

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER The North Shore Estates LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7700 Grand Avenue Duluth, MN 55807	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49878</p> <p>Based on interview and record review, the facility failed to review and revise the care plan after discontinuation of self-administered medication for 1 of 1 residents (R50) reviewed for care planning.</p> <p>Findings include:</p> <p>R50's 5 day Minimum Data Set (MDS) dated [DATE], identified intact cognition, and diagnoses that included amputation of lower right leg, congestive heart failure, obesity, gastritis, hypo-osmality (low concentration of solutes in the blood) and hyponatremia (low levels of sodium in the blood), type 2 diabetes, ascites, hyperparathyroidism of renal origin (increase in parathyroid hormone in the blood caused by chronic kidney failure), and end stage renal disease.</p> <p>R50's care plan last reviewed on 1/3/25, identified a focus of 'resident chooses to self administer tenapanor' (medication that lowers phosphorus levels in the blood). Care plan further identified a goal started on 10/17/24 of 'resident will safely self administer tenapanor per physicians orders.' R50's care plan also identified interventions for staff to follow: 'monitor usage of bedside meds, assess that resident is capable of self administering tenapanor correctly on a quarterly basis, assess safe storage, amount left, and expiration date of tenapanor weekly.'</p> <p>R50's order summary report dated 3/19/25, did not identify a current order for tenapanor. Review of R50's discontinued orders identified an order starting 10/15/24 and discontinued on 10/31/24, prescribing tenapanor oral tablet 30 milligrams (mg) to be given twice a day before first and last meals of the day.</p> <p>During joint interview on 3/20/25 at 9:57 a.m., director of nursing (DON) and licensed practical nurse (LPN)-B stated expectation care plans to be updated when needed. DON stated care plan updates would happen for changes in treatments. DON and LPN-B identified nurse managers would be responsible for updating care plans for residents on their unit.</p> <p>During interview on 3/20/25 at 11:29 a.m., administrator stated expectation care plans were to be updated when treatments for the resident were changed.</p> <p>Facility policy 'Care Planning' last revised 11/2024, identified 'the care plan is to be modified and updated as the condition and care needs of the resident changes.'</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45842</p> <p>Based on interview and document review, the facility failed to provide ongoing, comprehensive discharge (DC) planning to a lower level-of-care for 1 of 2 residents (R49) reviewed for discharge planning.</p> <p>Findings include:</p> <p>R49's admission Minimum Data Set (MDS) dated [DATE], identified R49 was admitted to the nursing home from the acute hospital. The MDS listed a section, Q0400, which was answered an active discharge plan was in place for the resident to return to the community.</p> <p>R49's most recent quarterly Minimum Data Set (MDS), dated [DATE], identified R49 was cognitively intact and needed some assistance with bathing, dressing, and transfers. R49 was wheelchair dependent but was independent in the wheelchair. Diagnoses included cancer and traumatic brain injury. Further, the MDS outlined under section Q0400. Discharge Plan, that an active discharge plan was not in place for R49 to return to the community, and no referrals to the local agencies had been made due to referrals not wanted.</p> <p>R49's care plan, dated 8/11/23, identified R49 wanted to be discharged to Assisted Living Facility (ALF) knowing that there is a chance to possibly go home once resident gets stronger. Resident MNCHOICE assessment (assessment performed to qualify for ALF under county waiver program) was completed on 3/6/24. Interventions included staff would make necessary referrals as needed to carry out resident's DC goals.</p> <p>R49's progress notes from 2/21/24 to 3/19/25 were reviewed and identified the following:</p> <ul style="list-style-type: none"> - 2/23/24 4:07 a.m., social services (SS) met with resident today. Resident interested in getting own apartment. Explained due to eviction history on file would not be able to. Social worker did offer an ALF or group home, and resident agreed to that. Would work on this Monday. - Progress notes lacked any other notations related to discharge planning related to this note. - 11/12/24 3:01 p.m., SS met with resident today. Resident interested in discharge to ALF. Writer reached out to the county to see who case worker was to get MNCHOICE assessment. - 11/19/24 at 3:24 p.m., care conference held and provided contact information for assisted living locators. - Progress notes lacked documentation follow up was made to assist with ALF referrals of is resident needed assistance in discharge planning. <p>R49's care conference note dated 11/19/24, indicated resident was interested in moving to a handicapped accessible apartment or ALF. Provided resident with resource for Assisted Living Locators to assist with independent living/ALF connections.