STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185455	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valhalla Post Acute	300 Shelby Station Drive Louisville, KY 40245

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to provide food that was palatable. This had the potential to affect all residents receiving meals in the facility. The findings include:Review of the facility's Food and Nutrition Services policy (Administrative Policy and Procedure Manual for Long-Term Care, Version 2.3, October 2017) revealed the facility policy included that the facility will make reasonable efforts to accommodate resident choices and preferences; staff inspected food trays to ensure the correct meal was provided to residents and that food was served safe and at appetizing temperatures. Other provisions included nursing staff reported to the food service manager delivery of incorrect meals or meals that did not appear palatable; nourishing snacks would be available to residents 24 hours daily; and the food services department will offer a variety of foods from the basic food groups at each meal and provide access to nourishing snacks. Further review revealed resident input was considered during meal planning. A test tray observation during lunch meal preparation on 03/17/2026 revealed the food tasted bland and was absent of flavor. Interview on 03/17/2026 at 9:25 AM, Resident #2 (R2) stated the food was intolerable. R2 reported the following concerns: burned hotdogs, junk food for snacks including oatmeal pies and peanut butter bars; no yogurt when tray ticket indicated two yogurts, and lack of variety in meats. On 03/17/2026 other resident interviews revealed: at 8:55 AM, R48 stated the facility failed to provide the food they ordered; at 9:04 AM, R28 stated the food was not very good; at 9:25 AM, R150 stated the food was not good, it doesn't taste good a lot of the time; at 9:33 AM, R77 stated the food was meh and it does not usually taste very good. R77 indicated this was their only complaint about the facility. Other resident interviews on 03/17/2026 indicate at 9:33 AM, R46 stated the food was so-so. R46 stated the taste is not always great and sometimes the food is cold when served; at 9:42 AM, R116 stated the food leaves much to be desired, and the food does not always taste good; at 9:56 AM, R152 stated the food was not good and was sometimes cold; at 10:17 AM, R52 stated residents do not get choices anymore; and at 10:17 AM, R38 stated the food was terrible. R38 also stated, I never get what I ask for. Interviews with staff on 03/19/2026 revealed the following: at 2:01 PM, RN #1 stated some residents have complained about food. RN #1 stated when a resident complained about food, staff directed them to the grievance log. Continued interviews with staff on 03/19/2026 revealed at 2:09 PM, LPN #2, stated she received resident complaints about food being cold and about food not tasting well. Interview with the Dietary Manager on 03/19/2026 at 10:16 AM revealed she had not received complaints about food quality from residents. The Dietary Manager also stated she could not recall a resident getting a meal with food they did not prefer; nor did she recall residents missing food or complaining about cold food.Interview with the Administrator revealed he was unaware of resident concerns regarding the food the facility provided.

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