STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185160	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Country Place	700 Mason Headley 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 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. Based on observation, interview, review of the United States Department of Agriculture (USDA) web page, review of the facility's signage, and review of the facility's procedure, the facility failed to prepare and serve food under sanitary conditions as determined by observations during the initial kitchen tour and return tours. Observation on 04/01/2025 and on 04/02/2025 revealed dome lids were stacked wet. Observation on 04/01/2025 of food temperatures for the lunch service revealed an inaccurate temperature for puree food, but it was placed on the tray line for service. Additionally, observation on 04/02/2025 revealed staff changed gloves and performed tasks without proper hand hygiene. The findings include: Review of the facility's procedure titled, Dishwashing Procedure, dated 12/15/2022, revealed to air-dry dishes and keep them in a clean area to avoid contamination. Review of the facility's sign posted in the kitchen Use Disposable Gloves Properly, not dated, revealed to wash hands before and after use of disposable gloves and to change gloves frequently and between tasks. Review of the United States Department of Agriculture (USDA) web page https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/food-thermomete revealed using a food thermometer was the only reliable way to ensure foods had been cooked to a safe minimum internal temperature to destroy any harmful microorganisms that might be in the food. Per the web page, the temperature danger zone was 40 degrees Fahrenheit (F) to 140 degrees F. It also stated the safe practice was to place the thermometer into the thickest part of the food item or for thin foods through the side which reached the middle. Per the web page, always check each piece of food to ensure it had reached the safe internal temperature. In addition, size, quantity, and distribution of food when cooking caused the pieces of food to reach a safe internal temperature at different times. It did not state the food could have a cover, such as plastic, when taking the temperature. Observation on 04/01/2025 at 10:00 AM during the initial tour of the kitchen with the Food and Beverage Director (FBD), revealed dome lids for the resident plates were not aired dried. The inside of the dome had condensation with beads of water. Observation on 04/01/2025 at 11:50 PM of the lunch meal service revealed at 11:57 AM, the FBD was taking the temperature of the food on the steam table. She pushed the thermometer through the plastic (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	wrap over the peas and carrots. In an interview with the Food and Beverage Director (FBD) on 04/01/2025 at 11:57 AM, she stated she on occasion inserted the thermometer through the plastic to take the temperature. She asked the State Survey Agency (SSA) Surveyor if she should not put the thermometer through the plastic wrap. Observation on 04/01/2025 at 12:00 PM of food temperatures on the steam table revealed the temperature of the puree chicken taken by the FBD was 168 degrees F. The SSA Surveyor asked for the FBD to retake the temperature. The puree chicken recheck temperature was 119 degrees F. So, the FBD asked the cook to reheat the puree chicken. Continued observation of the FBD on 04/01/2025 at 12:00 PM, revealed she asked [NAME] 1, Where are the french fries? The cook did not know the location of the french fries, and both left the tray line to find them in the walk-in freezer. Further observation of the FBD and [NAME] 1 revealed they removed their gloves and entered the walk-in freezer. However, they did not wash their hands after changing tasks and the glove change. Observation on 04/02/2025 at 8:19 AM and 11:51 AM revealed the dome lids and bottoms were left wet on the rail near the tray line. In an interview with the FBD on 04/02/2025 at 8:20 AM, she stated the dome lids and bottoms were air-dried on the rack in the dishroom, and then she stacked the dome lids and bottoms together. In an interview with [NAME] 1 on 04/03/2025 at 10:09 AM, she stated hand washing and glove use was important for controlling bacteria. She stated the french fries were not prepared for the tray line. She stated she felt rushed and had to hurry to have time to prepare all the food. She stated she dried the dishes with a towel or let them air dry for a moment before putting them away. In another interview with the FBD on 04/03/2025 at 1:54 PM, the FBD stated the process was to leave dishes in the rack to drain and air dry in the dish room, and the dome lids should be placed in the rack in single file to air dry. The FBD stated there was the potential for bacteria to grow and cause cross contamination if the dome lids were left wet. The FBD stated the proper method to take food temperatures was to swab the stick of the thermometer, check the temperature, and clean between each food. The FBD stated to ensure an accurate temperature, the food should be stirred, and double checked if needed. The FBD stated to prevent the potential of food borne illness, food should be served at the correct temperature. The FBD stated staff did not use gloves on the tray line with serving utensils, and gloves should be changed when staff interrupted tasks to prevent the potential for cross contamination. In an interview with the Registered Nurse (RN) Director of Nursing (DON) on 04/03/2025 at 3:37 PM, she stated she expected staff to take care of residents through safe food handling practices. In an interview with the Administrator on 04/03/2025 at 9:18 AM and 3:49 PM, she stated the concern with the dome lids stacked together wet was bacterial growth. She stated she expected staff to take accurate food temperatures to prevent the growth of bacteria. Also, she stated she expected staff to perform proper hand hygiene and to change gloves as directed to prevent the potential for cross contamination.