

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2025
NAME OF PROVIDER OR SUPPLIER West Liberty Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 774 Liberty Road West Liberty, KY 41472	

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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on observation, interview, record review, and review of the facility's policy, the facility failed to ensure each resident received food and drinks which were palatable, attractive, and at a safe and appetizing temperature for one of one meal trays tested for taste and temperature. Findings include: Review of the facility's policy titled, Food: Quality and Palatability dated 02/2023, revealed Food would be prepared by methods that conserve nutritive value, flavor and appearance. Food would be palatable, attractive and served at a safe and appetizing temperature. Continued review revealed food palatability refers to the taste and/or flavor of the food. Further review revealed Menu items were to be prepared according to the menu, production guidelines, and standardized recipes. Cooks were to use proper cooking techniques to ensure color and flavor retention. During an observation of the dinner service tray line on 08/24/2025 at 5:50PM, Cook10 notified the Dietary Manger (DM) that she had run out of regular ground beef for the last six trays. The DM retrieved 8 frozen hamburger patties and put them on the stove to cook. The Regional Dietary Manager (RDM) took over cooking the meat and crumbling it up. When the meat was cooked, the RDM sprinkled a small amount of taco seasoning on the meat and put it in the meat pan on the tray line. The tray line was interrupted for 10 minutes delaying the meal delivery. During an observation on 08/24/2025 at 6:15PM staff passed the last tray in the dining room and at that time the test tray was taken out of the food cart by the RDM. The potato tested at 125.4 degrees Fahrenheit, meat tested at 126.1 degrees Fahrenheit, milk tested at 46.2 degrees Fahrenheit, Jello tested at 52.5 degrees Fahrenheit, lemonade tested at 50.9 degrees Fahrenheit. The test tray was tested by two state surveyors and the food served were found to be bland to taste and lacked seasoning. Review of the facility's recipe for dinner on 08/24/2025 titled Potato Baked Beef Taco Entree revealed there was to be fresh tomato, onions, cumin and salt in the meat mixture and topped with shredded cheddar cheese and salsa. The potato only had the meat mixture on top of it which did not contain cumin, salt or onion. During an interview on 08/24/2025 at 6:28 PM the RDM stated the dietary staff had to make extra ground beef to complete the dinner service. The RDM further stated the ground beef was not weighed, seasoning was just eyeballed, and the recipe was not followed. During an interview on 08/24/2025 at 11:55AM resident (R) 15 stated the food wasn't good and lacked variety. During an interview on 08/24/2025 at 11:58AM R40 stated the food was just ok and did not taste good. During an interview on 08/26/2025 at 1:40pm R4 stated that the chicken was hard and difficult to chew, warm, and lacked flavor. R4 also stated he would not want it again. During an interview on 08/26/2025 at 11:30AM RDM stated his expectation was that the menu was to be followed as written. During an interview on 08/26/2025 at 3:00PM State Registered Nursing Assistant (SRNA) 5 stated there were four residents who routinely do not like the main entree at dinner when chicken was served because those residents do not like chicken. The SRNA stated the chicken does not look appetizing. During an interview on 08/26/2025 at 9:20 AM, Administrator stated she expected that menus</p> <p>(continued on next page)</p>

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and recipes be followed as written to ensure that the palatability of the food was consistent.		