STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115341	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgewood Manor Health and Rehabilitation	1110 Burleyson Drive Dalton, GA 30720

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 observations, staff interviews, record review, and review of the facility policies titled, Food and Nutrition Services Staff Policy, and Preventing Food Borne Illness-Food Handling, the facility failed to ensure food was stored, prepared, and labeled in a safe and sanitary manner, including maintaining the cleanliness of kitchen equipment. This deficient practice affected 79 residents who consume food from the kitchen with the potential to cause cross-contamination and/or food borne illness. Findings Include: On 05/04/2026 at 9:43 AM, an observation of the kitchen area revealed several food items with no label or date of opening. The food items included: observation of cooler revealed two bags of lettuce, one of which was discolored; two cartons of strawberries, one of which had a gray fluffy substance on the strawberry inside of the carton; three pitchers of orange juice, and seven pitchers of apple juice with no opened on dates. In addition, observation of a kitchen storage room revealed a popcorn machine used as a part of resident activities which was unclean and had kernel residue at the base on the inside of the popcorn machine. Finally, the ice machine used by kitchen staff for residents and staff consumption showed a black substance on the inside of the ice machine and when wiped for a clean test, it revealed a reddish/pink-tinged residue on the white paper towel. After the Surveyor observation was completed, the ice machine was taken out of service.On 05/04/2026 at 10:00 AM, an interview with the Assistant Dietary Manager confirmed the expired, unlabeled and unclean items. On 05/05/2026 at 7:03 AM, an interview with the Dietary Manager (DM) confirmed that food items with no date, no opened-on date, spoiled food, and unclean equipment is an unacceptable practice.On 05/05/2026 at 10:43 AM, an interview with Dietary Aide (DA) DA EE revealed that food items should be dated and labeled.On 05/07/2026 at 8:59 AM, an interview with Maintenance Assistance (MA) MA JJ revealed the process for work orders is as follows: maintenance work orders are received verbally by residents or staff, and the maintenance team usually will jump right on it. MA JJ stated maintenance work orders were also entered into the electronic work order system.On 05/07/2026 at 10:56 AM, an interview with the Facility Administrator and the Director of Nursing revealed that both confirmed it was their expectation that staff followed facility policies and procedures as written and confirmed the observations of outdated and unlabeled food items, unclean popcorn machine, and unclean ice machine.Review of the facility's policy titled, Food and Nutrition Services Staff Policy, reviewed/revised on 03/31/2025, documented, .1. The food and nutrition services staff, under the supervision of the Dietician and/or the food and nutrition services manager/dietary manager, will safely and effectively carry out the functions of the Food and Nutrition Services Department.Review of the facility's policy titled, Preventing Food Borne Illness-Food Handling, reviewed/revised 03/31/2025, documented, The purpose of this policy is that food will be stored, prepared, handled, and served so that the risk of foodborne illnesses are minimized.

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