STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185229	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barren County Nursing and Rehabilitation	300 Westwood Street Glasgow, KY 42141

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the facility failed to develop and implement a comprehensive person-centered care plan for one (Resident (R) 60) of 19 sampled residents. The resident was assessed with skin tears on admission and through the Minimum Data Set (MDS) assessment process. However, the facility failed to care plan this specific, active care need. In addition, staff failed to implement care plan interventions by providing care as ordered for R60. The findings include:Review of the facility policy titled Comprehensive Care Plans, revised on 03/03/2025, revealed it was the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident to meet a resident's medical, physical, mental, and psychosocial needs. The comprehensive care plan would describe services to be furnished to attain or maintain the resident's highest practical physical, mental, and psychosocial well-being, and specific interventions that reflect the resident's needs and preferences.Review of the Resident Face Sheet revealed the facility admitted R60 to the facility on [DATE] with diagnoses including unspecified fall, rhabdomyolysis (a breakdown of muscle tissue), and chronic kidney disease. Review of the Observation Detail List Report, admission Observation, dated 07/23/2025, revealed R60 had skin alteration, as the upper right and left extremities had bruising and skin tears.Review of the admission Minimum Data Set (MDS), with an assessment reference date (ARD) of 07/24/2025, revealed that R60 was admitted to the facility with skin tears, application for non-surgical dressing, and application of ointments. a. Development of Care Plan:Review of the Comprehensive Care Plan dated 07/23/2025, revealed that R60's skin tears, which were present on admission and assessed through the MDS process, were not included in the plan of care. During an interview with the MDS Assistant on 08/08/2025 at 12:12 PM, she stated she had been doing MDS assessments for one year and was still learning. She stated the purpose of the care plan was to help establish a baseline for resident care and to set goals for them to achieve. Interview with the MDS Assistant revealed R17 had an at-risk (for skin impairment) problem in place. However, she stated, R60 was admitted to the facility with actual skin tears/current skin impairment (rather than being at risk for a future problem) and should have had a care plan on admission. b. Implementation of Care Plan:Further review of the Comprehensive Care Plan, revealed that although it did not address R60's tears, it did note that R60 was at risk for skin impairment related to impaired mobility. Interventions dated 07/23/2025 included weekly and as needed (PRN) skin inspection as directed, keep clean and dry as possible, minimize exposure to moisture, provide incontinent care after each incontinent episode, avoid hot water, use mild cleansing agent that minimized irritation. The care plan also called for staff to reduce friction and injuries by using lubricants, protective films, protective dressings or protective padding as ordered, and treatment as ordered.Review of admission Orders, dated 07/23/2025, staff were to clean skin tears left upper extremity near the elbow with normal saline, pat dry, apply a thin application of mupirocin covered with telfa, secure with (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185229	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barren County Nursing and Rehabilitation	300 Westwood Street Glasgow, KY 42141

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	kerlix (gauze dressing), and change daily and PRN. Review of physician's orders dated 07/26/2025 also revealed an order to cleanse skin tears to the right forearm gently with normal saline, pat dry, apply petroleum gauze, wrap with kerlix daily, and to monitor skin tears to the right and left forearms every shift for signs and symptoms of infection. Review of physician's order dated 08/06/2025 revealed staff were to cleanse skin tears to right lower forearm gently with normal saline, pat dry, apply petroleum gauze and wrap with kerlix daily, twice a day. Review of all physician orders since admission revealed no evidence of orders for band-aids to be applied to skin tears/wounds.Observation on 08/05/2025 at 1:18 PM and 08/06/2025 at 10:34 AM revealed R60 had revealed no Vaseline gauze, telfa, or kerlix in use for any of the skin tears for which treatment was ordered. The resident had two large band-aids on his left forearm that were visibly soiled. The band-aid near the left elbow was dated 08/03/2025. A band-aid at the left wrist area was not dated. Continued observation revealed R60 also had one band-aid to