

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Belle Fountain Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18591 Quarry Rd Riverview, MI 48192	

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 - Many</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** 22349</p> <p>This citation pertains to intakes MI00144980 and MI00145055.</p> <p>Based on observation, interview, and record review, the facility failed to ensure expired food was not stored with active food stock resulting in the potential for food borne illness to affect all residents who consume food from the kitchen.</p> <p>Findings include:</p> <p>The State Agency received a complaint that a resident was served a sandwich with mold on the bread.</p> <p>During a tour of facility's kitchen on [DATE] at 11:20 AM with Registered Dietitian (RD) A, Kitchen [NAME] (KC) B, and Dietary Aide (DA) C the following was observed in the active food stock area;</p> <p>-two 8-packs of hamburger buns were opened and undated with small amounts of white fuzzy substance in a circular pattern on the bottom of the buns. Six additional 8-packs of hamburger buns did not have delivery date or use by date on them.</p> <p>-two 8-packs of hot dogs buns were unopened, undated, and had small amounts of white/grayish fuzzy substance in a circular pattern on the buns. Six additional 8-packs of hamburger buns did not have delivery date or use by date on them.</p> <p>Inspection of the refrigerator revealed the following;</p> <p>-approximately one dozen of pre-made breakfast biscuits in a zip-lock bag with a use-by date of [DATE].</p> <p>-approximately one dozen of breakfast sausages in an undated zip-lock bag.</p> <p>-three pre-made 6 inch subs were in an undated zip lick bag.</p> <p>-a clear tub with a creamy substance was labeled as 'pancake batter use by [DATE]'.</p> <p>-an opaque cream colored tub was labeled as 'vanilla pudding use by [DATE]'.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Belle Fountain Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18591 Quarry Rd Riverview, MI 48192	

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 - Many</p>	<p>On [DATE] at approximately 11:30 AM, KC B said the all food items should have an opened dated and a use-by date on them. KC C and DA C removed all the hamburger buns, hot dog buns, and the expired items in the kitchen's refrigerator from the active stock area. Upon inquiry both KC B and DA C said they were aware of a resident being served a sandwich with mold on the bread.</p> <p>On [DATE] at 2:00 PM the Nursing Home Administrator acknowledged that she had been made aware that a resident had been served a sandwich with visible mold on the bread.</p> <p>According to the facility's Food Storage policy replaced on [DATE] in part reads as follows; It is the responsibility of the Dietary Staff and supervisors to ensure that food is stored, labeled and used within the recommended time guidelines to prevent food borne illness.</p> <p>C. Guidelines for food labeling and dating must be adhered to by all food service personnel and closely monitored by the food service manager.</p> <p>7. Arrival dates should be placed on all foods removed from the case at the time of delivery.</p> <p>12. Leftover foods must be immediately frozen, labeled and dated for later use. If refrigerated, the food must be discarded within 72 hours .</p>