

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185349	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/17/2025
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT JEFFERSON PLACE REHAB & WE	STREET ADDRESS, CITY, STATE, ZIP CODE 1705 HERR LANE SEE NOTES FOR MAILING ADDRESS, LOUISVILLE, Kentucky, 40222
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E0000	<p>Initial Comments</p> <p>42 CFR 483.73</p> <p>Type of Structure: One (1) story (1991, 2011), Type III (200), unprotected ordinary construction with six (6) smoke compartments and a complete automatic wet sprinkler system.</p> <p>An Emergency Preparedness Recertification Survey was conducted on 06/17/2025, in accordance with 42 Code of Federal Regulations, Subpart 483.73 (a)(3): (emergency preparedness) Requirements for Long Term Care Facilities. During this Recertification Survey, Signature Healthcare at Jefferson Place was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p>	E0000		
K0000	<p>INITIAL COMMENTS</p> <p>42 CFR 483.90(a)</p> <p>K3 BUILDING: 0101</p> <p>K6 PLAN APPROVAL: 1991, 2011</p> <p>K7 SURVEY UNDER: 2012 Existing</p> <p>K8 SNF/NF</p> <p>Type of Structure: One (1) story (1991, 2011), Type III (200), unprotected ordinary construction with six (6) smoke compartments and a complete automatic wet sprinkler system.</p> <p>A Life Safety Code Recertification Survey was initiated on 06/17/2025 and concluded on 06/17/2025, in accordance with 42 Code of Federal Regulations (CFR), Subpart 483:90(a) Requirements for Long Term Care</p>	K0000		

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 reverse for further 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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K0000	Continued from page 1 Facilities. During this Recertification Survey, Signature Healthcare at Jefferson Place was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.	K0000		

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT JEFFERSON PLACE REHAB & WE			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 HERR LANE SEE NOTES FOR MAILING ADDRESS, LOUISVILLE, Kentucky, 40222	
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F0000	<p>INITIAL COMMENTS</p> <p>A Desk Review Revisit Survey was initiated on 08/08/2025 and concluded on 08/08/2025. It was determined the facility had achieved substantial compliance on 07/10/2025 as alleged.</p>	F0000		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT JEFFERSON PLACE REHAB & WE			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 HERR LANE LOUISVILLE, KY 40222	
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F 000	INITIAL COMMENTS A Recertification Survey was concluded on 06/18/2025. The facility was found not to be in substantial compliance with 42 CFR 483 Subpart B, with the highest scope and severity of a "F". Survey Dates: 06/16/2025 - 06/18/2025 Census: 77 Sample Size: 18 Supplemental Resident: 10	F 000		
F 812 SS=F	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s) 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility policy, it was determined the facility failed to serve food under sanitary conditions.	F 812		7/10/25

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1. (Corrective actions for identified residents affected by the deficient practice).

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/07/2025

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F 812	<p>Continued From page 1</p> <p>Dietary Aide (DA)2 failed to perform hand hygiene after touching various items, and prior to serving food. In addition, DA2 failed to wear a "finger cot" over a wound to prevent possible contamination while handling food.</p> <p>The findings include:</p> <p>Review of the facility policy "Food Preparation" dated 09/2017, revealed all staff will practice proper handwashing techniques and glove use. Dining services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination.</p> <p>Observation on 06/17/2025 at 11:15 AM, revealed DA2 was obtaining temperatures (temping) of several items on the food line. DA2 who had a band-aid on one finger, was not wearing gloves. He then stepped away from the food line and walked over to a bucket and, using his bare hands, pulled out a wet cloth from the bucket. DA2 then walked back to the food line, and wiped down the shelf above the food he was temping. He then went back to the bucket, dropped the soiled cloth in the bucket, and returned to the food temping area. DA2 failed to perform hand hygiene after cleaning the area and touching the soiled rag with his bare hands. He then reached for the lid of one of the food items on the food line. After intervention by the survey team, the Dietary Manager instructed DA2 to wash his hands prior to handling the food.</p> <p>In interview on 06/17/2025 at 12.45 PM, the Dietary Manager stated staff need to follow guidelines and policy. She stated when staff steps away from the food and does other tasks, they</p>	F 812	<p>" No residents identified as affected.</p> <p>2. (Identification of other residents who may be affected by the deficient practice and corrective actions that will be put in place to ensure the deficient practice does not reoccur).</p> <p>" All residents had the potential of being affected, however no residents were identified.</p> <p>" On 6/17/2025, the Account Manager sanitized the tray line.</p> <p>3 (Measures put in place and systemic changes you will make to ensure that the deficient practice does not reoccur)</p> <p>" The Signature Care Consultant (SCC) completed education with the District Dietary Manager (DM) and Account Manager on Food Preparation Policy and Hand Hygiene Policy. This started on 7/7/2025 and was completed on 7/7/2025. Post test given to these staff members after the education was provided. A score of 100% was required and anyone not receiving a 100% was re-educated and provided another post test. This process continued until a 100% score was obtained.</p> <p>" The DM and Account Manager completed education with all dietary staff on Food Preparation Policy and Hand Hygiene Policy. This started on 7/7/2025/2025 and was completed on 7/8/2025. Post test given to dietary staff after the education was provided. A score of 100% was required and anyone not receiving a 100% score was re-educated and provided another post test. This process continued until a 100% score was</p>	

