STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie County Medical Care	210 Maple Street Frankfort, MI 49635

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to store, discard, and label medication in two of two medication rooms and one of two medication carts reviewed for medication storage.Findings include:On [DATE] at 9:45 AM, an observation was made of the medication cart on the 300-hall and was found to have one insulin pen with an opened date and without a discard date.On [DATE] at 9:50 AM, an observation made of the medication room on the 300 hall and found to have one opened tuberculin purified protein derivative (PPD) solution, 1 ml vial, lot #87891, and expiration date 2/2027 without an opened date. On [DATE] at 10:00 AM, an observation was made as this Surveyor exited the 300-hall medication room of Registered Nurse (RN) N who was administering medications to a resident in room [ROOM NUMBER] with her back turned to her medication cart. The medication cart was unsecured and unlocked until 10:05 AM. The 300-hall housed 20 residents in the unit, of which 18 had a diagnosis of dementia.An Interview with RN N on [DATE] at 10:05 AM revealed the following:When asked about the unlocked and unattended medication cart for 300 hall, RN N replied, I should not have left it unlocked. RN N was asked how long the PPD solution was ok to use after opening and replied, I am not sure how long they are good for or about dating them.On [DATE] at 9:30 AM, an observation made of the medication room on the 100-hall where multiple tuberculin PPD solutions were not labeled properly as follows:Lot # 87891, expiration date February 2027, opened without an opened date or an expiration date.Lot # 90878, expiration date [DATE], with an opened date of [DATE] and an expiration date marked as [DATE].Lot # 87891, expiration date February2027, with an opened date of [DATE] and an expiration date marked as [DATE].Lot # 87691, expiration date February 2027, with an opened date of [DATE] and an expiration date marked as 2/26.On [DATE] at 9:30 AM, an interview was conducted with Registered Nurse (RN) I who was asked how long the PPD solution was good for after opening and replied, I think it is 28 days, but I am not sure. RN I was asked if multi-use vials needed to be dated when opened and replied, Yes and with an expiration date. RN I was asked if she had a pharmacy recommendation formulary for how long medications were okay to use and provided a copy to this Surveyor.Review of pharmacy medication storage and stability pages with RN I who confirmed that the PPD solution is ok to use up to 30 days after opening.On [DATE] at 10:20 AM, an interview was conducted with the Director of Nursing (DON) who confirmed that [NAME]-use vials needed to be dated when opened and discarded per pharmacy recommendations. The DON also confirmed that medication carts are to be always locked unless attended by a nurse.On [DATE] at 11:15 AM, unit coordinator RN L was made aware of the medication storage noncompliance and replied, I just went through all the cart this past Friday.Review of policy titled, Medication Carts/Storage/Expired Medication, dated [DATE], read in part Objective.will maintain resident safety by routinely auditing for expired/discontinued/storing medications. Procedure.Open date and expiration date will be written on the labels provided in medication cart: a.) Expiration dates will follow the Storage and Stability guidelines on each unit.2. Removal of expired or discontinued medications.Expired medication will be returned to the (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie County Medical Care	210 Maple Street Frankfort, MI 49635

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	pharmacy.or, in the case stock medications, wasted appropriately and restocked.Review of facility document titled, Medication Storage and Stability, dated [DATE], read in part .Injectables After Opened **date when opened** Description.Tubersol/Aplisol (PPD), Storage - Refrigerator, Expiration - 30 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie County Medical Care	210 Maple Street Frankfort, MI 49635

