STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185144	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Homestead Post Acute	1608 Versailles Road Lexington, KY 40504

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of the facility's policy, the facility failed to store all drugs and biologicals in locked compartments for 1 of 6 treatment carts. Observation on 07/14/2025 at 2:45 PM revealed the 500-A Unit treatment cart was left unlocked and unattended. The findings include: Review of the facility's policy titled, Storage of Medications, revised November 2020, revealed compartments containing drugs and biologicals were to be locked when not in use, and unlocked carts were not to be left unattended.Observation on 07/14/2025 at 2:45 PM revealed the 500-A Unit treatment cart was left unlocked and unattended. On 07/14/2025 at 3:13 PM, the State Survey Agency (SSA) Surveyor went through the cart with the Nurse Manger of the area, Licensed Practical Nurse (LPN) 1. Items in the unlocked cart were one double antibiotic ointment for Resident (R) 82; one triple antibiotic ointment for R83; two [NAME] and castor oil wound dressings, one for R26 and one for R124; one medi-honey for R84; one triple antibiotic ointment with pain relief for R34; one miconazole nitrate antifungal vaginal cream for R72; three Desitin ointments, one each for R80, R67, and R124; two Venelex wound dressings, one for R134 (discharged) and one for R1; diclofenac gel, one for R34; one hydrocortisone cream for R26; and one Occusoft lid scrub for R67.During an interview with Licensed Practical Nurse (LPN) 1 on 07/14/2025 at 3:17 PM, she stated, The importance is to make sure the residents don't get into the cart. It could potentially harm the resident if they got into the cart. LPN1 stated, I am not sure what the policy says about locking the medication cart.During an interview with LPN3 on 07/16/2025 at 8:12 AM, he stated staff kept the carts locked to prevent anyone getting into the medications and ingesting them, and to prevent loss. He stated it was the facility's policy to keep the carts locked when unattended.During an interview with Registered Nurse (RN) 2 on 07/16/2025 at 8:12 AM, he stated it was important to keep the carts locked to prevent residents' access to harmful items and medications. RN2 stated it was the facility's policy to keep the carts locked when not in use.During an interview with the Director of Nursing (DON) on 07/17/2025 at 10:45 AM, she stated, The main reason we keep the carts locked is patient safety. We have a policy that states to keep carts locked when unattended. We have addressed this and reeducated staff last night.During an interview with the Administrator on 07/17/2025 at 11:58 AM, he stated, The issue is really patient safety; we do not want a resident ingesting something that is harmful. We do have a policy in place that carts are to be kept locked when not in use.

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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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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	Based on observation, interview, review of the Food and Drug Administration web site, and review of the facility's documents and policy, the facility failed to store and serve food in a sanitary manager. Observations on 07/15/2025 revealed 5 of 5 nourishment refrigerator/freezers did not have a thermometer, and the freezer temperatures were not recorded. Also, observations on 07/15/2025 during the breakfast tray line revealed not all modified texture foods were listed, and the temperatures were not recorded.The findings include:Review of the facility's policy titled, Food Preparation and Service, revised 11/2022, revealed it referenced the United States Food and Drug Administration (FDA) Food Code. Per the policy, the term danger zone meant temperatures in the range, between 41 degrees Fahrenheit (F) and below 135 degrees F, that allowed the rapid growth of pathogenic microorganisms that could cause foodborne illness. The policy stated potentially hazardous food (PHF), or Time/Temperature Control for Safety (TCS) foods held in the danger zone for more than four hours or six hours (if cooked or cooled) might cause a food borne illness outbreak if consumed. Review of the web site, https://www.fda.gov/consumers/consumer-updates/are-you-storing-food-safely, revealed food that was properly handled, frozen, and stored in the freezer at zero degrees F would remain safe. It also stated while freezing did not kill most bacteria, it did stop bacteria from growing. Further review revealed, though food would be safe indefinitely at zero degrees F, quality would decrease the longer the food was in the freezer. It stated refrigerator/freezer thermometers could be purchased in the housewares section of department, appliance, culinary, and grocery stores. It stated to place one thermometer, in an easy-to-read location such as the front, both in the refrigerator and in the freezer, and to check the temperature regularly.1. Observation on 07/15/2025 at 8:00 AM and review of the facility's document Tray line Temperatures, with completed dates of 07/13/2025, 07/14/2025, and to breakfast on 07/15/2025, revealed regular texture and modified texture foods listed for lunch and dinner with temperatures recorded. However, the breakfast meal did not list or record temperatures for the modified texture foods.Review of the facility's document Refrigerator Temperature Log, dated 07/2025, for the 500, 400, 300, 200, and the 100 Unit's nourishment refrigerator temperature, revealed it should be between 36 degrees F and 41 degrees F, and the frozen foods should be frozen solid. However, the Refrigerator Temperature Log for the units did not document the freezer temperatures.2. a. Observation on 07/15/2025 at 9:43 AM of the 500 Unit nourishment refrigerator, and review of its Refrigerator Temperature Log, revealed no documentation of freezer temperatures, from 07/01/2025 through 07/15/2025. Further observation revealed no thermometer in the freezer.b. Observation on 07/15/2025 at 9:57 AM of the 300 Unit nourishment refrigerator, and review of its Refrigerator Temperature Log, revealed no documentation of freezer temperatures, from 07/01/2025 through 07/15/2025. Further observation revealed no thermometer in the freezer.c. Observation on 07/15/2025 at 9:59 AM of the 400 Unit nourishment refrigerator, and review of its Refrigerator Temperature Log, revealed no documentation of freezer temperatures, from 07/01/2025 through 07/15/2025. Further observation revealed no thermometer in the freezer.d. Observation on 07/15/2025 at 10:00 AM of the 200 Unit nourishment refrigerator, and review of its Refrigerator Temperature Log, revealed no documentation of freezer temperatures, from 07/01/2025 through 07/15/2025. Further observation revealed no thermometer in the freezer.e. Observation on 07/15/2025 at 10:07 AM of the 100 Unit nourishment refrigerator, and review of its Refrigerator Temperature Log, revealed no documentation of freezer temperatures, from 07/01/2025 through 07/15/2025. Further observation revealed no thermometer in the freezer.In an interview with the Dietary Manager on 07/16/2025 at 9:47 AM, she stated the staff did check the temperatures for all the breakfast foods. She stated she did not realize all the foods for breakfast were not documented as were the foods for lunch and supper. She stated the concern would be not all foods would be at safe temperatures. In an interview with Certified Nurse Aide (CNA) 5 on 07/16/2025 at 1:50 PM, she stated night shift passed the snacks and documented the refrigerator temperatures. In an interview with the Registered Nurse (RN) Director of Nursing (DON) on 07/17/2025 at 11:10 AM, she stated if food temperatures were not monitored, food might not be in the acceptable temperature range. She stated it was important for the nourishment freezers to have a thermometer and to have their freezer temperatures recorded. In an interview with the Administrator on 07/17/2025 at 11:53 AM, he stated if the food temperatures were not documented, then it would not be known if the food temperatures were acceptable. However, he stated the nourishment freezers did not need a thermometer because the freezer temperature could be checked by the firmness of the frozen foods

