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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>115258 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>12/07/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Blue Ridge Care Center LLC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 West Memorial Drive<br>Dallas, GA 30132 |  |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, family and staff interviews, record review, and review of the facility's policy titled, Promoting/Maintaining Residents Dignity, the facility failed to protect the privacy of health information for one of three residents (R) (R19) reviewed for privacy. Specifically, the facility posted instructions on R19's wall that disclosed birthday, gender, medical identification, and picture. The deficient practice had the potential to place R19 at risk of a diminished quality of life in an environment that promotes the maintenance or enhancement of each resident's dignity. Findings include: Review of the facility policy titled, Promoting/Maintaining Residents Dignity dated 1/8/2025 documented under Policy: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident individually. Under the section Compliance Guidelines: .12. Maintain resident privacy. A review of the electronic medical record (EMR) for R19 revealed he had a diagnosis of but not limited to paraplegia, unspecified (loss of motor function below injury). A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] for R19 revealed in Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of 00, which indicates severe cognitive impairment. Observations on 12/5/2025 at 8:49 am and on 12/6/2025 at 9:00 revealed R19 had a posting titled, R19 Shower Day on the wall that disclosed private medical information. A telephone interview on 12/5/2025 at 11:28 am with a family member of R19 revealed she was not aware that the posting disclosed personal medical information and was not sure why it would be posted on the wall. In an observation and interview on 12/6/2025 at 11:46 with the Unit Manager (UM) AA confirmed that the poster should not be there and was unsure why rehabilitation services would post medical information. An interview on 12/6/2025 at 2:11 pm with the Director of Nursing (DON) revealed no staff should be posting residents medical information that may compromise the Health Insurance Portability and Accountability Act (HIPAA).</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on staff interviews, record review, and review of a policy titled, Use of Psychotropic Medication(s), the facility failed to ensure as needed psychotropic medication were ordered and limited to 14 days for one of five residents (R) (R 123) reviewed for un-necessary medications, The deficient practice had the potential to place the resident at risk for medical complications, unmet needs, and a diminished quality of life. Findings include: Review of the policy titled Use of Psychotropic Medication(s) date implemented 1/8/2025 revealed the Policy was to ensure that residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Under the section titled Policy Explanation and Compliance Guidelines under number 16 revealed psychotropic medications used as needed are limited to no more than 14 days unless the attending physician or prescribing practitioner believes it is appropriate to extend the order beyond 14 days and documentation is included from the physician or prescriber for the rationale to extend the time period and indicate a specific duration. Review of the electronic medical record (EMR) revealed R123 was admitted to the facility with pertinent diagnoses including but not limited to depression, anxiety, diabetes mellitus type two, long term use of insulin, and urinary tract infection. Review of R123's quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 10/29/2025 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates R123 was cognitively intact. Review of R123's care plan revealed the use of antianxiety, antidepressant, or hypoglycemic medications were not addressed. Review of the EMR revealed physician's orders for R123 included but were not limited to Alprazolam tablet 0.25 milligrams (mg), give one tablet by mouth every 12 hours as needed for anxiety. Start date was 11/10/2025 and the end date was documented as indefinite. Review of the November 2025 Electronic Medication Administration Record (eMAR) revealed Alprazolam was administered on November 13, 14, 15, 16, 23, 24, 25, and 29 of 2025. Two doses were administered after the 14th day of this order. Review of the December 2025 eMAR revealed Alprazolam was administered on December 1, 2, and 4 of 2025. Three doses were administered after the 14th day of this order. 