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review, the facility failed to provide a dignified dining experience based on the reasonable personal concept for two Residents (#47 and #33) of eighteen residents reviewed for resident rights.Findings include:Resident #47 (R47)Review of R47's Electronic Medical Record (EMR) revealed initial admission to the facility on 5/16/19 with diagnoses including dementia, diabetes, and long-term use of insulin. Review of, Section C: Cognitive Patterns in R47's most recent Minimum Data Set (MDS) assessment, dated 11/24/25, ranked R47's, Cognitive Skills for Daily Decision Making as, Severely impaired-never/rarely made decisions.On 1/12/2026 at approximately 12:20 PM, R47 was observed in the dining room with 16 other residents preparing to consume the midday meal. At approximately 12:31 PM, Registered Nurse (RN) J approached R47 in the dining room, lifted her shirt to expose her abdomen, and administered an injection in her stomach without providing privacy.Resident #33 (R33)Review of R33's EMR revealed initial admission to the facility on 1/19/24 with diagnoses including dementia, glaucoma (an eye condition that damages the optic nerve), and macular degeneration (a degenerative condition affecting the central part of the retina). Review of R33's most recent MDS assessment, dated 10/28/25, revealed a Brief Interview for Mental Status (BIMS) score of 5, indicative of severe cognitive impairment.On 1/14/2026 at 8:33 AM, R33 was observed eating breakfast in the dining room at a table with three other residents. RN N was observed interrupting R33 in the middle of the meal and administered eye drops. A total of 8 residents were in the dining room at the time of administration.On 1/14/2026 at 11:06 AM, an interview was conducted with the Director of Nursing (DON) regarding her expectations with medication administration in relation to dignity, privacy, and confidentiality. The DON stated residents are asked if they would like privacy if they are administered anything other than oral medications and may choose to have them administered in a common area. When asked about residents with cognitive impairments who are unable to make daily decisions, the DON stated, Typically, we try to do all our stuff [medication administration] in private. Review of the facility policy titled, Medication Administration, implemented 2/19/24, read, in part: .Policy Explanation and Compliance Guidelines: .provide privacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie County Medical Care	210 Maple Street Frankfort, MI 49635

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide written notifications of the reason for hospital transfers to residents/responsible parties and document information communicated to the receiving hospital for three Residents (R3, R13, and R49) of four residents reviewed for hospitalizations. Findings include:Resident #3 (R3) was transferred to the hospital emergency department (ED) on 10/20/25. There was no documentation in the electronic medical record (EMR) indicating a written notification of transfer was provided to R3 or R3's resident representative. The EMR of R3 did not include documentation of information communicated or provided to the receiving hospital when R3 was transferred on 10/20/25. The Director of Nursing (DON) and Clinical Coordinator Registered Nurse (RN) L were interviewed on 1/13/25 at 3:32 PM. The DON said information conveyed to the hospital when a resident was transferred to the hospital would be in a progress note in the EMR. The EMR of R3 was reviewed with the DON. No progress note was in the EMR regarding communication of information with the hospital for the transfer of R3 on 10/20/25. RN L was asked if a written notification of transfer was issued for R3's hospital transfer on 10/20/25. RN L confirmed no written notification of transfer was provided to R3 or R3's resident representative when R3 was transferred to the hospital. Resident #49 (R49) Review of the EMR census information for R49, dated 1/14/26, revealed a discharge on [DATE] and a return date to the facility on 1/12/26. A progress note for R49, dated 1/9/26, read in part .Observed (R49's name) lying on her right side in the bathroom with her feet towards the toilet and her head in her shower . Report called to (local hospital name) Transfer Coordinator.to anticipate arrival. The EMR of R49 did not include documentation of information communicated or provided to the receiving hospital when R49 was transferred on 1/9/26. Resident #13 (R13) Review of the EMR census information for R13, dated 1/14/25, revealed a discharge on [DATE] and a return date to the facility on 8/25/25. A progress note for R13, dated 8/18/25, read in part .She has been reluctant to go to the ER (emergency room).she agreed to go to the ER. EMS (emergency medical services) here to transport resident. Sent with paperwork and phone with charger. Called (local hospital name) Transfer department to notify of transfer per ambulance. The EMR of R13 did not include documentation of information communicated or provided to the receiving hospital when R13 was transferred on 8/18/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie County Medical Care	210 Maple Street Frankfort, MI 49635

