

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, record review, review of the manufacturer's instructions, review of the Food and Drug Administration (FDA) article, and review of the facility's policy, the failed to ensure appropriate storage of residents' oral, ophthalmic, otic, and injectable medications. Unopened insulin was stored below the recommended temperature range of 36 degrees Fahrenheit (F) to 46 degrees F in 1 of 2 medication refrigerators. Observation of 2 of 5 medication carts on the 100, 200, and 300 Halls revealed Cart 1 was not maintained in a sanitary manner, insulin pens in use were not stored in a sanitary manner, and medications were not labeled and dated correctly. Cart 2 contained medications that were expired.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled Storage of Medications, most recently revised 08/2024, revealed medications and biologicals were stored safely, securely, and properly, following manufacturers recommendations or those of the supplier. Review further revealed orally administered medications were stored separately from externally used medications and treatments such as suppositories, ointments, creams, vaginal products, et cetera. Eye medications were stored separately per facility policy. Continued review revealed, except for those requiring refrigeration or freezing, medications intended for internal use were stored in a medication cart or other designated area. Medications labeled for individual residents were stored separately from floor stock medications when not in the medication cart. Policy review also revealed outdated, contaminated, or deteriorated medications and those in containers that were cracked, soiled or without secure closures were immediately removed from inventory, and disposed of according to procedures for medication disposal, and reordered from the pharmacy if a current order existed. Additional review revealed medication storage areas were kept clean, well lit, and free of clutter and extreme temperatures and humidity. Further review revealed medication storage conditions were monitored on a regular basis by the consultant pharmacist and corrective action was taken if problems were identified. Additional review revealed refrigerated medications were kept in closed and labeled containers, with internal and external medications separated from each other and from fruit juices, applesauce and other foods used in administering medications. Review of the policy also revealed all medications were maintained within the temperature ranges recommended in the United States Pharmacopoeia (USP) and by the Centers for Disease Control and Prevention (CDC). Further review revealed for refrigerated medications, the temperature range was 36 degrees F to 46 degrees F, using the thermometer to allow temperature monitoring. Medications requiring storage in a cool place were refrigerated, unless otherwise directed on the label, and controlled substances that required refrigeration were stored within a locked box within the refrigerator that was attached to the inside of the refrigerator or in accordance with state regulations and facility policy. Additional review revealed the facility should maintain a temperature log in the storage area to</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>record temperatures at least once a day or in accordance with facility policy. Further review revealed the facility should check the refrigerator or freezer in which vaccines were stored at least two times a day, per CDC guidelines. Additional review revealed expiration dates or beyond use dates of dispensed medication shall be determined by the pharmacist at the time of dispensing. Further review revealed certain medications or package types, such as injectable vials and ophthalmics required an expiration date shorter than the manufacturer's expiration date, once opened to ensure medication purity and potency. Subsequent review revealed no expired medications would be administered to a resident, and all expired medications would be removed from the active supply and destroyed in accordance with facility policy, regardless of amount remaining.</p> <p>Review of the Food and Drug Administration (FDA) article Pharmaceutical Quality Resources, Expiration Dates - Questions and Answers, dated 01/21/2025, Expiration Dates - Questions and Answers FDA revealed drug expiration dates reflected the period of time in which the medication was known to remain stable. Further review revealed the stability meant the medication retained strength, quality, and purity when it was stored according to its labeled storage conditions. Continued review revealed there were potential harms that could occur if expired medications were taken, including the medication not providing the intended benefit because it had less strength than intended. Additional review revealed when a drug degraded, it could yield toxic compounds that could cause unintended side effects.