| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 025018 | A. Building<br>B. Wing | 11/01/2024 |

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| Providence Transitional Care Center | 910 Compassion Circle<br>Anchorage, AK 99504 |

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| F 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are fully informed and understand their health status, care and treatments.<br><br>50031<br><br>Based on record review and interview, the facility failed to obtain informed consent prior to administering psychotropic medications (medications in the class of either antipsychotics, antianxiety, or antidepressants that would have affected behavior, mood, thoughts, or perception). Specifically, the facility made changes to the medication orders for one resident (#8) out of 5 sampled residents for unnecessary medications. This failed practice denied the Resident and/or Resident's Representative the right to consent to medications and be informed of the risk and benefits for the medications use.<br><br>Findings:<br><br>Resident #8<br><br>Record review on 10/28/24-11/1/24 revealed Resident #8 was admitted to the facility with diagnoses that included schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), anxiety, agitation, and insomnia.<br><br>Hydroxyzine (brand name: Vistaril) classified as an antihistamine medication:<br><br>Review of Psychotropic R[isks] & B[enefits], dated 8/7/24, revealed: Psychotherapeutic Drug Started: 8/7/24 . Hydroxyzine, Diagnosis of resident, Anxiety, Dose of Drug: 25mg BID [twice daily] as needed, Route: po [by mouth], Risk & Benefits Explained to: [Resident Representative (RR) #1], To Give Drug: Approved.<br><br>Review of Physician Orders, dated 10/22/24, revealed: .3) Stop Vistaril 25mg PO BID, 4) Vistaril 25 mg po TID [three times daily], DX: Anxiety.<br><br>Review of Physician Orders, dated 10/23/24, revealed: Order Clarification, Hydroxyzine 25mg PO [by mouth] TID [three times a day] PRN [as needed] x 21 days, DX [diagnosis]: Anxiety.<br><br>Review of medication administration record, dated 10/2024, revealed Hydroxyzine 25mg was given on 10/25/24 (3 doses) and 10/28/24 (3 doses) for a total of 6 doses for anxiety.<br><br>Record review on 10/29/24 at 12:30 PM, revealed no documentation of a Psychotropic R & B for Resident #8's increased administration frequency of hydroxyzine 25mg to three times daily.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Aripiprazole (brand name: Abilify) classfied as an antipsychotic medication:<br><br>Review of Psychotropic R & B, dated 9/10/24, revealed: Psychotherapeutic Drug Started: 9/10/24 . Aripiprazole, Diagnosis of Resident: Schizophrenia, Dose of Drug: Aripiprazole increase to 25mg to 20mg daily, Route: by mouth, Risk & Benefits Explained to: [RR #1] To Give Drug: Approved.<br><br>Review of Physician Orders, dated 10/22/24, revealed: 1) Stop Abilify 25mg daily, 2) Abilify 30 mg Q [every] am PO, DX: Schizophrenia .<br><br>Review of medication administration record, dated 10/24/24 revealed, Abilify 30mg was given daily on 10/24-31/24 (8 total doses) for schizophrenia.<br><br>Record review on 10/29/24, at 12:30 PM, revealed no documentation of Psychotropic R & B for Resident #8's increased dosage of Aripiprazole to 30mg daily.<br><br>During an interview on 10/29/24 at 11:59 AM, RR #1, stated the facility did not inform him/her that Resident #8's Abilify had been increased to 30 mg daily.<br><br>During an interview on 10/30/24 at 3:40 PM, Nursing Supervisor (NS) #2 stated when psychotropic medications were started or changed, residents or the representatives were given the risk and benefits of the medication so they could make an informed decision before the start of the medication. NS #2 stated the family had not been notified that Resident #8's Abilify was increased to 30mg daily on 10/22/24.<br><br>Review of the facility's policy Psychotropic Medications, last approved 7/2024, revealed: . B. Definition (s) Psychotropic Medication- Any drug that affects brain activities associated with mental process and behavior. This includes antipsychotics . In, addition, other mediations that affect brain activity when used as a substitute for a psychotropic medication. This includes antihistamines . C. General Provisions .2. Residents or their representative are advised of potential risks versus benefits of psychotropic medication therapy. |