the right wrist area dated 08/03/2025, as well as a large island-type dressing to the right elbow area dated 08/03/2025. Additional observation on 08/07/2025 at 9:18 AM revealed R60 now had a kerlix (gauze dressing) on each arm. The kerlix was not secured and was hanging off both of his arms. Further observation revealed there was no Vaseline gauze to the skin tears on the right arm (in accordance with the 07/26/2025 orders.) R60's skin tears on the left arm were not covered with a dressing. (Refer to F684.)Review of the Treatments Administration History, dated 07/23/2025 to 08/07/2025, revealed Registered Nurse (RN) 1 signed the electronic health record (EHR) on 08/04/2025, 08/05/2025, and 08/06/2025, indicating she had completed R60's treatments as ordered.Interview with RN1, on 08/08/2025 at 11:39 AM, revealed that although the Treatment History documented that the treatments were completed, she had not implemented the care plan by changing R60's dressings as ordered on 08/04/2025 through 08/06/2025. She stated, It gets hectic at times, and that's no excuse, but I did not get to it. Interview with the Director of Nursing (DON) on 08/08/2025 at 12:51 PM revealed that the facility had two MDS nurses and one had been on vacation when the facility admitted R60. The DON stated she was not informed R60's skin tear treatments were not completed for three days or that the wrong treatment was used. The DON stated she expected the MDS nurses to review the care plans and ensure it was accurate. Further interview with the DON revealed she expected the plan of care to be followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185229	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barren County Nursing and Rehabilitation	300 Westwood Street Glasgow, KY 42141

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy it was determined the facility failed to ensure that one (Resident (R) 60) of 19 sampled residents received treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan. Staff failed to provide treatment in accordance with the care plan and physician orders for R60, who had non-pressure related skin impairment. The findings include:Review of the facility policy titled Skin Integrity - Skin Tears, dated 01/02/2020 and revised on 03/24/2022, revealed it was the policy of the facility to provide proper treatment and care to maintain skin integrity. This policy pertains to the prevention and management of skin tears. The facility would utilize a systematic approach for the prevention and management of skin tears, including assessment, care planning, monitoring, and modification of interventions as appropriate.Review of the Resident Face Sheet revealed the facility admitted R60 to the facility on [DATE] with diagnoses including unspecified fall, rhabdomyolysis (a breakdown of muscle tissue), and chronic kidney disease. Review of the Observation Detail List Report, admission Observation, dated 07/23/2025, revealed R60 had skin alteration, as the upper right and left extremities had bruising and skin tears.Review of the admission Minimum Data Set (MDS), with an assessment reference date (ARD) of 07/24/2025, revealed a Brief Interview for Mental Status (BIMS) score of 10/15, indicating R60 had moderate cognitive impairment. Continued review of the MDS revealed that R60 was admitted to the facility with skin tears, application for non-surgical dressing, and application of ointments.Review of the Comprehensive Care Plan dated 07/23/2025, revealed that R60's skin tears, which were present on admission, were not included in the plan of care. The care plan did, however, note that R60 was at risk for skin impairment related to impaired mobility. Interventions dated 07/23/2025 included weekly and as needed (PRN) skin inspection as directed, keep clean and dry as possible, minimize exposure to moisture, provide incontinent care after each incontinent episode, avoid hot water, use mild cleansing agent that minimized irritation, reduce friction and injuries by using lubricants, protective films, protective dressings or protective padding as ordered, and treatment as ordered. Review of admission Orders, dated 07/23/2025, revealed an order for mupirocin (antibiotic) ointment. Special instructions were to clean skin tears left upper extremity near the elbow with normal saline, pat dry, apply a thin application of mupirocin covered with telfa, secure with kerlix (gauze dressing), and change daily and PRN. Review of physician's orders dated 07/26/2025 also revealed an order to cleanse skin tears to the right forearm gently with normal saline, pat dry, apply petroleum gauze, wrap with kerlix daily, and to monitor skin tears to the right and left forearms every shift for signs and symptoms of infection. Review of physician's order dated 08/06/2025 revealed staff were to cleanse skin tears to right lower forearm gently with