</p> <p>Review of bisacodyl rectal suppositories package insert revealed they should be stored at room temperature, between 59 degrees F and 86 degrees F, not exceeding 86 degrees F.</p> <p>Review of the manufacturer's package insert, for insulin lispro (Humalog 100 unit (u)/milliliter (ml), dated 07/21/2023, and insulin lispro (Admelog 100 u/ml), undated, revealed the necessity to store all unopened (unused) pens or vials in the original carton in a refrigerator at 36 degrees F to 46 degrees F. Further review revealed insulin lispro instruction to not freeze and to not use if it had been frozen. Continued review revealed to keep unopened insulin in the refrigerator or at room temperature below 86 degrees F for up to 28 days and to discard an opened vial after 28 days of use, even if there was insulin left in the vial. Further review revealed unopened vials could be used until the expiration date on the carton and label, if the medicine had been stored in a refrigerator. Continued review revealed for cartridge and prefilled pens, to keep at room temperature below 86 degrees F for up to 28 days, and to not store a cartridge or prefilled pen that was in use in the refrigerator. The insert stated to throw away a used cartridge or prefilled pen after 28 days, even if there was insulin left in the cartridge or the pen.</p> <p>Review of the manufacturers' package inserts for insulin glargine (300 u/ml), Lantus (insulin glargine 100 u/ml), dated 2023, the package insert for Basaglar (insulin glargine 100u/ml), dated 08/2022, revealed unused insulin should be stored in a refrigerator between 36 degrees F and 46 degrees F. Further review revealed instructions not to freeze insulin and to discard if frozen. Continued review revealed, once opened, to store up to 28 days at room temperature, up to 86 degrees F. Review of insulin glargine (Toujeo Solostar 300 u/ml pen) package insert, dated 8/29/2024, revealed storage was the same except could be stored after opening, up to 86 degrees F, for 56 days.</p> <p>Review of the manufacturer's instructions for insulin aspart 100 u/ml), revealed it should not be frozen, nor used if having been frozen. Further review revealed an instruction to store unused insulin in a refrigerator between 36 degrees F and 46 degrees F.</p> <p>Review of the manufacturer's instructions for insulin degludec (Tresiba 100 u/ml FlexTouch pen),</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>copyrighted and revised 07/2022, revealed guidance to store unused pens in the refrigerator at 36 degrees F to 46 degrees F and to not freeze the pens nor use them if having been frozen.</p> <p>Review of the semaglutide Wegovy 2.5 milligram (mg)/0.5 ml pen package insert revealed it must be stored in the refrigerator between 36 degrees F to 46 degrees F and should not be frozen. Further review revealed, if frozen, or if out of the refrigerator for 28 days or longer, the pens must be discarded.</p> <p>Review of the dulaglutide Trulicity 0.75 mg/0.5 ml and 1.5 mg/0.5 ml pens package insert revealed the pens should be stored in the refrigerator between 36 degrees F and 46 degrees F and could be stored at room temperature for up to a total of 14 days. Further review revealed if a pen was frozen, it must be discarded.</p> <p>Review of insulin isophane human (Humulin 100 u/ml 10 ml vial or KwikPen) package insert revealed the vials and KwikPens should not be frozen and, if frozen, should be discarded. Further review revealed an unopened vial could be stored from 36 degrees F to 46 degrees F until expiration date or at room temperature, up to 86 degrees F, for 31 days. Continued review revealed after opening, the vial could be stored refrigerated or at room temperature for 31 days. Additional review revealed unopened pens could be stored refrigerated from 36 degrees F to 46 degrees F until expiration date or at room temperature for up to 14 days and should not be refrigerated after in use.</p> <p>Review of Xalatan (latanoprost 0.005% 50 nanograms/ml) eye drops package insert revealed unopened bottles should be refrigerated from 36 degrees F to 46 degrees F and at room temperature up to 77 degrees F after opening for six weeks.</p> <p>Review of Tuberculin Purified Protein Derivative (PPD) (Aplisol 5 Tuberculin Units (TU)/0.1 ml injection) package insert revealed it should be stored at 36 degrees F to 46 degrees F and protected from light and should not be in use for more than 30 days due to possible oxidation and degradation which may affect potency.</p> <p>1. Observation of the main medication storage room Main Unit refrigerator on 04/08/2025 at 2:38 PM revealed the temperature at that time, per the thermometer, was 50 degrees F. During interview at the time of the observation, Licensed Practical Nurse (LPN) 1 stated she was not aware of anyone being in the refrigerator prior to beginning observation and review that would have caused warming. In further interview, LPN1 could not state the correct temperature range of 36 degrees F to 46 degrees F.