STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146194	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thrive of Fox Valley	4020 E New York Street Aurora, IL 60504

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003 Based on observation, interview, and record review the facility failed to provide a resident with a functioning over bed light and failed to provide an adaptive call/light button. This applies to 2 (R26, R31) of 2 residents reviewed for accommodation of needs in a sample of 19. Findings include: 1. R26 was admitted to the facility on [DATE] with diagnoses that include displace comminuted fracture of shaft of humerus of right arm, moderate protein calorie malnutrition, polyneuropathy, intrahepatic bile duct carcinoma, secondary neoplasm of right lung, hyperlipidemia, hypothyroidism, muscle weakness, depression, and anxiety. On 07/23/24 at 11:42 AM, R26's call light was hanging on the left side of her bed near the floor out of her reach. R26 stated her hands are paralyzed and she has macular degeneration. R26 stated she has difficulty pressing the call light button. R26 stated she requires assistance with everything, but she doesn't think the staff is completely aware of her care needs. R26 stated she has waited as long as three hours after pressing her call light but when staff come in the room, they say they did not hear her call light. On 07/23/24 at 12:24 PM, V15 Family Member stated R26's call button works but R26 does not have the dexterity to make it work. V15 stated he noticed a few days ago R26 was unable to activate the call light. V15 stated R26 has neuropathy in her hands and macular degeneration so R26 was unable to make the call button work. On 07/23/24 at 12:24 PM, V5 LPN (Licensed Practical Nurse) stated the facility did have another type of call device that would be accessible for R26's use. R26's MDS (Minimum Data Set) dated 7/9/24 shows she is cognitively intact with a BIMS (Brief Interview for Mental Status) scores of 15. R26's MDS documents she requires substantial / maximal staff assistance with toileting. R26's care plan dated 7/5/24 states R26 has an ADL self-care performance deficit and limitations in physical mobility. R26 requires assistance with ADL functioning related to impaired mobility, weakness, and debility secondary to hospitalization for a right humerus fracture and hyponatremia. R26 has impaired vision function intervention keep call light and other key items within reach. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. R31 was admitted to the facility on [DATE] with diagnoses that includes displaced intertrochanteric fracture of left femur, pleural effusion, muscle weakness. Atrial fibrillation, osteoporosis, anxiety, chronic kidney disease, insomnia, history of liver transplant, immunodeficiency, and type 2 diabetes. R31's MDS (Minimum Data Set) dated 7/16/24 shows she is cognitively intact with a BIMS (Brief Interview for Mental Status) scores of 13. On 07/23/24 at 1:36 PM, R31 stated her over bed light was broken and would not turn off. There was no string or button to turn the light off. R31 stated the light fixture was covered with a sheet by staff so she could get rest. R31 stated the light fixture broke two days after her admission. On 07/23/24 at 2:25 PM, V6 RN (Registered Nurse) stated she did not realize R31's over bed light was broken and would not turn off. V6 RN stated there are no repair requisitions. If something is not working, she will try to trouble shoot herself or call maintenance to notify them of the repair need. On 07/24/24 at 11:10 AM, V3 EVS (Director of Environmental Services) stated staff verbally notify him of repair request but are encouraged to use the tells system to report repair requests. V3 EVS stated he was not notified of R31's light fixture needing repair until the morning of 7/24/24. The computer requisition system is available to all staff in the facility. V3 stated staff should not have place a sheet over the light fixture as it could cause a fire. Staff should have informed him of the repair need when they knew about it because it would take all of five minutes to repair. On 07/25/24 at 2:02 PM, V2 DON (Director of Nursing) stated the admitting nurse should assess what type of call light is appropriate for a resident. Sometimes we know what type of call device a resident will require before they arrive. Sometimes the resident will inform us they cannot activate the call light. The nursing staff should be doing an assessment to make sure the resident is able to activate the call light. We have enough pad type call devices if a resident was having difficulty activating the call light. If equipment is broken all staff are responsible for reporting it. Staff can either call repair request or enter the request in the computer. If something isn't working or breaks during their stay, we notify maintenance. If the light wasn't turning off and the resident couldn't sleep, we could have moved them to another room. The staff should