12/7/2025 at 11:34 am during an interview with Licensed Practical Nurse (LPN) GG, she revealed that all PRN antipsychotic and psychotropic medication orders are limited to 14 days. During a review of R123's EMR with LPN GG, she confirmed and verified Alprazolam 0.25 mg was ordered as needed by the Nurse Practitioner and the stop date on the order was documented as indefinite. During an interview on 12/7/2025 at 12:09 pm with the Director of Nursing (DON), she confirmed and verified alprazolam 0.25 mg was ordered for R123 on November 10, 2025, and confirmed and verified the order was transcribed into the computer with a stop date of indefinite. She stated she thought the Nurse Practitioner was writing an order for this medication with a 14-day duration but instead the Nurse Practitioner herself entered the order in the EMR and marked the stop date as indefinite. She reviewed the November 2025 eMAR and verified and confirmed that R123 was given alprazolam on the 25th and 29th of November 2025 which was 15 and 19 days after the order was written. She reviewed the December 2025 eMAR and she verified and confirmed R123 was given alprazolam on December 1, 2, and 4 of 2025, which was 21, 22, and 24 days after the order was written on November 10, 2025. The DON stated her expectation was that stop dates for psychotropic medications be on a time frame of less than 14 days.</p> |  |  |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, staff interviews, and review of the facility policy's titled, Comprehensive Care Plans, Oxygen Administration, and Use of Psychotropic Medications, the facility failed to develop a person-centered comprehensive care plan for four of 48 sampled residents (R) (R71, R90, R21, and R123) out of 48 sampled residents. Specifically, the facility failed to develop a care plan for R71 related to an indwelling urinary catheter, failed to develop a care plan for R21 and R90 related to oxygen, and failed to develop a care plan for R123 related to psychotropic medication. The deficient practice had the potential to cause R71, R90, R21, and R123 not to receive necessary care and services. Findings include:</p> <p>Review of the facility policy, Comprehensive Care Plans dated 1/8/2025 revealed under Policy: It is the policy of this facility to develop and implement a comprehensive person- centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a residents medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality.</p> <p>Review of the facility policy Oxygen Administration dated 1/8/2025 revealed under Policy Explanation and Compliance Guidelines: . 4. The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders.</p> <p>Review of the facility policy Use of Psychotropic Medications dated 1/8/2025 revealed under Policy Explanation and Compliance Guidelines: . 14. The effects of the psychotropic medications on a resident's physical, mental, and psychosocial well-being will be evaluated on an ongoing basis, such as: d. In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice, manufacturer's specifications, and the resident's comprehensive plan of care.</p> <p>1. R71 was admitted to the facility with diagnosis that included but not limited to retention of urine.</p> <p>Review of the 11/22/2025 admission Minimum Data Set (MDS) for R71 revealed a Brief Interview for Mental Status (BIMS) score of 3, indicating severely impaired cognition, dependent with all Activities of Daily Living (ADLs), and has an indwelling urinary catheter.</p> <p>Review of the electronic medical record (EMR) for R71 revealed there was not a care plan in place for an indwelling urinary catheter.</p> <p>Review of the physician orders for R71 revealed orders dated 11/18/2025 for Foley catheter (a thin, flexible tube inserted into the bladder through the urethra to provide continuous urine drainage): Resident to have continued use of indwelling Foley size 16 french coude (a slightly curved tip on medical devices) due to urinary retention, Foley catheter care daily and PRN (as needed) every day shift and as needed, Maintain Enhanced Barrier Precautions (EBP) at all times due to Foley catheter, change drainage bag on admission and monthly on night shift, change catheter every month and prn, and Foley to gravity drainage at bedside. Secure catheter at all times and change securing device PRN.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Interview on 12/7/2025 at 9:58 am with MDS Coordinator CC confirmed there was no care plan in place for the indwelling foley catheter for R71. She stated that there should be one in place since the admission assessment was completed on 11/22/2025 and the comprehensive care plan should be completed. MDS Coordinator CC stated that she relied on nurses, interviewing and observing residents, and reviewing the residents medical records to identify areas that should be in an individualized care plan. She stated that Certified Nurse Assistants (CNAs) will not know how to provide care with no guide to go by and that it was her responsibility to ensure care plans were completed so they had knowledge of specific care for residents.</p> <p>2. Review of the admission Record for R90 revealed diagnoses that included, but were not limited to, epilepsy, unspecified, not intractable, without status epilepticus, acute respiratory distress, and pneumonia, unspecified organism.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment, dated 10/5/2025, for R90 revealed that Section O (Special Treatments, Procedures, Programs) documented that the resident received oxygen therapy while a resident.</p> <p>Review of the care plan for R90 revealed no focus areas, goals, or interventions related to oxygen use.</p> <p>Review of the physician orders for R90 revealed an order dated 8/13/2025 to apply oxygen at two liters per minute (LPM) via nasal cannula (NC) for oxygen saturation below 90 percent and call the physician immediately after placement for further orders, as needed.