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| F 0568<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50031<br><br>Based on interview and record review, the facility failed to provide quarterly statements for personal fund accounts to one resident (#8's) Resident's Representative (RR), out of 1 sampled resident whose money was held by the facility. This failed practice placed the Resident and/or his/her RR at risk for not receiving a complete and accurate accounting of his/her personal funds entrusted to the facility.<br><br>Findings:<br><br>Record review on 10/28/24-11/1/24 revealed Resident #8 was admitted to the facility with diagnoses that included schizophrenia (serious mental illness that affects how a person thinks, feels and behaves).<br><br>During an interview on 10/29/24 at 11:59 AM, Resident #8's Resident Representative (RR) #1stated that he/she had not received any bank statements from the facility.<br><br>During an interview on 10/31/24 at 12:20 PM, LN #5 stated Resident #8 had a POA [RR #1] that was declared for financial obligations. LN #5 stated the resident's face sheet should identify who the financial POA was and not the resident. LN #5 stated that the financial POA should be receiving the resident's bank statements.<br><br>During and interview on 10/31/24 at 12:57 PM, Business Officer (BO) #1 stated Resident #8 had a personal funds account with the facility. BO #1 stated quarterly statements were provided quarterly to the resident. When asked who the facility was sending the statements to, BO #1 stated the resident, we have been sending them to [his/her] home address in [NAME]. When asked if BO #1 was aware the resident had a POA for his financial obligations, BO #1 stated, No, we do not have that information.<br><br>Review on 10/31/24 of Resident #8's Face Sheet, revealed: . Financial Responsible Party, [Resident #8] .<br><br>Review on 10/31/24 of Resident #8's Power of Attorney, dated 11/13/19, revealed: . Name of individual you choose as your agent: [RR #1] . Section 3. [NAME] the boxes below to indicate the powers you want to give your agent or agents . (D) Banking transactions .<br><br>Review of the facility's policy Resident Trust Account, dated 3/2023, revealed: . 7. Statements are provided to the resident or resident's representative quarterly and upon request.<br><br>Review of the Providence Transitional Care Center, A Handbook for Residents and Families, dated 1/2024, revealed: . Bank statements showing all transactions, including interest earnings, are provided quarterly. |

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| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>43792<br><br>Based on record review and interview, the facility failed to investigate and resolve a grievance for 1 resident (#18), out of 12 sampled residents. This failed practice violated the Resident's right to have a grievance investigated and resolved.<br><br>Findings:<br><br>During an interview on 10/28/24 at 12:00 PM, Resident #18 stated, I have been upset with cares . I was put into a sling [lift to transport resident to bathroom or transfer to a wheelchair from bed or chair] and given drugs . I was violated. The resident stated recalling waking up on a ceiling lift sling in February 2024 with a pain in the vaginal area and realized he/she was being catheterized without his/her permission or knowledge. Licensed Nurse (LN) #3 was the nurse. Resident #18 stated further, I was not hurt in the catheterization incident. Resident #18 stated his/her complaints were not always investigated and resolved.<br><br>Review of the Resident Concern and Feedback Communication, dated 4/10/24, revealed the facility failed to show a grievance was fully investigated and the facility failed to document the resident was informed of the outcome of the facility's investigation. The complaint centered around the resident's complaint about being catheterized in a ceiling lift sling. There was no evidence that the complaint was investigated in the documentation provided by the facility.