STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115414	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harborview Health Systems Jesup	1090 W Orange St Jesup, GA 31545

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 policy titled Date Marking for Food Safety, the facility failed to store and prepare food under sanitary conditions. Specifically, food items located in the dry storage were expired and kitchen equipment was not clean. This deficient practice increased the risk of foodborne illness for the 85 residents receiving an oral diet from the kitchen. Findings include:Review of the facility's policy titled Date Marking for Food Safety, last revised 06/01/2024, documented under Policy Explanation and Compliance Guidelines for Staffing, The discard day or date may not exceed the manufacturer's use-by date, or four days, whichever is earliest. The opening or preparation counts as day 1. (For example, food prepared on Tuesday shall be discarded on or by Friday.)Observation with concurrent interview tour of the kitchen on 05/05/2026, beginning at 9:02 AM with the Certified Dietary Manager (CDM) revealed the following concerns: -Trash can lid next to the handwashing sink observed to have a black substance present.-Paper towel dispenser next to the handwashing sink was observed to have a slick substance present.-Handwashing sink observed to contain a gray scum-like substance present in the bowl.-Dry pantry shelf observed to have a clear plastic container of individual packages of thousand island salad dressing with an expired date of 12/26/2025.-Dry pantry shelf observed to have a clear plastic container of individual packages of golden Italian dressing with and expired date of 07/15/2025.-Dry pantry shelf observed to have a clear plastic container of individual packages of tartar sauce with an expired date of 10/17/2025.-Dry pantry shelf observed to have a container of rubbed sage with an expired date of 03/13/2026.-Dry pantry shelf observed to have a container of rubbed sage with an expired date of 04/03/2026.-Dry pantry shelf observed to have a container of ginger with an expired date of 03/20/2026.-Dry pantry shelf observed to have a container of Italian seasoning with an expired date of 03/19/2026.-Dry pantry shelf observed to have a container of ground mustard with an expired date of 04/03/2026.-Dry pantry shelf observed to have a container of crushed red pepper with an expired date 03/27/2026.-Dry pantry shelf observed to have a container of ground thyme with an expired date 01/13/2026.-Dry pantry shelf observed to have a container of chopped chives with an expired date of 04/03/2026.-Dry pantry shelf observed to have a container of freeze-dried chives with an expired date 03/06/2026.-Dry pantry shelf observed to have a container of whole tarragon leaves with an expired date of 04/03/2026.-Dry pantry shelf observed to have a container of ground nutmeg with an expired date 03/06/2026.-Can opener observed with a black substance.-Ice cream freezer observed to have an open bag of potato logs opened and unlabeled.-One trash can near the fryer observed uncovered.The Certified Dietary Manager (CDM) and Assistant Dietary Manager (ADM) both confirmed the unclean observations and expired items. The CDM stated she would re-educate staff on proper storage, labeling, disposal of expired food items and cleanliness of areas identified in the observation. During an interview on 05/06/2026 at 12:48 PM, the Registered Dietary Manager (RDM) was informed of the out-of-date food items identified during the initial tour conducted the previous day. The RDM revealed she was notified of the observations by the CDM. She stated it is her expectation that all staff be re-educated on proper storage, labeling, disposal of expired food items, and overall cleanliness in the kitchen to ensure compliance with state regulatory requirements.During (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	an interview on 05/07/2026 at 6:10 PM, the CDM revealed she placed orders for food supplies, including seasonings, based on the menu. She reported that when seasoning deliveries are received, she rotates the older seasonings to the front. She further stated that the Dietary Aides (DA) failed to check the seasonings. The CDM stated she does not maintain a log to track seasoning expiration dates; however, she stated that moving forward she will ensure staff monitor seasonings on a weekly basis.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observation, interview, and document review, the facility failed to assure dietary department equipment was in safe working condition. Specifically, the steam table located in the kitchen was in disrepair. The failure to assure that the steam table worked correctly had the potential to impact 85 residents that received oral diets from the kitchen steam table. Findings include:Review of the facility's policy titled Record of Food Temperatures, last revised 06/01/2024, documented under Policy Explanation and Compliance Guidelines, number 2. Hot food will be held at 135 degrees Fahrenheit or greater; number 8. If the food temperature falls into an unsafe range, immediately follow procedures for reheating previous cooked food; number 9. Potentially hazardous food that has been cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165 degrees F for at least 15 seconds before holding for hot services; number 11. No food will be served that does not meet the food code standard temperatures.Observation on 05/06/2026 at 12:20 PM, as initial steam table temperature checks were conducted with the Dietary Manager (DM) revealed the following temperatures:- Gravy temperature was 132 degrees Fahrenheit.