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and review of the facility's policy and protocol, it was determined the facility failed to protect residents from infection for 1 of 3 sampled residents who had an indwelling urinary catheter, Resident (R) 84.Observation on 07/14/2025 at 4:05 PM revealed R84's indwelling urinary catheter bag was dragging on the floor under the resident's wheelchair. The findings include:Review of the facility's policy titled, Infection Prevention and Control Program, policy revision not dated, revealed the infection prevention control program provided a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents. Review of the facility's Catheter Care Protocol, not dated, revealed the catheter tubing and drainage bag were kept off the floor. Review of R84's admission Record revealed the facility originally admitted the resident on 01/13/2017 with diagnoses to include multiple sclerosis, diabetes with diabetic nephropathy, and transient cerebral ischemic attack. Review of R84's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 07/07/2025, revealed the facility assessed R84 to have a Brief Interview for Mental Status [BIMS] score of nine out of 15, indicating the resident had moderate cognitive impairment. Review of R84's Medication Administration Record [MAR], for June 2025, revealed R84 was started on an antibiotic for a urinary tract infection on 06/13/2025 which continued until 06/19/2025.Observation on 07/14/2025 at 4:05 PM revealed R84's indwelling urinary catheter bag dragging on the floor under the wheelchair. During an interview with Licensed Practical Nurse (LPN) 4 at the time of the observation, she stated the policy stated the urinary drainage bag should be off the floor and covered. She stated that was important to prevent bacteria from entering the resident. She stated R84's catheter bag was on the floor because the wheelchair was too low. She then moved the catheter bag off the floor. During an interview with Certified Nurse Aide (CNA) 1 on 07/14/2025 at 4:13 PM, she stated she got R84 up at 11:00 AM today. She stated she thought the bag was off the floor. She stated she had received education in infection control. She stated the catheter bag might have slipped. During an interview with LPN1/Nurse Manager on 07/14/2025 at 4:21 PM, she stated she did not notice that R84's catheter bag was on the floor. She stated she had received training in infection control. She stated she was trained about three months ago, and the training involved urinary catheters. She stated the training went over catheter care and the importance of keeping the catheter clean to prevent organisms from going into the bladder. During an interview with the Director of Nursing (DON) on 07/16/2025 at 9:18 AM, she stated the urinary catheter bags were to be kept off the floor to prevent infection. She stated staff was educated on that and infection control. She stated she expected staff to keep catheter bags off the floor to prevent infection.During an interview with the Administrator on 07/16/2025 at 1:24 PM, he stated he expected staff to follow the infection control policies. He stated he assured staff was trained in infection control to prevent the spread of infection.