

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER Tioga Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Shreveport Hwy Pineville, LA 71360	

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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety by failing to: Ensure food, dish washer, refrigerator, and freezer temperatures were performed and recorded appropriately; and Ensure food was properly stored in the kitchen. This deficient practice had the potential to affect the 93 residents that received meals prepared in the kitchen. Findings: Review of the facility's undated policy titled, Prevention of Food Borne Illness read in part. Holding: Assure holding temperatures are maintained as needed for hot/cold foods. Measures temperatures using a calibrated thermometer and check temperatures at 2 hours intervals. Review of the facility's 10/2017 policy titled, Food Receiving and Storage read in part. Policy statement: Foods shall be received and stored in a manner that complies with safe food handling practices. Policy interpretation: 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated (received and/or open date). Review of the facility's 12/2014 policy titled, Refrigerators and Freezers read in part. Policy statement: This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitations, and will observe food expiration guidelines. Policy Interpretations: 3. Food service supervisors or designated employees will check and record refrigerator and freezer temperature daily with first opening and at closing in the evening. Review of the facility's 04/10/2014 policy titled, Dishwasher Use and Maintenance Household and Neighborhood and Log read in part. Dishwasher Log: 1. Run/record at least (1) dishwasher check before using machine at each mealtime. 4. Do not use dish washer until the temperature and chemical checks are within the required range. In an observation on 07/21/2025 at 6:15 a.m. of the walk-in freezer revealed 2 opened boxes of home style yeast roll dough open to air. Interview on 07/21/2025 at 10:15 a.m. S12 [NAME] confirmed all the above findings. Review of the facility's Daily Temperature Log revealed the following: No refrigerators x 2, freezer, or dishwasher temperatures were completed for 07/03/2025 07/04/2025, 07/05/2025, 07/06/2025, 07/08/2025, 07/09/2025, 07/10/2025, 07/11/2025, 07/12/2025, 07/13/2025, and 07/14/2025. No food temperatures were completed for dinner meal services on 07/11/2025 and 07/15/2025. Interview on 07/22/2025 at 10:50 a.m. with S12 [NAME] confirmed the all the above findings and stated the temperature checks were not completed appropriately, but should have been. S12 [NAME] stated she had not been monitoring the temperature logs to ensure they were completed appropriately by the dietary staff, but should have.</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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