STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185274	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Liberty Nursing and Rehabilitation	774 Liberty Road West Liberty, KY 41472

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation, interview and record review, the facility failed to post the nurse staffing data daily at the beginning of each shift.The findings include:Observation on 08/24/2025 at 11:30 AM, revealed a posted daily staffing sheet dated 08/21/2025. The facility had not updated its posted staffing sheet for three days. The facility must post the following information daily: facility name, the current date, the total number, and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:1. Registered nurses.2. Licensed practical nurses or licensed vocational nurses (as defined under State law).3. Certified nurse aides.4. Resident census.In an interview on 08/24/2025 at 11:30 AM, the Weekend Supervisor stated that she was not sure where the daily staffing sheet was located. The Weekend Supervisor continued to state that she had never been trained on how to access the staffing data or how to post it. The Weekend Supervisor asked Registered Nurse (RN)1 if she knew where the daily staffing information was located, and RN1 stated that she did not.In an interview on 08/26/2025 at 9:20 AM, the Director of Nursing (DON) stated that she was responsible for posting the daily staffing coverage Monday through Friday and that Registered Nurses were responsible for updating and posting the daily staffing coverage on the weekends. The DON continued to state that she expected the staffing to be posted daily.In an interview on 08/26/2025 at 1:41 PM, the Administrator stated that the facility did not have a policy for posting daily staffing data. Daily staffing was posted in the facility because the Centers for Medicare and Medicaid Services (CMS) requires it, according to the Administrator. The Administrator stated she expected daily staffing data to be posted so staff knew who was working and what the resident census was for the day.

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Number of residents sampled: Number of residents cited: Based on observations, interviews, and policy review, the facility failed to ensure proper storage of all medications. The findings include:Review of the undated policy titled Medication Storage revealed it is the policy of the facility to ensure all medications housed on the premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.Observation on 08/24/2025 at 12:04 PM, 25 loose pills were retrieved by SSA from the bottom of the medication drawers of cart one (1), and 11 loose pills were retrieved from the medication drawers of cart two (2). It appeared the pills had fallen from the multiple blister packs located in the drawers. During an interview on 08/24/2025 at 12:12 PM with Kentucky Medication Aid (KMA)1, she stated that she was not aware that the pills had fallen to the bottom of the cart drawers. She continued to state it was the nurse/KMA's responsibility to check the cart for loose pills and to dispose of them. She stated that they should be inside the blister packs as delivered from the pharmacy. She further stated the risk of loose pills in the cart had the potential for nurse/KMA to grab the wrong pill if it was thought that one had been dropped at the time of administration and could cause harm to a resident if administered from receiving a contaminated or wrong medication. She further stated that medication should not be administered from the bottom of the drawer. During an interview on 08/26/2025 at 2:11 PM, Registered Nurse (RN) 2 stated it was the nurses' and KMA's responsibility to be aware of the condition of the medication cart. She stated the concern she had with medications being loose in the drawer was if a pill were to make its way into an open blister of a blister pack, a resident could receive the wrong pill. During an interview on 08/26/2025 at 4:32 PM, the Director of Nurses stated it was up to the nursing staff to periodically spot-check the cart for loose pills and to keep it clean. She added that if someone dropped a pill and grabbed the wrong one by mistake, a resident could be harmed because of the medication error. During an interview on 08/26/2025 at 4:38 PM, the Administrator stated that she expected the staff to keep their carts clean and follow the facility's policies.

