STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185298	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain Ridge Health and Rehabilitation	1901 West Highway 90 Monticello, KY 42633

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 facility policy the facility failed to prepare, store, and serve food under sanitary conditions. Observations on 01/13/2026 during initial kitchen tour, foods were not labeled or dated, and steam table pan removed from the dish rack and stacked onto another steamtable pan still wet. Continued observation in the kitchen on 01/13/2026, lunch service, staff changed gloves without preforming hand hygiene, touching clothing with gloved hand and food placed onto the steamtable over 30 minutes before service. Observation of the resident refrigerator at the nurses' station resident food items not labeled or dated and the refrigerator needed cleaning. The findings include:A review of the facility policy titled Ware Washing dated 10/2019 revealed the dining service director ensures that all dishware is air dried and properly stored. A review of the facility flyer titled TCS Foods and 7-day Labeling no date, revealed TCS (Temperature Control for Safety) food label include item, prep date, use by date, and initials. Transfer for rewrite labels with the original Use by date from the first container if you move labeled items to different containers. A review of the facility policy titled Hand Hygiene dated 6/09/2025, revealed clean your hands by hand washing with soap and water. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. A review of the State Operations Manual (SOM) dated 04/25/2025, The temperature of TCS (Temperature Control for Safety) foods should be periodically monitored throughout the meal service to ensure proper hot or cold holding temperatures are maintained. If time is being used in place of temperature as a means of ensuring food safety, the facility must have a system in place to track the amount of time a TCS is held out of temperature control and dispose of it accordingly. The temperature danger zone is 41 degrees Fahrenheit to 135 degrees Fahrenheit. Observation of the Dietary staff on 01/13/2026 at 8:56 AM taking steam table pan out of the dishrack, from the clean side of the dishwasher. The pan had a wet appearance with water dripping as the pan placed upside down and stacked onto another steam table pan under the preparation table. Continued observation in the same area of a clear lidded container with the appearance of brown sugar not labeled or dated sitting on the floor and soft tortillas in a zip lock bag not labeled or dated left on top of a tall bin. Observation of the lunch meal preparation service with tour of the dry storage on 01/13/2025 at 11:20 AM to 11:38 AM, revealed clear bag of pancakes, out of the case, with no label or date in the freezer. Dietary Staff actively completing food items and placing them onto the steam table. The steam table had food placed onto the steam table more than 30 minutes prior to meal service at 12:00 PM. Continued observation of Dietary Staff revealed not washing hands between change of task or glove changes. Observation of aide taking a pen out of her pocket with gloves on. Observation of the resident nourishment refrigerator on 01/13/2026 at 12:24 PM a large white plastic bag with several lidded containers with no identification on the bag, date, or resident name. One UnCrustable sandwich with no resident name in the refrigerator drawer and no date. The refrigerator with dry brown substance on the low shelf over the drawers, and in the two drawers. Open can of Mellow Yellow was left in the refrigerator with no open date or resident name. During an interview with Culinary Aide 1 on 01/14/2026 at 1:27 PM, she stated when changing tasks gloves are to be changed to prevent cross contamination. She further (continued on next page)

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stated food is dated with the open date and allow the pans to dry before putting up wet to prevent bacteria from growing.In an interview with Dietary Supervisor on 01/14/2026 at 1:30 PM, she stated it is important to change gloves between tasks and wash hands to prevent cross contamination. She further stated food items should be dated with receive date, open date and use by date. She continued to state that pans are to dry and not have any moisture prior to putting them onto the shelf.In an interview with [NAME] 1 on 01/14/2026 at 1:35 PM, he stated that gloves are to be changed between tasks, wash hands and put on gloves. He further stated that opened food is to be labeled with an open date and dated for discard in 7 days and pans are air dried to not contain chemicals.In an interview with Culinary Aide 2 on 01/14/2026 at 1:38 PM, he stated gloves are to be changed after every task to prevent cross contamination, food dated with received date and open date, and to allow pans to dry and not have water in the container. In an interview with the Dietary Manager on 01/14/2026 at 1:43 PM, he stated food should not be placed on the tray line before 30 minutes prior to service. To hold food at proper temperature. He further stated should wash hands between glove changes to prevent cross contamination and food labeled and dated with receive date, open date, and discard within 7 days. He continued to state that no food containers on the floor to prevent cross contamination and the pans are allowed to air dry, not contain water or bacteria to grow.In an interview with the Environmental Services Manager (EVS) on 01/14/2026 at 2:40 PM, she stated nursing was responsible for cleaning the resident refrigerator.In an interview with Licensed Practical Nurse (LPN) 2 on 01/14/2026 at 2:12 PM, he stated housekeeping was responsible for cleaning the resident refrigerator. He further stated if family brings food for residents the food should be labeled with name and date.In an interview with Director of Nursing (DON) on 01/14/2026 at 2:56 PM, he stated his expectations was for staff to follow state and federal guidelines and he really does not know the kitchen.

