STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44370 Based on observation, interview, record review and review of facility policy, it was determined the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights that included measurable objectives and timeframes for 7 of 28 sampled residents (R). R1, R5, R22, R36, R61, R64 and R76 were observed in the dining room consuming meals without the assistive devices or nutritional supplements they had been care planned to receive. The findings include: Review of the facility policy titled, Comprehensive Care Plans, revised on 02/28/2024, revealed it was the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident to meet the resident's medical, physical, mental and psychosocial needs. 1. Review of the Face Sheet for R1 revealed the facility admitted the resident on 07/01/2005, with diagnoses to include; chronic obstructive pulmonary disease (COPD), type 2 diabetes, and dysphagia. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of thirteen out of fifteen indicating R1 was cognitively intact. Review of the 03/20/2024, physician's order revealed an order for R1 to have a regular mechanical soft diet with special instructions that read divided plate and sip cup lid. Review of R1's Comprehensive Care Plan dated 06/23/2022, revealed a focus problem for nutritional risk related to a diagnosis of dysphagia and receiving a mechanically altered diet. Review further revealed interventions dated 06/23/2022, which included providing R1's diet as ordered, and providing a divided plate and spouted lid with meals. Observation on 08/07/2024 at 12:30 PM, revealed R1's meal tray contained a tray card noting the resident was supposed to have a sip lid cup and a divided plate. However, further observation revealed the divided plate and the sip lid cup were not on R1's meal tray. (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
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Review of the Face Sheet for R5 revealed the facility admitted the resident on 02/27/2024, with diagnoses to include: dysphagia, cerebral palsy, and unspecified intellectual disabilities. Review of the Quarterly MDS assessment dated [DATE] revealed the facility completed an assessment and assessed R5 to have severe cognitive impairment and as rarely or never understood. Further MDS review revealed R5 was assessed as a dependent diner and was to be fed by staff. Review of the physician's order for R5 dated 03/14/2024, revealed the resident was to receive a regular pureed diet with honey thick liquids. Additionally, review of the order further revealed special instructions that stated R5 was to have a small coated spoon, and double meat portions were to be sent with every meal. Review of R5's Comprehensive Care Plan dated 08/09/2022, revealed a focus problem indicating the resident was at risk for nutritional status related to a history of dysphagia, being underweight, and receiving a pureed diet and honey-thick liquids. Further review revealed interventions which included: providing a pureed diet with double meat portions; and for staff to provide adaptive equipment that included a small spoon. Observation on 08/06/2024 at 12:17 PM, revealed R5 was in the dining room being fed by staff during the noon meal and the resident's meal tray contained a tray card. Review of R5's meal tray card revealed a small coated spoon was to be used. However, further observation revealed staff were using a regular spoon to feed R5, not the small coated spoon as per the care plan. 3. Review of the Face Sheet for R22 revealed the facility admitted the resident on 01/27/2018, with diagnoses that included, dementia, schizophrenia, and Parkinson's Disease. Review of a Significant Change in Status MDS assessment dated [DATE], revealed the facility assessed R22 to have a BIMS score of seven out of 15, indicating severe cognitive impairment. Continued review of the MDS revealed R22 was dependent on staff for eating. Review of the physician's order dated 6/20/2022, revealed R22's diet was regular, pureed. Continued review revealed special instructions for a plate guard and built-up utensils, double meat portions, and magic cups with lunch and dinner. Review of R22's Comprehensive Care Plan dated 06/20/2022, revealed the resident was at risk for malnutrition related to dysphasia, abnormal labs, and dementia. Continued review revealed interventions for staff to provide R22's diet as ordered with double meat portions, a plate guard and built up utensils. Observation of R22 on 08/06/2024 at 12:17 PM, in the dining room, revealed the resident was being fed by staff. Observation of R22's meal tray revealed a meal tray card noting the resident was to have a plate guard and built-up utensils. However, further observation revealed those devices were not in use for R22. 