

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Paul Oliver Memorial Hospital Ltcu		STREET ADDRESS, CITY, STATE, ZIP CODE 224 Park Ave 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)
<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** 40383</p> <p>Based on observation, interview, and record review, the facility failed to store food in accordance with professional standards for food service safety as evidenced by failing to ensure that potentially hazardous foods were dated and disposed of when expired and failed to maintain equipment and serving utensils in a sanitary manner. This deficient practice had the potential to result in food borne illness among any of the 29 residents in the facility. Findings include:</p> <p>On [DATE] at 2:14 PM, a tour of the dietary department was made with Certified Dietary Manager (CDM) A resulting in the following observations:</p> <ul style="list-style-type: none"> - The reach in freezer in storeroom/manager office area revealed frozen yogurt marked with a use by date of [DATE]. - The hood area in the kitchen contained two large rolling bins stored under cooking units. Both bins had a yellowing film with brown bits of crumbs stuck to the top of each cover. The first bin contained a 20-pound bag of flour which was approximately ,d+[DATE] full and dated with a manufacturer's stamp of [DATE]. CDM A examined the bag and could not verify when the product had been opened or a date indicating when the flour should be used by. The bin had other bags of product and was noted to have debris in the bottom including a piece of a metal clip. The other large rolling bin contained oats in two containers and had dry debris in the bottom. CDM A acknowledged the containers should be free of debris. - The Vulcan oven/range was observed to have drip pans containing a buildup of overflow juices which were black and had burned on to the pan including black noodle remains. The grease trap was removed by CDM A who stated it needed to be cleaned. - Four small steam-table metal pans were being used to house various serving utensils and equipment parts. Each of these containers located throughout the food preparation area were observed with drips and crumb debris both on the utensils and loose in the bottom of the pans. CDM A delivered these containers to the dish room for cleaning. <p>On [DATE] at 11:23 AM, Registered Dietitian (RD) B presented cleaning schedules which indicated the areas noted above should be regularly cleaned. The cleaning schedules included: Equipment: Hood Area Clean grease traps, Clean Stove and clean inside cabinet and drawers.</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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The FDA Food Code States:</p> <p>,d+[DATE].12 Food Storage Containers, Identified with Common Name of Food. ,d+[DATE].11 Miscellaneous Sources of Contamination. FOOD shall be protected from contamination that may result from a factor or source not specified under Subparts ,d+[DATE]</p> <p>,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in ,d+[DATE].17(A) or (B) shall be discarded if it: . (2) Is in a container or PACKAGE that does not bear a date or day;</p> <p>,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils.</p> <p>(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. Pf</p> <p>(B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations.</p> <p>(C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p>