

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2026
NAME OF PROVIDER OR SUPPLIER Lake City Center for Nursing and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2055 Rex Road Lake City, GA 30260	
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 Food Receiving and Storage, the facility failed to ensure food safety protocols and maintain sanitary conditions for two of two resident refrigerators on Hall 100 and Hall 800 and failed to discard expired food in the dry storage area. The deficient practices had the potential to place 201 residents (R) who received an oral diet from the kitchen at risk of contracting a foodborne illness. Findings Include: Review of the facility's policy titled Food Receiving and Storage, issued April 2025, documented: POLICY: Foods shall be received and stored in a manner that complies with safe food handling practices. GUIDELINES: .6. Dry foods that are stored in bins will be removed from original packaging, labeled, and dated. Such foods will be rotated using a first in first out system. 7. All foods stored in the refrigerator or freezer will be covered, labeled, and dated. During the initial tour of the kitchen on 04/17/2026 at 8:05 AM with the Certified Dietary Manager (CDM), the dry storage area contained five plastic bins of cereal with expired dates of 02/20/2026, 02/27/2026, and 02/28/2026. Additionally, 73 bowls of pre-packaged cereal were stored without labels or dates. The CDM confirmed the cereal was expired and acknowledged that staff should have discarded it. During the initial tour on 04/17/2026 at 8:20 AM, the Dietary Aide (DA) AA confirmed that the food items in the refrigerator on Hall 800 (West Wing) were unlabeled and undated, and that some food items were molded. DA AA stated nursing was responsible for the Hall refrigerators. Interview on 04/17/2026 at 8:25 AM with Certified Nursing Assistant (CNA) BB on Hall 800 (West Wing) confirmed the presence of unlabeled and undated food items, including a 2 lb (pound) 6 oz (ounce) veggie tray with a fuzzy green substance, a leftover cooked chicken plate with unidentifiable food items due to fuzzy green substance, and three unlabeled and undated peanut butter and jelly sandwiches. Interview on 04/17/2026 at 8:35 AM with the Unit Manager (CC) on Hall 800 (West Wing) confirmed that the undated food items-including the 2 lb 6 oz veggie tray with a fuzzy green substance, the leftover cooked chicken plate with unidentifiable food items due to fuzzy green substance, and the three unlabeled and undated peanut butter and jelly sandwiches-should have been thrown away. She stated that nursing staff were expected to discard food items after three days. Interview on 04/17/2026 at 8:45 AM with Unit Manager (DD) on Hall 100 (East Wing) confirmed the presence of unlabeled, undated, and leftover chicken, rice, an egg roll, a small plastic container of greens, and a leftover plate of unidentifiable food items due to fuzzy green substance, which was covered with a paper towel and wrapped in a brown plastic bag. Unit Manager DD confirmed that the food items in the refrigerator should have been labeled, dated, and discarded within three to five days. She stated that it was the nursing staff's responsibility to ensure this was done. Interview on 04/19/2026 at 8:25 AM with the CDM and Administrator revealed that their expectation was for staff to date and label all open food items with both an open date and an end date. The CDM stated that they would continue providing education for staff regarding this requirement. Interview on 04/19/2026 at 10:20 AM with the Certified Dietary Manager (CDM) and Dietitian Manager (JJ) reviewed pictures of unlabeled and expired cereal, as well as old food items that were not labeled or dated. They confirmed that the refrigerators on Hall 100 and Hall 800 were found to be in an unsanitary condition. Both individuals (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2026
NAME OF PROVIDER OR SUPPLIER Lake City Center for Nursing and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2055 Rex Road Lake City, GA 30260	
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	stated that the condition of the food items and the sanitation of the refrigerators were unacceptable. Interview on 04/19/2026 at 11:55 AM with the Administrator revealed that she did not have a Performance Improvement Plan (PIP) in place to address the food storage, labeling, and unsanitary condition of the residents' refrigerators located on Hall 100 and Hall 800.		