<br><br>Review of the Notes, dated 2/25/24 revealed: Late Entry: 2/24/24, Purpose of Note: New or Sudden Onset/change in condition: somnolence [excessive sleepiness] . Noted patient somnolent also as per NOC [night] RN who was passing meds at 2000 [8:00 PM] . [Resident #18] said . needed to pee. Used the lift and took patient to bathroom with assistance. Patient tend to fall back asleep, reminded that [he/she] needed to void. Patient unable to void after staying with patient for almost 15 minutes. Patient placed back in bed . Encouraged patient to void, urinal provided with CNA [Certified Nursing Assistant] at bedside. Patient unable to void, explained to patient that [he/she] needs to be bladder scanned as [he/she] hasn't voided since last shift. Patient agreed. Bladder scanned performed on patient, obtained 590 mls [milliliter] . Patient still disoriented, saying [he/she] was saying [he/she] was seeing a 'tool' by the wall, told [him/her] it was the wall clock. Notified hospitalist of patient's change in condition, scanned of 590 ml. Obtained order for straight cath [catheter- a flexible tube inserted into the bladder to drain urine or collect a sample]1. Informed patient with CNA at bedside will need to straight cath to empty [his/her] bladder. Explained to patient that it is a one-time straight cath order. With CNA assisting, attempted to straight cath patient, unable to cath patient as patient felt uncomfortable and told us to stop. Informed patient that we will try to get [him/her] to the bathroom again which this RN and CNA did using the lift. Patient still not able to void after staying with patient in bathroom about 10-15 minutes. Patient was put back in bed, placed attends [incontinence briefs] on, kept [him/her] comfortable and [he/she] went back to sleep. Reported to incoming day RN that [he/she] wasn't able to void [urinate] just yet. This was signed by LN #3. A physician order dated 2/25/24 signed by the physician revealed: Straight cath patient X1.<br><br>(continued on next page) |

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| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Further review of the Notes, dated 2/25/24 at 2:37 PM, revealed: Late entry 2/25/24 12:01 PM . Patient verbally requested to the Anchorage Fire Department with staff present to be sent via Anchorage Fire Department to the emergency room . The fire department assisted the patient in transferring to the gurney and transported patient leaving the facility at 12:40 PM. This was completed by LN #7.<br><br>Further review of the Notes dated 2/25/24 at 5:07 PM, revealed: [Resident #18] returned to floor with EMTs [Emergency Medical Technicians] 5:11 PM While in ER [emergency room ], they drew labs, labs came out good. They also tested [his/her] urine. No UTI [urinary tract infection]. They gave [him/her] a dose of Prednisone. This was completed by LN #6.<br><br>Review of the Grievance Log for 2024 included a Resident Concern and Feedback Communication Form dated 4/11/24. Under the My Concern section on this form was written: [Resident #18] shared a concern that [he/she] was upset with LN #5 that [LN#5] wanted to put a cath [catheter] in [him/her] while [he/she] is a sling. [Resident #18] called APD [Anchorage Police Department] to report [LN #5]. This was signed by the prior administrator. The Follow Up . section was left blank in: Situation. Background. Assessment. Recommendation. Initial Contact with Person submitting concern: Date/Time/Name and 5 Day contact with person submitting concern: Date/Time/Name.<br><br>Further review of the grievance log revealed: the prior administrator had completed a narrative describing the complaint: On April 10th I was notified that [Resident #18] wanted to speak with me . I met with [Resident #18] where [he/she] began to tell me [he/she] was upset with 4 caregivers, primarily [LN #5]. Before [Resident #18] could explain . concerns were the APD officer arrived to speak with [Resident #18]. [Resident #18] asked me to leave so [he/she] could talk to the officer. After the officer met with [Resident #18], [he/she] came out and stated that [he/she] took [his/her] concern and will be passing it off to a detective . [The officer] also stated that 'this was not a police matter' and [he/she] did not believe the detectives would have much to do with it. I went back to the conference room to talk with [Resident #18]. The conversation with [Resident #18] was all over the place, [he/she] was jumping from one topic to another and at times I had a challenging time following what [his/her] actual concern was. What [Resident #18] wanted to share with me was that [LN#5] and three other caregivers wanted to put a catheter in [him/her] while [he/she] was in a lift sling. I could not get any specific details about the event just that [he/she] was focused on [LN#5]. I met with [Resident #18] for an hour. After meeting with [Resident #18], I followed up with [the Director of Nursing (DON).] [The DON] shared that the event [Resident #18] is referring was in February and had already been followed up on. The ombudsman had been part of the follow up. I submitted a resident concern form on [his/her] behalf on the issue again and have forwarded it to our grievance official. Signed [prior administrator].