Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 06/26/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2024	
NAME OF PROVIDER OR SUPPLIER Cedar Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US Highway 62 E Cynthiana, KY 41031		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)			
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32635 Based on observation, interview, and review of the facility's policies, it was determined the facility failed to prepare and store food under sanitary conditions. Observation of the kitchen on [DATE] revealed staff did not perform hand hygiene between glove changing and tasks. Observation of the Skilled nourishment room on [DATE] revealed non-food items stored with food items and undated food items. The findings include: Review of the facility's policy titled Guideline for Handwashing/Hand Hygiene, dated [DATE], revealed all health care workers shall utilize hand hygiene frequently and appropriately. Per the policy, hand hygiene should be performed after removing gloves, with gloves worn as directed with Standard Precautions; before and after eating; and after toileting. Review of the facility's policy titled, Food Safety and Handling, dated ,d+[DATE], revealed date marking must be done when food was Time and Temperature Foods (TTF), Ready to Eat (RTE) foods, which was refrigerated and held more than twenty-four (24) hours. Per the policy, the RTE potentially hazardous foods must be marked with the date of preparation and must be consumed or discarded within seven (7) days, including the day of preparation. Review of the facility's policy titled, Storage Procedures, dated ,d+[DATE], revealed food storage areas were used for food and paper supplies. Per the policy, chemical/poisonous items were not stored in the food storage area. Open packages were labeled, dated, and stored in closed containers. Dry bulk foods were stored in plastic containers with tight toovers or bins which were easily sanitized. Stock was dated and rotated so that the oldest items were used first. (continued on next page)			

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: 185145

If continuation sheet Page 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2024	
NAME OF PROVIDER OR SUPPLIER Cedar Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US Highway 62 E Cynthiana, KY 41031		
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			10. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2024
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with the Director was for staff to wash hands any time was important to protect the resident opened and when received into the existed for physical and chemical computing an interview with the Executive were for Dietary staff to wash hand	or of Health Services on [DATE] at 1:40 they were soiled or between glove onts from cross contamination. She state kitchen. She stated if food was stored	6 PM, she stated her expectation thanges. She stated hand hygiene ted staff must date food when I with non-food items, the potential M, she stated her expectations to date food and use the First in