container. A large, clear plastic container that was half full of what appeared to be chicken. The container was dated with only one date of 06/08/2026. Additionally, the label did not identify the contents. A container half full of pimento cheese with only one date of 06/06/2026, a container covered with aluminum foil, labeled with one date of 06/08/2026, and a container of chicken noodle soup that did not identify the contents, and only one date was written on the label. During an interview with the Dietary Manager (DM) on 06/11/2026 at 3:28 PM, she stated the process for storing food items in the cooler was that items were to be stored in an airtight container, have a label on them to tell what the item was, the date it went into the cooler and the expiration date, which was seven (7) days counting the day it went into the cooler. She stated all dietary staff stored items, and that she came in and checked the coolers first thing in the morning. The DM stated items dated 06/08/2026 were probably put in the cooler on the eighth. The DM stated there would be no outcomes as their policy for stored items was seven (7) days. She stated staff had dated the items incorrectly. During an interview with the Administrator on 06/11/2026 at 5:08 PM, she stated the kitchen staff was contracted, but that she expected the Dietary Manager and the kitchen staff to follow policies and guidelines related to food storage.		

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