

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

Printed: 06/28/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185396	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/05/2023
NAME OF PROVIDER OR SUPPLIER  The Transitional Care Center of Owensboro		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Pleasant Valley Road Owensboro, KY 42303	
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)		
F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28707</b></p> <p>Based on observation, interview, and facility policy review, it was determined the facility failed to store food in accordance with professional standards for food service safety. This had the potential to affect sixteen (16) of sixteen (16) residents residing in the facility.</p> <p>Observations, during initial tour of the kitchen on [DATE], revealed three (3) food items which were not labeled or dated after being removed from their original container; a five (5) pound bag of okra, a five (5) pound bag of chicken, and a five (5) pound bag of potato wedges.</p> <p>The findings include:</p> <p>Review of the facility's policy, Food and Supply Storage, last revised ,d+[DATE], revealed all food items were to be stored in a manner to maintain the safety and wholesomeness of the food for human consumption. Continued review of the policy revealed staff were to cover, label and date unused portions and open packages.</p> <p>Observation, on [DATE] at 12:57 PM, during the kitchen tour revealed a 5 pound bag of Okra that had been received as part of a box of four (4) 5 pound bags on [DATE], a 5 pound bag of chicken was received in a box of two (2) 5 pound bags on [DATE], and a 5 pound bag of potato wedges received in a box of six (6) five pound bags on [DATE]. However, the food items were not dated when removed from their original package.</p> <p>In an interview with the Executive Chef on [DATE] at 12:52 PM, he stated when freezer items were removed from their original package, items were to be labeled, dated, and discarded if not used within three months.</p> <p>In an interview on [DATE] at 9:00 AM with the Interim Director Food Service (IDFS), she stated all three identified food items were outside of their original containers. She stated if a food item was pulled from it's original box, it needed to stay with the box, or was to be labeled indicating an expiration date. The IDFS stated she expected any unused food portions to be labeled on returned to the freezer with identifying information with a use by date. She stated it was important to identify an expiration date on food items, as the danger would be items could be pulled after their expiration date.</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

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

Printed: 06/28/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185396	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/05/2023
NAME OF PROVIDER OR SUPPLIER  The Transitional Care Center of Owensboro		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Pleasant Valley Road Owensboro, KY 42303	
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)		
F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	In an interview with the Administrator on [DATE] at 10:16 AM, she stated she expected all food items to be dated with an expiration date and an opened date. She stated she would expect that everything have a date, and staff to routinely go through those items and discard expired items. The Administrator further stated not knowing if a food item is expired could present a danger.		