

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Brandenburg Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 814 Old Ekron Road Brandenburg, KY 40108	

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, prepare, distribute, and serve food in accordance with professional standards for food service safety. The deficient practice had the potential to affect 57 of the facility's 57 residents who consumed food from the kitchen.</p> <p>Observation revealed food being served to residents on 03/18/2025 was not within the acceptable temperature (temp) ranges for hot and cold foods. Additionally, observation of the kitchen revealed food stored open and exposed to air in a refrigerator and freezer.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Food: Preparation, revised 02/2023, revealed the Dining Service Director/Cooks were responsible for food preparation techniques which minimized the amount of time that food items were exposed to temperatures greater than 41 degrees Fahrenheit (&deg;F) and/or less than 135&deg;F, or per state regulation. Continued review revealed when hot ground food dropped into the danger zone (below 135&deg;F), the mechanically altered food must be reheated to 165&deg;F for 15 seconds if held for hot service. Further review revealed all foods would be held at appropriate temperatures, greater than 135&deg;F (or as state regulations required) for hot holding, and less than 41&deg;F for cold food holding. <p>Observation of the kitchen on 03/18/2025 at 11:30 AM, revealed temperature (temp) checks for fruit cocktail cups located on the counter in individual servings were at 48&deg;F, cole slaw at 50&deg;F, and cold mixed vegetables at 49.1&deg;F which were all above the required 41&deg;F or below for the acceptable range. Further observation revealed the mechanical ground beef on the steam table was temped at 129&deg;F which was below the required 135&deg;F acceptable hot food temperature range.</p> <p>In interview with the District Dietary Manager on 03/18/2025 at 11:45 AM, she stated cold foods should be held at a temperature of 41&deg;F or below and food items on the steam table should be maintained at 135&deg;F, or higher.</p> <p>In interview with [NAME] 1 on 03/20/2025 at 10:30 AM, she stated she was aware food was to be held at an acceptable temperature; however, did not remember the actual acceptable temperature for cold foods. She said she guessed it was below 40&deg;F, and steam table foods were to be held at 140&deg;F and above. The [NAME] reported there was a list posted in the kitchen that showed the correct temperatures and said if she did not know what the correct temperatures were she asked the manager. She further stated she completed the food temperature checks and had logged them on a list. [NAME] 1 additionally said if foods were not held at safe temperatures residents could have sicknesses, including</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: 185353	If continuation sheet Page 1 of 3

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