

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Camellia Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 N. Fair Oaks Avenue Pasadena, CA 91103	
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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44018</p> <p>Based on observation and interview, the facility failed to store food in accordance with professional standards for food service safety by:</p> <ol style="list-style-type: none"> 1. Failing to ensure three (3) opened/used packages of eight (8) ounces (oz - unit of measurement of volume) ground coffee was labeled with open date. 2. Failing to discard expired 3 food items found in the facility's walk- in refrigerator. <p>The deficient practice had the potential to result in growth of bacteria and transmission of foodborne illness (food poisoning) with symptoms including upset stomach, stomach cramps, nausea, vomiting, and diarrhea and could lead to other serious medical complications and hospitalization of the residents in the facility.</p> <p>Findings:</p> <p>During a concurrent observation in the facility's kitchen and interview on [DATE] at 11:20 PM, with the Dietary Manager (DM), observed three 8-oz packages of ground coffee in the rolling cart without label of open date. DM stated all items that were being opened in the kitchen should have a label of the date when it was opened. DM also stated items without a label of open date were not safe to consume because of uncertainty of when it was opened and if it was still good to consume or not.</p> <p>During a concurrent observation in the walk- in refrigerator and interview on [DATE] at 1:36 PM with the DM, several expired items were observed:</p> <ol style="list-style-type: none"> a. One bottle of one (1) gallon apple cider vinegar with used by date of [DATE]. b. Two (2) boxes of oatmeal cookies with used by date of [DATE]. c. One container of fried bean with used by date of [DATE]. <p>DM stated expired items were no good and should not have been stored in the walk-in refrigerator because the facility could serve them to the residents and residents could get sick.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056316
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Director of Nursing (DON) on [DATE] at 2:40 PM, the DON stated the safe food handling practices were to discard expired food items and labeled items with open date and used by date upon opening the items to prevent foodborne illness.</p> <p>A review of facility's policy and procedure (P&P) titled Food Receiving and Storage dated [DATE], indicated foods shall be received and stored in a manner that complies with safe food handling practices and all food stored in the refrigerator or freezer will be covered, labeled, and dated (use by date).</p>		