

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Cherry Blossom Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3520 Kenneth Drive Macon, GA 31206	

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)
<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>50879</p> <p>Based on observations, staff interviews, and review of the facility policies titled Food Preparation and Distribution, and Ice Chests and Ice Machines, the facility failed to ensure the proper sanitation of equipment, removal of outdated food, and proper storage of open food in the kitchen. The deficient practices had the potential to place residents who received an oral diet at risk of foodborne illnesses.</p> <p>Findings Include:</p> <p>Review of the facility policy titled Food Preparation and Distribution, review date 12/27/2024, revealed the Intent section stated, It is the intent of this center to prepare and distribute food in a manner that minimizes the risk of food-borne illness and promotes safe food handling practices. The Guideline section included, . Work surfaces and equipment should be cleaned and sanitized as needed. During preparation of modified consistency foods, safe food handling practices should be followed.</p> <p>Review of the facility policy titled Ice Chests and Ice Machines, review date 12/27/2024, revealed the Intent was To assure patient safety in use of ice and ice machines. The Guidelines section included . Clean, disinfect, and maintain ice-storage chests on a regular basis.</p> <p>Observation on 2/11/2025 at 8:57 am of the walk-in cooler revealed a package of polish sausage with a use-by date of 2/7/2025. Further observation revealed packages of opened, unwrapped, and undated sausage patties and bacon.</p> <p>Observation on 2/11/2025 at 9:18 am of the dry storage pantry revealed five bags of chips with a use product date of 1/28/2025. Further observation revealed an opened and unsealed package of macaroni noodles.</p> <p>Observations on 2/11/2025 at 9:24 am in the kitchen revealed pureed food in the puree blender sitting on the counter, and the mixer and slicer were observed to have food particles on the machines.</p> <p>Observation on 2/11/2025 at 9:40 am revealed the ice machine had a black flakey substance on the inside handle.</p> <p>(continued on next page)</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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>In an interview on 2/11/2025 at 11:15 am, the Dietary [NAME] confirmed the pureed food was left in the puree blender sitting on the counter. She stated the food should not be left sitting at room temperature.</p> <p>In an interview on 2/12/2025 at 9:10 am, the Dietary Manager (DM) confirmed the pack of polish sausage was out-of-date, the sausage patties, bacon, and noodles were opened and undated, and the chips were past the expiration date. The DM further verified the pureed food was left in the puree blender on the counter and stated it should not be left sitting at room temperature. The DM verified the ice machine had a black, flaky substance on the inside handle. The DM stated the facility policies should be followed in the kitchen.</p>