4. Review of the Face Sheet for R76 revealed the facility admitted the resident on 06/07/2024, with diagnoses to include: protein calorie malnutrition, fracture of the left femur, and schizophrenia unspecified. Review of the Quarterly MDS assessment dated [DATE], revealed the facility completed an assessment of R76 and assessed the resident as having severe cognitive impairment and as rarely or never understood. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the physician's order dated 08/01/2024, for R76 to receive a mechanical soft diet with magic cups at lunch and dinner, a divided plate, and double portions. Review of R76's Comprehensive Care Plan dated 06/07/2024, revealed a focus problem for nutritional status related to a diagnosis of severe protein-calorie malnutrition. Further review revealed the interventions included: providing R76's diet as ordered, and the magic cup with lunch and dinner. However, further review of the care plan revealed it had not been updated to include the divided plate or double portions. Observation in the assisted dining room, on 08/06/2024 at 12:17 PM, revealed R76's meal tray contained a tray card which read divided plate and double portions. However, further observation revealed the divided plate was not in use for R76, and the double portions, magic cup or other supplement were not present on the resident's meal tray. 5. Review of R36's Face Sheet revealed the facility admitted the resident on 03/02/2021, with diagnoses of dysphagia, gastroesophageal reflux disease (GERD) and COPD. Review of the Quarterly MDS assessment dated [DATE], revealed R36 had been assessed as being rarely or never understood. Continued review of the MDS revealed R36 was dependent on staff for eating. Review of the physician's order for R36 dated 05/30/2024, revealed an order for a pureed diet with honey thick liquids and a magic cup at lunch and dinner. Review of the Comprehensive Care Plan dated 06/11/2022, revealed R36 was at risk for nutritional status related to dysphagia, dementia, and significant weight gain. Review further revealed interventions which included providing R36's diet as ordered with magic cups at lunch and dinner. Observation on 08/06/2024 at 12:17 PM, revealed R36 was not served the magic cup as care planned. 6. Review of R61's Face Sheet revealed the facility admitted the resident on 07/03/2024, with diagnoses to include: dementia, chronic stage 3 kidney disease, and Alzheimer's Disease. Review of the Admission MDS assessment dated [DATE], for R61 revealed the facility assessed the resident to have a BIMS score of three, indicating the resident had severe cognitive impairment. Further review of the MDS revealed R61 was assessed as dependent on staff for eating. Review of the physician's order for R61 dated 07/15/2024, revealed a diet order for a mechanical soft diet. Additional review revealed the order included special instructions for finger foods, fruit and cottage cheese with lunch and dinner, and a magic cup with lunch and dinner as per the family's request. Review of the Comprehensive Care Plan dated 07/03/2024, revealed a problem for R61's nutritional status as at risk for alteration in nutritional status related to dementia, poor appetite and poor intakes. Continued review revealed the interventions included providing R61's diet as ordered. However, further review revealed there was no documentation of an intervention noting R61 was to have fruit and cottage cheese, finger foods or nutritional supplements, such as a magic cup. Observation on 08/06/2024 at 12:17 PM, of R61 in the dining room, revealed the facility failed to provide the resident's fruit and cottage cheese, magic cup or an alternative supplement on the meal tray. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. Review of R64's Resident Face Sheet revealed the facility admitted the resident on 02/21/2024, with diagnoses of dysphagia, hemiplegia and heriparesis following cerebral vascular disease, and cerebral infarction due to embolism. Review of the Quarterly MDS assessment dated [DATE], revealed the facility assessed R64 to have a BIMS score of five indicating severe cognitive impairment. Continued MDS review revealed R63 was dependent on staff for eating. Review of R64's physician's order dated 08/05/2024, revealed the resident was to receive a mechanical soft diet, a scoop plate, and house shakes at lunch and dinner. Review of the Comprehensive Care Plan dated 02/22/2024, revealed a focus problem for R64's nutritional status as at risk for alteration of nutritional status related to difficulty with diet, and obesity. Continued review revealed the interventions included providing R64's diet as ordered. However, further review revealed no documentation of the scoop plate or house shakes noted on the care plan. Observation in the dining room on 08/06/2024 at 12:17 PM, revealed neither R64's scoop plate or house shake were provided for the resident. Additionally, observation of R64's meal tray revealed a tray card which did not indicate R64's need for a scoop plate. In interview