

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Signature Healthcare at Jefferson Place Rehab & We		STREET ADDRESS, CITY, STATE, ZIP CODE 1705 Herr Lane Louisville, KY 40222	

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 policy, it was determined the facility failed to serve food under sanitary conditions. Dietary Aide (DA)2 failed to perform hand hygiene after touching various items, and prior to serving food. In addition, DA2 failed to wear a finger cot over a wound to prevent possible contamination while handling food.</p> <p>The findings include:</p> <p>Review of the facility policy Food Preparation dated 09/2017, revealed all staff will practice proper handwashing techniques and glove use. Dining services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination.</p> <p>Observation on 06/17/2025 at 11:15 AM, revealed DA2 was obtaining temperatures (temping) of several items on the food line. DA2 who had a band-aid on one finger, was not wearing gloves. He then stepped away from the food line and walked over to a bucket and, using his bare hands, pulled out a wet cloth from the bucket. DA2 then walked back to the food line, and wiped down the shelf above the food he was temping. He then went back to the bucket, dropped the soiled cloth in the bucket, and returned to the food temping area. DA2 failed to perform hand hygiene after cleaning the area and touching the soiled rag with his bare hands. He then reached for the lid of one of the food items on the food line. After intervention by the survey team, the Dietary Manager instructed DA2 to wash his hands prior to handling the food.</p> <p>In interview on 06/17/2025 at 12:45 PM, the Dietary Manager stated staff need to follow guidelines and policy. She stated when staff steps away from the food and does other tasks, they should always wash their hands prior to returning to the food line. She further stated DA2 should have worn a finger cot on his finger when there was an injury, such as a cut, on the finger to ensure safe handling of the food.</p> <p>Interview with the District Manager of Food Services at 06/18/2025 at 10:52 AM revealed a finger cot should be used when there is an injury, such as a cut. She stated DA2 should have worn gloves when wiping down the shelf and should have washed his hands before he returned to the food line. She stated hand washing is important because cross contamination can occur.</p> <p>In interview on 06/18/2025 at 1:47 PM, DA2 confirmed he did not wash his hands when going back to the table, stating that he had a lot on his mind and was distracted. He further stated he should have worn gloves to wipe down the shelf.</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with DA1 at 06/18/2025 at 10:54 AM revealed hand washing needed to be done whenever you leave the food service area. She stated this was important because of the potential for cross contamination.</p> <p>In interview on 06/18/2025 at 2:51 PM, the Administrator stated education for all staff was done yearly and as needed, regarding infection control. She stated she has high expectations for the dietary staff, and it is important to wash hands properly when preparing food to prevent illness and ensure the safety of each resident.</p>		