</p> <p>(continued on next page)</p>		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R49's care conference note dated 2/18/25, indicated R49 wanted to move to an ALF.</p> <p>During an interview on 3/17/25 at 2:41 p.m., R48 stated he really wanted to move to an ALF. The discharge plan had been brought up with the facility social worker around a year ago, but they never did follow up with me related to anything discharge related. I keep bringing it up at every care conference but nobody ever follow ups on it. I am starting to give up on the idea.</p> <p>During an interview on 3/19/25 at 10:53 a.m., the social services designee (SSD) stated the social services department was responsible to assist residents who wanted to DC from the facility to home or a lower level of care facility. Discussion would occur with the resident related to where they would like to go. If discharge to an ALF or group home was requested, social services would assist by getting insurance information and waivers gathered and completed, and assist the resident by sending referrals to different ALF facilities and setup tours if the resident wished. The social services department would follow through the entire DC process. The SSD was not aware of the resident wishes from 2/23/24 due to a different social worker being present at that time. She did acknowledge the notes existed and stated the process should have started at that time. The SSD reviewed R49's medical record and acknowledged nothing indicated a follow through was completed. The SSD stated during the care conference on 2/18/25, the resident again vocalized wanting to go to an ALF but was ok staying at the care center. SSD stated she had not done any referrals to ALFs or follow up with the resident related to DC planning. SSD stated she was only at the facility twice a week and any staff member could have performed the follow up and the referrals.</p> <p>During an interview on 3/19/25 at 12:11 p.m., the regional licensed social worker (RLSW)-A stated the Assisted Living Locators is a private company that can assist in finding placement. Social services would send referrals to them, they would visit with the resident and then communicate with the facility related to ALF's the resident was interested in. Social services would stay in contact with the ALF locators throughout the DC process. RLSW-A acknowledged a care conference was held on 11/19/24, and information related to the ALF locators had been provided to the resident and a referral was made. RLSW-A stated no follow up was done with the resident or the ALF locators since the information was first provided on 11/19/24 but should have been done by somebody in the facility as part of the discharge planning process. That would ensure referrals are sent out as the resident requests.</p> <p>During an interview on 3/20/25 at 9:52 a.m., the administrator stated social services would follow the resident related to the discharge from the time of admission. If the resident is interested in DC to home or a lower level of care like an ALF conversations should be had in the interdepartmental team (IDT) so everybody is on the same page related to the discharge plans. Assistance would be made to send referrals to the ALF's requested to see if the resident qualified. Assistance with insurance issues and possible waivers would also occur. The provider would be notified towards the end to see if they agreed with the discharge plan and to get discharge orders to transfer or send home.</p> <p>Facility policy, Discharge Planning Policy dated 1/25, indicated discharge planning started at admission. The health care center would make every effort possible to meet the goal of the resident relative to their choices.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42587</p> <p>Based on observation, interview and document review the facility failed to ensure oral cares were completed for 1 of 3 residents (R18) reviewed for personal cares.</p> <p>Findings include:</p> <p>R18's quarterly Minimum Data Set (MDS) dated [DATE], identified R18 had diagnoses which included multiple sclerosis (a disease in which the immune system eats away at the protective covering of nerves). R18's MDS identified R18 was cognitively intact. R18 had no rejections of care and required set up for oral hygiene and was dependent of staff for personal hygiene and required substantial to maximum assistance for dressing.</p> <p>R18's nursing assistant care guide dated 3/20/25, identified R18 required an assist of one for bathing, dressing and grooming. R18's care guide also identified R18 had his own teeth.