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/14/26 at 10:31 AM, an interview was conducted with the Clinical Coordinator RN L, who confirmed that there is no written communication for reason for transfer for R13 or R49 and there is no specific communication for documentation to the receiving local hospital for continuation of care needs for residents being transferred out. Review of policy titled, Admission, Transfer, and Discharge Policy, dated 10/27/25, read in part Purpose: To ensure that all residents admissions, transfers, and discharges are completed in accordance with Centers for Medicare & Medicaid (CMS) regulations, the Michigan Public Health Code, and the home's philosophy of honoring each person's choices, dignity, and sense of belonging.Transfer Procedures.2. External Transfers (e.g., Hospital or Another Facility). The nurse must send the following with the resident: Current medication list and recent vitals. Transfer summary or hospital packet. Advance directives and contact information. Notify the resident's representative, attending physician, and responsible parties promptly. Document time, destination, mode of transport, and notification details. The policy Notification of Changes date 9/20/23 documented, in part: . The purpose of this policy is to ensure the facility promptly informs the resident . and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification . The facility must inform the resident . and /or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include: .A transfer or discharge of the resident from the facility .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie County Medical Care	210 Maple Street Frankfort, MI 49635

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 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** Based on interview and record review, the facility failed to monitor and document clinical assessment of changes of condition for two Residents (#3 & #15) of 18 residents reviewed for quality of care. Findings include:Resident #3 (R3) During an interview on 1/12/26 at 2:33 PM, R3 said he was sent to the hospital several times since being admitted to the facility. R3 was unable to recall the reasons for the hospitalizations but said he was admitted to the hospital for a week in October (2025) because of diabetes. The electronic medical record (EMR) of R3 disclosed admission to the facility on 4/26/18. A quarterly Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 13 indicating R3 had intact cognition. The MDS assessment indicated R3 had a diagnosis of diabetes, received daily injections of insulin, and was at risk for hyperglycemia (high blood sugar). Further review of the MDS revealed R3 received antibiotics for an active diagnosis of septicemia (a bloodstream infection). A nurse's progress note in the EMR dated 10/19/25 at 9:33 AM documented, in part: .staff reported to this RN [Registered Nurse] that resident has been off his baseline mental status with increased confusion/disorientation which has been worsening over the past 3 days. suspected [sic] worsening infection. upon [sic] assessment vital signs included HR [heart rate] 115 [beats per minute - bpm] . increased anxiety, confusion. There were no previous progress notes or assessments documenting a change in mental status for the three previous days as referenced in the progress note of 10/19/25 at 9:33 AM. A nurse's progress note in the EMR dated 10/20/25 at 10:08 AM read, Seen by [physician's name redacted]. Orders received to send to ER [emergency room] for AMS [altered mental status - general term for any significant change in a person's normal brain function, leading to confusion, disorientation, decreased alertness, unusual behavior, or changes in consciousness]. The progress note did not document an assessment or the condition of R3 upon transfer to the ER. There was no documentation in the EMR after the progress note on 10/19/25 at 9:33 AM documenting ongoing clinical assessment of the AMS of R3 prior to the nurse's progress note on 10/20/25 at 10:08 AM when the physician assessed R3 and ordered R3 transferred to the ER. A physician's visit note in the EMR dated 10/20/25 documented, in part: .Has demonstrated worsening mentition [sic: mentation] as of yesterday.staff reported ongoing altered mentition [sic] today. Patient is unable to converse and yells out incoherently. Staff reports heart rates have ranged from 115 [bpm] to 130's [bpm]. A hospital discharge form in the EMR dated 10/27/25 indicated R3 had been admitted to the hospital for diabetic ketoacidosis (a severe, life-threatening condition resulting from complications of diabetes that occurs when the body lacks sufficient insulin, leading to dangerously high blood sugar levels; common symptoms include weakness and confusion). The EMR of R3 did not include an assessment of R3's blood sugar levels while experiencing the AMS despite R3's history of insulin-dependent diabetes. There were no documented assessments (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie County Medical Care	210 Maple Street Frankfort, MI 49635