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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 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. Based on observation, interview, and facility policy review, it was determined the facility failed to provide housekeeping services to ensure a clean and sanitary environment for six (Resident (R) R1, R4, R7, R37, R41 and R54) of 58 sampled residentsThe findings include: Review of the undated facility policy titled, Resident Rights, revealed the resident had a right to a safe, clean, comfortable and homelike environment. The facility was not able to give the survey team any other policies for housekeeping or maintenance duties. In an interview with the Director of Nursing (DON), he stated We do not have policies for housekeeping or maintenance.1. On 01/13/2026 at 09:18AM, observation of R4's room revealed a tile cracked in the floor next to the baseboard on the wall, potentially creating a fall hazard.2. On 01/13/2026 at 09:26AM, observation of R7's room revealed two cracked tiles in the floor.3.On 01/13/2026 at 09:39AM, observation of R1's room revealed two cracked tiles in the doorway of the resident's room. Continued observation revealed paint chipped on the wall behind R1's bed. In an interview with R1, they stated I wish they would paint the wall behind my bed. It just makes my room not feel like home. If this was at my house, I would have painted it as soon as it needed it. 4. On 01/13/2026 at 10:04AM, observation of R37's room revealed two cracked tiles in the doorway and paint chipped on the wall behind the bed. 5. On 01/13/2026 at 10:12AM, observation of R41's room revealed the baseboard coming off the wall near the entrance. Further observation revealed a hole in the tile near the center of the room, potentially causing a fall hazard. In an interview with R41 they stated I get in my wheelchair sometimes to go out of my room and my wheel gets stuck in that hole in the tile. I just have to yell for someone to help me get unstuck cuz my call light isn't close. I wish they would fix that so I could go out of my room whenever I wanted to.6. On 01/13/2026 at 10:28AM, observation of R54's room revealed a broken tile near the window of side B. Further observation revealed the door frame was broke and had a piece of metal bulging out which exposed a sharp metal. 7. On 01/13/2026 at 10:46AM, observation of dining room revealed two cracked tiles in the floor in the floor near the entrance. Continued observation revealed a different set of tiles in the floor near the entrance. These tiles are a different size than the others used on the rest of the flooring in the dining room. This use of different tile makes an obvious height difference when walked over creating a fall hazard to residents and staff that frequently walk in that area. 8. On 01/13/2026 at 11:02AM, observation of walls in the dining room revealed several scratches on the wall which chipped paint off. Further observation revealed the door to the kitchen having scratches on it that took the pain off and exposed rust.The Maintenance Director stated in interview on 01/14/2026 at 11:42AM, that they use a system called Tails, and anyone can put a work order in. Everyone knows that they can put a work order in, and we will make sure it gets done. The Maintenance Director further stated there were no active work orders currently and that he has not been made aware of anything that needs fixed. In an interview with the Director of Nursing (DON) on 01/14/2026 at 12:13PM, he stated that he was unaware of any cracked tiles in any of the resident's rooms. The DON further stated that himself, the maintenance director and the housekeeping director all do what they call Eagle Rounds daily. During these rounds they are looking for anything that needs to be fixed. The DON stated that he has not seen any cracked tiles in the building that need fixed at this time. During an interview with the Housekeeping Manager on 01/14/2026 at 1:12PM, she stated, Every resident room gets a deep clean once a daily. The housekeeping manager further revealed that she instructs her staff to report anything that would need to be fixed or repaired to her or to maintenance. They all know we are supposed to report anything that needs repaired, to maintenance. That is my expectation of all my staff in housekeeping. This is also the expectation of the DON and Administrator.The administrator of the building was unavailable due to being out because of illness. No interview was able to be conducted with them.