

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Osprey Point Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 North Main Street Bushnell, FL 33513	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44571</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was safely stored, labeled, or discarded in the areas of the kitchen and walk-in cooler.</p> <p>Findings include:</p> <p>During an observation while conducting an initial tour of the kitchen on [DATE] at 10:05 AM with the Certified Dietary Manager (CDM), there were one large container of sour cream on a shelf with an expiration date of [DATE] and three rolls of a meat product on another shelf without an identifying label in the walk-in cooler. In the walk-in freezer, there was one bag of tots that had a hole exposing the food product to the elements that could result in freezer burn. On the bread rack, there were two partial loaves of bread that did not have an expiration date on the package and were not labeled with the open date.</p> <p>During an interview on [DATE] at 10:10 AM, the CDM confirmed the products identified as expired and/or not labeled. The CDM stated that the container of sour cream should have been discarded on [DATE] and the rolls of meat were turkey and should have had an identifying label as the product was out of the original container and the bread should have had an open date on each package.</p> <p>During an interview on [DATE] at 8:17 AM, when requested for the policy and procedures related to food storage, the Registered Dietician (RD) stated the facility goes by the Food Code and not a particular policy.</p> <p>Review of the U.S. Food and Drug Administration's (FDA) Food Code and the Centers for Disease Control and Prevention's (CDC) food safety guidance as national standards to procure, store, prepare, distribute, and serve food in long term care facilities in a safe and sanitary manner showed it read, Food Receiving and Storage - When food, food products or beverages are delivered to the nursing home, facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage, keeping track of when to discard perishable foods and covering, labeling, and dating all PHF/TCS foods stored in the refrigerator or freezer as indicated.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44571</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe and sanitary environment while assisting residents with meals for 1 of 3 residents reviewed, Resident #42.</p> <p>Findings include:</p> <p>During an observation on 3/10/25 at 12:22 PM in the dining room, Staff A, Certified Nursing Assistant (CNA), was assisting Resident #42 with a partially eaten tuna fish sandwich during lunch. Staff A had the partially eaten sandwich in her bare hands encouraging Resident #42 to take another bite.</p> <p>During an interview on 3/10/25 at 12:23 PM, Staff A, CNA, confirmed she had the sandwich in her bare hands. Staff A stated she was trying to get the resident to take the sandwich, and acknowledged she was handling it with her bare hands and should have used a utensil or gloved hand.</p> <p>During an interview on 3/10/25 at 12:30 PM, the Director of Nursing (DON) stated that good hand hygiene was mandatory for any staff assisting residents with their meals.</p> <p>During an interview on 3/12/25 at 12:05 PM, the Infection Preventionist (IP) stated, For a staff member to handle a resident's food with bare hands, that would be considered an infection control issue as standard precautions were not followed for safe food handling.</p>