<br><br>During an interview on 11/1/24 at 10:00 AM, the DON stated that he/she had explained to the patient that the catheterization was not done in the sling and the bed was the place for catheterization. The DON added that he/she had not documented anything on the follow up to the ombudsman or Resident #18. The DON stated the complaint was not thorough with its documented investigation and follow-up.<br><br>(continued on next page) |

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| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 11/1/24 at 1:24 PM, when asked the grievance process, the Director of Quality (DOQ) stated, the resident would bring the concern to the nursing department and then the nursing department addressed the issue and then formed a complaint. There were five days to address the complaint and update the complainant about the resolution. Sometimes a letter will be sent. Some complaints were addressed immediately like lost dentures or a missing phone. The DOQ further stated significant complaints would take significant work. The prior administrator asked the DOQ to follow up after APD visited Resident #18. APD informed the resident there was no crime, which concluded the police investigation. The DOQ stated her interaction with Resident #18 was limited because of a previous encounters between the DOQ and the resident. The DOQ agreed that the documented investigation and resident follow-up in the grievance log were not complete.<br><br>Review of the Resident Concerns and Grievances, dated 5/2024, revealed, All residents have the right to file concerns and prompt resolution . 2. Grievance Officer or Designee a. Oversees the grievance process .b. Monitors for completeness and timeline for completion when receives notification c. leads and supports investigations d. reviews concern and investigation with Administrator and Director of Nursing as appropriate; determines any need for further follow-up . f. ensures written follow-up of decisions when appropriate. Written response to a grievance must include 1. The date the grievance was received; 2. A summary of pertinent findings or conclusions; 3. A statement as to whether the grievance was confirmed or not; 4. The steps taken to resolve the grievance 6. The date the written decision was issued . PEC Cottage Manager/designee or PTCC Nurse manager/ shift supervisor . in coordination with the grievance officer . b. contacts the individual lodging concern within 24 hours to acknowledge receipt and pending investigation, c. investigates the concern; d. prevents potential violations of resident's rights during investigation; e. contacts the individual lodging the concern to report findings and outcome of the issue within 5 days f. completes written response g. sends copy to the director of nursing within 5 days . |

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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>42377<br><br>Based on record review and interview, the facility failed to ensure a comprehensive care plan was updated according to the resident's current dental status for 1 resident (#3), out of 12 sampled residents. This failed practice placed the resident at risk of not receiving appropriate care.<br><br>Findings:<br><br>Record review on 10/28/24 -11/1/24, revealed Resident #3 was admitted to the facility with diagnoses that included fracture of the femur (thigh bone), facial weakness and dysphagia (difficulty swallowing).<br><br>During an interview on 10/28/24 at 2:30 PM, Resident #3 stated he/she lost his/her dentures in his/her room. Resident #3 stated he/she reported it to the staff. The facility staff including the Director of Nursing (DON) searched for the missing dentures but were not found.<br><br>Review of the ST [Speech Therapy] NOTES (all), dated 9/17/24, revealed: . [Resident #3] reporting lost dentures Friday afternoon, increased difficulty [and] effectively chewing foods. Nurse supervisor[unknown] downgrading [Resident] to soft and bite size diet textures.