STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21E009	A. Building B. Wing	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Home Inc	5805 Queens Chapel Road Hyattsville, MD 20782

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 observation and interview with facility staff, it was determined that the facility failed to ensure that food items were labeled and dated. This was found to be evident during the facility's annual Medicare/Medicaid survey and has the potential to affect all residents eating food prepared in the facility's kitchen.The findings include:On 07/24/2025 at 7:41 AM, during the initial tour of the main kitchen of the facility with the Dietary Manager Staff #2 accompanying the surveyor, inside the stand-alone refrigerator were unlabeled and undated sausages and fried eggs in separate bowls. Staff #2 confirmed that they were eggs used for puree and that the sausages were left over but the staff who had made the food forgot to date and label it. Staff #2 took the food items out of the refrigerator.On 07/24/2025 at 7:48 AM, during a continued tour of the kitchen. Inside the walk-in freezer, the following items were observed, there was a bag of frozen sausages, two bags of chicken drumsticks, one bag of chicken breasts, one bag of chicken strips and 2 small bags of an unknown food items. There was no date label on any of the items observed. When asked how long the items had been in the freezer, Staff #2 stated that he would not know unless he checked the log and when asked if the items should have been dated and labelled, he stated that all items in the refrigerator and freezers should have been labelled and dated so as to know if it was still good. He took the two unknown frozen items and trashed it. He also went ahead to label the frozen items.Also on the same day at 8:16 AM during a tour of the [NAME] and Winter kitchen, some milk and desserts were seen in the refrigerator without dates or label and Staff #2 stated that the items should have been dated and labeled and at 8:23 AM, during a tour of the spring and summer kitchen on the unit 4 cups of milk and 3 cups of juice was seen in the refrigerator without dates or label and Staff #2 also stated that he items should have been dated and labeled.On 07/24/2025 at 8:51 AM, the concerns with the kitchen was discussed with the Nursing Home Administrator (NHA) and the Director of Nursing (DON) and they both agreed that the items should have been dated and labelledThe concern was again discussed with the administration team at the time of exit on 07/29/2025.

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