</p> <p>Review of the Temperature Log, for April 2025, revealed documented temperatures of 30 degrees F, 32 degrees F and 34 degrees F from 4/01/2025 through 4/07/2025. Further review of the log revealed neither the correct parameters nor the actions to take for temperatures out of range were referenced.</p> <p>Observation of the top shelf of the Main Unit refrigerator on 04/08/2025 at 2:38 PM revealed the Emergency Box which included insulin lispro, two pens, 100 u/ml; insulin glargine, two pens, 100 u/ml; and insulin aspart, two pens, 100 u/ml. Further observation revealed Bisacodyl, 609 suppositories, including 21 for Resident 73 (R73), who was discharged on 3/14/2025, and 28 for R24, which expired on 03/12/2025.</p> <p>Observation of the bottom shelf of the Main Unit refrigerator on 04/08/2025 at 3:05 PM revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Insulin lispro pen 100 u/ml x1</p> <p>Insulin lispro pen 100 u/ml x5</p> <p>Insulin lispro pen (Humalog Kwik pen) 100 u/ml x10</p> <p>Insulin lispro pen (Humalog Kwik pen) 100 u/ml x4</p> <p>Insulin lispro pen (Humalog Kwik pen) 100 u/ml x2</p> <p>Insulin lispro pen (Humalog Kwik pen) 100 u/ml x2</p> <p>Insulin lispro pen (Humalog Kwik pen) 100 u/ml x1</p> <p>Insulin lispro pen (Lyumjev Kwikpen) 100 u/ml x2</p> <p>Insulin lispro pen (Lyumjev Kwikpen) 100 u/ml x2</p> <p>Insulin lispro pen (Admelog Solostar) 100 u/ml x2</p> <p>Insulin lispro vial, 100 u/ml vial x1</p> <p>Insulin lispro vial (Humalog)100 u/ml x1</p> <p>Insulin lispro vial (Humalog)100 u/ml x1, contained in small plastic bag that was soaking wet</p> <p>Insulin glargine pen, 100 u/ml x1</p> <p>Insulin glargine pen, 100 u/ml x3</p> <p>Insulin glargine pen, 300 u/ml x2</p> <p>Insulin glargine pen (Toujeo Solostar pen) 100 u/ml x1</p> <p>Insulin glargine pen (Toujeo Solostar) 300 u/ml x1</p> <p>Insulin glargine pen (Toujeo Solostar) 300 u/ml x1</p> <p>Insulin glargine pen (Lantus Solostar) 100 u/ml x8</p> <p>Insulin glargine pen (Lantus Solostar) 100 u/ml x2</p> <p>Insulin glargine pen (Lantus Solostar) 100 u/ml x7</p> <p>Insulin glargine pen (Lantus Solostar) 100 u/ml x2</p> <p>Insulin glargine pen (Lantus Solostar) 100 u/ml x2</p> <p>Insulin glargine pen (Basaglar Kwik Pen) 100 u/ml x4</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Insulin glargine vial (Lantus) 100 u/ml x2</p> <p>Insulin degludec pen (Tresiba Flextouch) 100 u/ml x1</p> <p>Insulin degludec pen (Tresiba Flextouch) 100 u/ml x4</p> <p>Humulin NPH Kwikpen 100 u/ml x1</p> <p>Humulin insulin vial 100 u/ml x1</p> <p>Wegovy insulin pen 0.25mg/0.5 ml x2</p> <p>Trulicity insulin pen 0.75 mg/0.5 ml pen x3</p> <p>Trulicity insulin pen 1.5 mg/0.5ml pen x1</p> <p>Levemir insulin pen 100 u/ml x5</p> <p>Insulin aspart flex pen 100 u/ml x1</p> <p>Observation of the Main Unit refrigerator door storage on 04/08/2025 at 3:31 PM revealed the following:</p> <p>Insulin glargine (Lantus vial) 100 u/ml x1</p> <p>Latanoprost vials 0.005% ophthalmic solution x9</p> <p>Tuberculin (PPD) (Aplisol) labeled as facility house stock x 4 days, dated 02/28/2025</p> <p>During telephone interview with LPN3 on 04/09/2025 at 7:48 PM, she stated the night shift was responsible to check the medication refrigerator temperature but could not state with certainty about the expected temperature range.</p> <p>During interview with Registered Nurse (RN) 2 on 04/09/2025 at 7:18 PM, she stated they did the refrigerator temperature log on night shift. However, she could not state the appropriate temperature range with certainty.</p> <p>2. Observation on 04/08/2025 at 3:40 PM of Medication Cart 1 revealed its drawers were visibly dirty with trash and spilled liquids. Further observation revealed medications were not separated from equipment such as glucometers, blood pressure (BP) cuff, scissors, and clippers. Additional observation of Cart 1 revealed one loose loperamide tablet with no resident label and one each opened Systane Ultra solution vial and prednisone 1% ophthalmic solution without recorded open dates. Observation also revealed an ofloxacin otic solution 0.3% package labeled for a different resident than the bag in which it was stored. Continued observation revealed ketorolac 0.4% ophthalmic solution was stored with otic solutions. Additional observation revealed Systane Ophthalmic drops with an expiration date of 11/30/2024. Additionally, 12 insulin pens were not stored in a sanitary manner. The pens were stored lying together in a single section of the drawer with other pens and a glucometer and were not stored in individual bags. Those included:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Humalog Kwik Pen, 100u/ml x3, two with handwritten name on the cartridge and no original pharmacy label.