<br><br>Review of the Nutrition Notes, dated 10/9/24, revealed: .Nutrition Consult: re: dental soft diet, . [Resident #3] edentulous (lack of teeth), unable to chew. Status/Assessment: Staff reports . [Resident #3] lost [his/her] dentures. [Resident] states [he/she] is unable to eat this (pointing to [his/her] soft and bite sized lunch), provided . [Resident] with [his/her] request for lunch of mashed potatoes with gravy and ranch dressing, cream of wheat with brown sugar .<br><br>Review of the Minimum Data Set (MDS) Note, dated 10/29/24 at 12:46 PM, revealed: . [Resident #3] states [his/her] dentures were lost, making it difficult for others to understand [him/her] and to chew [his/her] food. [He/she] states because [he/she] lost [his/her] dentures, [he/she] has to be on 'soft diet that really sucks.' [he/she] is aware [he/she] has a dental appointment . [on] December 31st [2024] .<br><br>Review of Resident #3's Care Plan, on 10/30/24 at 11:54 AM, revealed the care plan was dated 9/6/24 . I need to wear dentures because I have problem swallowing, have lost all my teeth I show this by having easy to chew consistency diet, having upper dentures. I need my aides to take care of my dentures as needed, help me wear my dentures comfortably, I need my Dietary staff to mechanically altered food so I can eat without choking, I need everyone to .make sure I'm wearing my dentures.<br><br>During an interview on 10/30/24 at 1:55 PM, the DON stated the facility investigated Resident #3's dental concern. The facility was not able to find the missing dentures so the facility set-up the Resident's dental appointment in November 2024 and the Resident would get his/her dentures in December 2024.<br><br>(continued on next page) |

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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 11/1/24 at 11:55 AM, when asked if the Resident #3's comprehensive care plan should have been updated according to his/her current dental status, the DON stated the care plan should have indicated no dentures. She further stated the MDS nurse or nursing staff should have changed the care plan.<br><br>The DON confirmed on 11/1/24 at 1:09 PM that the comprehensive care plan was not updated according to Resident #3's current dental status and the MDS nurse would update the care plan.<br><br>Review of the facility's policy Individualized Care Plan, dated 2/2024, revealed: . The Plan of Care is kept up to date every 90 days and as changes happen. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>43792<br><br>Based on observation, interview, and record review, the facility failed to ensure inappropriately labeled medications and supplies were not used for wound care for one resident (#17) out of 1 resident observed for wound care. This failed practice placed the resident at risk for receiving expired medications and expired wound cleansing solution.<br><br>Findings:<br><br>An observation, during Resident #17's wound care, on 10/31/24 at 2:45 PM, revealed Licensed Nurse (LN) #2 and LN #1 placed wound care dressing supplies onto a bedside table with a clean field draped over the table. LN #2 placed an opened tube of Triamcinolone Acetonide Ointment with a manufacturer's expiration date of 1/2027 onto this field. This tube had a black handwritten ink letter, B and no other labeled identification of the initials of who opened the tube or date of when the tube had been opened. LN #2 also placed two opened bottles of Vashe wound cleansing solution with the same manufacturer's expiration date of 8/31/25 onto this clean field. These bottles of Vashe wound cleansing solution had no label of when the bottles were opened or initials of whom opened these bottles. LN #2 with the assistance of LN #1 completed the wound care on the Resident's buttocks area using the Vashe wound cleansing solution placed on gauze to cleanse the wound, applied of the ointment onto the wound, and covered the wound with a Mepilex dressing.<br><br>During an interview on 10/31/24 at 3:00 PM, LN #2 stated, when asked if the ointment and wound cleanser were labeled with the initials of who opened the bottles of wound cleanser and tube of ointment and date when the items were opened, he/she stated that the items had not been labeled with an open date or the complete initials of who opened the wound care cleanser bottles and the ointment tube and should have been appropriately labeled.<br><br>Review of Providence Anchorage Long Term Care Nursing Protocol Medication Labeling, dated 3/2024, revealed, This protocol promotes labeling medications that have defined expiration periods with open and expiration dates . Nursing will place a label on the medication once opened that has an open date, expiration date and initials. |

