

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER Christian Heights Nursing and Rehabilitation Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 124 West Nashville Street Pembroke, KY 42266	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45914</p> <p>Based on observation, interview, and review of the facility's policy, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. Food items were not sealed and/or covered to prevent contamination. Opened food items were not dated as required. Food maintained on ice during lunch meal service exceeded the required 41-degree Fahrenheit temperature limit for cold food items. The facility's failure had the potential to affect 56 of the facility's 57 residents who consumed food from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the undated facility policy, titled, Labeling and Dating, revealed proper labeling and dating ensured that all foods were stored rotated, and utilized in a first in-first out manner. Further review revealed all foods should be dated upon receipt before being stored and opened or leftover items must be labeled and dated with the date they are prepared or opened, and the use by date.</p> <p>Review of the facility policy titled, Food Storage; Dry Goods, revised 02/2023, revealed all dry goods would be appropriately stored in accordance with the Food and Drug Administration (FDA) food code. Further review revealed all packaged food items would be kept clean, dry, and properly sealed.</p> <p>Review of the facility policy titled, Food Storage; Cold Foods, revised 02/2023, revealed all foods would be stored wrapped, or in covered containers, labeled and dated, and arranged in a manner to prevent cross-contamination.</p> <p>Observation of the kitchen, on 02/20/2025 at 9:30 AM, revealed the following:</p> <p>a. Dietary staff were preparing sandwiches for lunch on an island in the middle of the kitchen. A tray with twelve baked cookies was sitting out, uncovered and unattended. Continued observation revealed a heating/cooling duct system with seven discolored vents blowing over the top of the island where food was being prepared.</p> <p>b. Refrigerator 3 contained cheese slices which were stored in a plastic container and were exposed to contamination, due to an unsecured lid. A bag of shredded mozzarella cheese was opened but was not labeled with the received date, the open date, or a use by date.</p> <p>(continued on next page)</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c. The dry pantry storage area with freezers located across the hall from the kitchen revealed Freezer 3 was also soiled with food particles. A box of frozen beef patties was opened but unsealed and exposed to potential contamination. The box was not marked with the required received date, opened date, or use by date. Further observation of dry storage goods revealed a bulk box of rice in its original container which was not covered and was exposed to possible contamination.</p> <p>In an interview with [NAME] 2, on 02/21/2025 at 2:00 PM, he stated he was aware of the processes for food safety which included labeling, dating, and storing food items. He stated every food item received should have a receive date, open date, and use by date. He added that any food items should also be sealed properly to prevent cross contamination. [NAME] 2 stated that all kitchen staff were responsible for ensuring that foods were labeled, dated, and stored correctly. [NAME] 2 further stated there was potential for bacteria growth on foods that were cross contaminated, and residents were at risk if staff were not following facility policies and processes.</p> <p>In an interview with [NAME] 1, on 02/21/2025 at 2:15 PM, she stated the cookies left out on the counter should have been covered to prevent exposure of airborne particles. She stated all items that were opened should be sealed properly and have a receive date, open date, and use by date to prevent serving food past its shelf life. She stated cross contamination was potentially harmful to the residents and could cause sickness.</p> <p>In an interview with the Dietary Manager, on 02/21/2025 at 2:30 PM, he stated expectations for the dietary staff was to ensure that all food items that were received had a receive date. Further, if an item was opened, it would require an open date and a use by date to ensure freshness. He stated there were signs posted throughout the kitchen as a reminder to staff of the importance of marking those required dates on the food products. Additionally, any food item that had been opened should be sealed correctly whether in the pantry, refrigerator, or freezer to prevent residents from receiving food that was freezer burned or exposed to cross contamination which could result in resident illness. Furthermore, if those policies and procedures were not being followed, it would prevent staff from providing the residents the best homelike experience in the facility and that was priority.</p> <p>In an interview with the District Dietary Manager, on 02/21/2025 at 2:30 PM, he stated his expectations were that staff were following facility policy and procedures to ensure food safety.