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F 812	<p>Continued From page 2</p> <p>should always wash their hands prior to returning to the food line. She further stated DA2 should have worn a "finger cot" on his finger when there was an injury, such as a cut, on the finger to ensure safe handling of the food.</p> <p>Interview with the District Manager of Food Services at 06/18/2025 at 10:52 AM revealed a finger cot should be used when there is an injury, such as a cut. She stated DA2 should have worn gloves when wiping down the shelf and should have washed his hands before he returned to the food line. She stated hand washing is important because cross contamination can occur.</p> <p>In interview on 06/18/2025 at 1:47 PM, DA2 confirmed he did not wash his hands when going back to the table, stating that he had a lot on his mind and was distracted. He further stated he should have worn gloves to wipe down the shelf.</p> <p>Interview with DA1 at 06/18/2025 at 10:54 AM revealed hand washing needed to be done whenever you leave the food service area. She stated this was important because of the potential for cross contamination.</p> <p>In interview on 06/18/2025 at 2:51 PM, the Administrator stated education for all staff was done yearly and as needed, regarding infection control. She stated she has high expectations for the dietary staff, and it is important to wash hands properly when preparing food to prevent illness and ensure the safety of each resident.</p>	F 812	<p>obtained by all dietary staff. All dietary staff not receiving this education and post test by 7/8/2025 will receive this education and post test prior to being able to work their next shift. A score of 100% will be required and anyone not receiving a 100% score will be re-educated and provided another post test. This process continued until a 100% score was obtained by all dietary staff. All new dietary staff will be required to have all education and post test during orientation. A score of 100% is required and anyone not receiving a 100% score will be re-educated and provided another posttest. This process will continue until a 100% score is obtained by all dietary staff.</p> <p>" All new dietary staff will have this education and post test during orientation/prior to working by the DM or Account Manager.</p> <p>4. Describe the Quality Assurance & Process Improvement Program that will be put into place (track and trend data over time to ensure action plan met the initially identified goal).</p> <p>" Starting on 7/9/2025, the DM or Account Manager will complete an audit of 3 dietary staff performing sanitation and food handling with appropriate hand hygiene with barriers in place as needed five times a week for two weeks, then three times a week for two weeks, then weekly x four weeks, and then monthly until substantial compliance is achieved. All results will be forwarded to the QA committee for further review and suggestions.</p>		

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F 812	Continued From page 3	F 812	<p>" An Ad Hoc Quality Assurance meeting was held on 7/7/2025 with the Medical Director, the Facility Administrator, the Director of Nursing, and the Signature Care Consultant regarding the annual survey plan of correction that was developed and implemented on 7/7/2025. The facility administrator presented the plan and information at the QAPI meeting on 7/7/2025. The Facility Medical Director participated via telephone on 7/7/2025 and was notified of citations. The Medical Director reviewed the entirety of the plan with the QAPI members and made no further suggestions. The medical director stated the plan was appropriate. Starting on 7/7/2025, the Facility Administrator will hold a Quality Assurance meeting weekly until compliance is obtained, then it will decrease to monthly for recommendations and further follow-up regarding the above-stated plan. Moving forward the facility administrator or the director of nursing will be the person who presents the information and audits at the QAPI Meetings, and the following members are expected to be present unless unable to attend: Facility Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Plant Ops Director, Social Services Director, Activity Director, Therapy Director, and MDS Coordinator. The QAPI Committee will determine at what frequency any ongoing audits will need to continue. The Administrator is responsible for the implementation of this plan.</p>		

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F 812	Continued From page 4	F 812	Date of Compliance: 7/10/2025 RECEIVED JUL - 7 2025 CHFS Office of Inspector General Division of Health Care - NB _____ Received by		