with Certified Nursing Assistant (CNA) 1 on 08/06/2024 at 12:24 PM, she stated assistive devices were on the residents' care profile. She stated CNA's had access to residents' care plans in Matrix (facility's charting system) and reviewed it when charting in Matrix. In interview with CNA 5 on 08/09/2024 at 9:15 AM, she stated she checked residents' tray cards before taking their tray into their room. She stated she thought supplements and assistive devices were on the residents' care profiles. CNA 5 further stated the care profile was reviewed where she charted. During interview with CNA 6 on 08/09/2024 at 9:20 AM, she stated she reviewed residents' care profiles/plans daily. She stated if a resident was to have an assistive device it should be on their care plan. In interview with the former Registered Dietitian (RD) on 08/09/2024 at 4:00 PM, she stated she had been the person responsible for updating residents' care plans. She stated she had not worked at the facility for over a month. She stated assistive devices were to be on the residents' care plans, as well as any supplements ordered. During an interview with the Director of Nursing on 08/09/2024 at 4:17 PM, she stated she or the Assistant Director of Nursing (ADON) usually initiated a new resident's baseline care plan. She stated the MDS Nurse was then responsible for completion of the resident's comprehensive care plan. The DON stated each department updated and revised their own section of residents' care plans. She stated the RD, up until her last day, had updated residents' dietary or nutrition care plans. Per the DON's interview, it was her expectation for staff to follow residents' care plans. She stated CNAs could review residents' care plans in the facility's Electronic Medical Record (EMR). The DON further stated if items were not available on residents' tray cards, such as supplements or devices, she expected nursing staff to go to the kitchen and request those items. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview with the Administrator on 08/9/2024 at 4:32 PM, she stated she expected residents' care plans to be implemented and followed. She further stated the care plan guided residents' care and staff had to be aware of it to follow the care a resident needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44370 Based on observation, interview, and record review, it was determined the facility failed to accommodate food preferences for 5 of 7 sampled residents (R) 61, R36, R22, R76 and R64. Observation during the noon meal service on 08/06/2024 at 12:17 PM, revealed the facility failed to provide residents with their nutritional supplements and double portions as ordered by the physician. The findings include: 1. Review of the Face Sheet located in R61's medical record revealed the facility admitted the resident on 07/03/2024, with diagnoses that included; dementia, Alzheimer's Disease with late onset, and chronic kidney disease stage 3. Review of the Admission Minimum Data Set (MDS) Assessment for R61 dated 07/07/2024, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of three out of 15, indicating severe cognitive impairment. Review of the MDS further revealed the facility assessed the resident as dependent on staff for eating. Review of a physician's order for R61 dated 07/15/2024. revealed a diet order for a mechanical soft diet. Review further revealed special instructions included: finger foods; fruit and cottage cheese with lunch and dinner; and a magic cup (frozen dessert for increased protein and calories) with lunch and dinner per family's request. Review of the Comprehensive Care Plan for R61 dated 07/03/2024, revealed a nutritional status problem noting the resident was at risk for alteration in nutritional status related to poor appetite and intakes, and a history of dementia. Continued review revealed the interventions included, providing R61's diet as ordered. However, review further revealed no documentation of the fruit and cottage cheese, finger foods or nutritional supplements R61 was ordered to receive. Observation on 08/06/2024 in the dining room at 12:17 PM, revealed R61's meal tray contained a tray card. Review of the tray card revealed no documentation noting R61 was to have finger foods or fruit and cottage cheese at lunch and dinner, but did include the magic cup. Further observation revealed however, the magic cup was not provided on R61's meal tray. 2. Review of the Face Sheet located in R36's medical record revealed the facility admitted the resident on 03/02/2021, with diagnoses which included dysphagia, chronic obstructive pulmonary disease (COPD) and gastroesophageal reflux disease. Review of the Quarterly MDS Assessment for R36 dated 05/20/2024, revealed the facility assessed the resident as being rarely or never understood, and dependent on staff for eating. Review of a physician order for R36 dated 05/30/2024, revealed a diet order for a pureed diet with honey thick liquids and a magic cup at lunch and dinner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Comprehensive Care Plan for R36 dated 06/11/2022, revealed a risk for nutritional status problem related to diagnosis of dysphagia, significant weight gain, and dementia. Review further revealed interventions that included providing R36's diet as ordered and magic cups at lunch and dinner. Observation on 08/06/2024 at 12:17 PM, revealed however, R36 was not served a magic cup or other supplement as ordered and care planned. 