STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(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	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Hamburg	**2531 Old Rosebud Road , Lexington, Kentucky, 40509**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS A Recertification and Complaint survey was concluded on 08/08/2025. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 08/05/2025 to 08/08/2025. Survey Census: 53 Sample Size: 12 Supplemental Residents: 11 No deficiencies were issued related to 699011 (KY00044482), 699008 (KY00045210), and 699009 (KY00046212). The closed complaints reviewed during the survey included: KY00037958, KY00038359, KY00039296, KY00040652, KY00045610, KY00046179, and KY00046643.	F0000		08/22/2025
F0761 SS = D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of	F0761	There were no residents affected by the alleged deficient practice; including R39, R10, and R61. On 08/05/25 LPN (7) disposed of the opened and undated bottles of liquid protein, Milk of Magnesia, and cough medicine. LPN (7) reordered those medicines from the pharmacy. LPN (7) separated and organized the medications for eyes, ears, and topical ointments by the prescribed route. LPN (7) also disposed of the expired medical supplies in the medication room on 8/05/25. LPN (1) disposed of the liquid chest congestion medication on the Calumet medication cart and the Dermal Wound Cleanser located in the Calumet Medication Room and reordered from the pharmacy. The Assistant Director of Health Services assured those tasks were completed on 8/6/25. All residents have the potential to be affected by this practice, however, there was no evidence that expired supplies or medications were administered to any residents. Clinical Support and the Director of Health Services reviewed medical record events for the 30 days, from 7/12/25 – 8/11/25, for all skilled residents that reside on Calumet Crossing and Thoroughbred Trail for any signs and symptoms of infections and illnesses from expired medications; no issues were identified due	09/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(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	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Hamburg	**2531 Old Rosebud Road , Lexington, Kentucky, 40509**

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F0761 SS = D	Continued from page 1 controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: 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 McKesson plain packing strips.	F0761	Continued from page 1 to the alleged deficient practice. Monthly, the pharmacy consultant audits the medication rooms and medications carts. In addition, weekly for 12 weeks, starting 8/11/25, the Director of Health Services (DHS), Assistant Director of Health Services (ADHS), or Weekend Supervisor will audit all medication rooms and medication carts to ensure all supplies and medications have current, unexpired dates and are labelled. The DHS and ADHS provided education to all nurses and med techs covering medication room storage and medication cart, including expirations, labelling, and routing. All nurses and med techs completed this education by 9/5/25; which included completing a post test by the nurses and med techs to ensure understanding of medication storage, expirations, and routing. All nurses and med techs were required to achieve 100 percent on the post test. If 100 percent was not achieved, the employee was not allowed to work until 100 percent was achieved. The Willows at Hamburg does not use agency staffing. All new hires that are nurses and/or med techs will receive education covering medication room storage and medication cart, including expirations, labelling, and routing during orientation. Results of the medication cart and medication room audits, including any deficient practice found, will be presented to the QAPI committee by the Director of Health Services during the monthly QAPI meeting that will be held on 9/11/25, for a minimum of three months, and evaluated for further remedies. The QAPI committee consists of the Executive Director, Director of Health Services, Assistant Director of Health Services, Director of Plant Operations, Director of Social Services, Life Enrichment Director, MDS Coordinator, Director of Food Services, Medical Director.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(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	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Hamburg	**2531 Old Rosebud Road , Lexington, Kentucky, 40509**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0761 SS = D	Continued from page 2 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 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.	F0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(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	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Hamburg	**2531 Old Rosebud Road , Lexington, Kentucky, 40509**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0761 SS = D	Continued from page 3 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.	F0761		
F0812 SS = E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: 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.	F0812	None of the eleven residents were affected by the alleged deficient practice. The Director of Food Services educated the cooks, at the Legacy kitchen, on 8/6/25 on cleaning and sanitizing practices that prevent cross-contamination, including placing the cleaning cloth in the sanitizer bucket after each use. All residents have the potential to be affected by this practice. The Director of Food Services educated the cooks, at the Legacy kitchen, on 8/6/25 on cleaning and sanitizing practices that prevent cross-contamination, including placing the cleaning cloth in the sanitizer bucket after each use. Clinical Support and the Director of Health Services reviewed medical record events for the 30 days, from 7/12/25 – 8/11/25, for all skilled residents that reside in the Legacy building for signs and symptoms of gastrointestinal infections and foodborne illnesses; no issues were identified due to the alleged deficient practice. The Executive Director, Director of Food Services and Culinary Support initiated education on 8/11/25 for all dietary staff on dietary sanitation. All dietary staff completed this education by 9/3/25; which included completing a post test by the dietary staff to ensure understanding of sanitizing practices and prevention of cross contamination. All dietary staff were required to achieve 100 percent on the post test. If 100 percent was not achieved, the employee was not allowed to work until 100 percent was achieved. All cooks also completed the Servsafe Manager's education course on 9/3/25. The Executive Director, Legacy Neighborhood Director or Director of Food Services will conduct daily sanitation audits (Monday-Friday) of the Legacy kitchen for four weeks starting 8/11/25 and, at a minimum, weekly after 09/08/25 for two months. The aforementioned department heads will immediately ensure compliance and any follow-up needed based on the results of the audits. The results of the audits will be forwarded to the QAPI committee. The Willows at	09/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(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	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Hamburg	**2531 Old Rosebud Road , Lexington, Kentucky, 40509**

