

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Jefferson City Nursing and Rehabilitation Ctr, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Southgate Lane Jefferson City, MO 65110	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>50361</p> <p>Based on observation and interview, facility staff failed to respect the dignity of two residents (Resident #22 and #24) out of 22 sampled residents during meal time. The facility census was 85.</p> <p>1. Review of the policy titled The Dining Experience: Staff Roles, dated 2016, showed staff will be discouraged from standing over the resident while assisting them to eat and staff will promote resident dignity in the dining room.</p> <p>Review of the facility policy titled Resident [NAME] of Rights, reviewed January 2015, showed residents will be treated with consideration to respect, and full recognition to the residents dignity.</p> <p>2. Observation on 12/16/24 at 8:46 A.M., showed Resident #22 and Resident #24 in the dining room at the same table. Observation showed Certified Nurse Aide (CNA) M placed meal trays in front of Resident #22 and Resident #24. CNA M stood over the residents, while he/she assisted them with bites of food.</p> <p>During an interview on 12/16/24 at 8:46 A.M., CNA M said Resident #22 and Resident #24 are feeders and are hard to manage with only two CNA's working.</p> <p>3. Observation on 12/17/24 at 8:25 A.M., showed Resident #24 at the dining room table. Observation showed CNA R placed a meal tray in front of the resident and shouted the resident is a feeder.</p> <p>4. Observation on 12/17/24 at 8:25 A.M., showed Licensed Practical Nurse (LPN) N in the dining room and shouted at Resident #22 to eat his/her breakfast three times. Observation showed LPN N shouted to CNA R the resident can feed himself/herself but he/she won't, so he/she needs to be fed.</p> <p>During an interview on 12/19/24 at 8:40 A.M., CNA R said staff should not stand over residents when assisting them at meals, he/she said staff should sit next to the resident at eye level. The CNA said if a resident requires assistance with eating they would be referred to as a feeder.</p> <p>During an interview on 12/19/24 at 8:53 A.M., LPN N said staff should not call residents feeders. The LPN said staff should not stand over residents when they are feeding them.</p> <p>5. Observation on 12/18/24 at 1:28 P.M., showed Resident #22 at the dining table and CNA R stood over the resident to feed him/her.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. During an interview on 12/16/24 at 8:33 A.M., CNA O said he/she had two feeders and identified Resident #22 and #24 while he/she sat at the living room table with other residents.</p> <p>During an interview on 12/19/24 at 12:15 P.M., the Director of Nursing (DON) said staff should sit next to the residents and provide assistance with eating. The DON said they would not expect staff to refer to residents needing assistance with eating as feeders. The DON said he/she did not know why staff stood over residents to help them eat and did not know staff were calling the residents feeders.</p> <p>During an interview on 12/19/24 at 12:53 P.M., the administrator said staff should not stand over residents to provide assistance with eating. He/She said staff should sit next to them at eye level and visit with them throughout the process. The administrator said staff should not call residents feeders and should instead say they need assistance with eating.</p>

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<p>F 0567</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 manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48982</p> <p>Based on interview and record review, facility staff failed to prevent the commingling of 32 resident's (Resident #8, #9, #12, #17, #19, #20, #21, #22, #23, #27, #32, #35, #39, #43, #44, #46, #49, #52, #60, #65, #71, #78, #87, #89, #90, #91, #92, #93, #94, #95, #96, and #97) personal funds with the facility operating funds out of 85 sampled. The sampled residents resided in the facility. The facility census was 85.</p> <p>1. Review of the facility's policy titled Collections Guidelines, undated, showed:</p> <ul style="list-style-type: none"> -Requests for a refund that is a result of a credit balance on the resident's account; -Resident refunds are requested based on the following; -When a resident has discharged the facility with no anticipation of returning; -When an overpayment of funds was applied to the account and a refund is requested by the resident or responsible party; -Third Party Refunds are requested based on the following; -When a Third-party payer has made an overpayment in comparison to the amount that was billed; -When a resident has died and there is a balance of funds that are to be refunded to the state (Medicaid); -In the event a resident has died or discharged from the facility and a Social Security Income (SSI) check is addressed to the facility needs to be refunded to the Social Security; -A check request form is completed by the Business Office Manager (BOM) and then signed by the Administrator. <p>2. Review of the facility maintained Accounts Receivable (A/R) Aging report, dated [DATE], showed the following residents with personal funds held in the facility operating account:</p> <p>Resident Amount Held in Operating Account</p> <p>#8 \$16,460.00</p> <p>#9 \$3,732.68</p> <p>#12 \$3,791.00</p> <p>#17 \$2,294.34</p> <p>#19 \$2695.50</p> <p>(continued on next page)</p>		

