STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115424	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Crossing Health Center Pac LLC	6698 Washington Road Appling, GA 30802

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, and review of the facility's policy titled Ice Machines and Portable Ice Carts, the facility failed to ensure the dietary ice machine was free from buildup. This deficient practice had the potential to place the 76 residents receiving nutrition or hydration from the kitchen at risk of foodborne illness. Findings include: Review of facility policy titled Ice Machines and Portable Ice Carts, revised April 2025, revealed the Policy section stated, It is the policy of this facility to ensure that ice machine machines/carts are working in proper order, cleaned, and maintained as per Federal, State, local or facility guidance, according to manufacturer's instructions and current standards of practice. The Compliance Guidelines section included, 1. Ice machines will be cleaned at a frequency specified by the manufacturer or, if manufacturer specifications are absent, at a frequency necessary to preclude accumulation of soil or mold. 3. The maintenance director or other designee is responsible for cleaning and maintaining the ice machine at the facility. Observation and interview on 8/25/2025 10:09 am in the kitchen area with the Dietary Manager (DM) revealed that the interior of the ice machine contained dark brown and black buildup. The DM confirmed the dark brown and black buildup was inside the ice machine. The DM revealed that she and the kitchen staff had made attempts to remove the dark brown and black buildup, but it would not go away. In an interview on 8/27/2025 at 1:05 pm, the DM revealed that the Maintenance Director was responsible for cleaning the ice machine, and cleaned it monthly. The DM stated that the kitchen staff attempts to clean the ice machine at times. The DM confirmed the ice machine needed to be cleaned due to the dark brown substance found inside the ice machine. In an interview on 8/27/2025 at 1:41 pm, the Maintenance Director revealed he cleaned the ice machine monthly, and confirmed he was responsible for ensuring the ice machine was cleaned. The Maintenance Director confirmed there was dark brown buildup inside the ice machine, and he was unaware of the buildup prior to the interview. In an interview on 8/27/2025 at 1:50 pm, the Administrator confirmed the inside of the ice machine contained dark brown buildup. The Administrator stated she expects the Maintenance Director and kitchen staff to clean the ice machine regularly and thoroughly during each cleaning.

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