3. Review of the Face Sheet located in R22's medical record revealed the facility admitted the resident on 01/27/2018, with diagnoses that included schizophrenia, dementia, and Parkinson's disease. Review of a Significant Change in Status Minimum Data Set (MDS) assessment dated [DATE], revealed R 22 had a Brief Interview for Mental Status (BIMS) score of seven of fifteen indicating severe cognitive impairment. Continued review of the MDS revealed R 22 dependent on staff for eating. Review of a physician's order for R22 dated 06/20/2022, revealed a diet order for a regular, pureed diet. Further review revealed R22 was to have a plate guard and built-up utensils, double meat portions, and a magic cup with lunch and dinner. Review of the Comprehensive Care Plan for R22 dated 06/20/2022, revealed the resident was at risk for malnutrition related to dysphasia, dementia, and abnormal labs. Further review revealed interventions that included staff were to provide diet as ordered with double meat portions, a plate guard and built up utensils and supplements as ordered. Observation on 08/06/2024 at 12:17 PM, of R22 in the dining room, revealed staff were feeding the resident. Continued observation revealed R22's meal tray contained a tray card. Review of the tray card revealed R22's order for double meat portions and the magic cup were not documented on the card. Observation further revealed R22 had no magic cup or other nutritional supplement on the meal tray, and no double portion of meat. 4. Review of the Face Sheet located in R76's medical record revealed the facility admitted the resident on 06/07/2024, with diagnoses that included schizophrenia, protein calorie malnutrition, and fracture of the left femur. Review of the Quarterly MDS assessment dated [DATE], revealed the facility assessed R76 as having severe cognitive impairment and was rarely or never understood. Review of the physician's order for R76 dated 08/01/2024, revealed an order for a mechanical soft diet with magic cups at lunch and dinner, a divided plate and double portions (of food). Review of the Comprehensive Care Plan for R76 dated 06/07/2024, revealed a problem for nutritional status related to a diagnosis of severe protein-calorie malnutrition. Continued review revealed the interventions included; providing the diet as ordered and magic cup with lunch and dinner. However, further review of the care plan revealed it had no been updated to include the ordered divided plate or double portions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation in the assisted dining room of R76 on 08/06/2027 at 12:17 PM, revealed the resident's meal tray contained a tray card. Review of the tray card revealed no indication that double portion were to be served. Further observation revealed R76 was not served double portions and did not have a magic cup as ordered. 5. Review of the Face Sheet located in R64's medical record revealed the facility admitted the resident on 02/21/2024, with diagnoses that included dysphagia, hemiplegia and hemiparesis following cerebral vascular disease, and cerebral infarction due to embolism. Review of the Quarterly MDS assessment dated [DATE], revealed the facility assessed R64 to have a BIMS score of five out of 15, indicating severe cognitive impairment. Review further revealed the facility assessed R64 as dependent on staff for eating. Review of physicians order for R64 dated 08/05/2024, revealed an order for a mechanical soft diet, house shakes at lunch and dinner and use of a scoop plate. Review of the Comprehensive Care Plan for R64 dated 02/22/2024, revealed a problem for nutritional status for the resident as at risk for alteration of nutritional status related to obesity, and difficulty with diet. Further review revealed the interventions included providing R64's diet as ordered. Additional review revealed however, the ordered scoop plate or house shakes were noted on the care plan. Observation in the dining room of R64 on 08/06/2024 at 12:17 PM, revealed the resident's meal tray contained a tray card. Review of the tray card revealed R64 was to have a house shake, 4 ounces. Further observation revealed however, the house shake was not provided. In interview with Certified Nursing Assistant (CNA) 1 on 08/06/2024 at 12:24 PM, she stated if residents' necessary items were not present on their meal tray, but were noted on the card, she typically