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, review of the Centers for Disease Control and Prevention (CDC) signage for enhanced barrier precautions (EBP), and review of the facility's policies, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 5 of 19 sampled residents, Resident (R) 18, R41, R56, R68, and R73. R18, R41, R56, R68, and R73 all had active orders to be on EBP. However, observations on 04/01/2025 to 04/03/2025 revealed none of the residents had EBP signage posted on their room doors of what the infection control requirements were when entering and exiting their rooms, for the resident, staff, and visitors. The findings include: Review of the facility's policy titled, Infection Prevention and Control, Transmission Based Precautions, dated 08/01/2024, revealed descriptions for the indications and measures for contact, droplet, and airborne precautions but no description of enhanced barrier precautions. Review of the facility's policy titled, Enhanced Barrier Precautions (EBP), undated, revealed EBP were enacted to prevent the transmission of multi-drug resistant organisms. Per the policy, EBP employed targeted gown and glove use during high contact resident care activities. The policy stated the same gown and gloves should not be worn for the care of more than one person. Further review of the policy revealed an order for EBP would be obtained for residents with a wound or indwelling medical device. Review of the facility's signage utilized for EBP, undated and labeled as obtained from the CDC revealed: 1) everyone must clean their hands, including before entering and when leaving the room; and 2) providers and staff must also wear gloves and a gown for the following high-contact resident care activities, such as dressing; bathing/showering; transferring; changing linens; providing hygiene; changing briefs or assisting with toileting; device use or care with a central line, urinary catheter, feeding tube, and tracheostomy; or wound care for any skin opening that required a dressing. 1. Review of R18's admission Record revealed the facility admitted R18 on 12/17/2020 with diagnoses of cerebral vascular disease, chronic obstructive pulmonary disease (COPD), and morbid obesity. Review of R18's Clinical Orders, dated 03/24/2025 and entered by the Minimum Data Set (MDS) Nurse, revealed R18 had an active order for EBP related to a wound located on the left inner upper thigh. However, observation on 04/01/2025 at 10:00 AM and 04/02/2025 at 9:02 AM revealed no EBP signage was posted outside R18's room. 2. Review of R41's admission Record revealed the facility admitted R41 on 07/25/2022 with diagnoses of unspecified dementia, anorexia, and contractures. On 03/07/2025 a diagnosis of squamous cell carcinoma of the skin of the left upper limb was added. Review of R41's Clinical Orders, dated 02/17/2025 and entered by the MDS Nurse, revealed R18 had an active order for EBP related to a wound. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R41's Clinical Orders, dated 03/06/2025, revealed an order to apply oil emulsion gauze to the left arm biopsy site daily. Observation on 04/01/2025 at 10:06 AM revealed no EBP signage was posted outside R41's door, and on 04/02/2025 at 9:08 AM and 04/03/2025 at 8:54 AM signage for Contact Precautions was posted outside R41's room. However, during an interview on 04/03/2025 at 2:07 PM with the Infection Preventionist Nurse (IPN), she stated R41 did not have an order for Contact Precautions, she had an order for EBP because of a wound, and that was the signage that should have been posted outside her room. 3. Review of R56's admission Record revealed the facility admitted R56 on 08/16/2024 with diagnoses of adult failure to thrive and dysphagia (swallowing difficulties). Review of R56's Clinical Orders, dated 03/28/2025 and entered by the MDS Nurse, revealed R56 had an active order for EBP related to a wound located on his coccyx. However, observation on 04/01/2025 on 10:06 AM revealed no EBP signage was posted outside R56's room. 4. Review of R68's admission Record revealed the facility admitted R68 on 02/28/2025 with diagnoses of fracture of the left humerus, congestive heart failure, and a pressure ulcer to the right lower back. Review of R68's Clinical Orders, dated 03/11/2025 and entered by the MDS Nurse, revealed R68 had an active order for EBP related to a wound and an indwelling urinary catheter. However, observation on 04/01/2025 at 10:08 AM revealed no EBP signage was posted outside R68's room. 5. Review of R73's admission Record revealed the facility admitted R73 on 10/22/2024 with diagnoses of unspecified dementia, need for assistance with personal care, cognitive communication deficit, and neck fracture. Review of R73's Clinical Orders, dated 03/10/2025 and entered by the MDS Nurse, revealed R68 had an active order for EBP related to a wound on his sacrum (lower back). However, observation on 04/01/2025 at 10:10 AM revealed no EBP signage was posted outside R73's room. During an interview on 04/03/2025 at 3:30 PM with Certified Nurse Assistant (CNA) 4, she stated this was her second week working at the facility, and she relied on the signage posted outside the residents' rooms to guide her in what personal protective equipment (PPE) to wear into the residents' rooms to provide care. She stated if there was no signage outside the resident's room, she would not know what she needed to do and to wear to care for the resident, which could place all the residents at risk for infection. CNA4 stated the residents' precautions were not indicated on the [NAME] (the list of resident needs for care and assist generated by the nursing care plan), so