not have placed a sheet over the light. The facility repair requisition for the broken overbed light was generated on 7/24/24 at 7:34 AM. The facility's policy Call Light -Ability to Use dated 01/2024 states the call light system is provided for the residents to communicate with staff. Resident will be evaluated for the ability to use the call light system on admission, quarterly and annually. If residents are determined to be physically unable to use call lights, alternative call buttons will be provided. Staff members will ensure call lights are within reach of a resident who is able to cognitively use a call light each time they leave the room. The facility's policy Reporting Maintenance Issues dated 04/2022 states all non-emergent maintenance related concerns will be logged into the requisition system in the electronic documentation system to add workorders. All emergency situations (electrical, flooding, alarms, structural damage) need to be reported immediately to the EVS director number posted at the nursing stations.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003 Based on observation and interview the facility failed to provide timely incontinence care. This applies to 1 (R26) of 3 residents reviewed for assistance with ADLs (Activities of Daily Living) in a sample of 19. Findings include: R26 was admitted to the facility on [DATE] with diagnoses that include displace comminuted fracture of shaft of humerus of right arm, moderate protein calorie malnutrition, polyneuropathy, intrahepatic bile duct carcinoma, secondary neoplasm of right lung, hyperlipidemia, hypothyroidism, muscle weakness, depression, and anxiety. On 07/23/24 at 11:42 AM, R26 stated she requires assistance with everything, but she doesn't think the staff is completely aware of her care needs. R26 stated the first time she saw staff was at 10:40 AM and she was not provided incontinence care at that time. R26 stated she had been in the same soiled undergarment since the previous night. On 07/23/24 at 11:56 AM, after surveyor request V5 LPN (Licensed Practical Nurse) and V6 RN (Registered Nurse) assisted R26 with incontinence care. R26's gown, disposable undergarment, absorbent bed pad, transfer sheet and bottom sheet were saturated with urine. R26 had pink blanchable skin on her right elbow, left shoulder blade, right buttock, and bilateral heels. R26's left buttock was not blanchable. On 07/23/24 02:08 PM, V7 C.N.A. stated prior to entering R26's room during her incontinence care at 11:56 AM he last provided incontinence care at 7:15 AM. On 07/25/24 at 2:02 PM, V2 DON (Director of Nursing) stated incontinence care should be provided every two hours and as needed so residents are not soaking in urine. Urine causes your skin to break down and can contribute to the development of a urinary tract infection. If urine has soaked through the brief to the absorbent pad and sheet the resident had been left too long without being provided care. R26's MDS (Minimum Data Set) show she is cognitively intact with a BIMS (Brief Interview for Mental Status) scores of 15. R26's MDS documents she requires substantial / maximal staff assistance with toileting. R26's care plan dated 7/5/24 states R26 has an ADL self-care performance deficit and limitations in physical mobility. R26 requires assistance with ADL functioning related to impaired mobility, weakness, and debility secondary to hospitalization for a right humerus fracture and hyponatremia. R26 is incontinent related to impaired mobility, weakness, debility and requires assistance with toileting. Intervention for R26 includes assist with toileting, clean peri area with each incontinent episode and change disposable brief as needed. The facility's ADL policy dated 04/2023 states the facility will provide all residents with care, treatment, and services according to the resident's individualized care plan.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39182 Based on observation, interview, and record review the facility failed to ensure the residents received their medications per physician's orders and resident's choices for 2 of 2 residents (R260 and R262) reviewed for medication administration in the sample of 19. Findings include: 1. On 7/23/24 at 12:25 PM, R260 was sitting on her WC (wheelchair) next to her bed. R260 stated, she had not received her Trospium 20 mg since she was admitted to the facility, i.e. about eight days. R260 stated, she had been on Trospium for past one to two years and that she needed it for urinary incontinence. R260 stated, she ensured that the medicine was listed on the discharge documents from the hospital and hence the facility knew that she was on this medicine before she arrived at the facility. R260's face-sheet showed an admitted [DATE] with multiple diagnoses including Multiple Sclerosis, Urge incontinence and Anxiety. R260's MDS (Minimum Data Set) dated 7/22/24 showed she was cognitively intact. R260's Progress Notes showed: 7/16/24 10:26 AM Trospium Chloride Oral Tablet 20 MG Give 1 tablet by mouth two times a day related to MULTIPLE SCLEROSIS (G35) take before meals On order 7/18/24 6:34 PM Trospium Chloride Tablet 20 MG Give 1 tablet by mouth two times a day for Urinary incontinence Not available 7/19/24 9:59 AM Trospium Chloride Tablet 20 MG Give 1 tablet by mouth two times a day for Urinary incontinence Not available 7/19/24 5:59 PM Trospium Chloride Tablet 20 MG Give 1 tablet by mouth two times a day for Urinary incontinence (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not available 7/20/24 5:05 PM Trospium Chloride Tablet 20 MG Give 1 tablet by mouth two times a day for Urinary incontinence Pharmacy supplied Oxybutine (R260) wants tropsium. 