STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185363	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow State Nursing Facility	207 State Avenue Glasgow, KY 42141

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 - Many	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 review of the facility's policy, the facility failed to store, prepare, distribute, and serve food in accordance with the professional standards for food service safety, which had the potential to affect 68 of the facility's 68 residents who consumed food from the kitchen.The findings include: 1). Review of the facility policy titled, Refrigerated Storage, effective 07/11/2024, revealed all foods were to be properly wrapped and/or stored in sealed containers and dated and labeled. Observation on 08/20/2025 at 11:25 AM, revealed signage posted on the freezer door which stated, Label and date all food that has been opened with 2 dates. The 1st date is the day it was opened. The 2nd is 7 days after. Continued observation at 11:30 AM, of Freezer 1 revealed a bag of chicken nuggets, a bag of fish sticks, a bag of soup, and (2) pound cakes, all stored out of their original containers that were not labeled or dated. Further observation at 11:30 AM, revealed a box of dinner rolls in the original box with the flaps partially closed; however, with the plastic packaging inside the box not covered. In interview with the Dietary Manager (DM), on 08/20/2025 at 11:50 AM, he stated the items in the freezer should have been labeled and dated. He stated staff knew those procedures were required, but worked at such a high volume. The DM said staff might have just forgotten; however, that was not excuse for the failure to follow the policy. He reported if staff did not follow the necessary guidelines for food storage and safety residents could be served food that was freezer burnt and which had the potential for cross-contamination. The DM further stated that was not acceptable. In interview on 08/21/2025 at 1:45 PM, [NAME] 2 stated the process of returning items to the freezer after opening and removing the food item from its original container was to place the remaining items in a Ziploc bag, label and date it using two dates. She said if the food item's original container was still available, then the Ziploc bag could be put in it and placed in freezer; if it was not available then the Ziploc bag could be placed in the freezer. [NAME] 2 reported it was the responsibility of whoever was using the food item to ensure it was appropriately labeled, dated, and stored in the freezer. She further stated if a food item was not labeled correctly, it potentially cause the food to be contaminated or frostbitten and might make someone sick. [NAME] 2 additionally said, sometimes people just don't do what they should. In interview on 08/21/2025 at 1:55 PM, [NAME] 3 stated the process of returning items to freezer was to place the food items in a zip lock container, label it and put 2 dates on it, before placing it in the freezer. She reported if the food item(s) were not dated, that could potentially make someone sick. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 - Many	In interview on 08/21/2025 at 3:47 PM, the Administrator stated her expectations was for dietary staff items to be dated as required. In interview on 08/21/2025 at 3:52 PM, the Director of Nursing (DON) stated it was her expectation for kitchen staff to make sure food was labeled and dated (as per the facility's policy). 2). Review of the facility policy titled, Employee Sanitary Practices, effective 08/25/2010, revealed all employees were to wear hairnets or restraints, clean attire and clean shoes per facility policy. Observation on 08/20/2025 at 11:30 AM, revealed [NAME] 1 to have uncontained hair in the back neckline area above the ears (approximately two inches across back and approximately one inch bilaterally), and uncovered bangs (approximately one- and one-half inches uncovered across her forehead). In interview with [NAME] 1, on 08/20/2025 at 11:33 AM, she stated she forgot to put on the other net and knew better. She additionally stated she had hair halfway down her back and normally wore two hair nets to ensure all her hair was covered. Observation on 08/20/2025 at 11:35 AM, revealed the Food Service Worker (FSW) had uncovered facial hair (an exposed beard) under his chin (approximately two inches onto his neck). Per observation, FSW also had other uncovered facial hair along the bilateral jaw lines (approximately one inch width). In interview with FSW, on 08/20/2025 at 11:36 AM, he stated beard covers were available for use. He further stated he wondered if he should be wearing one, and would use one from then on. In an interview on 08/21/2025 at 1:55 PM, [NAME] 3 stated hairnets were to be worn so staffs' hair did not get in the residents' food and to protect the patient. In continued interview on 08/21/2025 at 3:47 PM, the Administrator stated her expectations for the kitchen staff included that everyone wear hair nets and beard coverings, if they had a beard as required. She stated potential outcomes if staff did not follow the facility's policy included there being outdated food, infection control issues, and sanitation type things occurring to residents. In continued interview on 08/21/2025 at 3:52 PM, the DON stated it was also her expectation for kitchen staff to wear hairnets in the kitchen. She further stated potential outcomes of kitchen staff not following the facility's policy included it's not sanitary, hair could be in food, food might go bad, residents could get sick.