</p> <p>In a concurrent observation and interview on 12/6/2025 at 1:05 pm, Licensed Practical Nurse (LPN) DD confirmed that R90 was receiving oxygen at four LPM. She confirmed there were no focus areas or interventions for oxygen on the resident's care plan and stated she was unsure whether oxygen should be included on the care plan.</p> <p>In an interview on 12/6/2025, MDS Coordinator CC confirmed that the use of oxygen was documented on the Quarterly MDS dated [DATE] for R90. She confirmed there were no focus areas or interventions for oxygen on the care plan and stated the use of oxygen should be on the care plan, since it was documented on the MDS assessment. She stated she was unsure why the oxygen had not been added to the care plan and would add it.</p> <p>In an interview on 12/6/2025 at 1:50 pm, the Director of Nursing (DON) stated the resident's care plan should include the use of oxygen if it was documented on the MDS assessment.</p> <p>3. Review of the EMR revealed R21 was admitted to the facility with pertinent diagnoses that included but were not limited to shortness of breath and unspecified asthma, uncomplicated.</p> <p>Review of R21's five-day Medicare Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 9/7/2025 revealed a BIMS score of 3, which indicates R21 had severe cognitive impairment. Section O, (Special treatments, Procedures and Programs), revealed R21 received oxygen therapy on admission intermittently and as a resident.</p> <p>Review of R21's care plan revealed no care plan was developed addressing oxygen use.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Observation and interview on 12/6/2025 at 3:30 pm with Licensed Practical Nurse (LPN) GG, she confirmed and verified R21 was using oxygen via NC, and the flow meter was set on 2 LPM. She stated R21 was on continuous oxygen and had been on continuous oxygen since her admission to the facility on 9/3/2025. During a review of the care plan for R21 with LPN GG, she confirmed and verified the care plan did not address R21 using oxygen. She stated the care plan should address oxygen use.</p> <p>Interview with the Director of Nursing (DON) and MDS Coordinator CC on 12/6/2025 at 3:50 pm in the DON's office, they verified and confirmed the care plan for R21 did not address R21's oxygen use at all. They both stated the care plan should address the residents' use of oxygen. The DON She stated her expectation of care plans was that they were completed and included oxygen use for residents who used oxygen.</p> <p>4. Review of the EMR for R123 revealed she was admitted to the facility with pertinent diagnoses that included but not limited to depression (unspecified), anxiety, type 2 diabetes mellitus, and long term (current) use of insulin.</p> <p>Review of R123's quarterly MDS assessment with an ARD of 10/29/2025 revealed in section N (Medications) under the section titled High Risk Drug Classes Use and Indication the documentation indicated that R123 was taking and an indication was noted during the previous seven days of the MDS Assessment, antianxiety, antidepressant, antibiotic, antiplatelet, and hypoglycemic (including insulin) medications.</p> <p>Review of R123's care plan revealed no focus area, goals, or interventions were developed to address the use of antianxiety, antidepressant, and hypoglycemic medications.</p> <p>During an interview on 12/7/2025 at 11:51am with LPN II revealed that she expected interventions related to psychotropic medications would be on the care plan.</p> <p>During an interview on 12/7/2025 at 12:09 pm with the DON, she confirmed and verified there were no interventions documented on R123's care plan to address her use of antidepressants, psychotropic medications, or insulin. She stated there should be interventions listed. She revealed her expectation was that the care plan be present.</p> <p>During an interview on 12/7/2025 at 12:37 pm with LPN JJ in the DON's office, she confirmed and verified R123's care plan did not have interventions for antidepressant medications, psychotropic medications, or insulin listed. She stated her normal process was to review residents' diagnoses and medications, then use a template for each type of medication to develop a care plan for each. She stated that when residents were admitted from an acute care hospital for rehab the care plan is developed by another nurse, MDS Coordinator CC, but once the resident changed to long term care (LTC) she reviewed the care plan and updated it as necessary. She stated she was not sure why this care plan did not get updated.</p> <p>During an interview on 12/7/2025 at 12:43 pm in the DON's office with MDS Coordinator CC, she stated they had care plans specific for each medication which they developed within the proper time frame after the MDS assessment was completed. She stated she was not sure why this did not happen for R123.</p> <p>Cross-Reference F695</p> |  |  |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff and resident family interviews, record review and review of the facility policy titled, Nutritional and Dietary Supplements, the facility failed to provide one of 48 sampled residents (R) (R15) a nutrition supplement as ordered. Findings include: Review of the facility policy titled Nutritional and Dietary Supplements revealed that the facility will provide nutritional and dietary supplements to each resident, consistent with the residents' assessed needs. Review of the admission record revealed R15 was admitted to the facility with a medical diagnosis of but not limited to unspecified protein calorie malnutrition. