STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106124	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Fleming Island	2040 Town Center Blvd Fleming Island, FL 32003

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 food service observations, staff interviews, and a review of facility policies and procedures, the facility failed to follow proper sanitation and food handling practices to prevent the outbreak of foodborne illness, by failing to ensure food items were properly labeled and dated in both the main kitchen and nourishment rooms. This deficient practice prevents staff from determining appropriate use and increases the risk of pathogen exposure. This failure had the potential to affect all residents who consumed food items from the main kitchen and/or the facility's nourishment rooms.The findings include:On 4/13/2026 at 10:16 AM, an observation of the walk-in refrigerator revealed three Mountain Dew mini cans and one carton of yogurt stored in a bag on the top shelf with no labels or dates.On 4/13/2026 at 1:26 PM, another observation of the walk-in refrigerator revealed the same items with no label or date. An observation of the freezer at this time revealed one bag of cut squash opened and one box of sub roll dough opened with no labels or dates. (photographic evidence obtained)On 4/14/2026 at 11:54 AM, an observation of the walk-in refrigerator revealed two Mountain Dew cans and one personal thermal container stored with no labels or dates. (photographic evidence obtained)On 4/15/2026 at 12:25 PM, an observation of the nourishment room revealed one container of ice cream with no label or date.On 4/15/2026 at 12:36 PM, another observation revealed two bottles of coffee creamer and two cans of Coca-Cola with no labels or dates. During the same observation, one opened container of yogurt was dated 4/13/2026, but was not marked with a resident name. (photographic evidence obtained)On 4/15/2026 at 11:41 AM, during an interview with Dietary Aide/Cook C, he stated he had been employed by the facility for five years. He further stated it was the responsibility of the kitchen staff to label products with the date received and to label and date opened items prior to returning them to the refrigerator, freezer, or dry storage. Dietary Aide/Cook C stated kitchen staff were responsible for stocking and maintaining the nourishment rooms.On 4/15/2026 at 12:00 PM, an interview with Assistant Kitchen Manager B revealed that she had been employed by the facility for five years. She stated all opened items were to be labeled with an opened date and should only be kept for three days after that date.Reference: FDA Food Code 2022. https://www.fda.gov/media/184685/download?attachment; (Accessed on 4/21/2026) Annex 5 - C. Intervention Strategies for Achieving Long-term Compliance. 4. Establish First-In-First-Out (FIFO) Procedures. Page 555. Product rotation is important for both quality and safety reasons. First-In-First Out (FIFO) means that the first batch of product prepared and placed in storage should be the first one sold or used. Date marking foods as required by the Food Code facilitates the use of a FIFO procedure in refrigerated, ready-to-eat, TCS foods. The FIFO concept limits the potential for pathogen growth, encourages product rotation, and documents compliance with time/temperature requirements.A review of the facility's policy and procedure titled Receipt of Food Storage Supplies (dated 10/20/2025), revealed:Policy Statement: It is the policy of PruittHealth that all food and supplies will be checked in and stored immediately upon delivery to ensure food safety. Scope: This policy applies to all dietary partners employed by PruittHealth and others as assigned. Procedures:. 6. Supplies removed from shipping boxes should be placed on shelves or in proper bins/containers the day of delivery. All supplies should be labeled and dated with delivery date. 7. The first in, first out (FIFO) method must be used to ensure proper rotation of all food items to help prevent spoilage.

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)
F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on facility documentation and staff interviews, the facility failed to develop, implement, and maintain an effective training program for all new and existing staff consistent with their expected roles, by failing to provide consistent food service training and reliable documentation of in-service training to kitchen staff, as well as accurate training records to reflect staff training attendance. Unsafe kitchen practices can lead to widespread foodborne illness outbreaks. This affected all kitchen staff members due to the facility's inability to produce training records with dates and signatures verifying staff attendance. Training was also produced for a staff member with dates prior to his date of hire. The findings include:During a tour in the kitchen on 4/14/2026 at 11:45 AM, Certified Dietary Manager (CDM) A was asked to provide staff training documents for the last three months. A review of the training documents provided by CDM A revealed evidence of one training session titled Calibrating Thermometer and Holding Temperatures on Tray Line (dated 4/14/2026). CDM A was asked to provide training documents for the last six months. A review of the training binder provided by CDM A revealed training titled Food Allergies (dated 1/23/2026 with a handwritten notation of redone 3/26/26), but there were no corresponding participant signatures or date(s) to verify staff attendance. Further review revealed a training document titled Fire safety (dated 4/10/2024) that had participant signatures but no date to indicate when staff completed the training. It also included a handwritten notation of redone 1-15-2026 with no corresponding participant signatures or date to verify staff attendance. Training documents titled Three-Compartment Sink Procedures (dated 4/10/2026) revealed another handwritten notation of redone 2/5/2026 with no documentation to indicate which staff attended the original training versus the redone training. Lastly, training documents titled Outdated Product (dated 5/5/2023) again revealed a handwritten notation of redone 3-15-2026 without clear documentation of who was in attendance. The documentation provided indicated a gap in required in-service training for kitchen staff, with the last recorded session occurring on 8/13/2024, prior to the 1/23/2026 review date.On 4/15/2026 at 1:15 PM while reviewing the training binder, it was noted that Dietary Aide D's signature was documented for the following training sessions conducted prior to his date of hire: Pureed Foods dated 3/15/2024; Always Available Cart and Supplies dated 3/9/2023; Training Session with no title, dated 3/22/2022; Temperatures dated 5/5/2023; Floors dated 5/5/2023, and Allergies dated 5/24/2022.On 4/15/2026 at 1:25 PM, a review of the employee roster with hire dates revealed that Dietary Aide D's hire date was 7/8/2025. A review of the Florida Background Screening Clearinghouse verified Dietary Aide D's employment history and revealed no prior employment at the facility. (Photographic evidence obtained)On 4/15/2026 at 1:50 PM, a review of Dietary Aide D's personnel file revealed documentation including a new partner information form, partner handbook acknowledgement, and non-solicitation and confidentiality agreement, each containing Dietary Aide D's printed name and signature, dated 7/8/2025.On 4/14/2026 at 12:45 PM, an interview with CDM A revealed that in-service training for kitchen staff was conducted monthly depending on the topic, and additional training was provided as needed when issues arose.On 4/15/2026 at 11:41 AM, an interview with Dietary Aide/Cook C revealed that he had been employed by the facility for five years. He reported that kitchen staff received training as needed.On 4/15/2026 at 1:30 PM, an interview with CDM A revealed that Dietary Aide D worked at the facility for approximately six months and had not been employed with the facility prior to that time.On 4/15/2026 at 2:13 PM, an interview with the Administrator revealed that training for dietary staff was conducted as needed and was not based on a set schedule or calendar, as the facility utilized an online training program to meet training requirements. A staff training policy and procedure was requested during this interview, and the Administrator stated the facility had no written policy and procedure for training requirements.