- Hot dog temperature was 130 degrees Fahrenheit.- Chicken tenders' temperature was 120 degrees Fahrenheit.- Chocolate bread pudding temperature was 120 degrees Fahrenheit.During an interview on 05/06/2026 at 12:48 PM, with the DM and Registered Dietary Manager (RDM), revealed the DM had not received any complaints from residents regarding food being cold. The DM confirmed the food temperatures were not within state regulatory requirements and mentioned that staff may have failed to set the steam table temperatures at the highest level. The DM stated she would prepare food in smaller containers to place in warmers and keep additional food in the oven until serving to maintain the correct temperature. She further stated staff would increase the frequency of temperature checks during meal service to residents.Observation on 05/06/2026 at 5:12 PM, during steam table temperature checks with DM and the RDM revealed, the food did not meet the required temperature standards. The following Temperature checks were confirmed with the DM and RDM: -Grilled cheese temperature was 95 degrees Fahrenheit.-Mashed potatoes temperature was 120 degrees Fahrenheit.-Puree beef temperature was 113 degrees Fahrenheit.-Chopped beef temperature was 100 degrees Fahrenheit.During an interview on 05/06/2026 at 5:20 PM, the Administrator, DM and RDM, revealed the Administrator was not aware the steam table was not functioning properly. The DM stated she was unaware the steam table was not working properly until steam temperature checks were completed for the second time today. She further reported that all previous steam temperature checks had been within the required temperature range. The Administrator instructed the DM not to serve any meals from the steam table until the issue was resolved and to ensure all food served was at the correct temperature prior to being served to residents. The Administrator instructed the DM to increase the temperature on the steam table.During an interview on 05/07/2026 at 8:17 AM, the Administrator revealed he submitted an email to the corporate office notifying them that the steam table was not functioning properly, as it was not maintaining sufficient temperatures to keep food hot. He stated the facility's plan of action was to boil water and pour it into the wells to help maintain food at the proper temperature. The Administrator further stated he requested approval from the corporate office to purchase a new steam table for the facility, and approval was pending.During an interview on 05/07/2026 at 1:20 PM, the DM revealed staff were boiling water on the stove and pouring it into the steam table wells to maintain food temperatures at or above the required level. The DM reported the Administrator made plans to purchase a new steam table. The DM stated it was her expectation that kitchen staff check food temperatures when food is initially placed on the serving line, again midway through meal service, and again when serving the final hall. She stated all temperatures should be documented. The DM further stated that she or the ADM would complete a second set of temperature checks following the Dietary Aide (DA) to verify temperatures being accurately documented. She added that if temperatures are found not to meet state regulatory requirements, meal service will be (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	stopped, the food will be reheated, and additional boiling water will be added to the steam table.Interview on 05/07/2026 at 1:25 PM with the ADM and DM revealed, the ADM stated the steam table has not been holding the temperature on serving side of the steam table for well over a month. DM stated that she was not aware. During an interview on 05/07/2026 at 4:55 PM, the Director of Nursing (DON) revealed she was not aware the steam table was not functioning correctly, until the previous day. She stated she had not received any resident complaints regarding food being served cold. The DON further stated the Administrator had submitted a request to corporate for a new steam table and cart warmers.During an interview on 05/07/2026 at 6:20 PM, the Administrator stated that after the specifications were emailed to the corporate office, he received approval to purchase a new steam table. He stated his expectation was for dietary staff to continue boiling water to help maintain food temperatures and to monitor temperatures at the beginning of service, mid-service, and at the end of service to ensure food is served at state-regulated levels until the new steam table arrived.