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|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50031<br><br>51614<br><br>.<br><br>Based on observation, interview, and record review the facility failed to ensure foods were stored and labeled in accordance with professional standards for food safety for all residents (based on a census of 43). Specifically, the facility failed to ensure: 1) foods were labeled and dated; 2) foods were being stored at safe temperatures in the Northside and Southside dining room kitchens and 3) expired foods were discarded. These failed practices had the potential of causing or spreading foodborne illness to all residents, who received food from the affected kitchens.<br><br>Findings:<br><br>Main Kitchen:<br><br>An observation, during the initial main kitchen tour, on [DATE] at 8:35 AM, revealed:<br><br>1) Dry Storage/Pantry area:<br><br>- Two 7lbs cans of expired Monarch Pork & Beans cans labeled with Rec [Received], dated [DATE] and UB [Used By], dated [DATE];<br><br>2) Walk-In Cooler:<br><br>- Six 11-ounce container of expired Premier Protein Chocolate Shakes with a manufacture expiration date of [DATE];<br><br>- One plastic bag of green and red whole apples without Rec or UB dates labeled;<br><br>- One large clear glass jar of unidentified contents without open date; Rec or UB dates labeled;<br><br>3) Walk-In Freezer:<br><br>- One expired large clear plastic container labeled, Fries without Rec date; but had UB [DATE];<br><br>- Three expired aluminum containers labeled, Goat Meat with UB, [DATE];<br><br>An observation, during the main kitchen tour, on [DATE] at 8:32 AM, revealed:<br><br>1) Walk-In Cooler:<br><br>- One expired small metal pan, labeled Ham UB [DATE];<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 025018 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Providence Transitional Care Center | 910 Compassion Circle<br>Anchorage, AK 99504 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | - One expired medium metal pan, labeled Can Corn Open [ed] [DATE] UB [DATE].<br><br>North Side Dining Room Kitchen:<br><br>An observation, during a North Side kitchen tour, on [DATE] at 9:30 AM, revealed:<br><br>1) Refrigerator: North Side temperature log had 6 temperatures missing for the following dates: ,d+[DATE]-, d+[DATE], [DATE], ,d+[DATE]-,d+[DATE] and [DATE].<br><br>2) Freezer: North Side temperature log had 6 temperatures missing for the following dates: ,d+[DATE]-, d+[DATE], [DATE], ,d+[DATE]-,d+[DATE] and [DATE].<br><br>3) Kitchen cabinet:<br><br>- One half full 0.11-ounce package [NAME] Light Sugar Free Fruit Punch, without open date label;<br><br>- One half full 60-ounce Ocean Spray 100% Apple Juice, without open date label.<br><br>South Side Dining Room Kitchen:<br><br>An observation, during a South Side kitchen tour, on [DATE] at 9:34 AM, revealed:<br><br>1) Refrigerator: South Side, temperature log had 4 temperatures missing for the following dates: [DATE], , d+[DATE]-,d+[DATE], [DATE].<br><br>2) Freezer: South Side, temperature log had 4 temperatures missing for the following dates: [DATE], , d+[DATE]-,d+[DATE], [DATE].<br><br>3) Small Refrigerator:<br><br>- One half gallon of milk without open date and UB date label;<br><br>- Six expired half Turkey sandwiches, labeled ,d+[DATE] [[DATE]];<br><br>- Two expired half Peanut Butter sandwiches, labeled ,d+[DATE] [[DATE]]<br><br>During an interview on [DATE] at 9:20 AM, the Dietary Manager (DM) stated all containers should have been labeled with a received date, open date, and use by date. If the food was not used by the used by date, then the food should have been thrown away. The DM further stated the refrigerator and freezers required daily documentation of the temperature.<br><br>Review of the facility's policy LABELING FOR RECEIVING AND STORAGE OF FOOD ITEMS, revised on , d+[DATE], revealed: 1. All items received in the department will be labeled with a U. B. (use by) date . 2. Dry storage items will be discarded in following the shelf-life list from the use by date unless expiration date is noted on the item and the expiration date will be used as the date of discarding . 4. Items left in their original containers will have an opened date . The date will say Open Date . use by date . 7. Items repackaged or processed within the department will be labeled with a use by date for 3 days later. The Label will say use by . (example: Month/Day/Year must be written). |