STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185215	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Meadows Post Acute	1608 Hill Rise Drive 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. (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	Based on observation, interview, record review, review of a U.S. Food and Drug Administration document, and review of the facility's policies, the facility failed to provide a safe, sanitary environment for food production and storage, which could affect 117 of the 117 current residents that received food from the kitchen.During the initial kitchen tour on 09/02/2025, observations revealed staple food bins unlabeled and undated, other commercial mixes out of the original packaging with no opened date, and personal items, including backpack and jacket, stored in the dry storage room on top of canned and packaged foods. Also, temperatures were missing on the logs for the tray line and for the walk-in refrigerator and freezer. Observation of the kitchen ceiling on 09/03/2025 and 09/04/2025 revealed dripping condensation and peeling gray paint on the ceiling. Observation of one nourishment refrigerator on 09/05/2025 revealed an expired item which had no opened date marked on it, and review of another nourishment refrigerator temperature log revealed the log had the acceptable range for the refrigerator was 36 degrees Fahrenheit (F) to 46 degrees F, instead of the facility's policy of at or below 41 degrees F. On 09/04/2025, this refrigerator's temperature was recorded at 42 degrees F. The findings include:Review of the facility's policy titled, Food Preparation and Service, revised November 2022, revealed identification of potential hazards in the food preparation process and adhering to critical control points could reduce the risk of food contamination and thereby minimize the risk of foodborne illness. Further review revealed food preparation staff must adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness. Per the policy, appropriate measures must be used to prevent cross contamination, including sanitizing towels and cloths used for wiping surfaces in containers filled with approved sanitizing solution. Additional review revealed proper hot and cold temperatures were maintained during food distribution and service, and foods held above 41 degrees Fahrenheit (F) and below 135 degrees F must be discarded after 4 hours. The policy also revealed the temperatures of foods held in steam tables were monitored throughout the meal service by food service staff.Review of the facility's policy titled, Food Receiving and Storage, revised November 2022, revealed foods were to be stored in a manner that complied with safe food handling practices. The review also revealed when food was delivered to the facility it was inspected for safe transport and quality before being accepted. Further review revealed dry foods that were stored in bins were removed from the original packaging, labeled and dated with the deadline of when the food must be used, and such foods were rotated using a first in, first out system. Continued review revealed food must not be stored under leaking waterlines, including under lines on which water had condensed. Additional review revealed all foods stored in the refrigerator or freezer were covered, labeled, and dated with the use-by-date. Further review revealed refrigerated foods were stored at or below 41 degrees F, and were labeled, dated, and monitored so they were used by their use-by-date, frozen, or discarded. The review also revealed frozen foods were maintained at a temperature to keep the food frozen solid, with wrappers of frozen foods remaining intact until thawing. Continued review revealed all food items to be kept at or below 41 degrees F on the nursing units, were placed in the nourishment refrigerator and labeled with a use-by-date. The policy also revealed refrigerators must have working thermometers and be monitored for temperature according to state-specific guidelines. Review of the facility's policy titled, Refrigerators and Freezers, revised November 2022, revealed the facility must ensure safe refrigerator and freezer maintenance, temperature and sanitation, and must observe food expiration guidelines. Further review revealed refrigerators must keep foods at or below 41 degrees F and freezers keep foods frozen solid. Continued review revealed monthly tracking sheets for all refrigerators and freezers were posted to record temperatures and must include time, refrigerator temperature, initials, and action taken if the measured temperatures were not acceptable. Additional review revealed all food was appropriately dated to ensure proper rotation. Further review revealed supervisors were responsible for ensuring food items in the pantry, refrigerators, and freezers were not used past their use-by or expiration dates.Review of the document, U.S. Food and Drug Administration [FDA] 2022 Food Code, 01/18/2023 Version, revealed the FDA recommended that food entities limit the cold storage of ready-to-eat foods to a maximum temperature of 41 degrees F for food safety.Observation during the initial kitchen tour on 09/02/2025 at 6:17 PM revealed a mixing bowl and frying pans turned up, and a clear bin with assorted utensils turned up and uncovered on the bottom shelf in the production area next to the pot and pan sink. The chopping boards were stored on the bottom shelf of the same wire rack with no liner or other protection from potential splash underneath. Further observation of the shelf opposite the pot and pan sink revealed