</p> <p>Interview with the Administrator, on 02/21/2025 at 4:00 PM, revealed his expectations were that staff ensured food was stored according to facility policy which included dating food items with a receive, open, and use by date. He stated ensuring foods were sealed properly was just as important as storage dates, as both affected the quality of the food.</p> <p>2. Review of the undated facility policy titled, Time and Temperature Control and Recording, revealed bacteria and other foodborne pathogens can grow quickly in the temperature danger zone of 41 to 135 degrees Fahrenheit. Further review revealed proper holding and transport of food was critical for resident safety and wellness.</p> <p>Review of the facility policy titled, Food Storage; Cold Foods, revised 02/2023, revealed all perishable foods would be maintained at a temperature of 41degrees Fahrenheit or below except during necessary periods of preparation and service.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation of the kitchen, on 02/20/2025 at 11:45 AM, revealed lunch was being served and food items were maintained on a steam table. At this time, the District Dietary Manager assisted with temping both hot and cold food items. All hot foods were 186 degrees Fahrenheit (F) or higher. However, observation revealed that two foods to be served cold were over 41 degrees F. A pan with ice on the end of the steam table contained mayonnaise-based broccoli salad and mayonnaise-based potato salad. The broccoli salad was 72 degrees F, and the potato salad was 45 degrees F.</p> <p>In an interview with [NAME] 2, on 02/21/2025 at 2:00 PM, he stated that the steam table was to be held at 145 degrees Fahrenheit for hot foods but was not aware of the temperature for the cold food items that were maintained on the cold side of the steam table. He stated potential concerns for residents being exposed to food not being maintained at proper temperatures could cause salmonella or other sickness.</p> <p>In an interview with [NAME] 1, on 02/21/2025 at 2:15 PM, she stated she had temped every meal on the steam table prior to meal service. She stated hot foods were to be held at 165 degrees Fahrenheit, and confirmed cold foods were to be held at 41 degrees Fahrenheit or below.</p> <p>In an interview with the District Dietary Manager, on 02/21/2025 at 2:30 PM, he stated his expectations were that staff were following facility policy and procedures to ensure food safety. Further interview with the District Dietary Manager revealed that the temperatures for the two cold salads were not acceptable and indicated that staff needed further training.</p> <p>Interview with the Administrator, on 02/21/2025 at 4:00 PM, revealed there could be harmful outcomes for residents if staff were not following the facility policies and processes regarding appropriate temperatures for both hot and cold foods to prevent bacteria growth, or potential salmonella illness. Additionally, practicing proper food safety processes were important as it would ensure residents were provided the best quality of care in a homelike environment.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>52040</p> <p>Based on observation, interview, record review, and facility policy review, it was determined the facility failed to provide a functional, sanitary, and comfortable environment for 20 of 57 residents (Resident (R) 7, R10, R16, R19, R22, R25, R26, R33, R35, R38, R40, R42, R43, R46, R47, R48, R49, R50, R55, and R110.) Resident rooms had broken and/or missing floor tiles, peeling paint, and/or holes in walls. Four residents (R19, R46, F47, and R50) were noted to have an unsanitary commode in poor repair.</p> <p>The findings include:</p> <p>Review of the facility policy, Resident Rights Standard of Practice, originated 04/2024, revealed the facility follows the guidance of Regulatory Group 483.10, F550-F586, which includes the right to a safe, clean, comfortable, and homelike environment.</p> <p>Review of the facility policy, Homelike Environment Standard of Practice, last reviewed 10/2020, revealed the facility shall maximize, to the extent possible, characteristics of the facility to reflect a personalized, homelike setting. This shall include cleanliness and order and pleasant, neutral scents.</p> <p>Observation of the facility during an initial tour on 02/18/2025, beginning at 10:55 AM. revealed the following:</p> <p>a. R48 and R55's room had chipped paint and gouge marks on the door and doorframe. The rubber baseboard was pulled away from the wall, and there were yellow/orange stains on the floor. During an interview with R48 on 02/21/2025 at 4:00 PM, he stated it would be nice if the peeling paint and poor condition of the walls and floor was repaired. Review of a Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/01/2024 revealed the resident was cognitively intact, based on a Brief Interview for Mental Status (BIMS) score of 15/15.</p> <p>b. R25 and R40's room had a hole in the bathroom door. The baseboard was pulled away from the wall. The walls had a large area of chipping paint. In an interview on 02/21/2025 at 4:05 PM with R40, she stated she would like to see it fixed, referring to the condition of the walls, floors, and paint. Review of an MDS, with an ARD of 02/15/2025, revealed R40 was cognitively intact, based on a BIMS score of 14/15.