</p> <p>Lantus pens, 100u/ml x3</p> <p>Lyumjev Kwik Pen, 100u/ml x2</p> <p>Insulin glargine pen, 300u/ml x1</p> <p>Basaglar insulin pen, 100u/ml x1</p> <p>Admelog Solstar pen, 100u/ml x1</p> <p>Tresiba FlexTouch pen, 100u/ml x1</p> <p>Observation of Cart 2 revealed one bottle of nitroglycerin sublingual tablets 0.4 mg, with expiration date of 09/2023 and one bottle of acetaminophen 500 mg tablets, with expiration date of 12/12/2024.</p> <p>During interview with LPN 1 on 04/08/2025 at 3:50 PM, he stated there were two medication carts each for 100 Hall and 200 Hall and one for 300 Hall. He stated he was not certain about the proper temperature range for refrigerated medications. He also stated expired medications should be discarded as they might not be as effective, and the nurse on duty was responsible to audit for expired medications. He stated he was not familiar with appropriately storing insulin pens in separate bags, nor separating ophthalmic and otic medications. He stated Cart 1 and Cart 2 served the 100 Hall, Cart 3 and Cart 4 served the 200 Hall and Cart 5 was for the 300 Hall. He further stated Cart 2 contained overflow medications.</p> <p>During interview with the Infection Preventionist (IP) Nurse on 04/09/2025 at 3:55 PM, she stated they took pride in keeping the carts clean, neat, and up-to-date and audited them regularly. She was not able to state the appropriate temperature range with confidence nor the need to store insulin pens separately from other items and in individual bags. She stated expired medications should be discarded by the expiration dates, and this was to ensure the medications were effective. She also stated otic and ophthalmic medications should be stored separately, and all medications should be labeled and dated.</p> <p>During interview with the Director of Nursing (DON) on 04/08/2025 at 4:00 PM, she stated she was not confident to state the correct temperature range for medication storage, but night shift nurses were responsible to check the refrigerator temperatures. She also was not able to state the necessity to store insulin pens in separate bags. She stated expired medications should be discarded and otic and ophthalmic medications should be stored separately. She stated medications past the expiration date might not be as effective and separating otic and ophthalmic medications could prevent errors in using a solution by the incorrect route. She stated medications should always be labeled and have use by or expiration dates</p> <p>During telephone interview with the Consultant Pharmacist on 04/09/2025 at 3:23 PM, she stated the typical accepted range of temperatures for refrigerated medications was 36 degrees F to 46 degrees F for most medications, and one could consult the package inserts for clarification. She further stated that range was generally accepted. She stated she believed if a medication required a different</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>temperature, it would be marked, but she was not certain about that. She stated insulin was not kept at freezing temperatures. She stated she would have to assume that it would not work after being frozen. She stated she would go with recommended ranges. She also stated she would not use an insulin that had been frozen, and she would go by manufacturer's guidelines. She stated she had seen medication items stored in the refrigerator door but did not have the answer for whether that was unacceptable. The Consultant Pharmacist stated she audited floor carts, during monthly visits to the facility, for expiration dates and ensured the cards were with the correct resident's section in the cart. She also stated she reviewed for opened dates on inhalers, storage for drugs sensitive to light, and whether anything was in the cart that should be in cart.</p> <p>During followup telephone interview with the Pharmacist Consultant on 04/10/2025 at 8:47 AM, she stated insulins were supposed to be stored at 36 degrees F to 46 degrees F. She stated according to the insulin pen manufacturer's package insert, the pens should not be used if frozen. She stated all medications in the main medication room refrigerator were returned, and there would be no penalty to the resident.</p> <p>During subsequent interview with the DON on 04/10/2025 at 4:17 PM, she stated she believed the nurses all understood about the use-by-date, and now all have been labeled with it. She stated each insulin pen was in a zip bag with a label. She stated her expectation was that staff followed the facility's policy for labeling and storage. She further stated it was important for all the nurses to know the right temperature because they all gave medications. She stated both day and night shift nurses must check the refrigerator temperatures, and it was important to manage the temperature range so the medications remained effective.</p> <p>During interview with the Executive Director on 04/10/2025 at 3:53 PM, she stated her expectation was that staff followed the facility's policy and manufacturer's guidelines for safe medication storage. She stated this was important so medication was effective and worked the way it was supposed to.