

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21E104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph's Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1222 Tugwell Drive Catonsville, MD 21228	

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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50385</p> <p>Based on observations and staff interview, it was determined that the facility failed to store foods in a manner that protects them from contamination and in a manner to prevent spoilage. This was evident during the initial kitchen tour.</p> <p>The findings include:</p> <p>On [DATE] at 8:35 AM, an initial kitchen tour was conducted with Staff #1. An observation was made in the large walk-in refrigerator of the kitchen. A box of 6 yogurts with expiration date of [DATE] were present. An open and undated package of bacon was seen sitting on an open rack above open containers of produce. These findings were verified by Staff #1. After surveyor intervention, Staff #1 discarded the box of 6 expired yogurts and the open and undated package of bacon.</p> <p>On [DATE] at 9:18 AM, an interview was conducted with the Certified Dietary Manager (Staff #8). When asked who handles the storage of perishable foods in the refrigerator, Staff #8 stated that she handles all the storing of the food products in the kitchen. When asked what their expectation was for how to check for product's expiration dates, Staff #8 stated that she checks the expiration dates everyday and ensures to place the newer products behind the older products on the shelves.</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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