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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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Number of residents sampled: Number of residents cited: Based on observation, interview, record review, and review of the facility's policy, the facility failed to ensure the menu was followed as written.Findings include: Review of the facility's policy titled, Food: Quality and Palatability dated 02/2023, revealed Food would be prepared by methods that conserve nutritive value, flavor and appearance. Food would be palatable, attractive and served at a safe and appetizing temperature. Continued review revealed food palatability refers to the taste and/or flavor of the food. Further review revealed Menu items were to be prepared according to the menu, production guidelines, and standardized recipes. Cooks were to use proper cooking techniques to ensure color and flavor retention. During an observation of the dinner service tray line on 08/24/2025 at 5:50PM the [NAME] notified the Dietary Manger (DM) she had run out of regular ground beef for the last six trays. DM went and retrieved 8 frozen hamburger patties and put them on the stove to cook. Regional Dietary Manager (RDM) took over cooking the meat and crumbling it up. When the meat was cooked, he sprinkled a small amount of taco seasoning on the meat and put it in the meat pan on the tray line. The tray line was interrupted for 10 minutes delaying the meal delivery.Review of the facility's recipe for dinner on 08/24/2025 titled Potato Baked Beef Taco Entree revealed there was to be fresh tomato and onions in the meat mixture as well as cumin and salt and topped with shredded cheddar cheese and salsa. The potato only had the meat mixture on top of it which did not contain cumin, salt or onion. During an observation on 08/24/2025 at 6:15PM staff passed the last tray in the dining room and at that time the test tray for taste and temperature was taken out of the food cart by the RDM. The potato tested at 125.4 degrees Fahrenheit, meat tested at 126.1 degrees Fahrenheit, milk tested at 46.2 degrees Fahrenheit, jello tested at 52.5 degrees Fahrenheit, lemonade tested at 50.9 degrees Fahrenheit. The food on the test tray was noted to be bland and lacked seasoning by 2 state surveyors. During an interview on 08/24/2025 at 11:55AM Resident (R) 15 stated the food isn't good and lacks variety.During an interview on 08/24/2025 at 11:58AM R40 stated the food was just ok and did not taste good.Observation on 08/24/2025 at 5:50 PM revealed the last daily menu posted was for 08/22/2025.During an interview on 08/24/2025 at 6:28 PM with the RDM stated it was the responsibility of the dietary staff to update menu postings. Continued interview revealed the dietary staff had to make extra ground beef to complete dinner service and the ground beef was not weighed, seasoning was just eyeballed, and the recipe was not followed. During an interview on 08/26/2025 at 9:18AM the Dietary Manager (DM) stated she tastes the food everyday she works for palatability. She further stated that she does not always follow the recipe instructions. The DM Stated she would boil chicken instead of baking it because baking it makes the chicken too hard for the residents to chew. The DM further stated by not following the recipe the food might not come out as intended and not taste as its supposed too. During an interview on 08/26/2025 at 1:40pm R4 stated the chicken was hard and difficult to chew and lacked flavor. R4 also stated he would not want it again. During an interview on 08/26/2025 at 11:30AM the RDM stated his expectation was the menu was to be followed as written.During an interview on 08/26/2025 at 3:00PM State Registered Nursing Assistant (SRNA) 5 stated there were 4 residents who routinely do not like the main entree at dinner. SRNA 5 continued to state these four residents do not like chicken, and the chicken does not look appetizing. During an interview on 08/26/2025 with the Executive Director revealed her expectation was the menu was followed as written.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Number of residents sampled: Number of residents cited: Based on observation, interview, record review, and review of the facility's policy, the facility failed to ensure each resident received food and drinks which were palatable, attractive, and at a safe and appetizing temperature for one of one meal trays tested for taste and temperature.Findings include: Review of the facility's policy titled, Food: Quality and Palatability dated 02/2023, revealed Food would be prepared by methods that conserve nutritive value, flavor and appearance. Food would be palatable, attractive and served at a safe and appetizing temperature. Continued review revealed food palatability refers to the taste and/or flavor of the food. Further review revealed Menu items were to be prepared according to the menu, production guidelines, and standardized recipes. Cooks were to use proper cooking techniques to ensure color and flavor retention. During an observation of the dinner service tray line on 08/24/2025 at 5:50PM, Cook10 notified the Dietary Manger (DM) that she had run out of regular ground beef for the last six trays. The DM retrieved 8 frozen hamburger patties and put them on the stove to cook. The Regional Dietary Manager (RDM) took over cooking the meat and crumbling it up. When the meat was cooked, the RDM sprinkled a small amount of taco seasoning on the meat and put it in the meat pan on the tray line. The tray line was interrupted for 10 minutes