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed that R15 had a Brief Interview for Mental Status (BIMS) score of one out of 15, indicating cognition is severely impaired. Review of the electronic medical record (EMR) revealed R15 had a physician order for a frozen nutritional supplement with meals for supplemental related to unspecified protein malnutrition. The supplement was ordered 11/20/2025. Observation on 12/6/2025 at 1:35 pm of R15's lunch meal tray revealed no nutritional supplement was provided. Continued observation of the lunch meal tray revealed that besides the meal plate, R15 was offered a glass of iced tea and a cup of Italian ice. During an interview on 12/6/2025 at 1:35 pm with R15's family member, they confirmed that R15 was not provided with any nutritional supplement with the lunch meal. R15's family member stated that R15 had received a frozen nutritional supplement a few times and really enjoyed it. During an interview and observation on 12/6/2025, the Director of Dietary (DOD) confirmed that R15 was not provided with a frozen nutritional supplement. The DOD revealed that the dietary department is currently out of the frozen nutritional supplement and had ordered more to be delivered but their food supplier was waiting for more to come as well. The DOD was not aware that R15's physician order was for the frozen nutritional supplement to be given at meals. The DOD thought R15's nutritional supplement was to be given between meals. During a telephone interview on 12/6/25 at 2:35 pm the facility's registered dietitian (RD) confirmed that the DOD did notify her that their food supplier was out of the frozen nutrition supplement. The RD revealed that R15 had tried liquid nutrition supplements in the past and disliked them. Continued interview with the RD revealed that R15 should have at least been offered a regular cup of ice cream to provide some additional calories since the frozen nutrition supplement was unavailable.</p> |  |  |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, record review, and review of the facility's policy titled Oxygen Administration, the facility failed to ensure oxygen was administered as ordered by the physician for two of 14 residents (R) (R90 and R21) receiving oxygen. This deficient practice had the potential to place R90 and R21 at increased risk of respiratory complications. Findings include:</p> <p>Review of the facility's policy titled Oxygen Administration, dated 1/8/2025, revealed the Policy section stated Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. The Policy Explanation and Compliance Guidelines section included, 1. Oxygen is administered under orders of a physician, except in the case of an emergency. In such case, oxygen is administered and orders are obtained as soon as practicable when the situation is under control.</p> <p>1. Review of the admission Record for R90 revealed diagnoses that included, but were not limited to, epilepsy, unspecified, not intractable, without status epilepticus, acute respiratory distress, and pneumonia, unspecified organism (5/2/2025).</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] for R90 revealed that Section GG (Functional Abilities and Goals) documented that the resident was dependent on staff for all ADLs (activities of daily living), and Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen while a resident.</p> <p>Review of the physician orders for R90 revealed an order dated 8/13/2025 to apply oxygen at two liters per minute (LPM) via nasal cannula (NC) for oxygen saturation below 90 percent (%), and call the physician immediately after placement for further orders, as needed (PRN). Continued review revealed an order dated 11/1/2024 for vital signs every Wednesday, 3-11(3:00 pm to 11:00 pm) shift.</p> <p>Review of the Medication Administration Record (MARS) for R90 dated October 2025, November 2025, and December 2025 revealed no documentation of oxygen saturations below 90%.</p> <p>Review of the Progress Notes for R90 revealed no documentation of respiratory distress, oxygen saturations below 90%, or the use of oxygen from 10/1/2025 through 12/5/2025.</p> <p>In a concurrent observation and interview on 12/6/2025 at 1:05 pm, Licensed Practical Nurse (LPN) DD confirmed that R90 was receiving oxygen at four LPM. She further confirmed the physician's order for R90 was for oxygen at two LPM via a NC for oxygen saturation below 90 percent, and to call the physician immediately after placement for further orders as needed. She confirmed there was no documentation of the resident's oxygen saturation being below 90 percent. She stated she had not received a report of any changes in the resident's orders or status.</p> <p>In an interview on 12/6/2025 at 1:10 pm, Registered Nurse (RN) EE stated that oxygen should be administered according to the physician's orders. She stated that the nurse should check the oxygen settings during rounding and ensure that oxygen was being administered as ordered.