

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 619 West Sixth Street Park Rapids, MN 56470	

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 - Some</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** 49878</p> <p>Based on observation, interview, and document review, the facility failed to ensure refrigerated food items were properly labeled and dated. Furthermore, the facility failed to ensure refrigerated food items were disposed of after expiration date. This deficient practice had the potential to harm any resident or visitor using facility refrigerators to store food.</p> <p>Findings include:</p> <p>During observation on [DATE] at 1:47 p.m., north unit fridge was reviewed. In the freezer the following items were found:</p> <ul style="list-style-type: none"> -small, white, square [NAME] brand cold pack, no name or label attached. -large rectangular blue cold pack, resident label attached. -plastic grocery bag with two bags of frozen vegetables, no label attached. -one open box of frozen fruit bars, no label attached. <p>During observation on [DATE] at 1:53 p.m., west unit fridge was reviewed. In the freezer was a [NAME] brand vegan pizza, expiration date of [DATE]. In the fridge was a clear tupperware container with leftover corn, resident name on post-it note, no date.</p> <p>During observation on [DATE] at 1:58 p.m., second floor unit fridge was reviewed. In the door of the fridge was a small take out box with resident name and no date.</p> <p>During observation on [DATE] at 1:31 p.m., fridge in first floor serving kitchen was reviewed. In the freezer was a box of fried rice without name or date.</p> <p>During interview on [DATE] at 1:22 p.m., certified nursing assistant (CNA)-A stated resident leftovers or food brought in for residents should be tabled with the resident name and the date. CNA-A further stated there was no official process for staff to label food.</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 - Some</p>	<p>During interview on [DATE] at 8:14 a.m., licensed practical nurse (LPN)-A stated resident food should be labeled with their name and date. LPN-A further stated they would dispose of old food whenever working. LPN-A stated there was no task to check the fridges.</p> <p>On [DATE] at 2:05 p.m., dietary manager (DM) and executive director (ED) stated expectation for staff to label resident food with initials and date. DM and ED confirmed presence of multiple cold packs in north unit fridge. DM and ED also confirmed plastic grocery bag of frozen vegetables, and box of frozen fruit bars. DM and ED reviewed fridge on west unit and confirmed presence of frozen vegan pizza and expiration date of [DATE]. DM and ED confirmed presence of unlabeled box of frozen fried rice in first floor serving kitchen. ED stated, staff probably brought that in, maybe for a resident, and forgot about it. DM and ED confirmed presence of take out box with resident name and no date in second floor fridge. DM and ED discarded all expired or unlabeled foods.</p> <p>On [DATE] at 2:10 p.m., DM and ED stated there was not a process to ensure food was being check in unit fridges. DM and ED stated it was important to clean out unit fridges to prevent any possible harm to residents and families. DM and ED further stated expectation for staff to check unit fridges for expired food and to discard it if found.</p> <p>Facility policy, Food Brought In By Visitors last amended ,d+[DATE], stated any food not labeled or dated is discarded. Policy did not identify any time limit as to when food should be disposed.</p>		