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F 0567	<p>#20 \$3,946.26</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>#21 \$132.80</p> <p>#22 \$575.00</p> <p>Residents Affected - Some</p> <p>#23 \$214.00</p> <p>#27 \$4,307.20</p> <p>#32 \$27,590.05</p> <p>#35 \$3,727.00</p> <p>#39 \$4,526.80</p> <p>#43 \$2,041.56</p> <p>#44 \$6,980.47</p> <p>#46 \$4,515.00</p> <p>#49 \$2,785.00</p> <p>#52 \$832.80</p> <p>#60 \$4,966.87</p> <p>#65 \$9,504.00</p> <p>#71 \$188.52</p> <p>#78 \$400.00</p> <p>#87 \$50.00;</p> <p>#89 \$1,425.24;</p> <p>#90 \$2,115.57;</p> <p>#91 \$2,105.00;</p> <p>#92 \$3,224.65;</p> <p>#93 \$46.00;</p> <p>#94 \$4,516.00;</p> <p>(continued on next page)</p>

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>#95 \$6,055.50;</p> <p>#96 \$200.00;</p> <p>#97 \$2,056.74;</p> <p>Total \$128,001.55</p> <p>During an interview on [DATE] at 11:15 A.M., the Buisness Office Manager (BOM) said he/she has been the BOM for two years, but the facility switched the computer billing system on [DATE] and he/she has not been completely trained on how to use the new system. The BOM said the new system went live on [DATE] and he/she did not get the balance forwarded to him/her from the old system until [DATE]. The BOM said it is his/her responsibility to review the A/R Aging report weekly, but he/she reviews it monthly instead. The BOM said he/she has fallen behind on refunds and it is his/her fault the refunds are not being sent timely. The BOM said refunds should be sent within 30 days of a resident discharge from the facility. The BOM said he/she does not have written authorization to hold the resident's monies.</p> <p>During an interview on [DATE] at 2:40 P.M., the administrator said the BOM is responsible for the AR Aging report and resident billing. The administrator said he/she expects the BOM to work the accounts all the time and he/she expects the refunds to be sent timely. The administrator said he/she does not have any reasons for why the refunds have not been sent. The administrator said credit refunds should be sent within 30 days of a resident being discharged from the facility.</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>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** 37131</p> <p>Based on observation, interview and record review, facility staff failed to provide a comfortable and homelike environment for residents, when staff failed to maintain walls, floors, and ceilings of resident occupied rooms and common areas. The facility census was 85.</p> <p>1. Review of the facility's policy titled Housekeeping Cleaning Procedures: Resident Room Cleaning, dated June 2018, showed staff were directed as follows:</p> <ul style="list-style-type: none"> -Dust mop and damp mop floor; -Damp mop restroom floor using microfiber flat mop; -Weekly procedure to remove mineral deposits from sink and tub/shower; -Wipe walls. <p>Review of the [NAME] Side and East Side Housekeeper checklist, undated, showed staff were directed as follows:</p> <ul style="list-style-type: none"> -Remove trash, sweep and mop, spot clean walls, sweep and mop room last and leave a wet floor sign; -Mondays- dust over head lights and blinds and bathroom fans; -Tuesdays- clean filters on Packaged Terminal Air Conditioner units. <p>Review of the environmental checklist for room cleaning, undated, showed staff were directed to evaluate high-touch room surfaces such as bed rails/controls, chair/bedside commode, sink/faucet, and bathroom handrails by toilet.</p> <p>Review of the policies provided by the facility did not contain a policy for reporting environmental concerns.</p> <p>2. Observation on 12/16/24 at 5:46 A.M., showed resident room [ROOM NUMBER] and storage room with missing and torn dry wall.</p> <p>3. Observation on 12/16/24 at 8:04 A.M., showed resident occupied room [ROOM NUMBER] floor with visible foot prints, wheelchair prints and debris.</p> <p>4. Review of the facility's Maintenance Log stored at the 300 hall nurse's station, dated 11/15/24 though 12/18/24, showed staff did not document any of the identified environmental concerns listed below.</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>5. Observation on 12/16/24 10:02 A.M., showed resident occupied room [ROOM NUMBER] floor with a wet floor sign in the doorway. Observation showed the floor with multiple areas black sticky substance, paper towels and debris under the bed.</p> <p>Observation on 12/19/24 at 8:41 A.M., showed resident occupied room [ROOM NUMBER] floor with multiple areas of black sticky substance, debris build up in the corners of the room and the rubber base trim missing between the doorframe.</p> <p>6. Observation on 12/17/24 at 8:40 A.M., showed resident occupied room [ROOM NUMBER] dresser with an unknown red, dried, sticky substance by the drawers.