let the kitchen staff know. She further stated she should have informed dietary staff that residents were missing items. In interview with CNA 5 on 08/09/2024 at 9:15 AM, she stated she checked residents' tray cards before taking their tray into their room. CNA 5 stated if a magic cup or special utensils were not on the tray, she notified the kitchen or went to the kitchen to request the missing item(s). She further stated sometimes the kitchen ran out of items; however, provided something else for the resident. During interview with CNA 6 on 08/09/2024 at 9:20 AM, she stated she looked at a resident's tray card when taking the tray to the resident. CNA 6 stated if the meal tray was missing a food or drink she usually notified the kitchen. She stated sometimes a regular plate would be on the resident's meal. CNA 6 further stated however, she did not take the plate back to the kitchen and went ahead and served it to the resident. In interview with Dietary Aide (DA) 1 on 08/09/2024 at 10:15 AM, she stated she worked on the tray line preparing residents' trays during meals. The DA stated she reviewed the meal tray cards and read aloud what the resident was supposed to have. She stated she would say whatever the supplement was to include house shakes, or magic cups. The DA stated the facility sometimes ran out of magic cups because they were hard to get, but there was a list of alternatives that could be sent for a resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In interview with DA 2 on 08/09/2024 at 10:18 AM, she stated on the tray line tray cards were read out loud. DA 2 stated the cook or whoever was serving knew what to give the residents. She stated the assistive devices or supplements were usually located at the bottom of the tray card. In interview with the Dietary Manager (DM) on 08/09/2024 at 10:24 AM, she stated she had been the facility's DM for approximately 3 weeks. The DM stated changes occurring with resident diets were communicated to the kitchen from nursing staff using a communication slip. She stated she was responsible for updating residents' tray cards, but she was still learning that process and was still in training. Per the DM's interview, the facility was out of the magic cups nutritional supplements that week; however, she had gone to a sister facility to obtain some. She further stated it was important for residents to receive their nutritional supplements, as not providing the supplements could contribute to weight loss in the residents. In interview with the former Registered Dietitian (RD) on 08/09/2024 at 11:48 AM, she stated nutritional supplements should always be provided as ordered to the residents. She stated she had emailed the DM, as well as the DON, a list of supplements that could be used for substitutions if magic cups and house supplements were not available. The RD stated residents could be offered puddings, ice creams, yogurts, anything that would allow for extra calories. She further stated the facility sometimes did not have magic cups due to shortages, but other supplements were provided in its place. In interview with the Director of Nursing (DON) on 08/09/2024 at 4:18 PM, she stated nursing staff were responsible for communicating changes with residents' diets to the dietary staff. She stated the RD typically recommended residents' supplements and she thought the DM was responsible for updating residents' tray cards to include any nutritional supplements. The DON stated if items were not on the tray at meal time she expected the CNA to retrieve the necessary items from the kitchen. She stated if supplements were not available, there was a list of items that could be offered for substitutes such as pudding, yogurt and ice cream. The DON further stated she did not know if the current DM was aware of the substitute list. During an interview with the Administrator on 08/09/2024 at 4:32 PM, she stated she was aware of issues with the dietary department. She stated the current DM was the third DM the facility had employed in a year. The Administrator stated she expected kitchen staff, as well as nursing staff to be aware of what was on the meal tray cards. She stated kitchen staff were to ensure all assistive devices and nutritional supplements were in place on residents' meal trays. The Administrator further stated she expected nursing staff to go to the kitchen and ask for anything that was missing on the tray card.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44370 Based on observation interview and review of facility policy, it was determined the facility failed to provide special adaptive equipment and utensils for residents who needed them when consuming meals and snacks for 5 of 15, out of 28 sampled residents, (R)1, R5, R22, R76, and R64. The findings include: Review of the facility policy titled, Adaptive Self Feeding Devices, undated, revealed the use of adaptive, self-help feeding devices was encouraged when determined to be helpful to the resident. Continued review revealed the dietary department was responsible for all sanitizing of adaptive utensils after each use and for placing the devices on the meal trays as needed. 