she would only be aware of the need for PPE, like a gown or a mask, if it was posted outside the resident's room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 04/03/2025 at 3:35 PM with CNA5, she stated she had worked at the facility since 01/2025, and she looked at signage outside the resident's room to guide her as to what PPE she required to provide resident care. CNA5 further stated she would use a gown or mask as the sign posted outside the resident's room instructed. She stated if there was no sign, she would always use gloves as needed and perform hand hygiene with either soap or hand sanitizer as needed. She stated the sign was important so staff and visitors would know what to do before entering the room to keep everyone safe and infection free. During an interview on 04/03/2025 at 3:40 PM with CNA6, she stated she had worked at the facility for two years and was also a Kentucky Medication Aide (KMA). She stated as a KMA she was able to see if a resident was on infection control precautions as she administered medications because it was visible on the resident's dashboard on the electronic medical record (EMR). She stated she would also observe the signage which should be posted outside the residents' rooms indicating what PPE was required to perform resident care. She stated this was important to prevent the spread of infection and in some cases, protect a resident from getting an infection. During an interview on 04/03/2025 at 3:45 PM with the Staff Development Coordinator (SDC), she stated infection control precaution signage should be posted outside a resident's room immediately after an order was received by the nurse to ensure staff and visitor compliance with the precautions. The SDC stated if there was no signage posted outside the resident's room, staff would not know what PPE to wear to provide care. She also stated the signage would instruct staff on PPE the resident needed to wear to exit the room and would instruct visitors on what PPE they needed to wear to enter the room. She stated if staff and visitors did not have the signage information, everyone could be at risk for infection and the spread of infection. During an interview on 04/03/2025 at 3:53 PM with the Physical Therapist (PT), she stated she had worked at the facility for 15 years. She stated if a resident was on infection control based precautions, and there was not a sign posted outside the resident's room indicating the resident was on precautions, staff and visitors would not know which PPE to wear into the room. She stated the therapy department would not be aware if a resident could leave their room for therapy or if the resident's condition required therapy be performed in the resident's room. She stated this was important to protect the resident, staff, and any visitors. During an interview on 04/03/2025 at 2:44 PM with the Minimum Data Set (MDS) Nurse, she stated she had been at the facility for six years and had been in the role of MDS Nurse for one year. The MDS Nurse stated if she received an order for a resident for infection control precautions, she would usually let the resident's nurse or the IPN know about it. She stated she had never placed signage outside the resident's room and was not sure how soon after an order was received the signage should be placed, but it would be whatever the policy stated. She further stated the signage being placed on the door was not important as long as staff knew what the orders were, that would be okay. She stated she felt since staff was pretty consistent at the facility, they knew the residents well and would remember what infection control precautions they were on. When asked how visitors would be made aware of the precautions, the MDS Nurse stated she was not sure but agreed staff and visitors knowing if a resident was on ordered infection control precautions was important for the safety of the resident, staff, and visitors to prevent the spread of infection. During continued interview on 04/03/2025 at 2:07 PM with the IPN, she stated she had become certified as an IPN in July 2024. She stated it was her expectation the nurse that entered an order for a resident for any transmission-based precautions (TBP) or EBP then placed signage outside the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's door immediately. She stated the placement of infection precaution signage outside the resident's room was important for the resident, visitors, and staff to prevent the spread of infection. During an interview on 04/03/2025 at 2:07 PM with the Director of Nursing (DON), she stated she had worked at the facility in the role of DON for a little less than a month and had worked as a floor nurse prior to that. She stated it was also her expectation the nurse that entered an order for a resident for any TBP or EBP ensured signage was placed outside the resident's room immediately whether that nurse placed it or asked another nurse to do so. She stated signage on the door was important for the safety of the resident, visitors, and staff to prevent the spread of infection. The DON also stated R41 should have been on EBP for a biopsy site to her left upper arm. During an interview on 04/03/2025 at 4:30 PM with the Administrator, she stated she had been at the facility for twenty-two (22) years. The Administrator stated signage indicating what infection control precautions were ordered for a resident should be posted outside the resident's room, and that signage should posted as soon as possible after the order was received. She further stated her expectation was the nurse that received the order would be responsible for ensuring the signage was posted so all staff and visitors would comply with the infection precautions. The Administrator stated compliance with ordered infection control precautions for a resident was important to protect all residents, staff, and visitors.