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>In an interview on 12/6/2025 at 1:50 pm, the Director of Nursing (DON) stated that nurses should follow physician orders when administering oxygen and should check the oxygen settings and physician orders for administration each shift. She stated that if oxygen was not administered in accordance with the physician's orders, a resident could experience adverse effects.</p> <p>2. Review of the electronic medical record (EMR) revealed Resident (R) 21 was admitted with pertinent diagnoses including but was not limited to shortness of breath and unspecified asthma, uncomplicated.</p> <p>Review of R21's five-day Medicare Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 9/7/2025 revealed a Brief Interview for Mental Status (BIMS) of 3, which indicates R21 had severe cognitive impairment. Section O, Special Treatments, Procedures and Programs, revealed R21 received oxygen therapy on admission intermittent and as a resident.</p> <p>Review of R21's care plan revealed no care plan was developed addressing oxygen use.</p> <p>Review of the EMR revealed physician's orders for R21 included but was not limited to:</p> <p>a. Change oxygen concentrator set up (NC tubing and water) and clean oxygen concentrator filter with soap and water weekly on Wednesdays (as applicable for filter present). Open back vented area and wipe with name of corporation approved wipes, every day and shift every Wed. (Wednesday) for hypoxia (low oxygen level) and as needed.</p> <p>b. Apply oxygen 2 liter a minute via nasal cannula for oxygen saturation below 90%. Call physician immediately after placement for further orders. As needed for hypoxia.</p> <p>Review of the November 2025, Electronic Medication Administration Record (eMAR) for R21 revealed: pulse oximeter readings between 11/25/2025 -11/30/2025 were between the range of 93 to 98 percent. There was no documentation to indicate if the pulse oximeter readings were taken on room air or on oxygen.</p> <p>Review of the December 2025, eMAR for R21 revealed the pulse oximeter readings between 12/1/2025 to 12/5/2025 ranged between 93 to 98 percent. There was no documentation to indicate if the pulse oximeter readings were taken on room air or on oxygen.</p> <p>On 12/5/2025 at 11:40 am, R21 was observed sitting up in bed wearing oxygen via NC. Further observation revealed the oxygen concentrator had a place for a filter in the back of the concentrator, but no filter was present. There was no oxygen in use signage on the doorway.</p> <p>On 12/6/2025 at 11:14 am, R21 was observed to be sitting up in bed wearing oxygen via NC, further observations of the oxygen concentrator revealed there was no filter located on the back of the concentrator in the indented area, there was no oxygen in use signage on the doorway.</p> <p>On 12/6/2025 at 3:25 pm, R21 was observed resting in bed wearing oxygen via NC the oxygen concentrator was observed to have no filter, there was no oxygen in use signage on doorway.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Observation and interview on 12/6/2025 at 3:30 pm with Licensed Practical Nurse (LPN) GG, she confirmed and verified R21 was wearing oxygen via NC at two LPM. She stated R21 was on continuous oxygen and had been on oxygen continuously since her admission to the facility. She confirmed and verified there was no filter located on the back of the concentrator, she stated there should be a filter and it should be cleaned or replaced every week. She confirmed and verified there was no oxygen in use sign on the doorway and stated there should be a magnetic sign on the door frame. She confirmed and verified R21 had physician orders for the filter to be cleaned and/or replaced on Wednesdays, oxygen was ordered at two LPM via NC if the oxygen saturation is below 90 percent and to call the physician immediately after placement for further orders as needed for hypoxia, she stated this order was an order for as needed oxygen not continuous oxygen. She stated that once the resident was determined to need oxygen the nurse should reach out to the physician for new orders. Further review of the eMAR with LPN GG, she confirmed and verified the oxygen saturations recorded on the November 2025 and the December 2025 eMAR were all above 90 percent and no nurse documented administration of oxygen on either eMAR. She stated that no one documented it because the order was an as needed order not continuous and R21 was wearing oxygen continuously.</p> <p>During an interview on 12/6/2025 at 3:45 pm with the DON in her office, she confirmed and verified R21 had an as needed order for oxygen at two LPM via NC. She confirmed and verified the November 2025 and December 2025 eMARs had oxygen saturations documented and they were all greater than 90 percent and the documentation did not specify if the reading was on room air or oxygen. She verified and confirmed no nurse documented on the November 2025 and December 2025 eMAR that oxygen was applied for R21. She verified and confirmed there was an order for the filter of the concentrator to be washed each Wednesday. The DON stated her expectation of staff was that if a resident was requiring oxygen for oxygen saturations of 90 percent or less, was to follow the physician orders. She stated she expected staff to change/wash filters on the oxygen concentrator every Wednesday. She stated she expected staff to apply the oxygen in use signage to the door frame of each resident's room in which oxygen was in use. She stated she expected staff to document in the eMAR when oxygen was ordered as needed i administered to the resident.