1. Review of the Resident Face Sheet for R1 revealed the facility admitted the resident to the facility on [DATE], with diagnoses to include: chronic obstructive pulmonary disease (COPD), type 2 diabetes, and dysphagia. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the facility assessed R1 to have a Brief Interview for Mental Status (BIMS) score of thirteen out of fifteen, indicating the resident was cognitively intact. Review of the physician order for R1 dated 03/20/2024, revealed an order for the resident to have a regular mechanical soft diet. Continued review of the order revealed R1 was to have a divided plate and sip cup lid. Review of R1's Comprehensive Care Plan dated 06/23/2022, revealed a focus for nutritional risk related to receiving a mechanically altered diet and a diagnosis of dysphagia. Continued review revealed interventions dated 06/23/2022, included providing diet as ordered; and providing a divided plate and spouted lid with meals. Observation on 08/07/2024 at 12:30 PM, of the meal tray card for R1 revealed the resident was to have a sip lid cup. However, further observation revealed no sip lid cup on the resident's meal tray. 2. Review of the Resident Face Sheet for R5 revealed the facility admitted the resident on 02/27/2024, with diagnoses to include: cerebral palsy, unspecified intellectual disabilities and dysphagia. Review of the Quarterly MDS assessment dated [DATE], revealed the facility assessed R5 as having severe cognitive impairment and as rarely or never understood. Continued review of the MDS revealed R5 the facility also assessed the resident as a dependent diner and to be fed by staff. Review of the physician order dated 03/14/2024, revealed orders for R5 to receive a regular pureed diet with honey thick liquids. Additionally, review of the order revealed R5 was to have a small coated spoon, and double meat portions with every meal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R5's Comprehensive Care Plan dated 08/09/2022, revealed a focus problem for the resident as at risk for nutritional status related to a history of being underweight, pureed diet and honey-thick liquids for diagnosis of dysphagia. Further review revealed interventions which included: providing a pureed diet with double meat portions; and for staff to provide adaptive equipment that included a small spoon. Observation on 08/06/2024 at 12:17 PM, revealed R5 was being fed by staff in the dining room during the noon meal. Review of R5 meal tray card revealed a small coated spoon was to be used. However, further observation revealed staff using a regular spoon to feed R5, and not the small, coated spoon. 3. Review of R22's Resident Face Sheet, revealed the facility admitted the resident on 01/27/2018, with diagnoses that included: Parkinson's Disease, dementia, and schizophrenia. Review of the Significant Change in Status MDS assessment dated [DATE], revealed the facility assessed R22 as having a BIMS score of seven out of 15, indicating severe cognitive impairment. Continued MDS review revealed the facility additionally assessed R22 as dependent on staff for eating. Review of the physician's order dated 6/20/2022, revealed R22's diet was regular, puree with a plate guard and built-up utensils; double meat portions; and magic cups (frozen dessert that adds protein and calories) with lunch and dinner. Review of R22's Comprehensive Care Plan dated 06/20/2022, revealed the resident was at risk for malnutrition related to dementia, dysphasia and abnormal labs. Continued review revealed the interventions included staff providing R22's diet as ordered with double meat portions, a plate guard and built up utensils. Observation of R22 on 08/06/2024 at 12:17 PM, in the dining room, revealed the resident was being fed by staff. Review of the meal tray card revealed R22 was to have a plate guard and built up utensils. However, further observation revealed those devices were not in place and being used. 4. Review of F76's Resident Face Sheet, revealed the facility admitted the resident on 06/07/2024, with diagnoses to include; schizophrenia, fracture of the left femur, and protein calorie malnutrition. Review of the Quarterly MDS assessment dated [DATE], revealed the facility assessed R76 as being severely cognitively impaired and as rarely or never understood. Review of R76's physician's order dated 08/01/2024, revealed the resident was to receive a mechanical soft diet with magic cups at lunch and dinner. Additionally, review of the order revealed R76 was to have a divided plate and double portions. Review of R76's Comprehensive Care Plan dated 06/07/2024, revealed a focus for nutritional status related to a diagnosis of severe protein-calorie