STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106057	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Estero	3850 Williams Road Estero, FL 33928

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, review of facility's policies and procedures and staff interviews, the facility failed to ensure the proper storage of refrigerated food in accordance with professional standards for food service safety.This has the potential to affect all 150 residents who consume an oral diet at the facility.The findings included: On 1/26/26 at 9:26 a.m., observation of the food in the walk-in refrigerator revealed:An undated bag of cantaloupe.A box of slices of bacon stored in an opened card box without appropriate covering or containment. The slices of bacon were exposed to air and were not stored in a sealed container. In an interview during the observation, the Director of Food Service verified that the bacon was not stored in a sealed container and verified the bag of cantaloupe was undated. Photographic evidence obtained.Review of the facility's policy for Food Safety with an effective date of 11/28/17, and a review date of 5/1/25 revealed Policy: Food is stored and maintained in a clean, safe and sanitary manner following federal, state, and local guidelines to minimize contamination and bacterial growth. Procedure: Pre-packaged food is placed in a leak-proof, pest-proof, non-absorbent, sanitary (NSF) container with a tight-fitting lid. The container is labeled with the name of the contents and date (when the item is transferred to the new container). Use by Date is noted on the label or product when applicable.

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