STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055079	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission View Health Center	1425 Woodside Drive San Luis Obispo, CA 93401

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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to ensure foods were kept safe, in good quality, free of contaminants and properly labeled with received and within expiration dates. This failure has the potential for food borne illnesses for the residents. Findings: During the initial tour of the kitchen on 12/16/25 at 7:30 a.m., the following items were observed: A box of strawberries had mold at the bottom of the box; an opened bag of cucumbers, an open bag of carrots and a bag of salad had no label with open and use by dates. During an Interview on 12/16/25 at 7:30 a.m. with Dietary Assistant (DA), the DA validated the findings and verbalized that the staff should have inspected the produce and have labeled the items with the opened and use by dates of the produce. During an observation on 12/16/25 10:00 a.m. at station 1, the resident refrigerator was inspected. The following were identified: 3 soup cups with the use by date of 12/14, 2 soup cups with a use by date of 12/15; 2 sandwiches with a use by date of 12/13; 6 sandwiches with use by date of 12/15. During an interview on 12/16/25 at 10:00 a.m. with CS (Clinical Supervisor), the CS verbalized that the kitchen staff should have disposed of it. During an interview on 12/17/25 at 3:30 p.m. with the DA, the DA verbalized that the dietary staff are held responsible for the foods at the patient's refrigerators. During a review of the facility's Policies and Procedures (P&P) titled, Food Storage, dated 2022, the P&P indicate in part, 7. All stock must be rotated with each new order received, rotating stock is essential to assure the freshness and highest quality of all foods. a. old stock is always used first; b. food should be dated as is placed on the shelves. c. dates should be visible on all high-risk food.

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