normal saline, pat dry, apply petroleum gauze and wrap with kerlix daily, twice a day. Review of all physician orders since admission revealed no evidence of orders for band-aids to be applied to skin tears/wounds.Observation on 08/05/2025 at 1:18 PM revealed R60 had two large band-aids on his left forearm that were visibly soiled. The band-aid near the left elbow was dated 08/03/2025. A band-aid at the left wrist area was not dated. Continued observation revealed R60 also had one band-aid to the right wrist area dated 08/03/2025, as well as a large island-type dressing to the right elbow area dated 08/03/2025. Observation revealed no Vaseline gauze, telfa, or kerlix in use for any of these areas. Interview with R60 at the time of this observation revealed that he got a couple of the sores from trying to get himself off the floor after a fall at home, and another one after a fall in the facility. He stated he was unsure of how often the band-aids were to be changed.Observation on 08/06/2025 at 10:34 AM revealed R60's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185229	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barren County Nursing and Rehabilitation	300 Westwood Street Glasgow, KY 42141

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	band-aids and dressing on his right arms continued to show a change date of 08/03/2025. During interview with R60 at the time of this observation, he stated no one had come and changed the band-aids. He stated he disliked the band-aids because the plastic ones pulled his arm hair when they came off. He stated they (the soiled band-aids) were looking bad.Observation on 08/07/2025 at 9:18 AM revealed R60 now had a kerlix (gauze dressing) on each arm. The kerlix was not secured and was hanging off both of his arms. Further observation revealed there was no Vaseline gauze to the skin tears on the right arm (in accordance with the 07/26/2025 orders.) R60's skin tears on the left arm were not covered with a dressing. During interview at the time of the observation, R60 stated, They changed my dressings last night. Review of the Treatments Administration History, dated 07/23/2025 to 08/07/2025, revealed Registered Nurse (RN) 1 signed the electronic health record (EHR) on 08/04/2025, 08/05/2025, and 08/06/2025, indicating she had completed R60's treatments as ordered. Interview with RN1, on 08/08/2025 at 11:39 AM, revealed that although the Treatment History documented that the treatments were completed, she had not changed R60's dressings on 08/04/2025 through 08/06/2025. She stated, It gets hectic at times, and that's no excuse, but I did not get to it. RN1 stated she accidentally signed the treatment record, indicating the treatment had been completed, adding, I guess I hit the wrong button. RN 1 stated it was important to follow the orders that the physician had given to ensure residents received the best care.Interview with the Unit Manager/Treatment Nurse, on 08/08/2025 at 10:36 AM, revealed she was not aware that R60's dressings were not changed for three days or that the specific treatment orders were not followed. She stated that not following the physician's order was not appropriate. She stated she expected the nurses to follow the physician's order and do the treatments as they are ordered. During interview with the Director of Nursing (DON) on 08/08/2025 at 12:51 PM, she stated she expected staff to practice within the scope of their practice, and if there was a problem, she expected them to let her know. The DON stated she was not made aware that R60's skin tear treatments were not completed for three days or that the wrong treatment was used. She stated she would expect the correct treatment to be in place.Interview with the Administrator, on 08/08/2025 at 2:18 PM, revealed she was not clinical, but she expected staff to work within their scope of practice and to notify the physician if needed.Interview with the Medical Director, on 08/08/2025 at 2:49 PM, revealed she expected the facility to follow orders, and if there was a concern, she expected them to let her know. The Medical Director stated she was also the wound provider for the facility, and she expected treatments to be completed as ordered. She stated if R60 had an order for petroleum gauze then that was what should have been applied and not a band-aid, and daily treatments should be done every day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185229	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barren County Nursing and Rehabilitation	300 Westwood Street Glasgow, KY 42141