delaying the meal delivery. During an observation on 08/24/2025 at 6:15PM staff passed the last tray in the dining room and at that time the test tray was taken out of the food cart by the RDM. The potato tested at 125.4 degrees Fahrenheit, meat tested at 126.1 degrees Fahrenheit, milk tested at 46.2 degrees Fahrenheit, Jello tested at 52.5 degrees Fahrenheit, lemonade tested at 50.9 degrees Fahrenheit. The test tray was tested by two state surveyors and the food served were found to be bland to taste and lacked seasoning. Review of the facility's recipe for dinner on 08/24/2025 titled Potato Baked Beef Taco Entree revealed there was to be fresh tomato, onions, cumin and salt in the meat mixture and topped with shredded cheddar cheese and salsa. The potato only had the meat mixture on top of it which did not contain cumin, salt or onion. During an interview on 08/24/2025 at 6:28 PM the RDM stated the dietary staff had to make extra ground beef to complete the dinner service. The RDM further stated the ground beef was not weighed, seasoning was just eyeballed, and the recipe was not followed. During an interview on 08/24/2025 at 11:55AM resident (R) 15 stated the food wasn't good and lacked variety.During an interview on 08/24/2025 at 11:58AM R40 stated the food was just ok and did not taste good. During an interview on 08/26/2025 at 1:40pm R4 stated that the chicken was hard and difficult to chew, warm, and lacked flavor. R4 also stated he would not want it again. During an interview on 08/26/2025 at 11:30AM RDM stated his expectation was that the menu was to be followed as written. During an interview on 08/26/2025 at 3:00PM State Registered Nursing Assistant (SRNA) 5 stated there were four residents who routinely do not like the main entree at dinner when chicken was served because those residents do not like chicken. The SRNA stated the chicken does not look appetizing. During an interview on 08/26/2025 at 9:20 AM, Administrator stated she expected that menus and recipes be followed as written to ensure that the palatability of the food was consistent.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy, the facility failed to provide food and drink that accommodated resident preferences for 3 of 6 sampled Residents. (R 1,3,17). The findings include:Review of the facility policy titled Dining and Food Preferences revised 10/2022 revealed individual dining, food, and beverage preferences would be identified for all residents. Further review of the policy revealed the Dining Services Director, or designee would interview the resident or resident representative to complete a Food Preference Interview within seventy-two hours of admission. The Food Preference Interview would be entered into the medical record. Further review of the policy revealed the tray assembly ticket would identify all food items appropriate for the resident based on diet order, allergies/intolerances, and preferences. Observation on 08/24/2025 at 5:35 PM revealed Resident (R)3's food tray consisted of rice with a ground meat mixture, chicken noodle soup, tea and milk. The resident stated she had requested the chicken noodle soup with all meals, but she had consistently informed staff that she did not eat rice, nor drink tea. The resident was not provided with crackers for her soup. R3 stated she had asked for crackers, staff had gone to the kitchen to obtain crackers, then came back and informed R3 there were no crackers in the kitchen.Record review of R3's admission Face Sheet revealed R3 was admitted to the facility on [DATE] with diagnoses of chronic diastolic heart failure, chronic obstructive pulmonary disease (COPD) and Diabetes mellitus with polyneuropathy.Review of R3's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/12/2025 revealed a Brief Interview for Mental Status (BIMS) score of 12 of 15, which indicated R3 had moderate cognitive impairments.Review of R3's Physician Order dated 08/25/2025 revealed a diet order for no added salt, regular texture, regular consistency, and house shakes with all meals.Review of R3's Food Preference Interview form dated 06/30/2025 revealed the resident disliked rice, and preferred a beverage of orange juice, pineapple juice, milk, and sprite.Observation on 08/24/2025 at the 5:38 PM dinner meal service revealed R1 was served ground beef, on a small potato as the entree. Further observation revealed R1 had a tossed salad which she was eating and R1 stated that was all she would eat off the tray and that she had attempted to get an alternative food in the past and never received it, so she had not requested anything different since then.Review of R1's admission Face Sheet revealed R1 was admitted to the facility on [DATE] with diagnoses of chronic respiratory failure with hypoxia, Chronic Obstructive Pulmonary Disease (COPD), and major depression. Review of R1's admission MDS with ARD of 05/13/2025 revealed a BIMS score of 12 of 15 which indicated R1with moderate cognitive impairmentsReview of R1's Physician order dated 05/07/2025 revealed a regular texture, thin consistency, no added salt diet.Review of R1's Food Preference Interview Form dated 08/15/2025 revealed R1's dislikes included beef, cold cuts, sausage, and the resident preferred apple juice, cranberry juice, coffee and sprite. During an interview with R1 on 08/24/2025 at 5:40 PM she stated that she had requested on numerous occasions to not be served ground beef. Furthermore, she stated no one can seem to get the message that I do not want ground beef. Review of R1's tray card revealed in handwriting main entree. There were no designated likes/dislikes