</p> <p>c. R110 and R16's room had a strong odor of urine. The floor had broken tile and was uneven. Food particles were noted on the floor.</p> <p>d. R43 and R10's room had broken tiles in the floor.</p> <p>e. R42 and R49's room had multiple broken and missing tiles in the floor.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>f. R19 and R47's room had chipped paint on the wall. There were yellow/brown stains down the wall and onto the floor under the sink. A corner of the door threshold was crumbling and there was a debris pile in the floor.</p> <p>g. The wall in R38's room had paint that was coming off from where a wallpaper boarder had been painted over. The outside environment was visible around the heating/air conditioning unit.</p> <p>h. R35's room had a wall corner that was crumbling and there was a pile of debris in the floor. The shower for this room was missing six tiles, four of which were stacked to the side. The caulking around the sink was discolored brown and was peeling away from the sink.</p> <p>i. R7 and R22 had missing tile in the bathroom.</p> <p>j. The handrail outside of the Director of Nursing's (DON) office had a pile of dust/debris build up. The pile was still present at approximately 3:30pm on 02/21/2025.</p> <p>k. Food particles on the floor and on the tops of the tables in the dining room.</p> <p>Additional observations made on 02/21/2025 at approximately 3:15 PM revealed the following:</p> <p>l. R26's bathroom flooring around the base of the toilet was caked with in a reddish/brown substance.</p> <p>m. R33's room had chipped paint on the walls. The caulking around the sink was discolored brown and had a substance built up on it.</p> <p>n. Observation on 02/18/2025 at 11:05 AM revealed the toilet in the bathroom shared by R19, R47, R50, and R46 was not functioning or in good repair. The toilet was filled with a brown/yellow substance, and there was a strong odor indicative of feces and urine. There was also a yellow dried substance on the toilet seat, indicative of urine. The toilet seat was broken and was hanging sideways from the toilet. A plumber's snake and plunger with duct tape were present. On 02/20/2025 at 10:05 AM, the snake and plunger were gone, but the toilet was still filled with a brown/yellow substance which continued to smell strongly of feces and urine.</p> <p>In an interview on 02/20/2025 at 11:00 AM with Housekeeper (H) 1, she stated she is responsible for cleaning resident rooms daily. She cleans bathrooms every day and stated the shared bathroom of R19, R47, R50 and R46 has a problem of stopping up. H1 stated she had reported this to her housekeeping manager and thought she reported it to maintenance.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 02/20/2025 at 5:00 PM with the Maintenance Director, regarding the bathroom for R19, R47, R50, and R46, he stated, It's a brand-new toilet. We are having an issue with a resident continuously stopping up a toilet. The Maintenance Director added that he was trying to get another type of toilet that will help prevent that from happening, but it had not yet been ordered. The Maintenance Director stated that Currently it must be unstopped one to two times a day. It has gotten to the point that work orders are not being put in because I know I must check it every day. Regarding the condition of the walls, floors, and paint throughout the facility, he stated it was his preference to complete all repairs in one room before moving to another Further interview revealed that at this point, only one room had received all its necessary repairs. The Maintenance Director indicated that repairs needed to be made relative to the observed gouges in the walls, adding he had plans to place a vinyl material on the walls of the resident rooms to a height of approximately four to five feet from the floor. The Maintenance Director added that once funding was available, he planned to continue renovating room by room. However, until that time, nothing was being done to repair the walls/paint. He stated floor tiles were being purchased a few at a time to place in areas that were missing tile. The Maintenance Director added, They may not match when we get them, but it will be better than nothing.</p> <p>During an interview with the Environmental Services Director (ESD) on 02/21/2025 at 3:20 PM, she provided the Project and Deep Clean Calendars, stating that each room was scheduled for a monthly deep clean. Per the ESD, the monthly deep clean of each room consists of removing the curtains and washing them, cleaning the blinds, removing everything from the walls and cleaning the walls, cleaning under the furniture, and removing bedding and mattress from the bed frame for cleaning.</p> <p>During an interview on 02/21/2025 at approximately 5:00 PM, the Administrator stated his expectation was for the facility to create a clean, comfortable, and homelike environment for the residents. Per the Administrator, this expectation included cleanliness as well as physical appearance.</p>		