</p> <p>Observation on 12/18/24 at 9:25 A.M., showed resident occupied room [ROOM NUMBER] floor with a red dry substance, in a large circle on the tile floor. Observation showed the corners of the walls by the bathroom door and wardrobe with chipped paint and missing drywall. Observation of the bathroom showed the wall with multiple black marks and the air condition with an unknown black substance.</p> <p>Observation on 12/19/24 at 8:34 A.M., showed resident occupied room [ROOM NUMBER] dresser with an unknown red, dried, sticky substance by the drawers.</p> <p>7. Observation on 12/17/24 at 8:48 A.M., showed resident occupied room [ROOM NUMBER] bathroom door with areas of gouged and missing paint. The bathroom door trim torn and peeled away from the wall, with exposed area of the wall. The bathroom wall by the wardrobe with multiple areas of missing paint. The vent hung from the ceiling with exposed portion of the ceiling. The bedroom floor tile broken and missing pieces under the bed by the window. The air conditioner contained multiple black areas.</p> <p>Observation on 12/18/24 at 9:30 A.M., showed resident occupied room [ROOM NUMBER] bathroom ceilings and walls seperated and cracked.</p> <p>8. Observation on 12/17/24 at 9:00 A.M., showed resident occupied room [ROOM NUMBER] bathroom vent and light covered with cob webs.</p> <p>Observation on 12/18/24 at 9:36 A.M., showed resident occupied room [ROOM NUMBER] bathroom vent and light covered with cob webs. The air conditioner contained multiple black, round, porous spots on the vents.</p> <p>9. Observation on 12/17/24 at 9:04 A.M., showed occupied room [ROOM NUMBER]'s bathroom vent unsecured and hung from the ceiling. Observaton showed wardrobes rubber base trim missing. The floor between the beds with missing tiles. The air conditioner vents covered in dirt and debris.</p> <p>10. Observation on 12/17/24 at 9:09 A.M., showed occupied room [ROOM NUMBER] bathroom door with missing paint and drywall. The bathroom ceiling with areas of discoloration, bubbled paint and unknown porous, green substance.</p> <p>Observation on 12/18/24 at 9:46 A.M., showed resident occupied room [ROOM NUMBER] without an interior window. The bathroom ceiling with areas of discoloration, bubbled paint and unknown porous, green substance.</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>23. During an interview on 12/19/24 at 11:36 A.M., the Maintenance Director said he/she is aware of the issues with the floor tile, ceilings in rooms and bathrooms, air conditioning units, and walls. said they are aware of an issue with moisture in the ceilings from the air conditioning units. The maintenance director said they do a facility walk through every morning but only to check that exterior doors are functionally correctly. He/She said he/she knew of the issue in general and previous concerns but did not know of the current black substance and extent of the issue. He/She said he/she is aware the tile needs replaced but corporate has not approved the repairs. The maintenance director said he/she has to work on one room at a time on the 400 hall, and he/she has not gotten to the 300 hall yet.</p> <p>During an interview on 12/19/24 at 12:06 P.M., the Director of Nursing (DON), said he/she is aware of the piece of flooring missing from the memory care unit and it could be a trip hazard for residents. The DON said corporate has not approved the floor repairs.</p> <p>During an interview on 12/19/24 at 12:53 P.M., the administrator said he/she is not aware of the black porous substance in the bathrooms of the memory care unit. The administrator said they would have expected staff to report this if they observed it. He/she would not expect all staff to look up to the ceilings but housekeeping staff should have noticed it and reported it.</p> <p>24. During an interview on 12/19/24 at 8:51 A.M., Certified Nurse Aide (CNA) F said staff are supposed to write maintenance issues on a list at the nurse's station. The CNA said a lot of rooms and the hallways have missing trim and torn up walls. The CNA said he/she has observed the damaged doors, floors being dirty, and base trim coming off in many areas. The CNA said housekeeping is supposed to clean the vents of the air conditioners with a duster. The CNA said he/she assumes maintenance cleans the air conditioner units. The CNA said he/she has not put anything on the maintenance log. The CNA did not say why he/she did not notify housekeeping, but said he/she should have.</p> <p>During an interview on 12/19/24 at 9:12 A.M., Licensed Practical Nurse (LPN) I said there is a maintenance book at nurse's station staff are supposed to fill out and sign off on. The LPN said he/she noticed some broken and chipped tile, and chipped paint, and has not put it on the maintenance log, and he/she should have. The LPN said he/she expects staff to notify housekeeping if they find something needs cleaned.