</p> |  |  |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff and family interviews, and review of the facility menu, the facility failed to serve the lunch meal as written on the menu for one of 48 sampled residents (R) (R15). Findings include: R15 was admitted to the facility with a medical diagnosis of but not limited to unspecified protein calorie malnutrition. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed R15 had a Brief Interview for Mental Status (BIMS) score of one out of 15, indicating cognition is severely impaired. Review of the electronic medical record (EMR) revealed R15 had a physician order for a regular diet, regular texture, regular consistency. Review of the facility Week 2 Saturday lunch meal revealed residents were to be served chicken parmesan, spaghetti, tomato sauce, Italian mixed vegetables, garlic roll, margarine, Italian ice, and whole milk. Review of R15's lunch meal tray slip revealed he was to receive three ounce chicken parmesan, one half cup mashed potatoes, four ounces Italian vegetable blend, one each garlic bread, one each margarin, one each salt, one each pepper, two each sugar packet, four fluid ounce apple juice, eight fluid ounce ice tea, six fluid ounce coffee. Handwritten in ink on the ticket was, fried chicken, no sauce, noodles, no gravy. Observation on 12/6/2025 at 1:35 pm of R15 lunch meal tray revealed R15 was served plain steamed chicken thigh, Italian mixed vegetable, garlic bread, eight ounces ice tea, and cup of Italian ice. During an interview on 12/6/2025 at 1:35 pm with R15's family member, they confirmed that R15 was not served the chicken parmesan as indicated on the lunch meal tray slip. R15's family member stated that they visited with R15 daily and were present for most meals. R15's family member stated that R15 was often not served what was indicated on the meal tray slip. During an interview and observation on 12/6/2025 at 2:05 pm, the Administrator viewed the lunch meal and meal tray slip that R15 received and confirmed that they were not served the chicken parmesan and were served plain steamed chicken instead for lunch. The Administrator stated that even though R15 preferred not to have any sauces or gravy, R15 should have been served the chicken parmesan. During an interview and observation on 12/6/2025 at 2:10 pm, the Director of Dietary (DOD) viewed the lunch meal tray served to R15 and confirmed that R15 was not served chicken parmesan that was stated on the meal tray slip or as written on the posted menu. The DOD stated that R15 should have been served the chicken parmesan without any sauce or gravy. The DOD revealed that the cooks usually set aside a few pieces of chicken parmesan without sauce for those residents that preferred no sauces.</p> |  |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, and review of the facility policy titled, Food Storage, the facility dietary staff failed to label and date opened food items and failed to properly discard expired milk. The facility census was 163 and 162 residents were receiving an oral diet. Findings include: Review of the facility policy titled Food Storage revealed under B. Refrigerated Storage: . Label all opened items with the date opened and use by date (per facility policy or manufacture guidance). The policy also revealed under 6. Labeling Requirements: All opened, repackaged, or leftover items must include date opened/prepared and use by/discard date. 1. Observation on 12/5/2025 at 8:40 am revealed the kitchen had two walk-in refrigerators and the walk-in refrigerator to the far left had a five-pound bag of shredded cheddar cheese that had been open and stored with no open date. During an interview on 12/5/2025 at 8:40 am, the Dietary of Dietary (DOD) confirmed that the bag of shredded cheddar cheese had been open and had no open date. The DOD stated that she expected dietary staff to label and date any food item after opening. The DOD revealed that all dietary staff were responsible for ensuring that opened food items were properly labeled and dated but that she was ultimately the person responsible for checking on opened food items. The DOD stated that she checked the walk-in refrigerator first thing in the morning and throughout the day but had not done the task yet for the day. Observation on 12/5/2025 at 9:05 am of the spice/condiment rack in the food preparation area that was used by the dietary cooks revealed a one gallon container of teriyaki sauce that had been opened and had no open date. During an interview on 12/5/2025 at 9:05 am, the DOD confirmed that the gallon container of teriyaki sauce had been opened and stored with no open date. The DOD revealed that the staff member that opened the item was responsible for writing the open date on the container. The DOD stated that she usually followed behind staff to ensure all opened items had been labeled and dated and this was over looked. 2. Observation on 12/5/2025 at 8:42 am of a full crate of eight-ounce chocolate milk cartons revealed they had a sell by date of [DATE]. Further observation revealed that this crate of expired milk was located next to the other stacks of milk crates. During an interview on 12/5/2025 at 8:42 am, the DOD confirmed that the crate of chocolate milk cartons had a sell by date of [DATE], and that this crate was located next to all the other stacks of milk crates and did not have a do not use sign. The DOD revealed that when milk cartons were expired, the crate was to be moved away from the other milk crates and was generally place near the door of the walk-in refrigerator with a sign do not use. The DOD stated that all staff were responsible for reviewing expiration dates. The DOD stated that she noticed the crate of chocolate milk had expired but forgot to move that crate away from the other crates of milk and forgot to place the do not use sign on it.</p> |  |  |