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy, the facility failed to provide respiratory care as care planned and ordered for one (Resident (R) 91) of 19 sampled residents. Staff failed to ensure that oxygen therapy was delivered in accordance with physician orders. The findings include: Review of the facility policy titled Oxygen Administration, dated 01/02/2021, revealed oxygen therapy would be administered only under the order of the physician. Per this policy, the care plan shall identify interventions to include the type of oxygen delivery system and equipment setting for prescribed flow rates.Review of the Resident Face Sheet revealed the facility admitted R91 to the facility on [DATE] with diagnoses that include chronic obstructive pulmonary disease (COPD).Review of the Comprehensive Care Plan, reviewed 06/10/2025, revealed R91 had a problem for respiratory/pulmonary. Per the care plan, R91 had a respiratory problem with impaired gas exchange related to COPD. Interventions included administering oxygen as ordered.Review of a Physician Order, dated 11/11/2022, revealed that oxygen was to be delivered at 2 liters per minute (2L/M) via nasal canula. Review of the Treatment Administration Record (TAR) for 08/01/2025 - 08/08/2025, revealed that the oxygen flow rate was ordered for 2L/M via nasal canula, with a frequency of every shift. The record was signed off by Licensed Practical Nurse (LPN) 3.Observation on 08/06/2025 at 9:52 AM, revealed that R91's oxygen flow rate was 4L/M, (not 2L/M as ordered). Interview with the resident at this time confirmed that her oxygen flow rate should be 2L/M. Additional observations on 08/06/2025 at 10:51 AM, 12:03 PM, and 3:15 PM, as well as on 08/07/2025 at 8:51 AM revealed that R91's oxygen flow rate was 4L/M.During interview with LPN3 on 08/07/2025 at 1:10 PM, she stated that the resident's flow rate should be checked at the start of the shift. LPN3 stated R91's oxygen was to be provided at 2L/M liters per minute. The nurse then checked and confirmed R91's flow rate was 4L/M, rather than the ordered rate of 2L/M. At this time, LPN3 adjusted the flow rate back to 2L/M and identified that complications associated with the overuse of oxygen included hyperventilation and/or decreased respiratory rate.Interview with the Administrator on 08/08/2025 at 2:18 PM revealed that she expected staff to work within their scope of practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185229	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barren County Nursing and Rehabilitation	300 Westwood Street Glasgow, KY 42141

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, and review of the facility's policy, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety, which had the potential to affect 89 of the facility's 89 residents who consumed food from the kitchen. Observation of the kitchen area revealed food items were exposed to the air and/or potential contamination. Both the refrigerator and dishwasher area had strong odors, and several areas of the kitchen were soiled. One of the facility's ice machines, which was used to serve ice to the residents, was not clean. The findings include: Review of the facility policy titled, Food Receiving and Storage, revised 07/2014, revealed food shall be received and stored in a manner that complies with safe food handling practices. Per this policy, all foods stored in the refrigerator or freezer would be covered. Continued review of the policy revealed food services or other designated staff would maintain clean food storage areas at all times. 1. Observation during initial tour of the kitchen on 08/05/2025 revealed the following:a. Observation of Refrigerator 1, on 08/05/2025 at 11:45 AM, revealed multiple food items were exposed to the air and/or potential contamination. Three bowls of mandarin oranges were not covered. Foods that had covers but were not sealed and were at least partially exposed included broccoli, chicken noodle soup, tomato soup, bologna, shredded cheese, cheese dip, and sour cream. In addition, observation of the dry storage area revealed a bucket of flour with the top uncovered and exposed to the air and/or contaminants. b. Observation of Refrigerator 2, on 08/05/2025 at 11:50 AM, revealed one box of bacon in its original container with the flaps opened and the plastic wrapping on the inside opened, exposing it to the air and/or contaminants. c. Observation of Freezer 1, on 08/05/2025 at 11:55 AM, revealed one box of hamburger patties in its original box. The flaps to the box and its inner plastic package were opened, exposing the food to the air and/or potential contamination. 2. During initial tour of the kitchen on 08/05/2025 at 11:50 AM, observation of Refrigerator 2 revealed a very strong sour odor. A stream of milk puddled on the floor. Additional observation of the kitchen, on 08/07/2025 at 3:00 PM, revealed the floor in Refrigerator 2 had been cleaned; however, there was still a foul odor. Observation at this time revealed at least four potatoes in a box stored in the refrigerator had black mushy spots and appeared to be rotten. 