7/21/24 4:08 PM Trospium Chloride Tablet 20 MG Give 1 tablet by mouth two times a day for Urinary incontinence On order 7/22/24 8:17 AM Trospium Chloride Tablet 20 MG Give 1 tablet by mouth two times a day for Urinary incontinence Would not take oxybutynin the therapeutic interchange pharmacy and MD(medical doctor) aware 7/23/2024 08:56 AM Trospium Chloride Tablet 20 MG Give 1 tablet by mouth two times a day for Urinary incontinence Not available 7/23/2024 1:11 PM Trospium Chloride Tablet 20 MG Give 1 tablet by mouth two times a day for Urinary incontinence Pharmacy sent interchange oxybutynin, (R260) refused. Pharmacy to send medication today 2. On 7/23/24 at 1:07 PM, R262 was sitting on his wheelchair in his room with his wife next to him. R262 and his wife stated, he had not received his eye drops for glaucoma for two days. R262's wife stated, she brought what they had at home to the facility & that is what the facility is using for the resident now. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R262's face-sheet showed an admitted [DATE]. R260's MDS (Minimum Data Set) dated 7/23/24 showed he was cognitively intact. R262's Progress notes dated 7/17/24 at 10:13 PM showed: Latanoprost Solution 0. 005 % Instill 1 drop in left eye at bedtime for Eye drop Not available R262's MAR (Medication Administration Record) for July 2024 showed Latanoprost Solution 0.005 % was not administered to the resident on 7/17/24. On 7/23/24 at 12:53 PM, V8 (RN-Registered Nurse) stated, R260 did not receive Trospium 20 mg BID (twice a day) for urinary incontinence, since admission as the medicine was not available in the cart. V8 (RN) stated, if any medicine is not available for any resident, the nurse on the unit has to follow up with the pharmacy. If they cannot get it, the DON gets it for them. On 7/25/24 at 12:37 PM, V2 (DON-Director of Nursing) stated, the medication for any new admission is made available as soon as possible, latest within less than 24 hours. V2 (DON) stated, facility also have pixies for commonly used medications as a back-up for new admissions. V2 (DON) stated, before the resident is discharged from the hospital, floor nurse gets report from the hospital and can check with the pharmacy if the medicine is available. If the resident is taking any specialty medicine, the nurse liaison, the admission director, the administrator, and the DON discuss the medicine required and make arrangements to make it available for the resident by the time resident arrives at the facility. V2 stated, she is not sure why the medicine got so delayed for R260. The floor nurse should have called the pharmacy & followed up as to why the medicine is not sent. If they have a hard time getting the medicine from the pharmacy, they should have reported and asked for help from any nursing managers. Also, the floor nurses should have informed the Physician sooner than what they did, which was 5 days later. On 7/25/24 at 12:55 PM, V2 (DON) stated, the fact that R262 did not get his eye drops is a mistake on the part of the nurse. It is not OK that R262 did not receive the medicine. It is a medication error and should not have happened. Facility policy on Medication Administration dated 04/2024 does not include the process of making the medications available to the residents on time.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39182 Based on observation, interview, and record review the facility failed to ensure the resident received respiratory care services that are in accordance with professional standards of practice for 3 of 3 residents (R15, R20 and R265) reviewed for respiratory therapy in the sample of 19. Findings include: 1. On 7/23/24 at 12:20 PM, R15 was sitting on his WC (wheelchair) next to his bed. Observed R15's CPAP (continuous positive airway pressure) mask with tubing not in use and not contained in a bag. On 7/24/24 at 10:00 AM, observed R15's CPAP mask with tubing not in use and not contained in a bag. R15's face sheet provided by the facility on 7/25/24 showed he was last admitted to the facility on [DATE] with diagnoses to include Chronic Obstructive Pulmonary Disease and Asthma. R15's Physician order report for July 2024 showed, CPAP/BiPAP (bilevel positive airway pressure) at bedtime and in the morning cleanse mask and allow to air dry after removal. 