</p> <p>R18's care plan dated 9/21/23, identified R18 had a self care deficit. It further identified staff were to provide assistance with oral cares morning, bedtime, and as needed and to assist with personal hygiene.</p> <p>On 3/18/25 at 10:30 a.m., nursing assistants (NA)-A and NA-B entered R18's room to assist him with morning cares and to get him up, they told R18 what they were planning to do. A brief change was completed with peri-cares and pants were put on R18. A sling for the ceiling lift was placed under R18 and he was lifted out of bed and into his wheelchair. NA-A showed R18 three shirts and let him choose which one he wanted to wear. R18's shirt was changed, no face washing, hand washing or washing under his arms was offered or done. R18's hair was brushed, but he was not offered an opportunity to brush his teeth. R18 was given his soft touch call light and the NA's left the room.</p> <p>During an interview on 3/18/25 at 10:44 a.m., NA-A verified he was not offered an opportunity to brush his teeth and said he should be offered a chance to brush his teeth after he eats.</p> <p>During an interview on 3/19/25 at 10:41 a.m., NA-B stated morning cares included peri-care, dressing, combing hair, and oral cares.</p> <p>During an interview on 3/19/25 at 2:53 p.m., licensed practical nurse (LPN)-B stated morning cares for residents should include face and hands washed, under arms washed, peri-care, and oral cares (teeth or dentures brushed).</p> <p>During an interview on 3/19/25 at 3:18 p.m., the director of nursing (DON) stated oral care should be offered to prevent teeth problems and infections.</p> <p>During an interview on 3/20/25 at 8:04 a.m., R18 stated staff didn't ask him if he wanted to brush his teeth. Said, there's a tooth brush around here some place. R18 stated he had been offered an opportunity to brush his teeth maybe twice this week. R18 stated he would be happy to be able to brush his teeth once a day.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The policy Activities of Daily Living dated 3/31/23, identified the facility would ensure a resident was given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living. The facility would provide care and services to include hygiene, bathing, dressing, grooming, and oral care.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49878</p> <p>Based on document review and interview, the facility failed to identify diagnoses or indications for use of medications for 1 of 5 residents (R1) reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>R1's significant change Minimum Data Set (MDS) dated [DATE], indicated intact cognition, and diagnoses that included schizoaffective disorder, type 2 diabetes with other skin complications, osteoarthritis (degenerative joint disease resulting from cartilage and bone breakdown), chronic bronchitis, rash, polyneuropathy (disease or damage to the peripheral nerves that presents as weakness, numbness, and pain), and chronic pain syndrome.</p> <p>R1's physician's orders dated 3/18/25, included the following medications and supplements but lacked diagnoses or indication for use:</p> <ul style="list-style-type: none"> -benzonatate oral capsule 100 milligram (mg), give one capsule by mouth three times a day -cadexomer iodine external gel 0.9%, apply to affected area topically every 72 hours -carbidopa-levodopa oral tablet 25-100mg, give one tablet by mouth every morning and bedtime -clobetasol propionate external cream 0.05%, apply to breasts/abdominal area folds topically two times a day -gabapentin 8% gel, apply to bilateral feet topically three times a day -guaifenesin ER oral tablet extended release 600mg, give one tablet by mouth twice a day -interdry 10, apply to affected area topically every day shift -menthol-methyl salicylate external cream, apply to affected area topically as needed -miconazole nitrate powder 2%, apply to affected area topically two times a day -[NAME] external lotion 0.5-0.5%, apply to affected area topically as needed -zinc oral tablet 50mg, give one tablet by mouth in the morning <p>R1's medication administration record (MAR) also lacked indication for use and administration of above medications.</p> <p>During interview on 3/19/25 at 10:38 a.m., registered nurse (RN)-A verified carbidopa-levodopa tablet and gabapentin gel did not have a diagnosis or indication for use. RN-A stated R1 had been on both medications for a while. RN-A stated medications should have a diagnosis or indication for use as part of the order.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 3/19/25 at 3:24 p.m., RN-B stated expectation for each medication to have a diagnosis or indication for use. RN-B explained even without a diagnosis or indication listed she would know what the general reason was for based on the type of medication.