STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265754	A. Building B. Wing	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Care of St Joseph	3002 North 18th St Saint Joseph, MO 64505

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain resident dignity when staff failed to remove unwanted facial hair for two residents (Residents #21 and Resident # 58), failed to provide timely incontinence cares for three residents (Residents #5, #58, and #145), and failed to create a safe environment causing one resident to feel retaliated against or intimidated (Resident #83). This affected 11 out of the 18 sampled residents. The facility census was 144.Review of the facility's Accommodation of Needs policy, dated 09/01/21, showed:- The facility will treat each resident with respect and dignity and will evaluate and make reasonable accommodations for the individual needs and preferences of a resident;- Based on individual needs and preferences, the facility will assist the resident in maintaining and/or achieving independent functioning, dignity, and well being to the extent possible.Review of the facility's Resident and Family Grievances policy, dated 09/01/21, showed:- It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal;- This facility will not retaliate or discriminate against anyone who files a grievance or participates in the investigation of a grievance;- The facility will make prompt efforts to resolve grievances. Review of the facility's Resident Council Meetings policy, dated 09/01/21, showed:- The facility supports the rights of residents to organize and participate in resident groups, including a Resident Council;- The facility shall act upon concerns and recommendations of the Council, make attempts to accommodate recommendations to the extent practicable, and communicate its decisions to the council.Review of the facility's Resident Showers policy, dated 09/01/21, showed:- It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice;- Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety.Review of the facility's Resident Rights policy, dated 09/01/21, showed:- The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;- The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported but the facility in the exercise of his or her rights;- The right to receive the services and/or items included in the plan of care;- The resident has a right to be treated with respect and dignity;- The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice;- The resident has a right to personal privacy and confidentiality of his or her personal and medical records;- The resident has a right to a safe, clean, comfortable and homelike environment;- The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished; and the behavior of staff and of other residents; and other concerns regarding their long term care (LTC) stay;- The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have.Review of the facility's Activities of Daily Living (ADL's) policy, dated 04/23/25, showed:- The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADL's do not deteriorate unless deterioration is unavoidable;- Care and services will be provided for the following ADL's:* Bathing, dressing, grooming, and oral care;* Transfer and ambulation;* Toileting;- A resident who is unable to carry out ADL's will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.Review of the facility's Promoting/Maintaining Resident Dignity, dated 10/01/23, showed:-It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality;- During interactions with residents, staff must report, document and act upon information regarding resident preferences;- Respond to requests for assistance in a timely manner;- Groom and dress residents according to resident preference;- Speak respectfully to residents; avoid discussions about residents that may be overheard;- Maintain resident privacy.1. Review of Resident #5's Annual Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 05/15/25, showed:- Resident was cognitively intact;- Required maximal assistance from nursing staff with ADL's;- Was always incontinent of bowel and bladder;- Diagnoses included: heart failure, paralysis of the legs and lower body, and seizure

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Review of Resident #21's Face Sheet., showed:- admission date of 1/2/25;- Diagnoses included- stroke, diabetes, impaired cognition with communication deficit, and dementia; Review of resident's comprehensive care plan, un-dated., showed:- The resident was unable to bath or provide hygiene cares independently, dependent on nursing staff to provide all cares.- The resident had the right to his/her dignity.- The care plan does not address the resident's management of facial hair by the nursing staff.Observation on 6/30/25 at 12:45 P.M. showed the resident sitting at the dining room table with other resident eating cereal with facial hair greater than 1 inch to upper lip, around mouth, chin and extending down the neck.Observation on 7/1/25 at 7:24 A.M., showed the resident sitting at the dining room table waiting for breakfast to be served with facial hair greater than 1 inch to upper lip, around the mouth, chin and extending down the neck.Observation on 7/2/25 at 8:30 A.M., showed the resident sitting at the dining room table eating breakfast with facial hair greater than 1 inch to upper lip, around the mouth, chin and extending down the neck, and dried food from a previous meal dried to outside of resident's mouth and facial hair.Observation on 7/3/25 at 2:15 P.M., showed the resident had been shaved.During an interview on 7/1/25 at 9:32 A.M., the resident said, he/she would like to have facial hair removed and that having the hair on his/her face bothered him/her.During an interview on 7/1/25 at 10:41 A.M., CNA B said, he/she did not realize the resident had unwanted facial hair, and it should be removed with showers, or offered as needed in between showers.During an interview on 7/3/25 at 4:45 P.M., the Director of Nursing said residents who wish not to have unwanted facial hair can be shaved by nursing staff on shower days and as needed.

