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	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Owenton Healthcare and Rehabilitation	905 Highway 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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, record review, and facility policy review, the facility failed to ensure one (R) 4) of two sampled residents reviewed for nutrition received their diet as ordered. R4, who was at nutritional risk, failed to receive his physician-ordered therapeutic diet for additional protein and fortified foods. Findings included: Review of a facility policy titled, Therapeutic Diet Orders, reviewed 06/2025, indicated, Policy: The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment/plan of care, in accordance with his/her goals and preferences. The policy specified, 5. Dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form and/or the appropriate nutritive content as prescribed. Review of a resident demographic record revealed the facility admitted R4 on 11/28/2019. According to the resident demographic record, the resident had a medical history that included diagnoses of quadriplegia and Stage IV pressure ulcer of the sacral region. A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/16/2025, revealed R4 required set-up or clean-up assistance with eating, had no weight loss or gain, and was on a therapeutic diet. R4's Care Plan included a problem statement, initiated 07/05/2022, that indicated the resident was at nutritional risk related to a diagnosis of diabetes mellitus and altered skin integrity. Interventions directed the staff to provide the resident with his diet as ordered. R4's physician orders revealed an order dated 12/29/2025, for a regular, fortified foods, and double portion protein diet. During an observation of meal service on 01/14/2026 at 12:18 PM, R4's lunch meal tray consisted of 6 ounces (oz) of beef stew, peas, a biscuit, a piece of cake, an 8 oz glass of tea, and 2% milk. During an interview on 01/14/2026 at 12:26 PM, the Certified Dietary Manager (CDM) stated residents with orders for double portions of protein should receive 8 oz of beef stew, and for fortified foods, the resident should receive fortified mashed potatoes. Per the CDM, if R4 was only provided 6 oz of beef stew, the resident did not get a double portion of protein. In addition, if the resident received peas, he did not get the fortified food for that meal, which was fortified mashed potatoes. During an interview on 01/16/2026 at 8:51 AM, the Registered Dietician (RD) confirmed R4 had orders for a regular diet with fortified foods and a double portion of protein. The RD stated she expected the dietary staff to follow the resident's therapeutic diet order and provide R4 with a double portion of protein and the fortified food item for each meal to prevent weight loss. During an interview on 01/16/2026 at 9:51 AM, the Director of Nursing (DON) stated R4 was ordered a therapeutic diet of double portion protein and fortified foods to promote wound healing and decrease weight loss. The DON stated that although R4 had not experienced any weight loss, she expected the staff to make sure the resident received his ordered diet During an interview on 01/16/2026 at 10:24 AM, the Administrator stated she expected residents to receive their therapeutic diet as ordered.

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