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| <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>Based on observations, staff interview, record review, and review of the facility policy titled, Catheter Care, the facility failed to follow proper infection control practices related to hand washing during catheter care for one of seven residents (R) (R71) with indwelling urinary catheters. The deficient practice had the potential to cause R71 increased risk for urinary tract infections. Findings include: Review of the facility policy titled Catheter Care dated 1/8/2025 revealed under Compliance Guidelines . 7. Perform hand hygiene. R71 was admitted to the facility with diagnoses that include but is not limited to, retention of urine. Review of the 11/22/2025 admission Minimum Data Set (MDS) assessment for R71 revealed a Brief Interview for Mental Status (BIMS) score of 3, indicating severely impaired cognition, is dependent with all Activities of Daily Living (ADLs), and has an indwelling urinary catheter, Review of the Person-Centered Comprehensive Care Plan for R71 revealed no care plan in place for an indwelling urinary catheter. Review of the physician orders for R71 revealed orders dated 11/18/2025 for Foley (a thin, flexible tube inserted into the bladder through the urethra to provide continuous urine drainage): Resident to have continued use of indwelling Foley size 16 french coude (a slightly curved tip on medical devices) due to urinary retention, Foley catheter care daily and PRN (as needed) every day shift and as needed, Maintain Enhanced Barrier Precautions (EBP) at all times due to Foley catheter, change drainage bag on admission and monthly on night shift, change catheter every month and prn, and Foley to gravity drainage at bedside. Secure catheter at all times and change securing device PRN. Observation on 12/5/2025 at 12:07 pm of R71 in bed with his eyes closed revealed an indwelling urinary catheter in place. Urinary bag noted below bladder at bedside facing door with no privacy bag, but the door remained shut. Draining clear yellow urine. No sediment noted. Observation on 12/6/2025 at 8:12 am of R71 in bed with eyes closed revealed an indwelling urinary catheter remained in place. Bag was on the left side of the bed below the bladder and was covered with a dignity bag. There was clear yellow urine in the tubing with no sediment noted. Observation and interview on 12/6/2025 at 11:25 am of Certified Nursing Assistant (CNA) BB performing catheter care on R71 revealed prior to entering the room, she sanitized her hands and stated that she double gloved so that when, or if, her gloves became soiled, she could remove the soiled pair. During this time CNA BB put on two pair of gloves. Upon entering the room, CNA BB did not clean the bedside table but set up two pans of water, one with soap and water, and one with rinse water. She placed a clean washcloth in both pans. CNA BB took a washcloth from the pan with soap water and cleaned the catheter tube around the site of insertion, then using a separate, clean area of the washcloth she cleaned around the insertion site of the catheter tube at the meatus (opening to penis). She then removed one pair of gloves from her double-gloved hands, discarded them in a plastic bag, took the washcloth from the rinse water pan and repeated the same process to rinse. CNA BB, wearing the same gloves used to rinse, took the towel and dried the tubing and genital area. Wearing the same gloves, CNA BB pulled the covers up over R71 and ensured he was comfortable and stated that this was how she performed incontinent care. CNA BB did not wash or sanitize her hands throughout the catheter care process when going from dirty to clean and she did not put on new gloves. Review of the Catheter Care Audit form revealed 11. Did NA (Nursing Assistant) remove gloves and wash hands or use hand sanitizer? If new gloves were applied remove gloves and wash hands? 12. Were hands washed after each direct resident contact for which hand washing is indicated by professional practice? Review of the Education Sign In Form with the topic of Peri-Care dated August 2025 revealed CNA BBs name on the list as participating.</p> |  |  |

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| F 0908<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Keep all essential equipment working safely.<br><br>(continued on next page)  |

