

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Clinton-Hickman County Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  366 South Washington Street Clinton, KY 42031	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of the facility's policy, the facility failed to store food in accordance with professional standards for food service safety. Food items were not dated at the time of storage. Food that had been opened were not covered and/or sealed to prevent contamination. The deficiency had the potential to affect 32 of the facility's 32 residents who consumed food from the kitchen.</p> <p>The findings include:</p> <p>Review of the facility's revised policy titled, Food Safety Requirements, dated 04/01/2025, revealed food would be stored according to professional standards for food service safety. Continued review revealed food would be stored in a manner that helps to prevent deterioration and contamination, including from growth of microorganisms. Additionally, labeling, dating, and monitoring refrigerated food, including but not limited to, leftovers, so it would be used by the use-by date, and keeping foods covered or in tight containers was required.</p> <p>a. Observation of Freezer1, on 06/17/2025 at 10:45 AM, revealed cheddar cheese omelets, okra, corn, bread sticks, all in their original box/containers with unsealed flaps were undated, and the internal plastic bag was not covering the food items exposing them to potential contamination. Continued observation revealed one plastic bag of broccoli opened, uncovered and was not dated.</p> <p>b. Further observation of the dry pantry storage revealed a large bag of cereal that was opened, removed from the original container, and placed into a storage bag but was undated. Continued observation revealed a large bag of macaroni opened, and undated.</p> <p>c. Additional observation of the bread cart, revealed one opened and undated loaf of gluten-free bread not covered to prevent potential contamination.</p> <p>In an interview with Cook1, on 06/17/2025 at 11:15 AM, she stated she had worked there for 6 months. She stated she was aware that food items should be stored properly which included dating, labeling, and ensuring the foods were covered. She stated she had been trained and was aware that all dietary staff were responsible to ensure residents were not served contaminated foods. She further stated that the facility's policy and procedures should be followed regarding food safety. She stated if staff had not followed those guidelines there was always the potential for residents to become sick.</p> <p>In an interview with Dietary Aide1, on 06/18/2025 at 12:18 PM, she stated when food items were received from the delivery truck, she had verified the order and ensured the old supply was rotated and the new was dated when it had been received and stored. She stated if anything was opened for use it</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 185326
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>was to be labeled and dated, and covered before storing on pantry shelves, refrigerator and/or freezer. She stated all staff were responsible to securely cover and store the remaining food items in the freezer or refrigerator after opening the food boxes/containers which included labeling and dating the items to ensure they were not used after the expiration date. Additionally, she stated she had taken care of this herself, but all staff were supposed to check to make sure it had been done.</p> <p>In an interview with the Dietary Manager (DM), on 06/17/2025 at 11:15 AM, she stated she had a good team in the kitchen but understood that some food items had not been covered, labeled, and dated. She stated there would be a reeducation of the importance of food safety. She stated her expectations were that all dietary staff would use their knowledge and training and follow the facility's food safety policy to ensure residents were being served good food.</p> <p>During an interview with the Administrator, on 06/18/25 at 2:45 PM, she stated her expectations for the dietary staff was to follow food safety guidelines when storing food products ensuring they were dated, labeled, and covered. She further stated those policies were in place to ensure resident safety from foodborne illnesses, but also to provide the residents with foods that the wanted to eat.</p>		