on the tray card.Review of R17 admission Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses of Diabetes and COPD.Review of R17's quarterly MDS with an ARD of 07/09/2025, revealed a BIMS score of 15 which indicated the resident was cognitively intact. Review of R17's Food Preference Interview Form dated 08/15/2025 revealed R17 did not like tea.During an interview on 08/26/2025 at 1:50 PM with R17, she stated she did not get a lunch tray today. R17 further stated staff made the kitchen aware, and a tray was brought up to her. R17 stated she received a peanut butter and jelly sandwich, chips, and salad. R17 further stated she received tea, which she did not like. R17 stated she preferred lemonade but did not receive it. Review of R17's Physician order dated 05/01/2025 (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed a Controlled Carbohydrate Diet (CCD) regular texture, thin consistency diet with soy milk had been ordered for the resident.During an interview on 08/25/2025 at 10:22 AM the Regional Dietary Manager (RDM) stated within seventy-two hours after admission, the Dietary Manager (DM) was to complete the food preference form for the resident. The information was then put into the operating system called Meal Suites in the kitchen, so the preferences would be printed on the meal cards. The RDM further stated if the Resident had a dislike or a special diet, such as Carbohydrate controlled Diet, the system would change the tray card to an alternative. However, observation on 08/27/2025 of the lunch tray card for R17 revealed only the verbiage substitute needed instead of a specific alternative. Further review of the tray cards revealed no listing of the likes/dislikes on the tray cards.During an interview on 08/26/2025 at 9:30 AM the DM stated she was the primary person responsible for completion of the Food Preference form for new residents on admission, quarterly, and with a significant change in resident diet. The DM stated she then entered the information into the system in the kitchen, then the information would print out on the resident tray cards, which were used when plating the food during meals. The DM stated that sometimes she was made aware of a change in Resident food request by the Certified Nurse Aides (CNA)'s and she made the change in the computer system in the kitchen. The DM stated, if residents received foods, they did not like it could cause weight loss. During an interview on 08/26/2025 at 4:39 PM the Administrator she stated her expectation was the resident's preferences were honored as much as they could be with consideration of the physician ordered diets. She stated if the preferences were not followed it could cause dissatisfaction and weight loss with the residents.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: Number of residents cited: 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 the development and transmission of communicable diseases and infection as per accepted national standards and guidelines.The findings include:The facility's policy titled Infection Prevention and Control Program, last revised on12/12/2023, stated, all staff are responsible for following all policies and procedures related to the program. The policy further stated that hand hygiene shall be performed in accordance with the facility's established hand hygiene procedures. Further, it revealed that all reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with the current procedures governing the cleaning and sterilization of soiled or contaminated equipment, and finally, that all staff shall demonstrate competence in relevant infection control practices.Review of the policy titled Hand Hygiene, undated, stated, All staff will perform proper hand hygiene procedures to prevent the spread of infections to other personnel, residents, and visitors. This applies to all staff working in the locations within the facility.Center for Disease Control (CDC) guidance, provided by the facility, titled Handwashing: Clean Hands Save Lives, dated 08/10/2020, reads that germs spread when you prepare or eat food and drinks with unwashed hands. It also lists the key times to wash hands are before, during, and after preparing food.An undated copy of the New-Hire education packet included a sheet regarding handwashing, which stated, Key times to wash hands were before and after preparing food.On 08/24/2025 at 9:02 AM, the housekeeping supervisor was observed sweeping the floor in front of a meal cart, while meal services were in progress.During an interview on 08/24/2025 at 2:17 PM, the housekeeping supervisor stated that she would not take the cleaning cart on the floor during mealtime; however, she took the broom and dustpan to clean a mess on the floor in front of the food cart. She stated that occasionally, she would sweep up things during mealtime, but she understood that it was not a good idea due to the increased risk of spreading dust and germs.On 08/24/2025 at 3:50 PM, a wedge, used for resident positioning in bed, was observed on the floor, near the door of room [ROOM NUMBER] A.On 08/24/2025 at 6:45 PM, Certified Nursing Assistant (CNA) 1 was observed carrying a clear trash bag with approximately 4,000 cc's (1 Gallon) of clear yellow liquid identified by CNA 1 as urine, from a resident room to the shower room for disposal. As she exited the shower room, she continued to wear her dirty gloves into the hall.During an interview on 08/24/2025 at 6:47 PM, CNA 1 stated that the room where she removed the urine did not have a bathroom, and she was expected to take the urine to the nearby shower room for