malnutrition. Continued review revealed the interventions included: providing diet as ordered; magic cup with lunch and dinner. However, further review revealed R76's care plan had not been updated to include the interventions for a divided plate or double portions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Review of R64's Resident Face Sheet, revealed the facility admitted the resident on 02/21/2024, with diagnoses of cerebral infarction due to embolism, dysphagia, and hemiplegia and hemiparesis following cerebral vascular disease. Review of the Quarterly MDS assessment dated [DATE], revealed the facility assessed R64 to have a BIMS score of five out of 15, indicating severe cognitive impairment. Continued MDS review revealed the facility assessed R64 as dependent on staff for eating. Review of R64's physician's order dated 08/05/2024, revealed the resident was to have a mechanical soft diet, house shakes at lunch and dinner, and a scoop plate. Review of R64's Comprehensive Care Plan dated 02/22/2024, revealed a focus for nutritional status as at risk for alteration of nutritional status related to obesity, and difficulty with diet. Further review revealed interventions that included providing diet as ordered. However, further review revealed R64's ordered scoop plate, nor the house shakes were documented on the care plan. Observation of R64 in the dining room on 08/06/2024 at 12:17 PM, revealed the resident did not have the ordered scoop plate. Additionally, review of R64's meal tray card revealed no documentation noting the scoop plate as ordered. In an interview with Certified Nursing Assistant (CNA) 5 on 08/09/2024 at 9:15 AM, she stated she checked the residents' tray cards before taking the tray into a resident's room. CNA 5 stated if she noted the card said the resident needed a magic cup or special utensils and it was not on the tray, she notified or went to the kitchen and requested the item. She stated sometimes the kitchen was out of the requested item, or the utensils had been thrown away. CNA 5 further stated she did not know the reason utensils would thrown away. During interview with CNA 6 on 08/09/2024 at 9:20 AM, she stated she looked at the tray card when taking the meal tray to the resident, and if it was missing an item, she notified the kitchen. She stated sometimes a resident card said they needed a divide plate; however, their food would be served on a regular plate. CNA 6 further stated she would not take that plate back to the kitchen and went ahead and served it to the resident. In an interview with Dietary Aide (DA) 1 on 08/09/2024 at 10:15 AM, she stated she worked on the tray line during meals preparing residents' trays. She stated she reviewed the meal tray card and read aloud what the resident was supposed to have. The DA stated she said, Regular, divided plate if a resident was supposed to have a divided plate. She further stated she had been employed for eight months and had never seen a small spoon used for any resident. In an interview with DA 2 on 08/09/2024 at 10:18 AM, she stated when on the tray line the tray cards were all read out loud. She stated the cook or whoever was serving food knew what to give the resident. DA 2 stated the assistive devices or supplements were usually located at the bottom of the tray line. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview with the Dietary Manager (DM) on 08/09/2024 at 10:24 AM, she stated she had been the dietary manager for approximately three weeks. She stated changes with residents' diets were communicated to the kitchen from nursing staff using a communication slip. The DM stated she was responsible for updating the tray meal cards; however, she was still in training and learning the facility's process. She stated the meal tray card was to be read out loud so the server knew what type of diet to served and what (if any) assistive devices to place on the tray. The DM stated there were newer staff in the kitchen and she had reeducated those staff on making sure they read the tray cards. She further stated on occasion, nursing staff did come to the kitchen and request items if they were not on the resident's tray. In an interview with the Regional Training Manager on 08/09/2024 at 10:29 AM, he stated it was the Dietary Manager's responsibility to update meal tray cards when changes came in from nursing or therapy services. He stated the Dietary Aides or whoever was working the tray line were to read the cards out loud so the server knew what diet to serve and what devices to utilize. The Regional Training Manager further stated he realized there were errors on Tuesday (08/06/2024) and having new staff contributed to errors as the new staff were nervous. In an interview with the Director of Nursing (DON) on 08/09/2024 at 4:18 PM, she stated nursing staff was responsible for communicating changes with diets and assistive devices to the kitchen staff. She stated she thought