

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Beaver Dam Nursing & Rehab Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1595 S US Highway 231 Beaver Dam, KY 42320	

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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>44370</p> <p>Based on observation and interview, it was determined the facility failed to provide food and drink that was palatable, attractive, and at a safe and appetizing temperature for the lunch meal served on 03/19/2024.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Food Temperatures, not dated, revealed foods would be served at proper temperatures to ensure food safety and palatability. Continued review revealed that acceptable serving temperatures for meat entrees were to be greater than 140 degrees Fahrenheit but preferred between 140 and 165 degrees Fahrenheit .</p> <p>Review of the posted menu for the noon meal on 03/19/2024, revealed the following items: baked glazed ham, broccoli and cheese, frosted chocolate cake, and cornbread.</p> <p>Observation of lunch service on 03/19/2024 at 11:08 AM, revealed the following items were served: sliced glazed ham, broccoli and cheese, green beans, barbeque pulled pork, apples, baked beans, mashed potatoes, gravy, ground ham, pureed ham, fortified mashed potatoes and pureed apples.</p> <p>Continued observation following serving of dining room, temperature checks were completed from the steam table and revealed the following: baked glazed ham temperature was at 116 degrees Fahrenheit (F). The alternative meat selection, pulled barbecue chicken was at 126 degrees F. These were below the preferred temperature of 140 to 165 degrees Fahrenheit.</p> <p>An interview with Resident #1 on 03/19/2024 at 11:20 AM, he stated his pulled pork sandwich was cold. Further, he stated the facility's food was cold often.</p> <p>In an interview with the Registered Dietician on 03/21/2024 at 1:44 PM, she stated she expected food temperatures to be maintained between 135 and 140 degrees Fahrenheit while on the steam table.</p> <p>During an interview with Administrator on 03/21/2024 at 4:21 PM, he stated he expected the kitchen staff to follow the policy and ensure meals were served at the correct temperatures.</p>

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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37031</p> <p>Based on observation, interview and review of facility policy it was determined that 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 infections for 6 of 21 sampled residents. (Resident #25, #39, #41, #47, #50 and #54) and 4 unsampled residents (Resident #64, #65</p> <p>#66 and #67).</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Policies and Practices - Infection Control, revealed the facility's infection control policies and practices were intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.</p> <p>Observation of the noon meal dining room service, on 03/19/2024 and 03/21/2024, revealed staff opened, touched, and placed straws in drinkware with bare hands prior to serving drinks to the residents.</p> <p>1) a. A review of Resident #54's face sheet revealed the facility admitted the resident on 01/19/2024. The admission MDS dated [DATE] revealed the resident was assessed to have a BIMS score of eight, which indicated the resident had moderate cognitive impairment.</p> <p>An observation of SRNA #4 on 03/19/2024 at 11:15 showed her with her bare hands, placing a straw, with the covering removed, into the resident's juice.</p> <p>b. A review of the face sheet for Resident #25 revealed the facility admitted the resident on 02/27/2023. Review of the resident's Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident had a Brief Interview of Mental Status (BIMS) score of 99 which indicated the resident was unable to complete the interview due to the resident's cognitive decline and not interviewable.</p> <p>Observation of Resident #25 on 03/21/2024 at 11:10 AM, in the dining room, showed State Registered Nurse Aide (SRNA) #6 used her bare hands to place a drinking straw in the resident's coffee cup.</p> <p>c. A review of the face sheet for Resident #39 revealed the facility admitted the resident on 05/13/2022. The Quarterly MDS dated [DATE] revealed a BIMS score of two, which indicated severe cognitive impairment.</p> <p>Observation of Resident #39 on 03/21/2024 at 11:12 AM in the dining room revealed SRNA</p> <p>#6 used her bare hands to place a straw in the resident's coffee.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>d. A review of Resident #41's face sheet record revealed the facility admitted the resident on 06/26/2019. The Quarterly MDS dated [DATE] revealed the resident had a BIMS score of 11, which indicated the resident was moderately impaired.</p> <p>An observation of Resident #41 on 03/21/2024 at 11:13 AM revealed the Director of Rehabilitation touched the resident's straw with her bare hands.</p> <p>e. A review of Resident #50's face sheet revealed the facility admitted the resident on 08/14/2023. The Quarterly MDS dated [DATE] revealed the resident was assessed to have a BIMS score of three, which indicated the resident had severe cognitive impairment.</p> <p>An observation of Resident #50 in the dining room on 03/21/2024 at 11:14 AM, revealed SRNA #4 placed the resident's straw in the resident's drink with her bare hands.</p> <p>2. The unsampled residents; #64, #65, #66, and #67 were all in the dining room on 03/21/2024 and an observation at 11:07 AM revealed SRNA #6 removed the paper covering from the residents' straws and placed them in their coffee prior to serving the residents at their table.</p> <p>In an interview with State Registered Nurse Aide (SRNA) #4 on 03/21/2024 at 1:50 PM, she stated she was not sure, but believed she should not have touched the straw with her bare hands.</p> <p>In an interview with the Director of Rehabilitation (DOR) on 03/21/2024 at 2:00 PM, she stated she was not usually in the dining room. She further stated, she now knew the proper technique.</p> <p>In an interview with SRNA #6 on 03/21/2024 at 2:05 PM, she stated she did not remember if she was taught the proper way of removing the paper from the drinking straws. She stated she was working at another facility when she first became an SRNA.</p> <p>During an interview with the Director of Nursing (DON) on 03/21/2024 at 2:08 PM, she stated she expected the paper from the straws would be removed without touching the straw with their bare hands. Further, she stated she expected all staff to follow infection control guidelines.</p> <p>During an interview with the Administrator on 03/21/2024 at 1:55 PM, he stated he expected all staff to follow the infection control policy as written regarding best practice when handling drinking straws.</p>		