disposal. She stated that there was potential for the bag to tear and spread urine in the hall and that would cause an increased risk of spreading body fluids in the hall. She further stated that she forgot to remove her gloves before coming out into the hall.During an observation on 08/25/2025 at 12:15 PM, the resident nutrition refrigerator, located at the nurses' station, revealed the temperature log was incomplete and was missing the refrigerator and freezer temperature documentation for evenings of 08/21, 08/22, 08/23/ and 08/24/2025. Both morning and evening documentation were missing on 08/23/2025 and 08/24/2025. There were no food products in the freezer at that time. The refrigerator had a resident's [NAME] and two (2) dated Styrofoam cups with lids, containing a dessert-type food.During an interview on 08/26/2025 at 10:40 AM with the Dietary Manager (DM), she stated that she regularly checked the temperatures, documented on a paper that was located on the door of the nutrition refrigerator. She further stated that although other staff, including dietary and/or nursing staff, may (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	enter the information, she was responsible for making sure it was done and there were no concerns. She stated that the appropriate temperature for the freezer was zero degrees Fahrenheit (0 F) or below. SSA asked the DM about the four (4) observations on 08/16/2025 - 08/20/2025, where the freezer temperature was 20 F, and the observations on 08/21 - 08/22/2025, where 10 F was listed as the freezer temperature and the DM stated it was an oversight. She added that one of the staff members who entered those numbers was a new employee and may not have read it correctly. She further stated that refrigerator and freezer temperatures outside of the appropriate temperature range could result in foods not freezing well enough and could allow those foods to continue to grow bacteria.During an observation on 08/25/2025 at 6:30 PM, CNA 4 was observed in the dining room setting up resident trays and feeding two residents without washing her hands between them.During an interview on 08/25/2025 at 6:52 PM with CNA 4, she stated the residents at this table required assistance to eat their meals. The CNA offered bites to two (2) residents without cleaning her hands between them. She verbalized the serving process that would have prevented this error, had not been followed, and as a result, she was trying to satisfy the impulsive behavior of those residents by offering them a bite. She stated that by not washing her hands, she could spread germs from resident to resident or from herself to a resident.During an interview on 08/26/2025 at 2:11 PM, with Registered Nurse (RN) 2, she stated that if the refrigerator or freezer were not kept at the proper temperature, it could cause the food to spoil, and a resident could become ill. She further stated that the process for emptying bed pans, bedside commodes, and urinals in rooms that do not have bathrooms was the containers were to be double-bagged and carried to the shower room to be disposed of. She continued to state that staff were not to wear gloves in the hall and once items were bagged, a clean bag was on the outside, so the gloves were to come off, and then reapply new gloves once it was time to empty the bag. During an interview on 08/26/2025 at 3:08 PM with the Infection Preventionist (IP), she stated that housekeeping duties should not be performed during meal service due to the risk of spreading germs and dirt onto residents' food. Assisting residents with their meals required staff to wash their hands with soap and water or use sanitizing gel, sit one (1) staff member between two (2) residents, and feed one resident with the left hand and another with the right as not to contaminate the other tray. There would be an increased risk of spreading germs if the policy were not followed. She stated that the process of emptying urinals and bedpans from the rooms that did not have access to a toilet required the staff to bag the urinal, bedpan or graduate and take it to the shower room at the end of the hall. Body fluids should not be carried in a bag without an appropriate container. It was possible for the bag to have a leak and spread bacteria all over the floor and the staff that was carrying it, causing an increased risk of illness among residents and/or staff. The IP nurse stated that nothing should be stored on the ground, especially something that is used in direct patient contact, such as a wedge that is used to support a resident's position in bed. It would introduce germs to the resident and their bedding, and this could cause a resident to get sick. She verified that the correct freezer temperature should be zero F (0 F) and stated that the potential risks for food not frozen at the correct temperature, or monitoring of the refrigerator temperature for accuracy, would be an increased risk of bacterial growth, which could make the resident(s) sick.During an interview on 08/26/2025 at 4:32 PM with the Director of Nurses (DON), she stated that she expected all staff would follow the facility's policy and procedures regarding infection control. Specifically, she stated, hand hygiene before and after assisting a resident with their meal was important to decrease the potential spread of germs. She added that resident items should not be stored on the floor but rather, on the end of the bed, in the resident closets, or on the sink. She continued to state that storing items on the floor allowed germs to go from the floor to the residents' beds or on their persons and increased their risk of becoming ill. The DON stated it was never appropriate to wear dirty gloves into the hall or sweep the floor during mealtime due to the risk of spreading germs. The DON further stated that the temperature log was completed by nursing and dietary; however, it was the responsibility of the Dietary Manager to ensure it was complete, and no (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185274	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Liberty Nursing and Rehabilitation	774 Liberty Road West Liberty, KY 41472