</p> <p>During an interview on 12/19/24 at 10:27 A.M., Housekeeper J said there is a list the housekeepers use when cleaning the rooms, but he/she does not have one because someone removed it from his/her cart. The Housekeeper said he/she used to clean one hall, but now he/she has to clean two halls. The Housekeeper said since the facility switched him/her from one to two halls to clean, housekeeping has not been doing super cleans, where housekeeping gets the black grime out of the corners of the rooms. The Housekeeper said the deep cleans that are not getting done, also include cleaning blinds, air conditioners, etc. The Housekeeper said the cleaning is not getting done. The Housekeeper said he/she has noticed the built up black spots on the air conditioner units and he/she wants to clean the air conditioners, but he/she is cleaning 30 rooms by himself/herself. The housekeeper said if he/she sees something that needs fixed, he/she calls his/her supervisor and they let maintenance know. The Housekeeper said he/she noticed the damaged walls and missing and damaged base boards in the rooms. The Housekeeper said he/she told his/her supervisor and maintenance knows.</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>During an interview on 12/19/24 at 10:58 A.M., the housekeeping director said the facility went over budget, so the housekeeping department had to cut back on staff. He/She said each housekeeper now has to clean an additional eight rooms. Housekeepers have a list they are supposed to check off when cleaning rooms, and they are supposed to hand in to the housekeeping director at end of day. The housekeeping director said if the housekeepers see anything needing fixed they are to write it on their checklist and give to him/her. The housekeeping director said then he/she reviews the cleaning check list and notifies maintenance with any concerns. The housekeeping director said he/she checks to make sure maintenance takes care of the issues. The housekeeping director said the cleaning list tells housekeepers what to clean in the rooms, it's called a Daily General Cleaning List. The housekeeping director said housekeeping has a schedule for the deep cleans and maintenance and housekeeping has been short staffed, so the schedule is not being followed. The housekeeping director said he/she has noticed the broken and chipped tile in the residents rooms and has reported it, but the facility doesn't have the proper tile to fix it. The housekeeping director said he/she has noticed the damage to the rubber base trim in the residents' room and reported it. The housekeeping director said he/she expects staff to report wall damage, and damage to doors and door frames. The housekeeping director said air conditioner units are on the housekeepers list to clean, and they should be cleaned weekly. He/She said it is not getting done. The housekeeping director said the housekeepers are supposed clean ceiling vents, but they are not because they are overwhelmed with the changes. The housekeeping director said he/she expects staff to report vents hanging down, and he/she has had no recent reports of vents in the bathrooms hanging down. The housekeeping director said the facility has a couple problematic bathroom ceilings with green growth, housekeeping cleans it, but it keeps coming back.</p> <p>During an interview on 12/19/24 at 11:36 A.M., the Maintenance Director said the nurse's station has a maintenance book staff can write their concerns in and they check the book daily. The Maintenance Director said he/she is aware of chipped and broken tiles in the resident rooms. He/She said they got the tile but it was wrong tile, so he/she has been working with corporate to get the right tile. The Maintenance Director said housekeeping is supposed to clean the front of the air conditioners, the filters and the tops, daily. The maintenance director said staff has not notified him/her of any black substances on the air conditioner vents in the resident rooms. He/She said maintenance would take care of that right away. He/She said staff should let him/her know if there is damage to doors, walls, or base trim, but he/she has not been notified. The maintenance director said staff is not notifying the maintenance department when they come across issues. He/She said maintenance had not been told about a missing window, and he/she would expect housekeeping to notify them, since they clean the windows. The Maintenance Director said he/she had not been made aware there is a green substance on the ceilings of the bathrooms. He/She said housekeeping is supposed to clean the ceiling vents and he/she does not know why it is not happening. He/She said staff has not reported any vents hanging from the ceiling. The Maintenance Director said he/she is not sure who reviews the request sheets when he/she signs off that Maintenance has completed the request. The Maintenance Director said he/she just keeps the request sheets for his/her records, and doesn't give them to anyone.</p> <p>During an interview on 12/19/24 at 12:53 P.M., the administrator said all staff are to report maintenance concerns via the maintenance book. He/She said maintenance should check the book every morning, and sign the book when the task is completed. The administrator said it is his/her responsibility to check the log book, but he/she has not done it in a while. The administrator said the housekeepers have a cleaning check list that should be reviewed by their supervisor and checked for completion.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Jefferson City Nursing and Rehabilitation Ctr, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Southgate Lane Jefferson City, MO 65110	