2. On 7/23/24 at 1:00 PM, R20 was in semi-Fowler's position in bed. Observed R20's nebulization mask with the container for the medication on the bedside table uncovered/not bagged. R20's face sheet provided by the facility on 7/25/24 showed she was last admitted to the facility on [DATE] with diagnoses to include asthma and anxiety. R20's Physician order report for July 2024 showed, ipratropium-albuterol solution 3 ml inhale every four hours as needed for wheezing. 3.On 7/23/24 at 1:20 PM, R265 was in semi-Fowler's position in bed. Observed R265's CPAP mask with tubing not in use and not contained in a bag. R265's nebulization mask with the container for the medication was on the nightstand uncovered/not bagged. R265's face sheet provided by the facility on 7/25/24 showed he was last admitted to the facility on [DATE] with diagnoses to include Chronic Obstructive Pulmonary Disease and Congestive Heart Failure. R265's Physician order report for July 2024 showed, ipratropium-albuterol solution 3 ml inhale every eight hours as needed for wheezing. R265's Physician order report for July 2024 showed, CPAP/BiPAP at bedtime and in the morning cleanse mask and allow to air dry after removal. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/25/24 at 12:28 PM V2 (DON - Director of Nursing) stated, after giving a nebulization treatment, the medicine container and the mask should be rinsed and placed on a clean surface either on a clean towel or paper towel to air dry until next treatment. When not in use, the nebulization mask and the medicine container is stored in a designated bag, to prevent collection of dust or dirt on the equipment and possible potential for infection. V2 (DON) stated, CPAP & BiPAP masks are also stored in a designated bag to prevent collection of dust and possible potential for infection. Facility policy on Nebulizers dated 01/23 showed, .23. When equipment is completely dry, store in a plastic bag with resident's name and the date on it.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 48944 Based on interview and record review, the facility failed to administer ordered intravenous antibiotics for residents with infections. This applies to 2 of 4 residents (R3 and R44) reviewed for intravenous medications in a sample of 19. Findings include: 1. R3's EMR (Electronic Medical Record) showed R3 was to be receiving vancomycin IV (intravenous) antibiotic for MRSA (Methicillin-resistant Staphylococcus aureus) bacteremia infection. On 7/25/2024 at 2:29 PM, V12 (Pharmacist) stated she was dosing R3's vancomycin IV antibiotic medication as ordered by his provider. V12 stated patients receiving vancomycin IV require their medication therapeutic blood levels to be closely monitored because if too high the medication could be toxic or if too low it could be nontherapeutic. V12 stated she determines a patient's target tr (trough) blood medication level range based on the type of infection being treated to ensure the medication is effective. V12 stated vancomycin IV dosages and frequencies are then adjusted based on the patient's tr results. V12 stated R3 had an order to start vancomycin IV 1.5 G (grams) every 3 days on 7/13/2024. V12 stated R3's EMR was reviewed, and it was noted R3 had not started on his antibiotic as ordered. V12 stated the facility was notified on 7/13/2024 of the recommendation to continue with the current order and to obtain a tr lab draw on 7/17/2024 AM prior to the administration. V12 stated on 7/16/2024 she reviewed R3's EMR and noted R3 last received his vancomycin medication on 7/14/2024 AM and had a tr level of 4.8 (low) on 7/16/2024. V12 said she notified the facility on 7/16/2024 to change the dose and start R3 on 1 G every 24 hours on 7/17/2024, R3's target tr goal range level was 12-18, and a need for tr lab draw on 7/19/2024 AM prior to the administration. Then V12 stated she reviewed R3's EMR on 7/23/2024 and noticed R3's tr level on 7/19/2024 was less than 3 (too low) and the vancomycin recommendation from 7/16/2024 was not carried out. V12 stated she was concerned because R3 was nontherapeutic for the treatment of his blood infection. V12 stated she contacted the facility on 7/23/2024 to clarify R3's vancomycin administration doses, and V13 (Registered Nurse) confirmed R3's antibiotic order recommendation from 7/16/2024 was not carried out and R3 did not receive the correct doses and frequencies. V12 stated she then reinstructed the facility to start vancomycin 1 G every 24 hours on 7/23/2024 and repeat tr level on 7/26/2024. V12 stated the pharmacy dispenses the number of antibiotic infusion doses needed based on the order and they contact the facility daily to confirm if any change in the number of doses needed to ensure the facility has the medications available. V12 also stated the facility has access to a medication pyxis machine that has IV antibiotics available at all times, including vancomycin and cefazolin. On 7/25/2024 at 11:08 AM, V14 (Infectious Nurse Practitioner) stated she was managing R3's blood infection. V14 stated the pharmacist was to be dosing R3's vancomycin IV because the antibiotic required close monitoring and titrating of dosages to ensure R3 received a safe and effective therapeutic dose to treat his infection. V14 stated she expected the facility to follow the pharmacist's recommendations and administer antibiotics as ordered. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/25/2024 at 2:29 PM, V2 (Director of Nursing) stated she expects nurses to administer scheduled intravenous antibiotics as ordered and for them to document in patients' EMAR (Electronic Medical Administration Record) once administered. V2 stated she also expects nurses to follow pharmacy recommendations for the dosing and management of IV antibiotics as ordered to ensure the correct doses are being administered. R3's July 2024 EMAR showed R3 did not receive his ordered vancomycin IV 1.5 G on 7/13/2024. R3's EMAR showed R3 was also not started on vancomycin IV 1 G daily on 7/17/2024 and continued to receive the incorrect dose and frequency from 7/17/2024 through 7/22/2024. R3's Order Summary Report dated 7/25/2024 showed R3 was started on vancomycin IV 1 G daily on 7/23/2024, not on 7/17/2024. 2. R44's EMR showed R44 was to be receiving cefazolin IV (intravenous) medication for a right-hand infection. On 7/25/2024 at 1:00 PM, V4 (Nurse Manager) was asked to review R44's EMAR and said the EMAR showed R44 did not receive her scheduled cefazolin IV antibiotic doses on 7/03/2024 at 6 AM, 7/16/2024 at 2 PM, and 7/22/2024 at 6 AM. R44's EMAR showed R44 scheduled cefazolin IV 2 G was omitted on 7/03/2024 at 6 AM, 7/16/2024 at 2 PM, and 7/22/2024 at 6 AM. R44's Order Summary Report dated 7/25/2024 showed R44 was to start on cefazolin IV 2 G every 8 hours on 6/30/2024 until 8/11/2024 for an acute osteomyelitis (infection) of the right hand. The facility's policy titled Infusion Therapy Medication Administration with a revised date of 8/2014 showed Purpose: To provide for the safe, accurate, and effective administration of parenteral medications directly into the vascular system. The facility's policy titled Physician's Orders with a revision date of 06/2023 showed Policy: All medications will be administered as ordered by a health care professional. The facility's policy titled Medication Administration with a revision date of 05/2023 showed Procedures .Document medication taken, or refused by resident, including time and resident response to medication.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39182 Based on observation, interview, and record review, the facility failed to properly label, date, seal, and store food items in the kitchen. This applies to all residents that receive oral nutrition and foods prepared in the facility kitchen. Findings include: The facility's Long-Term Care Facility Application for Medicare and Medicaid (Form CMS-Centers for Medicare and Medicaid Services-671) dated [DATE] documents that the total census was 57 residents. On [DATE] at 12:14 AM, V11 (Dietician) said there are zero NPO (Nothing by Mouth) residents that do not eat from the facility kitchen. On [DATE] starting at 9:55 AM, the facility kitchen was toured in the presence of V9 (Dietary Manager). V9 stated, frozen items can be used for six months from the date it is received. The following expired items were observed in the refrigerator/freezer: 1. Feta Cheese, crumbled, 2 bags of 5 lbs each with received date of [DATE]. 2. Cheese Ravioli 2 bags of 5 lbs each with received date of [DATE]. 3. Chopped Spinach 12 bags of 2 lbs each with received date of [DATE]. 4. Eggo Frozen waffles: 5 packets of 12 waffles each with received date of [DATE]. 5. One loaf of wheat bread with received date of [DATE]. 6. One loaf of gluten free bread with received date of [DATE] 7. Two loaves of gluten free bread with received date of [DATE] (Currently one resident on gluten free diet). 8. One open partially used bag of pepperoni with received date of [DATE] 9. One open partially used bag of pizza sausage with expiry date of ,d+[DATE]. 10. One Boston cream pie with no received date or expiry date. 11. One 5 lb bag of frozen cranberries with received date of [DATE] 12. One 10 lb partially used bag of white corn grits with received date of [DATE] and with expiry date of [DATE] 13. One 3 lb bag of chicken and herb stuffing with no received or expiry date. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146194	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thrive of Fox Valley	4020 E New York Street Aurora, IL 60504

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	14. One 10 lb bag of [NAME] Crumbs with received date of [DATE] 15. Two 5 lb bags of [NAME] Crumbs with received date of [DATE] On [DATE] at 11:30 AM, V9 (Dietary Manager) stated, all expired items should be discarded so they are not accidentally given to the residents with the potential to make the residents sick. V9 stated, he does not have a policy on food storage.