

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Hamburg		STREET ADDRESS, CITY, STATE, ZIP CODE 2531 Old Rosebud Road Lexington, KY 40509	
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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of the facility's document, the facility failed to store medications according to the facility's document and regulatory guidelines for 3 of 22 sampled residents, Resident (R) 10, R39, and R61. The findings include: Review of the policies provided to the State Survey Agency (SSA) Surveyor regarding medication storage and labeling of medications revealed they were standard operating procedures from the contracted pharmacy that were specific to pharmacy staff and not to the floor staff of the facility. Review of the facility's document Nurse New Hire Checklist, dated 02/21/2018, revealed a competency checklist that included signing/dating medication upon opening and arranging the drawer of the medication cart based on the routes of medications. Observation of the Thoroughbred medication cart on 08/05/2025 at 2:17 PM revealed R39's opened and undated bottles of liquid protein and Milk of Magnesia (a laxative). Also observed was an opened and undated bottle of Liquid DM cough medication belonging to R10. Several medications were not divided as to the route of administration. Medications for eyes, ears, and topical ointments were combined, separated by resident names instead of the prescribed route. Observation of the Thoroughbred medication room on 08/05/2025 at 2:35 PM revealed multiple medical supplies that had expired. This included an irrigation tray with piston syringe, expired 11/2024; FloQ Swab used to obtain cultures, expired 03/2021; two Accuprism Control Solution for the glucose monitoring machine, expired 06/13/2024 and 02/23/2025; MeSalt Cleansing Dressing with 20% Sodium Chloride, expired 12/28/2024; and two opened and undated bottles of [NAME] plain packing strips. During an interview on 08/05/2025 at 2:40 PM with Licensed Practical Nurse (LPN) 7, she stated she was surprised so many things were out of date. However, she stated while the pharmacy checked for the dates of medications it was the nursing staff's responsibility to check for expiration dates and correct storage of supplies in the medication room. Observation of Calumet medication cart B on 08/05/2025 at 3:14 PM revealed a bottle of liquid chest congestion medication for R 61 without an opened date. During an interview on 08/05/2025 at 3:25 PM with LPN1, she stated it was the facility's policy to date items as they were opened because some medications had different amounts of time that they would be good once they were opened. She stated an expired medication could be less effective or even cause illness, depending on what it was. Observation of the Calumet medication room on 08/05/2025 at 3:34 PM revealed a half bottle of Dermal Wound Cleanser with no date or resident name on top of the treatment cart. During an interview on 08/05/2025 at 3:36 PM, LPN1 stated she was aware the opened items should have a date opened and a resident's name on it. She stated the wound cleanser was a stock item; however, it was not to be a multi-use product. She stated it should be assigned to a resident when it was ordered. She stated the risk of using an individual bottle for multiple residents would be an increased potential of spreading germs, which could cause harm to a resident. During an interview on 08/08/2025 at</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: 185470	Facility ID: 185470 If continuation sheet Page 1 of 3

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11:34 AM with the contracted Pharmacy Account Manager, she stated she came to the facility quarterly, per the facility's policy, to review the carts and medication rooms and to remove expired or discontinued medications. She stated it was not the pharmacy's responsibility to review, remove, or replace medical supplies; that would be the responsibility of the nurses. She stated her last visit to the facility was on 07/02/2025, and a report was sent to the Executive Director, Director of Health Services, and Assistant Director of Health Services. During an interview on 08/07/2025 at 2:15 PM with the Director of Health Services, she stated she expected nurses to label medications with the opened-by date and their initials. She stated that was important, so items were not used after they had expired. She stated different medications had different requirements, and the risk of using expired medications would be loss of efficacy or potential harm to residents. During an interview with the Executive Director on 08/07/2025 at 3:10 PM, he stated he expected staff to follow all of the facility's guidelines and checklists.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 document from the website www.servsafe.com, the facility failed to ensure food was served and stored properly in sanitary conditions. Observation on 08/06/2025 of 1 of 2 kitchens revealed the cook continued to use the cleaning cloth in the production area and did not keep it in the sanitizer bucket during food production. The findings include: Review of the document from the website servsafe.com, Serve Safe National Safety Month titled, Cleaning and Sanitizing Practices that will Prevent Cross-Contamination, dated 09/2012, revealed food-contact surfaces must be both cleaned and sanitized correctly. Per the document, whereas cleaning removed food and other dirt from a surface, sanitizing reduced pathogens on a surface to safe levels. The document stated pathogens could spread to food if equipment had not been cleaned and sanitized correctly. Per the document, that could happen in the following ways: 1) food-contact surfaces were wiped clean rather than being washed, rinsed, and sanitized; and 2) wiping cloths were not stored in a sanitizer solution between uses. Observation on 08/06/2025 at 8:55 AM of the Memory Care kitchen revealed the cook did not have the cleaning cloth in the sanitizer bucket and kept the cloth lying on the counter surface near the food being prepared. The cook continued to wipe the surface of the production area with the same cloth. In an interview with the Dietary Manager on 08/08/2025 at 12:56 PM, she stated the cleaning cloth needed to be in the sanitization water to prevent cross contamination with food. In an interview with the Director of Health Services on 08/08/2025 at 1:01 PM, she stated her expectations were for the cleaning cloths to be kept in the sanitizer bucket during the same food preparation session to prevent cross contamination with food. In an interview with the Executive Director on 08/08/2025 at 1:24 PM, he stated the cleaning cloth needed to be kept in the sanitizer bucket to prevent cross contamination during the food preparation process.</p>		