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	monitoring temperature, pulse, or respirations of R3 while he was experiencing the AMS. The EMR did not contain documentation of assessment of R3's behaviors, orientation status, specific cognitive changes, changes in memory or judgment, speech, mood or other symptoms of AMS experienced by R3. A care plan dated as initiated on 8/8/23 read, in part: . [R3 name redacted] has impaired endocrine function r/t [related to] Diabetes Mellitus [group of diseases that affect how the body uses blood sugar] with hyperglycemia. An intervention dated as initiated 8/8/23 read: Monitor for signs/symptoms of hypoglycemia or hyperglycemia – confusion, lethargy, sweating, polyuria [excessive urination]. The Director of Nursing (DON) and Clinical Coordinator Registered Nurse (RN) L were interviewed on 1/13/26 at 3:29 PM. The DON said assessment information should be in the EMR of R3. The DON reviewed the progress notes and assessments of R3 and confirmed the absence of clinical documentation of change of condition. The DON said staff should monitor and assess residents with changes of condition at least each shift and document the assessment findings in the EMR. RN L said R3 had septicemia and they had suspected a worsening of the infection when R3 was identified with AMS. RN L was asked the reason there was no documentation indicating R3 was assessed and monitored for sepsis (a life-threatening condition caused by the body's response to an infection that can lead to organ failure and death) if they suspected the septicemia had worsened. RN L and the DON agreed there should have been documented assessments of R3 in the EMR. Resident #15 (R15) Review of R15's Electronic Medical Record (EMR) revealed initial admission to the facility on 4/26/21 with diagnoses including dementia and pulmonary fibrosis (lung disease that occurs when lung tissue becomes damaged and scarred). Review of, Section C: Cognitive Patterns in R15's most recent Minimum Data Set (MDS) assessment, dated 1/5/26, ranked R15's, Cognitive Skills for Daily Decision Making as, Severely impaired-never/rarely made decisions. Review of a Nurses Note written 12/1/25 at 14:10 [2:10 PM] by Registered Nurse (RN) J read, in part: Increased drowsiness/weakness. Staff have been unable to get resident out of bed today as they have went into room multiple times per hour since 10 AM attempting to get her ready for the day, all attempts she refused.CNA [Certified Nursing Assistant P] reported to this RN that she heard coughing coming from the residents room and when she entered assisted [R15] with the coughing episode. She did have a productive cough, and expelled sputum (a mixture of saliva and mucus) which was reported to have scant red blood present . HR [heart rate] 74, SP02 [oxygen saturation] 91% on RA [room air], RR 24 [respiratory rate], temp [temperature] 98.5 . Lungs are slightly diminished in the bilateral lower lobes with faint coarse/crackles in the right lower lobe. She does have some tachypnea [abnormally rapid, shallow breathing] present at rest. Review of R15's EMR revealed no follow-up vitals or progress note to indicate R15's condition. Review of an Encounter note written by Physician Q on 12/1/25 at 11:19 AM read, in part: Patient [R15] is lying in bed at the time of the exam. Staff report no significant concerns today. no (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie County Medical Care	210 Maple Street Frankfort, MI 49635