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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. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policies, the facility failed to provide a safe, sanitary, and comfortable environment, and to prevent the onset and transmission of communicable diseases and infections by failing to disinfect 1 of 9 Hoyer lifts observed.The findings include:Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised 09/2022, revealed reusable resident care equipment and durable medical equipment (DME) were cleaned and disinfected before reuse by another resident.Review of the facility's policy titled, Policies and Practices - Infection Control, revised 10/2018, revealed the objectives of the facility's infection control policies and practices were to prevent, detect, investigate, and control infections in the facility; and maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.Observation on 09/03/2025 at 3:19 PM revealed Certified Nursing Assistant (CNA) 9 exited room [ROOM NUMBER] with a Hoyer lift (a mechanical lift used by staff to transfer a resident from surface to surface) and returned it to the equipment storage area on Unit One without ensuring the lift was disinfected.During an interview with CNA3 on 09/04/2025 at 3:00 PM, she stated their process was to clean the lifts after each use with either the purple top wipes or Virex disinfectant spray. CNA3 stated the wipes were stored in the medication room or with housekeeping. CNA3 stated it was important to clean the lifts after each use to prevent the spread of infection.During an interview with CNA5 on 09/04/2025 at 3:06 PM, when asked how the lifts were disinfected, she stated housekeeping cleaned the lifts. When asked how she knew for sure a lift was cleaned before she used it, she stated someone from housekeeping was always on the unit, and she just assumed it was cleaned. CNA5 stated it was important lifts were cleaned between each resident because of infection control reasons.During an interview with CNA6 on 09/04/2025 at 3:10 PM, she stated lifts should be cleaned between residents, so germs and bacteria were not spread from one person to anotherDuring an interview with CNA1 on 09/04/2025 at 3:18 PM, she stated she cleaned the lifts with the purple top wipes before and after she used them. She further stated she did not assume a lift was cleaned after the last time someone else used it because she did not know for sure. CNA1 further stated if the lifts were not properly disinfected between use, bacteria could be transferred from one person to another, which potentially caused sickness to residents.During an interview with CNA7 on 09/04/2025 at 3:31 PM, she stated staff received infection control training at least monthly, but typically training was more frequent than that. She stated she cleaned the lifts after each use, but not normally before each use. When asked how she knew the lift was clean before she used it, CNA7 stated she assumed the last person that used it cleaned it, but she did not know for sure. CNA7 further stated the lifts should probably be cleaned before use as well because of infection control concerns. CNA7 stated germs were potentially spread from one resident to another if the lifts were not properly cleaned. During an interview with CNA9 on 09/05/2025 at 1:22 PM, she stated she used either the Sani-Cloths with the purple top or Virex spray in the shower room when she cleaned the lifts. She further stated lifts were cleaned before and after use. When asked if she cleaned the lift on 09/03/2025 after it was used in room [ROOM NUMBER], she stated it was possible she failed to clean it before she returned the lift to its storage location. CNA9 stated it was important the lifts were cleaned before and after use so the spread of infection from one person to another was controlled. She further stated just because the lift was returned to storage, did not mean it had been properly disinfected.During an interview with the Infection Preventionist (IP) on 09/05/2025 at 1:32 PM, she stated staff training for infection control included handwashing, donning (putting on) and doffing (removing) personal protective equipment (PPE), and cleaning multi-use equipment. She stated staff had yearly checkoffs for infection control training, scheduled monthly in-services, and daily training if concerns were identified. The IP stated it was the expectation staff used the purple top wipes or Virex spray and cleaned multi-use resident equipment after use and when visibly dirty. She stated the purple wipes were located at the nurse's station and on the medication carts, and the Virex spray was in the shower room. She further stated staff were not instructed to clean the Hoyer lifts before use because it was the assumption the Hoyer lift was clean. When asked how she knew staff cleaned the lift after each use, the IP stated she trusted they cleaned it after each use. The IP was unaware CNA9 was observed by State Survey Agency (SSA) Surveyors when she exited a resident room on 09/03/2025 and failed to ensure the lift was disinfected before it was returned to its storage location. When asked what the facility policy stated on how multi-use equipment was cleaned and disinfected, the IP stated she could not speak to the policy, but it was