</p> <p>During joint interview on 3/20/25 at 9:57 a.m., director of nursing (DON) and licensed practical nurse (LPN)-B stated the expectation was for each medication to have a diagnosis or indication for use. DON stated this was part of the order for the medication. DON explained nursing staff should seek clarification from the provider if a medication order was missing a diagnosis or indication for use.</p> <p>During interview on 3/20/25 at 11:29 a.m., administrator stated the expectation for every medication order to have a diagnosis or indication for use connected to it.</p> <p>Facility policy 'Medication Administration- General Guidelines' dated May 2022, indicated 'if a medication order seems to be unrelated to the resident's current diagnoses or conditions, the nurse calls the provider pharmacy for clarification prior to the administration of the medication or if necessary contacts the prescriber for clarification.'</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45842</p> <p>Based on interview and document review, the facility failed to complete orthostatic blood pressure monitoring for an antipsychotic medication for 1 of 5 residents (R49), reviewed for unnecessary medication use.</p> <p>Findings include:</p> <p>R49's quarterly Minimum Data Set (MDS) dated [DATE], indicated R49 had intact cognition. Diagnoses included anxiety disorder, manic depression, schizophrenia, and post traumatic stress disorder. The MDS indicated R49 received antipsychotic medications on a routine (daily) basis only.</p> <p>R49's Order Summary Report (OSR) identified on 8/25/23, an order was started for Quetiapine (antipsychotic mental health medication) 400mg by mouth at bedtime.</p> <p>R49's treatment administration record (TAR) and vital signs records reviewed from 1/1/25 to 3/1/25, lacked documentation of any orthostatic blood pressures taken.</p> <p>During an interview on 3/20/25 at 9:35 a.m., licensed practical nurse (LPN)- A stated blood pressures needed to be taken monthly for anybody on antipsychotic medications. The orthostatic blood pressures would be taken and documented in the TAR as laying, sitting and standing. If the resident was unable to stand the laying and sitting would still be obtained.</p> <p>During an interview on 3/20/25 at 10:09 a.m., LPN-B stated side effect monitoring included orthostatic blood pressures that would be taken once a month. LPN-B reviewed R49's TAR and acknowledged orthostatic vital signs had not been taken but that they should have been. LPN-B stated orthostatic blood pressure monitoring was important because antipsychotic medications can cause sudden drops in blood pressure which could cause harm to the resident.</p> <p>During an interview on 3/6/25 at 10:27 a.m. the director of nursing (DON) stated orthostatic blood pressures needed to be done once a month and then documented in the medical record.</p> <p>Facility policy Psychotropic Medication Use last reviewed 1/25 indicated orthostatic blood pressures would be taken on a monthly basis, unless otherwise indicated by provider.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42587</p> <p>Based on observation, interview and document review the facility failed to ensure ice packs for personal use were not stored with resident food. This had the potential to affect residents who stored or consumed food from the unit freezers.</p> <p>Findings include:</p> <p>On 3/17/25 at 7:13 p.m., the administrator unlocked the refrigerator and freezer in the first floor dining room. The freezer had food that was labeled for residents, it however also had a large blue ice pack approximately 18 inches by 12 inches labeled to use on the body, with R58's name. There were also two large re-usable ice packs approximately 12 inches by six inches labeled with a resident's name. The administrator stated the resident was no longer in the facility and threw the ice packs away. The administrator verified if ice packs were for use on the body they should not be stored in the freezer with resident food.</p> <p>On 3/19/25 at 1:43 p.m., the culinary director (CD)-C stated the dietary department was responsible for the unit refrigerator/freezers. CD-C stated she would expect staff to notify the nurse and herself if they saw non-food items in the freezers.</p> <p>On 3/19/25 at 2:58 p.m., licensed practical nurse (LPN)-B stated ice packs were not re-usable and should never be in the unit freezers, LPN-B stated she would expect staff to remove non-food items from the freezers.</p> <p>On 3/19/25 at 3:21 p.m., the director of nursing (DON) verified non-food items (ice packs) should not be stored with resident food, stated it was an infection control concern and could contaminate the food.</p> <p>Refrigerators and Freezers policy dated 12/2014, did not address ice pack storage in unit freezers.</p>		