the Dietary Manager was responsible for updating the meal tray cards to include assistive devices and any nutritional supplements. The DON further stated if items were not on a resident's tray at meal time she expected the CNA to retrieve the items from the kitchen. During an interview with the Administrator on 08/09/2024 at 4:32 PM, she stated she was aware issues with the dietary department. She stated the current Dietary Manager was the third one in the facility in a year. The Administrator stated she expected the kitchen staff as well as the nursing staff to be aware of what was on residents' meal tray cards. She stated the kitchen staff were to ensure residents' assistive devices and nutritional supplements were in place on the meal trays. The Administrator further stated she expected nursing staff to go to the kitchen and ask for anything that was missing from the tray cards or trays.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50192 Based on observation, interview, and review of the facility's policies, the facility failed to ensure its staff performed hand sanitation measures and maintained appropriate infection control measures during medication administration for 3 out of 39 sampled residents (R47, R52, R16, R57), which placed residents at increased risk for healthcare-associated infections (HAI). The findings include: Review of the facility's policy titled, Infection Prevention and Control, dated 09/03/2021 and revised 02/21/2024, revealed all hand hygiene was to be performed in accordance with the facility-established hand hygiene procedures. Review of the facility policy titled, Medication Administration Guidelines dated May 2022 for medication administration the general guidelines noted the person administering medication was to adhere to good hand hygiene, to include washing hands thoroughly. Observation on 08/08/2024 at 9:30 AM, revealed two hand sanitizer dispensers located at each end of the resident hallways available for staffs' use. Observation on 08/08/2024 at 10:12 AM, of medication administration by Registered Nurse (RN) 1 revealed the RN failed to wash or sanitize her hands between administering medications to R16 and R57. Observation also revealed RN 1 placed all medications in her bare hands before putting them into the medication cup for administration. Further observation revealed RN 1 did not disinfect the top of the cart's surface or place a barrier on top of the cart while preparing the residents' medications. Even though hand sanitizer dispensers were available at the end of the hallway, observation revealed RN 1 failed to utilize sanitizer prior to preparing the residents' medications. Observation on 08/07/2024 at 10:25 AM, during medication administration for R47, revealed Licensed Practical Nurse (LPN) 2 failed to sanitize her hands before she opened medication Lasix 40 milligram (mg) blister pack over a medication cup; however, the medication dropped onto the medication cart where no barrier was located or disinfection of the cart occurred. LPN 2 was observed to pick the Lasix tablet up and place it into the medication cup for administration. Even though hand sanitizer dispensers were available at the end of the hallway, observation revealed LPN 2 failed to utilize the sanitizer after R47's medication administration and before she prepared the next resident's medication. Observation on 08/07/2024 at 10:28 AM, of medication administration for R52, revealed LPN 2 failed to sanitize her hands before she opened the resident's Vitamin D3 over the medication cup; however, dropped one of the two tablets onto the top of the cart with no barrier in place. Continued observation revealed LPN 2 picked the tablet up off the cart and placed it in the cup with R52's other medications for administration. Further observation revealed LPN 2 had not disinfected the top of the cart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185364	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Hwy 127 North Owenton, KY 40359

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with LPN 2 on 08/07/2024 at 10: 30 AM, she stated it was important for her to disinfect her hands with alcohol gel or soap and water to keep infection risks down. She further stated she had been nervous and overlooked that step, but was aware of that expectation. During an interview after her medication administration, RN 1 on 08/08/2024 at 11:10 AM, she stated she should have washed her hands or used sanitizer before medication administration. She further stated she had sanitizer in her pocket; however, just forgot to use it. During an interview on 08/09/2024 at 2:57 PM, with the Director of Nursing (DON), she stated she expected nurses to wash their hands or use hand sanitizer before each medication administration. She stated hand sanitizer was located on the walls of each resident care area. The DON further stated there were also smaller bottles of sanitizer available.