3. During initial tour of the kitchen, observation of the dishwasher area on 08/05/2025 of 11:55 AM revealed a strong pungent odor. The floor had an opening in the tile where a pipe ran into it and was surrounded by a black substance and particles of trash. A brownish grimy substance was covering the bottom of the dishwasher where the water was discarded. In addition, observation in the general kitchen area revealed the sink and upper wall around it was soiled with particles of grime and a brown substance as well as the baseboards and floors. 4. On 08/06/2025 at 10:40 AM, observation of the dining room revealed two ice machines, both filled with ice. The first ice machine had grime on the side of the machine where the scoop was located. Further observation revealed the inner part of the first ice machine's door hinge had a black substance in the crease and streaks of discoloration on the metal top above where the ice was stored. The first ice machine also had a brownish-orange colored substance on the inside wall where the ice was stored. Additional observation while going into the kitchen revealed the wooden door with a metal panel was covered with grime. In an interview with Cook1, on 08/06/2025 at 10:55 AM, he stated he was responsible to store food items when needed. He further stated was aware that all food items were to be covered, dated and labeled. He stated if those food items were not covered there was potential to contaminate those foods but also, food could be spoiled. In an interview with Cook2, on 08/06/2025 at 11:20 AM, she stated she was a cook but also had responsibilities to store food items when retrieving (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185229	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barren County Nursing and Rehabilitation	300 Westwood Street Glasgow, KY 42141

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	items for meals. She stated food that were not covered securely could cause cross-contamination and/or bacterial growth which could potentially cause resident's harm. She further stated all staff should ensure that all foods stored were covered securely to prevent potential contamination or sickness to residents. In an interview with Cook3, on 08/07/2025 at 3:20 PM, she stated she was new to the facility within 90 days. She stated she was educated that all staff were responsible for cleaning the kitchen and had depended on where you were working for daily task assignments. She stated all staff were assigned deep cleaning tasks as well and they were to be logged. She stated all dietary staff were responsible for food storage including ensuring food items were securely covered to prevent food from spoiling and potentially making residents sick from contamination. In an interview with [NAME] 4, on 08/07/2025 at 3:30 PM, she stated she had worked in the facility for three years. She stated she was a cook, and she had many responsibilities in the kitchen including preparing meals and food storage. She stated all staff were provided tasks for daily and weekly deep cleanings and it was all staff's responsibility to ensure these tasks were completed. She further stated regarding the food storage process that all dietary staff were responsible to follow food safety guidelines to prevent potential food contamination of any stored food items. She also noted that if staff did not follow policy and food safety guidelines to ensure foods were stored and covered properly, residents could become ill if served contaminated or spoiled foods. In an interview with the Dietary Manager, on 08/07/2025 at 3:15 PM, she stated she had not observed an odor in Refrigerator2; however, she was not aware of the rotten potatoes in the box. Additional interview with the Dietary Manager, on 08/08/2025 at 12:05 PM, revealed her expectations for the dietary staff were to follow policy regarding food safety and ensure that all stored food items were covered and dated. She stated if staff were not following those guidelines residents could potentially be affected by foodborne illnesses. The Dietary Manager stated staff working in a specific area in the kitchen were responsible to complete daily tasks in that area. She also noted her expectations for staff regarding kitchen cleanliness was to complete weekly assigned cleaning tasks and sign off after completion. Interview with the Administrator, on 08/08/2025 at 8:20 AM, revealed the first ice machine, which was old, was discarded, with the Administrator indicating the need for a new one. Additional interview with the Administrator, on 08/08/2025 at 2:40 PM, revealed her expectations for the dietary department and food safety service regarding food storage was that staff had followed the facility's policy which stated food items were to be covered not sealed. She further stated expectations were that staff would follow their cleaning tasks to ensure cleanliness in the dietary department.