

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Hermitage Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1614 West Parrish Avenue Owensboro, KY 42301	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44370</p> <p>Based on observation, interview, and review of facility policy, the facility failed to store food in accordance with professional standards for food service safety.</p> <p>Observation revealed refrigerated foods were not dated, labeled, and/or discarded in a timely manner. Those failures had the potential to affect 86 of 87 residents in the facility who consumed food from the kitchen.</p> <p>The findings include:</p> <p>Review of the facility policy, Food Storage, Cold Foods, revised ,d+[DATE], revealed, all Time Temperature Control (TCS) for safety foods, frozen and refrigerated, would be appropriately stored in accordance with guidelines of the Food and Drug Administration (FDA) Food Code. Further review revealed all foods were to be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross-contamination.</p> <p>Review of the facility's, Food Storage and Retention Guide, dated 2017, revealed, ready to eat prepared foods, such as leftovers, deli salads, and cut produce, when refrigerated at 41 degrees Fahrenheit (F) or less was good up to seven days and poultry or seafood, once thawed, was one-two (,d+[DATE]) days.</p> <p>Observation on [DATE] at 10:27 AM, during the initial kitchen tour with the Certified Dietary Manager (CDM), revealed two large ziploc bags of raw chicken breasts stored in a container that was dated [DATE]; one large bag of chopped meat that the CDM identified as chicken, not sealed with no label or date; and a large bag of deli meat (ham), dated [DATE] with a use by date of [DATE]. Continued observation of the freezer revealed a ziploc bag with seven frozen hamburger patties that were not not labeled or dated. Further observation of an upright freezer revealed it contained a plastic bag labeled italian sausage that was dated [DATE].</p> <p>In interview with the CDM and the Dietary District Manager on [DATE] at 8:41 AM, the CDM stated the process for labeling stored foods was items were to have a label identifying what the item was, an opened date and a use by date. She stated foods could be dated for seven days. The CDM said she expected staff to label and date all food items before placing them in the coolers. She reported all staff were responsible for labeling and dating items as well as checking the coolers. The CDM further stated outcomes for residents eating out of date or expired foods could be be nausea and vomiting.</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>In interview with the Director of Nursing (DON) and the Administrator on [DATE] at 1:09 PM, the DON stated her expectations for the kitchen was for them to follow their guidelines for labeling and dating food items. She stated an outcome for residents was they could become sick with stomach issues. The Administrator stated he did not have any different expectation than the DON.</p>		