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 - Few	problems were identified and that the appropriate temperature was zero (0) and if food had been stored in the freezer, it would have been possible that it had not frozen to the temperature required to assure adequate safety. She further stated missing documentation may mean that temperatures were not checked on those days and there could be no guarantee that they were not out of range during that time and that she expected that if there was a problem with the refrigerator or freezer, the staff would contact her or maintenance.During an interview on 08/26/2025 at 4:38 PM with the Administrator, she stated that staff had access to her number and access to maintenance 24 hours a day / 7 days a week. If there were concerns about the temperature of the refrigerator or freezer, she would expect it to be reported for repair. She added that if the food was allowed to get too warm, it may make a resident sick. SSA discussed observations regarding dirty gloves, unwashed hands, storage of resident personal items on the floor, and floor care during meal service were reviewed, and she stated that she expected that staff would follow the facility's infection control policy and procedures.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined the facility failed to provide the residents with a right to a safe, clean, comfortable, and homelike environment for three of 14 sampled residents (Resident (R)3, R7, R18). The findings include:Review of the facility policy titled, Resident Rights undated, revealed the resident had a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living. On 08/24/2025 at 11:58 AM, observation of Resident (R)3's room revealed a black substance was on the floor around the baseboard. Continued observation of R3's room revealed cracked tile in the floorOn 08/24/2025 at 12:08 PM in the north hall men's shower room revealed 8 cracked tiles in the floor and around the baseboard. Continued observation revealed a tile missing around the toilet. On 08/24/2025 at 12:14 PM in the north hall women's shower room revealed 6 cracked tiles and 4 missing tiles around the baseboard. The trim around the toilet had 2 missing tiles.On 08/25/2025 at 10:54 AM observation of R7s room revealed a black substance on the baseboards of the room. Continued observation revealed baseboards were missing underneath the air condition unit along with a hole in the wall under the bottom of the unit.On 08/25/2025 at 11:08 AM observation of R18's room revealed paint chipped around the sink. Continued observation revealed a 2-inch hole in the wall around the baseboard.On 08/25/2025 at 11:22 AM observation of the dining room revealed the baseboard peeling off the wall next to the sprinkler system doors. On 08/25/2025 at 11:31 AM observation in the hallway revealed paint missing at the entrance to room [ROOM NUMBER]. Continued observation revealed a hole in the wall next to the baseboard outside room [ROOM NUMBER]. On 08/25/2025 at 12:08 PM observation in the hallway in front of the soiled utility room revealed a cracked tile in the middle of the hall.During an interview with R3 on 08/24/2025 at 1:34 PM he/she stated that having cracked tiles in the shower room and in the hallway makes R3 feel dirty.During an interview with R28 on 08/24/2025 at 3:18 PM the resident stated that this wouldn't be the conditions their home would be like if they were able to clean. R28 stated that they were used to keeping their home very clean and they don't feel like they do that at this facility.During an interview with the Senior Maintenance Director on 08/25/2025 at 3:12 PM he stated that all work orders would be prioritized when they came in and done within a timely manner. He also stated that no resident should have to feel dirty due to a cracked tile or environmental issue. The Director of Nursing (DON) stated in an interview on 08/25/2025 at 3:28 PM that all residents should feel like they have a clean and homelike environment to live in. The DON further stated the facility should ensure this happens by making sure work orders were done in a timely manner. We have just recently terminated our last maintenance director so we may have some work orders that are stacking up right now. Our regional team is going to do what they can to help while we hire a new maintenance director.The Administrator stated in an interview on 08/25/2025 at 3:43 PM that she was aware the shower rooms have some cracked tiles, and she was trying to get someone to fix them. She further stated that the last maintenance guy couldn't do ceramic tile, so we have to contract it out and we just haven't got to it yet.In an interview with the housekeeping supervisor on 08/25/2025 at 4:12 PM she stated that anytime they find a crack or missing tile, they let maintenance know. She further stated, Sometimes when we are cleaning the floors a tile will just fall off the wall. We just lay it back up there and let maintenance know. This is a really old building, and we do the best we can.