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| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Based on observations, staff interviews, and review of the facility policy titled, Dishwasher Temperature, the facility failed to demonstrate a properly functioning dish machine to sanitize dishware to prevent food borne illness. The facility census was 163 and 162 residents were receiving an oral diet. Findings include: Review of the facility policy titled Dishwasher Temperature revealed for low temperature dishwashers (chemical sanitization) the wash temperature shall be 120 degrees Fahrenheit (F) and the sanitizing solution shall be 50ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse. Observation on 12/5/2025 of the facility dish machine was first conducted at 9:10 am until 9:30 am. The facility has a large conveyor belt type dish machine and was a low temperature machine that used a chemical for sanitizing dishware. Dietary aide FF assisted with demonstrating the use of the dish machine. Dietary aide FF placed several empty dish racks on the conveyor belt and observation of the temperature gauges located on the front of the dish machine revealed that they were not functioning as no temperature for either the wash cycle or the rinse cycle were registering. As the empty dish racks come through the dish machine to the sanitize and rinse side, the Director of Dietary (DOD) assisted with testing the concentration of the sanitizing solution using a white colored paper test strip. The test strip was to change to a shade of black to indicate the concentration level of the sanitizing solution. The DOD dipped the test strip into the sanitizing solution and the test strip remained white in color which indicated no sanitizer was being dispersed inside the dish machine to sanitize dishware. Dietary aide FF opened one of the doors to the inside of the dish machine and took a test strip to see if the sanitizing water deeper inside would register the concentration of the sanitizing solution, the test strip remained white in color which was confirmed by dietary aide FF and the DOD. Dietary aide FF looked at all of the chemical buckets under the dish machine and also looked at all of the plastic tubing that went from the chemical buckets into the dish machine, looking for any obstructions. Dietary aide FF changed the sanitizing bucket for new and placed the tubing in the bucket. Dietary aide FF place empty dish racks through the machine to get the chemical running again. The DOD again took a white paper test strip and tested the sanitizing solution concentration and the test strip remained white in color to indicate no sanitizing solution was being dispersed inside the dish machine. Dietary aide FF attempted to test the sanitizing solution again from deep inside the dish machine and the test strip remained white in color to indicate no sanitizing solution. During an interview on 12/5/2025 at 9:20 am, the DOD revealed that the temperature gauges were working this morning and not sure why they are not working now. The DOD stated that dietary staff were having no problems with the dish machine up until this demonstration. Continued interview with the DOD revealed that the dish machine was recently repaired a few weeks ago and had a contract repair company assist with the repairs. The DOD revealed that the dish machine was not operational for a few days waiting for a part that the repair man had to order. The DOD stated that once the new part was installed, there had been no issues with the dish machine until this moment. During the interview, the DOD contacted the facility maintenance and also contacted dish machine repair company for assistance in getting the dish machine to work properly. The DOD stated that dietary staff would serve resident meals using paper and plastic products until the dish machine was repaired. Observation on 12/5/2025 at 9:50 am of the dish machine again, but with the Director of Maintenance (DOM), he confirmed that the temperature gauges were not registering any temperatures for the wash or rinse cycles while the dish machine was running. The DOM tested the sanitizing solution using the white paper test strips, the test strip remained white in color which the DOM confirmed indicated no sanitizing concentration could be determined. The DOM confirmed that the dish machine had recent repair work and had been working properly. On 12/5/2025 at 12:12 pm, the [NAME] President of Operations (VPOO) stated that the dish machine was fixed and wanted to show that the dish machine was in proper working order. Observation on 12/5/2025 at 12:15 pm of the dish machine revealed that the temperature gauges were working, the wash cycle had a temperature of 120 degrees F and rinse had a temperature of 140 degrees F. The DOM tested the sanitizing solution using the white paper test strip, the test strip remained white in color indicating no sanitizer chemical was being dispersed inside the dish machine. Observation on 12/5/2025 at 12:16 pm of the VPOO testing the sanitizing solution using the white paper test strip revealed that the test strip remained white in color indicating no sanitizing solution. Interview on 12/5/2025 at 12:20 pm with the DOM regarding the temperature gauges and how they started working and the DOM revealed that he tried a few things and they suddenly started to work again. Observation on 12/5/2025 at 12:23 pm of the DOM testing the sanitizing solution revealed the test strip continued to indicate</p> |  |  |