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's documents and policy, the facility failed to honor resident food preferences for 2 of 10 sampled residents, Resident (R) 6 and R61.</p> <p>In an interview with R6, who had diabetes mellitus and was on a special diet, she stated she had requested no bread, pasta, or desserts because these foods raised her blood sugar levels, but still received them on her trays.</p> <p>In an interview with R61, she voiced concern she was still receiving broccoli and cauliflower on her meal trays.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Dining and Food Preferences, dated 10/2022, revealed individual dining food and beverage preferences were identified for all residents. The registered dietitian or other clinically qualified nutrition professional would review, and after consultation with the resident, adjust the individual meal plan to ensure adequate fluid volume and appropriate nutritional content for residents that did not consume certain food or food groups. Per the policy, the individual tray assembly ticket would identify all food items appropriate for the resident based on diet order, allergies, intolerances, and preferences. The policy stated, upon meal service, any resident with expressed or observed refusal of food and or beverage would be offered an alternate selection of comparable nutritional value.</p> <p>1. Observation of the posted dining room menu on 04/07/2024 at 12:15 PM, revealed cornflake crusted tilapia fillet, tomatoes [NAME], rice pilaf, dinner roll, and carrot cake with cream cheese frosting were served at lunch.</p> <p>Review of the facility's form Resource: Menu Substitution Form, dated 04/07/2025, the cornflake crusted tilapia substituted with breaded fish; the [NAME] tomatoes substituted with peas; and the rice pilaf substituted with white rice.</p> <p>2. Observation of the posted dining room menu, on 04/09/2025 at 12:00 PM, revealed roast turkey, honey roasted carrots, cornbread dressing, dinner roll/bread brown sugar, and glazed angel food cake.</p> <p>Observation of the resident tray line on 04/09/2025 at 12:05 PM, revealed the honey roasted carrots were cooked carrots.</p> <p>In an interview with Resident Council members on 04/08/2025 at 11:00 AM, they stated the food sucks. They stated the posted menu for lunch on 04/07/2025 was not followed as residents received fish squares and not the cornflake crusted tilapia. They stated the food on the meal tray was always a surprise because the posted menu in the dining room was not always followed. They stated residents were not given a choice; however, a substitution list was available. They stated it had been a year or more since residents were asked about their food preferences. They stated they were served the same breakfast every day and were served a lot of fish and chicken. They stated residents were given snacks of cookies, vanilla wafers, chips, and popcorn, which they did not consider healthy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of R6's admission Record revealed the facility admitted the resident 03/05/2021 with diagnoses including major depression, diabetes mellitus type 2, and anxiety. Review of R6's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 02/27/2025, revealed the facility assessed the resident as having a Brief Interview for Mental Status [BIMS] score of 13 out of 15, which indicated intact cognition.</p> <p>Review of R6's Menu Ticket, dated 04/10/2025, did not list food dislikes. The morning breakfast food items included toast; the lunch menu included thin crust cheese pizza and garlic bread; and dinner included macaroni and cheese and a dinner roll.</p> <p>Review of the facility's computer printout Resident Dislikes Report, dated 04/10/2025 at 1:23 PM, revealed R6 was on a carbohydrate-controlled diet, with no salt packet and an allergy to strawberries. The food preference list included bread items.</p> <p>In an interview with R6 on 04/07/2025 at 10:57 AM, she stated she had concerns with the food served at meals. She stated she was trying to control her blood sugar levels by taking oral medication and did not want to take insulin. She stated when her blood sugar was elevated, she had a headache, and her stomach became upset. She stated she had talked with the Registered Dietitian and other staff about her food preferences. She stated she preferred no bread, rolls, pasta, cheese, and desserts, unless sugar free.</p> <p>4. Review of R61's admission Record revealed the facility admitted the resident on 02/21/2024 with diagnoses including major depression and anxiety. Review of R61's quarterly MDS, dated 03/10/2025, revealed the facility assessed the resident as having a BIMS score of 13 out of 15, which indicated intact cognition.</p> <p>Review of R61's Menu Ticket, dated 04/10/2025, listed an allergy to strawberries. The dinner meal listed winter vegetable blend which included broccoli and cauliflower.