

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Community Memorial Continuing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1306 Maricopa Hwy Ojai, CA 93023	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43019</p> <p>Based on observation, interview and record review, the facility failed to properly label food items for their received, opened and expiration dates before storage.</p> <p>This failure had the potential to cause food borne illnesses to the residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 1/13/25 at 10:25 AM, with the Director for Food and Nutrition Services (DFNS), the following food items were found to be unlabeled/undated as to when they were received, opened or when they will expire: one bag of partially opened green beans unlabeled/undated; one bag of blueberries in zip lock bag, unlabeled/undated; one bag of six hamburger patties unlabeled/undated; two bags of turkey sealed unlabeled/undated, one bag of beef sealed unlabeled and undated. The DFNS validated the finding.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Receiving, the P&P indicated in part, J. Date foods prior to placing in storage areas; K. Produce is labeled with the date received</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
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