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F0812 SS = E	Continued from page 4 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.	F0812	Continued from page 4 Hamburg does not use agency staffing. All new hires in dietary receive dietary sanitation education during orientation, including cross-contamination. Results of the Legacy kitchen sanitation audits, including any deficient practice found, and the dietary education post test scores will be presented to the QAPI committee by the Director of Food Services during the monthly QAPI meeting that will be held on 9/11/25, for a minimum of three months, and evaluated for further remedies. The QAPI committee consists of the Executive Director, Director of Health Services, Assistant Director of Health Services, Director of Plant Operations, Director of Social Services, Life Enrichment Director, MDS Coordinator, Director of Food Services, Medical Director.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 101136	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Hamburg	**2531 Old Rosebud Road , Lexington, Kentucky, 40509**

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N0000	Initial Comments A Relicensure and Complaint survey was concluded on 08/08/2025. The facility was found to have regulatory violations. Survey Dates: 08/05/2025 to 08/08/2025. Survey Census: 53 No deficiencies were issued related to 699011 (KY00044482), 699008 (KY00045210), and 699009 (KY00046212). The closed complaints reviewed during the survey included: KY00037958, KY00038359, KY00039296, KY00040652, KY00045610, KY00046179, and KY00046643.	N0000		08/22/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185470	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - THE WILLOWS AT ... B. WING	(X3) DATE SURVEY COMPLETED 08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Hamburg	2531 Old Rosebud Road , Lexington, Kentucky, 40509

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K0000 Bldg. 01	INITIAL COMMENTS 42 CFR 483.90(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 2011 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: One (1) story (2011), Type V (111), protected combustible construction with four (4) smoke compartments and a complete automatic wet and dry sprinkler system. A Life Safety Code Recertification Survey was initiated on 08/06/2025 and concluded on 08/06/2025, in accordance with 42 Code of Federal Regulations (CFR), Subpart 483:90(a) Requirements for Long Term Care Facilities. During this Recertification Survey, The Willows at Hamburg was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.	K0000		

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185470	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - THE LEGACY AT T... B. WING	(X3) DATE SURVEY COMPLETED 08/06/2025

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K0000 Bldg. 02	INITIAL COMMENTS 42 CFR 483.90(a) K3 BUILDING: 0102 K6 PLAN APPROVAL: 2011 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: One (1) story (2011), Type V (111), protected combustible construction with four (4) smoke compartments and a complete automatic wet and dry sprinkler system. A Life Safety Code Recertification Survey was initiated on 08/06/2025 and concluded on 08/06/2025, in accordance with 42 Code of Federal Regulations (CFR), Subpart 483:90(a) Requirements for Long Term Care Facilities. During this Recertification Survey, The Willows at Hamburg was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.	K0000		

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185470	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2025

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E0000	Initial Comments 42 CFR 483.73 Type of Structure: One (1) story (2011), Type V (111), protected combustible construction with four (4) smoke compartments and a complete automatic wet and dry sprinkler system. The facility consists of two (2) buildings, The Willows at Hamburg Building and The Legacy at Hamburg Building. An Emergency Preparedness Recertification Survey was conducted on 08/06/2025, in accordance with 42 Code of Federal Regulations, Subpart 483.73 (a)(3): (emergency preparedness) Requirements for Long Term Care Facilities. During this Recertification Survey, The Willows at Hamburg was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.	E0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE