

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235545	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Regency at Whitmore Lake		STREET ADDRESS, CITY, STATE, ZIP CODE 8633 N Main Street Whitmore Lake, MI 48189	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake(s) 1216042, 1216038, 1216041 Based on observations, interviews, record reviews, and 1 (200) of 4 sampled residents, the facility failed to maintain ambient room temperatures within the acceptable regulatory parameters (71-81 degrees Fahrenheit) affecting 116 residents, resulting in the increased likelihood for resident dehydration and physical/emotional discomfort. Findings include: On 7/15/25 at 1:26 PM during an interview with LPN "D", when asked if there had been any issues with the air conditioning, she reported "it is hell" (referring to the facility being excessively hot) and that they were trying to get portable air conditioning units for resident rooms [ROOM NUMBERS], as those rooms get direct sunlight and seem to be the warmest. LPN "D" reported that the unit she worked on was provided 6 fans for approximately 34 residents. LPN "D" further reported that when you enter the hallway of their unit from the main area you can feel a temperature increase. When asked if maintenance staff have been checking the room temperatures, she reported that the temperatures are checked around 7am, prior to full sun and temperatures outside rising.</p> <p>On 07/15/25 at 09:50 A.M., An interview was conducted with Resident #200 regarding ambient room temperatures. Resident #200 stated: "The portable air conditioning unit will trip the circuit breaker. Resident #200 also stated: "I have to unplug my firestick to have a place for the air conditioner plug."</p> <p>On 07/15/25 at 10:23 A.M., An interview was conducted with Maintenance Director (MD) "E" regarding the facility air conditioning units. (MD) "E" stated: Our roof top units (RTU's) are old., We have about 14 units total., We have documentation to replace 8 RTU's total including the residential Big Dogs on October 6th., Due to the excessive heat, we ended up getting portable air conditioners Swamp Coolers to cool the building., Unit 1 and Unit 4 resident rooms have portable air conditioners., We have 31 portable air conditioner units currently., Initially, the portable air conditioning units were tripping breakers., We relocated the portable air conditioning units to less crowded circuits.</p> <p>On 07/16/25 at 11:05 A.M., Ambient room temperatures were monitored utilizing an ETEKCITY LASERGRIP Model 1080 Infrared Thermometer. The following temperatures were recorded:</p> <p>Unit 2</p> <p>Hallway Corridor: 82.0 - 85.0 degrees Fahrenheit*</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 235545	If continuation sheet Page 1 of 8

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident room [ROOM NUMBER]: 84.0 - 86.0 degrees Fahrenheit*</p> <p>Resident room [ROOM NUMBER]: 85.0 - 87.0 degrees Fahrenheit*</p> <p>Resident room [ROOM NUMBER]: 82.0 - 87.0 degrees Fahrenheit*</p> <p>Resident room [ROOM NUMBER]: 82.0 - 84.0 degrees Fahrenheit*</p> <p>Shower room [ROOM NUMBER]: 84.0 - 85.0 degrees Fahrenheit*</p> <p>Shower room [ROOM NUMBER]: 84.0 - 87.0 degrees Fahrenheit*</p> <p>Resident room [ROOM NUMBER]: 83.0 - 85.0 degrees Fahrenheit*</p> <p>Resident room [ROOM NUMBER]: 83.0 - 84.0 degrees Fahrenheit*</p> <p>Resident room [ROOM NUMBER]: 83.0 - 84.0 degrees Fahrenheit*</p> <p>(*) The State of Michigan Operations Manual Appendix PP states: &#34;&#34;483.10(i) Safe Environment. The facility must provide&mdash; &#34;&#34;483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81&deg;F. &#34;Comfortable and safe temperature levels&rdquo; means that the ambient temperature should be in a relatively narrow range that minimizes residents&rsquo; susceptibility to loss of body heat and risk of hypothermia, or hyperthermia, or and is comfortable for the residents.&#34;</p> <p>On 07/16/25 at 12:10 P.M., An interview was conducted with Maintenance Director (MD) &#34;E&rdquo; regarding monitoring ambient room temperatures. (MD) &#34;E&rdquo; stated: &#34;I monitor air temperatures weekly.&rdquo;</p> <p>On 07/16/25 at 12:26 P.M., Ambient room temperatures were monitored utilizing an ETEKCITY LASERGRIP Model 1080 Infrared Thermometer&rdquo;. The following items were noted:</p> <p>Unit 3</p> <p>Shower room [ROOM NUMBER]: 83.0 - 84.0 degrees Fahrenheit*</p> <p>Shower room [ROOM NUMBER]: 86.0 - 88.0 degrees Fahrenheit*</p> <p>Dining Room: 83.0 - 84.0 degrees Fahrenheit*</p> <p>Resident room [ROOM NUMBER]: 81.0 - 83.0 degrees Fahrenheit*</p> <p>Resident room [ROOM NUMBER]: 81.0 - 84.0 degrees Fahrenheit*</p> <p>Resident room [ROOM NUMBER]: 81.0 - 82.0 degrees Fahrenheit*</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(*) The State of Michigan Operations Manual Appendix PP states: "§483.10(i) Safe Environment. The facility must provide— §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F. "Comfortable and safe temperature levels" means that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia, or hyperthermia, or and is comfortable for the residents."</p> <p>On 07/17/25 at 09:30 A.M., Record review of the "Air Temperature Monitoring Log Sheets" for the last 75 days revealed no specific entries exceeding the 71–81-degree Fahrenheit parameter.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 1216041Based on observations, interviews, record reviews, reviewed for food product palatability, the facility failed to provide palatable food products affecting 116 residents who consume food, resulting in the increased likelihood for decreased resident food acceptance and nutritional decline. Findings include: On 07/15/25 at 09:43 A.M., An interview was conducted with Resident #200 regarding facility food products. Resident #200 stated: Food Sucks, &ldquo;The waffles are hard.&rdquo;, &ldquo;The biscuits and gravy are stone cold.&rdquo;, &ldquo;The hushpuppies are hard as a rock.&rdquo;, &ldquo;The bread is dry and hard.&rdquo;, The meat is dry., The menu is consistently the same., The vegetables are mushy., I go for days without eating facility food., The condensed soup is bad., The peanut butter is bad and doesn't spread., One day we had peanut butter and jelly and vegetable soup for dinner.</p> <p>On 07/15/25 at 09:45 A.M., An interview was conducted with Resident #200 regarding meal service times. Resident #200 stated: &ldquo;Breakfast is served around 09:00 &ndash; 09:30 A.M.&rdquo;, Lunch is served from 01:00 - 01:30 P.M. daily., and &ldquo;Dinner is served from 06:00 -06:30 P.M.&rdquo;</p> <p>On 07/15/25 at 11:44 A.M., An interview was conducted with Dietary Aide (DA) &ldquo;H&rdquo; regarding the resident meal tray delivery schedule. (DA) &ldquo;H&rdquo; stated: &ldquo;We do the Main Dining Room, Unit 3, Unit 4, Unit 1, and Unit 2.&rdquo;</p> <p>On 07/15/25 at 12:52 P.M., An interview was conducted with Dietary Aide (DA) &ldquo;H&rdquo; regarding the bread product delivery schedule. (DA) &ldquo;H&rdquo; stated: &ldquo;Bread comes in on Monday once a week.&rdquo;</p> <p>On 07/15/25 at 01:15 P.M., Lunch meal food trays (32) were observed leaving the food production kitchen, within an insulated transport cart.</p> <p>On 07/15/25 at 01:17 P.M., Lunch meal food trays (32) were observed arriving to Unit 4, within an insulated transport cart.</p> <p>On 07/15/25 at 01:34 P.M., Lunch meal food trays (21) were observed leaving the food production kitchen, within an insulated transport cart.</p> <p>On 07/15/25 at 01:36 P.M., Lunch meal food trays (21) were observed arriving to Unit 1, within an insulated transport cart.</p> <p>On 07/15/25 at 01:57 P.M., Resident #200&rsquo;s lunch meal tray was observed stored within the insulated transport cart, located on the Unit 1 hallway corridor.</p> <p>On 07/15/25 at 02:04 P.M., Resident #200&rsquo;s lunch meal food tray was observed delivered by Certified Nursing Assistant (CNA) &ldquo;I&rdquo;. (CNA) &ldquo;I&rdquo; was also observed providing feeding assistance to Resident #200.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/15/25 at 02:29 P.M., An interview was conducted with Resident #200 regarding his lunch meal food products. Resident #200 stated: "The food was OK today, but it was cold., The chicken was dry., The only way it was moist was from the BBQ sauce., I don't know what is going on in the kitchen., The tuna fish sandwiches contain no onion, pickle, or mayonnaise., and The bread is always hard and not fresh.</p> <p>On 07/16/25 at 08:45 A.M., Food product temperatures were monitored utilizing a ThermoWorks Super-Fast Thermopen model CR2032 digital thermometer. The following food temperatures were recorded for Resident #200's Breakfast Meal food tray:</p> <p>Oatmeal (Two Bowls)- 116.3 / 121.4 degrees Fahrenheit *</p> <p>Frosted Flakes (Two Bowls) - Room Temperature</p> <p>Cranberry Juice - 66.7 degrees Fahrenheit*</p> <p>Note: No milk was observed provided on the meal tray for the dry cereal.</p> <p>Note: Salt and pepper packets were observed on the meal tray.</p> <p>Note: One packet of brown sugar was observed on the meal tray. Resident #200 stated: I don't use [NAME] Sugar. Resident #200 also stated: "I have told them over and over again."</p> <p>(* The "2022 FDA Model Food Code" section 3-501.16 states: "(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57°C (135°F) or above, except that roasts cooked to a temperature and for a time specified in (B) or reheated as specified in (E) may be held at a temperature of 54°C (130°F) or above; or (2) At 5°C (41°F) or less."</p> <p>On 07/16/25 at 09:40 A.M., An interview was conducted with Dietary Manager (DM) "F" regarding the bread product delivery schedule. (DM) "F" stated: "Bread shipments come in once a week on Monday." (DM) "F" also stated: "The bread supplier is [NAME] Distributing."</p> <p>On 07/16/25 at 01:45 P.M., A food palatability test was conducted by this surveyor. The meal tray presentation was observed less than [NAME]. The stuffed green pepper was also observed to be overcooked and supple. The marinara sauce was additionally observed bland and flavorless. The mashed potatoes were further observed to be somewhat dry and compact. The butterscotch pudding was also observed to lack in portion size. The beverage (apple juice) was additionally observed provided in a nectar thick consistency. No condiments (butter, pepper, salt, etc.) were provided with this lunch meal tray.</p> <p>On 07/16/25 at 02:00 P.M., An interview was conducted with Dietary Aide (DA) "G" regarding resident meal tray condiments. (DA) "G" stated: "The condiments should be listed on the meal ticket card."</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/17/25 at 08:30 A.M., Record review of the Policy/Procedure entitled: "Tray Accuracy and Test Trays"; dated 11/11/24 revealed under Policy: "It is the policy of this facility to set up trays accurately to provide residents with meal trays correctly reflecting Therapeutic Diets, Proper Texture Diets, and Food Preferences listed on the tray ticket." Record review of the Policy/Procedure entitled: "Tray Accuracy and Test Trays"; dated 11/11/24 further revealed under Procedure: "(2) The items on each tray will be checked against the tray ticket to verify accuracy before the tray is loaded onto the delivery cart by the person working the last station on the tray line. (3) All foods will be covered."</p> <p>On 07/17/25 at 08:45 A.M., Record review of the Policy/Procedure entitled: "Nutritional Services Department Staffing"; dated 12/10/24 revealed under Policy: "It is the policy of the Nutritional Services Department to staff with sufficient, competent, supportive personnel to carry out the functions of the food services."</p> <p>On 07/17/25 at 09:00 A.M., Record review of the Policy/Procedure entitled: "Food Preferences"; dated 1/9/25 revealed under Policy: "It is the policy of the facility to obtain food preferences for all residents." Record review of the Policy/Procedure entitled: "Food Preferences"; dated 1/9/25 further revealed under Procedure: "(8) Food preferences will be identified on tray tickets to ensure residents are provided with appropriate food items."</p> <p>On 07/17/25 at 09:15 A.M., Record review of the Policy/Procedure entitled: "Food Temperatures"; dated 1/9/25 revealed under Policy: "Foods will be maintained at proper temperature to ensure food safety."</p> <p>On 7/16/2025 at 9:55 AM, R202 was observed in the hallway awaiting discharge. During an interview with R202 it was reported that food arrives warm most of the time but not hot, that the lettuce served is brown and that his preferences are not always honored. It is noted that he didn't want or like eggs but they are still sent on his breakfast trays. He further stated that the kitchen was supposed to send him a peanut butter sandwich with each meal and that was not done on a consistent basis.</p> <p>On 7/16/25 at 1:30 PM, R203 was observed sitting up in bed. When asked about the food at the facility, R203 reported it was her "worst enemy". She reported that meals arrive cold most of the time and they are routinely not provided with condiments, like butter for pancakes, no salt or pepper and meals are not "balanced"; (she explained that they receive a lot of vegetables in relation to other foods).</p> <p>On 07/16/25 at 01:49 PM, a food palatability test was conducted by this surveyor. The meal tray presentation was unappealing, bland and void of color. The tray consisted of chicken cordon blue, buttered noodles, butterscotch pudding and apple juice. The chicken cordon blue had very little actual meat, the center was observed to contain cheese/broccoli, it had burnt cheese on each end of the patty and was heavily breaded. It was further observed to have very little flavor. The noodles were observed to be overcooked, very soft with little flavor. The butterscotch pudding had a pleasant taste but the portion provided barely covered the bottom of the dessert dish and the color was an unpleasant shade of brown. The apple juice was observed to be nectar thick therefore was not tested. No condiments were provided (no butter, no salt or pepper, Mrs Dash etc).</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/17/2025 at 9:34 AM, during an interview with Registered dietitian (RD) "J" and Dietary Manager (DM) "F", it was reported that the facility has 2-3 positions responsible for ensuring tray accuracy. The first person on the "line" calls out the diet type and is responsible for placing silverware and condiments, the other staff are responsible for drinks and desserts. When asked if the RD or DM conduct any audits to ensure accuracy it was reported that they plan to do weekly audits soon. No explanation was offered as to why residents do not receive condiments on their meal trays.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>This citation pertains to Intake 1216041Based on observations, interviews, record reviews, and 1 (200) of 4 sampled residents, the facility failed to provide timely meal service affecting up to 116 residents who consume food, resulting in the increased likelihood for delayed meal service, increased emotional/psychosocial distress, and decreased food acceptance/nutritional decline.Findings include:On 07/15/25 at 09:45 A.M., An interview was conducted with Resident #200 regarding facility meal service times. Resident #200 stated: Breakfast is served around 09:00 - 09:30 A.M., Lunch is served from 01:00 - 01:30 P.M. daily., and Dinner is served from 06:00 -06:30 P.M.On 07/15/25 at 01:57 P.M., Resident #200's lunch meal tray was observed stored within the insulated transport cart, located on the Unit 1 hallway corridor.On 07/15/25 at 02:04 P.M., Resident #200's lunch meal food tray was observed delivered by Certified Nursing Assistant (CNA) I. (CNA) I was also observed providing feeding assistance to Resident #200.(* The State of Michigan Operations Manual Appendix PP states: F809 S483.60(f) Frequency of Meals S483.60(f)(1) Each resident must receive, and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. S483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. On 07/17/25 at 10:00 A.M., Record review of the Policy/Procedure entitled: Always Available Menu dated (no date) revealed the following mealtimes: Breakfast 7:00 - 9:00 A.M., Lunch 12:00 - 2:00 P.M., Dinner 5:00 - 7:00 P.M.</p>		