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	additional issues per nursing. No reported chest pain, shortness of breath, or fevers. On 1/14/2026 at 10:00 AM an interview was conducted with RN J regarding R15's change in condition on 12/1/25. RN J admitted R15's lungs didn't, sound great but her condition was monitored visually throughout the day. When asked if repeat vitals were taken, RN J stated they probably were just not entered in the EMR. When asked about further monitoring of R15's condition and communication between shifts, RN J stated, I probably should have put a follow-up note in [the EMR]. When asked why Physician Q's note did not reflect concerns were communicated from the nursing staff including shortness of breath or abnormal lung sounds as indicated in her earlier note, RN J stated Physician Q typically rounds at 9:00 AM and R15's change in condition happened around 10:00 AM. RN J verified she did not notify Physician Q of R15's change in condition after he initially rounded. On 1/14/2026 at 10:36 AM, an interview was conducted with Assistant Director of Nursing (ADON) R regarding clinical expectations when a resident change in condition occurs. ADON R indicated it is typically communicated either verbally or in an email to the unit ADON and then passed to the doctor if deemed appropriate. ADON R could not recall if R15's change in condition had been reported to her on 12/1/25. ADON R verified there should have been a follow-up note in R15's EMR indicating the outcome monitoring. On 1/14/2026 at 11:06 AM an interview was conducted with the Director of Nursing (DON) regarding change in condition clinical expectations. The DON stated information is typically passed off in report and residents will be added to the provider list in non-emergent situations. After reviewing R15's EMR, the DON stated she would expect to see a follow-up note indicating an update on the current condition. When asked if the physician should have been notified, the DON stated, Yes, I would have expected the physician to have been notified and followed up in the EMR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie County Medical Care	210 Maple Street Frankfort, MI 49635

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 - Few	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, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety, resulting in the potential to spread food borne illness among all residents that consume food from the kitchen. Findings include:On 01/12/2026 at 11:45 AM During a tour of the kitchen with Dietary Manager C, a fresh turkey still in the wrap was noted in a tray on the prep table. When asked what was happening with the turkey, Chef D stated it was thawed in advance and was getting ready to be cooked for a later meal. Chef D pulled out a probe thermometer and stabbed the turkey with the probe to get an internal temperature reading. After noting the temperature, he wiped the probe off with an alcohol wipe and put the cap back on the probe thermometer. When asked if since this probe was placed into an uncooked turkey, should it have been washed, rinsed and then sanitized prior to recapping and storage, Chef D pulled the thermometer out of the tray and went and washed, rinsed and then sanitized it before returning it to the storage container. 3-304.11 Food Contact with Equipment and Utensils. FOOD shall only contact surfaces of: (A) EQUIPMENT and UTENSILS that are cleaned as specified under Part 4-6 of this Code and SANITIZED as specified under Part 4-7 of this Code; [NAME] 01/12/2026 at 12:00 PM, a slicer was observed on a prep table covered with a plastic covering. When asked why the plastic cover was on the slicer, DM C stated it was used for food prep, and the plastic cover was to keep it clean after being cleaned and sanitized. When the plastic cover was removed, some food debris was noted on the underside of the blade and casing of the slicer. DM C and kitchen staff demonstrated how after use, the slicer is dismantled with parts that can be removed, taken to the dish machine and non-removable items cleaned and sanitized in place. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch.On 01/12/2026 at 12:15 PM, during an observation with DM C, upon entering the walk-in freezer, Staff member E was observed picking up single serve plastic cups of ice cream that had fallen from a box onto the floor. Staff E was observed placing them back into the cardboard box and placing that cardboard box onto a shelf in the walk-in freezer. After the staff member walked out, DM C was asked what should happen to those single serve ice cream cups and he stated they should be thrown away. At that time, DM C removed them from the walk-in freezer and took them out to the kitchen and disposed of them in the garbage can. According to the 2022 FDA Food Code section 3-701.11 Discarding or Reconditioning Unsafe, Adulterated, or Contaminated Food.(D) FOOD that is contaminated by FOOD EMPLOYEES, CONSUMERS, or other PERSONS through contact with their hands, bodily discharges, such as nasal or oral discharges, or other means shall be discarded. [NAME] 01/12/2026 at 12:45 PM, during an observation of a satellite serving kitchen with DM C, Staff F was observed entering the prep area from the dining room and donning gloves without proper hand washing prior to putting the gloves on. According to the 2022 FDA Food Code section 2-301.14 When to Wash. FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12.immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (H) Before donning gloves to initiate a task that involves working with FOOD ; and (I) After engaging in other activities that contaminate the hands.