STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215235	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Brooke CT Skilled Care Ctr at Heron Point	501 Campus Avenue Chestertown, MD 21620

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews with facility staff, it was determined that the facility failed to store and prepare food in a manner that maintains professional standards of food service safety. This was found to be evident during the observation of the kitchen during the recertification survey. This practice had the potential to affect all residents consuming food and beverage prepared and provided by the facility's kitchen. ????????? The findings include: During the initial tour of the main kitchen conducted on 12/08/2025 at 8:02 AM the Surveyors and Certified Dietary Manager (CDM) observed the following expired food items in the walk-in refrigerator: Black beans opened 12/03/25 expired 12/07/25, Maraschino Cherries opened 12/03/25 expired 12/06/25, Walnut topping opened 11/29/25 expired 12/06/25, Cream of Crab soup opened 12/04/25 expired 12/07/25, Corn beef opened 12/03/25 expired 12/06/25, Kalamata Olive Oil 12/03/25 - 12/06/25, 2 Cheese balls and 1 Cheese log opened 12/07/25 with no expiration date, Dannon Yogurt opened 11/27/25 expired 12/04/25, and Goat cheese opened 11/28/25 expired 12/05/25. During an interview conducted on 12/08/2025 at 8:17 AM the CDM stated that she would discard the expired foods and that the expectation was to label all food items with an open or prepared date and expiration date. During a continued tour of the main kitchen conducted on 12/10/25, the Surveyors and Director of Dietary observed food and debris on the metal shelf where bowls were stored. During the continued tour the Surveyors and Director of Dietary observed a brown paper bag stored in the refrigerator inside the kitchen. Inside the bag were two white disposable food containers and 2 bags of chips, the bag and containers were not labeled and dated. During an interview, the Director of Dietary stated the food containers were for residents but could not say who the residents were or when the food was placed in the refrigerator. The Director of Dietary asked a kitchen employee who advised the food containers were for two residents and were placed in the refrigerator that day. An observation was conducted on 12/11/25 at 8:48 AM of the [NAME] satellite kitchen refrigerator in the dish room. The Surveyors and dietary aide # 8 observed the following items expired: apple juice opened 11/25/25 expired 12/02/25 and caramel sauce opened 09/21/25 expired 11/20/2025.

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