</p> <p>Review of the facility's computer printout Resident Dislikes Report, dated 04/10/2025 at 1:23 PM, revealed R61 was on a carbohydrate-controlled diet, with no salt packet and no dislike list. The food preference list included broccoli, cauliflower, and many other types of vegetables.</p> <p>In an interview with R61 on 04/08/2025 at 11:15 AM, she voiced concern she was still receiving broccoli and cauliflower on her meal trays. She stated she had expressed her food preferences to staff.</p> <p>In an interview with [NAME] 1 on 04/09/2025 at 9:15 AM, she stated she did not have the tilapia available and substituted with the fish square; did not have the tomatoes [NAME] and substituted with peas; and did not have the rice pilaf and substituted with white rice. She stated she always asked the Account Manager before she made a substitution. She stated what was she to do since she did not have the ingredients for the tomatoes [NAME] or the rice pilaf. She stated soup, sandwiches, and baked potatoes were always available to residents.</p> <p>In an interview with the Account Manager on 04/09/2025 at 9:47 AM, she stated many residents did not like the tilapia and wanted the fish squares. She stated she met with the food committee once a month to discuss the menus with the residents. She stated residents did not like the shrimp alfredo, so she removed the shrimp alfredo from the menu with approval from the Registered Dietitian (RD). She stated many of the residents did not like tomatoes [NAME] or tomato products and green peppers. She stated residents preferred biscuits and gravy, fried or scrambled eggs, and hot cereal for</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Elliott Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Howards Creek Road Sandy Hook, KY 41171	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>breakfast. She stated residents' food preferences were on-going, with changes by the RD or Account Manager. She stated any diet changes went through the clinical morning meeting and then passed onto her. She stated she entered the diet changes into the computer.</p> <p>In an interview with the RD on 04/09/2025 at 10:43, 04/10/2025 at 11:30 AM, and 04/10/2025 at 2:00 PM, she stated she signed and reviewed the menus. She stated the residents did not like shrimp and seafood and preferred beans, cornbread, ham, the breaded fish squares, and for the summer menu, hot dogs. She stated she did not visit residents for food preferences. She stated the Account Manager visited residents quarterly and at the Resident Council meeting. She stated she would communicate any food preferences she was made aware of to the Account Manager, who entered the food preferences into the system. She stated the meal tracker program replaced food items residents did not like on the menu. She stated she provided education to the resident concerning food that would elevate the blood sugar. However, she stated she did not remember talking with R6 about her food preferences.</p> <p>In an interview with the Food Service District Manager (FSDM) on 04/10/2025 at 11:05 AM, the FSDM stated resident food preferences were taken upon admission, quarterly, and as needed. The FSDM stated nursing staff was mainly responsible to communicate food preferences to the kitchen, and family members provided the food preferences for residents who could not communicate. The FSDM stated the menu needed to be updated with changes, if possible. The FSDM stated staff tried different ways of preparing fish, and the residents did not like the cornflake crusted tilapia. The FSDM stated food always available included sandwiches, soup, salad, and baked potatoes. The FSDM stated side items available were a fruit cup, yogurt, and the chef's dessert of choice. The FSDM stated the meal tracker program would not recognize broccoli or cauliflower in mixed vegetables, and staff needed to enter the specific mixed vegetables to avoid.</p> <p>In an interview with the Registered Nurse (RN) Director of Nursing (DON) on 04/10/2025 at 4:02 PM, she stated her expectation was that residents' food preferences were met. She stated she expected the RD to follow facility policy for resident preferences. She stated clinical staff should share with Dietary any food preferences voiced by residents; however, the Account Manager and RD were responsible to talk with residents about food preferences.</p> <p>In an interview with the Executive Director on 04/10/2025 at 4:45 PM, she stated the RD consulted for food preferences concerning weight loss. She stated clinical nursing staff should report any resident food preferences to the Account Manager. However, she stated clinical nursing staff were not solely responsible to visit residents for food preferences. She stated she expected staff to follow the facility's policy concerning resident food preferences.</p>		