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	45489 50361

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Jefferson City Nursing and Rehabilitation Ctr, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Southgate Lane Jefferson City, MO 65110	
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>33477</p> <p>Based on observation, interview and record review, the facility staff failed to store food in a manner to prevent potential contamination and outdated use. The facility census was 85</p> <p>1. Review of the facility's Food Storage (Dry, Refrigerated, and Frozen) policy, dated 2016. showed:</p> <ul style="list-style-type: none"> -Food shall be stored on shelves in a clean, dry area, free from contaminants; -Foods shall be stored at proper temperatures and using appropriate methods to ensure the highest level of food safety; -Label food items held for longer than 24 hours with the name of the food, if not in original packaging, and the date by which it should be sold, consumed or discarded; -Discard food that has passed the expiration date, and discard food that has been prepared in the facility after seven days of storing proper refrigeration (at a temperature that ensures the internal temperature of the food is 41 degrees Fahrenheit or below); -Leftover contents of cans and prepared food will be stored in covered, labeled and dated containers in refrigerators and/or freezers; -Store raw animal foods, such as eggs, meat, poultry, and fish separately from cooked and ready-to-eat food. If they cannot be stored separately, place these products on shelves beneath cooked and ready-to-eat items. <p>Observation on 12/16/24 at 6:10 A.M., showed the gasket seals torn on both doors to the reach-in refrigerator by the three-compartment sink. Observation showed the refrigerator contained:</p> <ul style="list-style-type: none"> -An opened and undated 32 ounce (oz.) carton of honey thickened dairy drink; -An opened and undated 46 oz. carton of orange juice; -An opened 46 oz. carton of orange juice dated 12/07/24 with a handwritten use by date of 12/14/24; -A pitcher of tomato juice with a handwritten discard date of 12/13/24 -A one gallon pitcher of cranberry juice with a handwritten discard date of 12/13/24; -A one gallon pitcher of tea dated 12/03/24. <p>Observation on 12/16/24 at 6:20 A.M., showed an opened and undated 24 oz. bag of orange gelatin mix stored inside an undated plastic resealable bag on the cart next to the stove.</p> <p>(continued on next page)</p>		

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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>Observation on 12/16/24 at 6:21 A.M., showed an opened one gallon bottle of Worcestershire sauce dated 11/08/24 stored on the shelf beneath the microwave. Review of the product label showed direction to refrigerate the product after opening.</p> <p>Observation on 12/16/24 at 6:25 A.M., showed the walk-in freezer contained undated cases of Italian blend vegetables and bread stick dough opened to the air and a case of potato barrels stored on the floor.</p> <p>Observation on 12/18/24 at 10:13 A.M., showed the reach-in refrigerator by the electrical panels contained two flats of raw eggs stored over ready-to-eat food items which included a bag of chopped lettuce, a bag of shredded cheddar cheese, a bag of shredded mozzarella cheese, a bottle of Italian dressing, two 20 oz. bottles of yellow mustard, and a case of easy to spread butter.</p> <p>During an interview on 12/18/24 at 11:00 A.M., the Dietary Manager (DM) said everyone is responsible to ensure food is stored properly, but the cooks are responsible to check the food storage each shift and correct as needed. The DM said opened food items should be stored sealed, labeled and dated, staff should discard anything past its use by or discard date, and if food says to refrigerate after opening, then staff should refrigerate it after it is opened. The DM said food should not be stored on the floor, raw foods should not be stored over ready-to-eat food items, and all dietary staff are trained on food storage requirements. The DM said he/she did not know the gasket seals on the reach-in refrigerator doors were torn.</p> <p>During an interview on 12/19/24 at 8:55 A.M., the administrator said he/she and the DM are responsible to ensure food is stored correctly and the DM should check the food storage daily. The administrator said opened food items should be stored in sealed containers and labeled with the name of the food, the open date and the discard date. The administrator said staff should discard food that is past its use by or discard date and if food says to refrigerate after opening, then staff should refrigerate it after it is opened. The administrator said food should not be stored on the floor, raw foods should not be stored over ready-to-eat foods, and all dietary staff are trained on food storage requirements.</p>		