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observations, interviews, and record review, the facility failed to act promptly upon the grievances of the resident council members concerning issues of resident care and life in the facility and failed to communicate back with the resident council regarding the resident's concerns. This had the potential to affect all the residents who lived in the facility. The facility census was 144.Review of the facility's policy, Resident Council Meetings, dated 9/1/21 showed;- This facility supports the rights of residents to organize and participate in resident groups, including a Resident Council. this policy provides guidance to promoting structure, order, and productivity in these group meetings;- The facility shall act upon concerns and recommendations of the Council, make attempts to accommodate recommendations to the extent practicable, and communicate its decisions to the Council. Review of the facility's policy, Resident and Family Grievances, revised 9/1/21 showed:- It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal;- Prompt efforts to resolve include facility acknowledgement of a complaint/grievance and actively working toward resolution of that complaint/grievance;- Community Administrator has been designated as the Grievance Official;- The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;- A resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents, and other concerns regarding their long-term care stay;- Information on how to file a grievance or complaint will be available to the resident. Information may include, but is not limited to: the contact information of the grievance official with whom a grievance can be files, including his/her name, business address (mailing and email) and business phone number; the contact information of independent entities with whom grievances may be filed, that is, the pertinent State Agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; the time frame that a resident may reasonably expect completion of the review of the grievance and a written decision regarding his/her grievance;- Grievances may be voiced in the following forums: verbal complaint to a staff member of Grievance Official; written complaint to a staff member of Grievance Official; written complaint to an outside party; verbal complaint during resident or family council meetings; via the company toll free Customer Service Line (if applicable);- A grievance may be filed anonymously;- Procedure: this facility will not retaliate or discriminate against anyone who files a grievance or participates in the investigation of a grievance; the staff member receiving the grievance will record the nature and specifics of the grievance won the designated grievance from, or assist the resident or family member to complete the form; forward the grievance form to the Grievance Official as soon as practicable; - The Grievance Official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. Steps to resolve the grievance may involve forwarding the grievance to the appropriate department manager for follow up. All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance and return the grievance form to the Grievance Official. All staff involved in the grievance investigation or resolution will take steps to preserve the confidentiality of files and records relating to grievances, and will share them only with those who have a need to know;- The Grievance Official, or designee, will keep the resident appropriately apprised of progress towards resolution of the grievances;- In accordance with the resident's right to obtain a written decision regarding his/her grievance, the conclusion of the investigation. The written decision will include at a minimum: the date the grievance was received. The steps taken to investigate the grievance. A summary of the pertinent findings or conclusions regarding the resident's concerns. A statement as to whether the grievance was confirmed or not confirmed. Any corrective action taken or to be taken by the facility as a result of the grievance. The date the written decision was issued; - The facility will make prompt efforts to resolve grievances. 1. Review of the resident council meeting minutes, dated 4/17/25 showed:- Nine residents in attendance;- Additional comments: went over old business- same complaints about food (its cold, gross, quality is bad). Nursing complaints the same;- Old business - dietary - cold food, small portions; nursing - foul language, cell phone/ ear bud use, call lights, oral care;- The resolution of concern from dietary indicated they were changing the menus, and the dietary

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on interviews and record review, the facility failed to ensure residents knew how to file a grievance and failed to ensure residents' grievances were fully addressed, steps taken to resolve the grievances, notification of the residents of the results of the grievance and follow up with the residents to ensure the issues were resolved. This had the potential to affect any resident who resided in the facility. The facility census was 144.Review of the facility's policy, Resident Council Meetings, dated 9/1/21 showed;- This facility supports the rights of residents to organize and participate in resident groups, including a Resident Council. this policy provides guidance to promoting structure, order, and productivity in these group meetings;- The facility shall act upon concerns and recommendations of the Council, make attempts to accommodate recommendations to the extent practicable, and communicate its decisions to the Council. Review of the facility's policy, Resident and Family Grievances, revised 9/1/21 showed:- It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal;- Prompt efforts to resolve include facility acknowledgement of a complaint/grievance and actively working toward resolution of that complaint/grievance;- Community Administrator has been designated as the Grievance Official;- The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;- A resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents, and other concerns regarding their long-term care stay;- Information on how to file a grievance or complaint will be available to the resident. Information may include, but is not limited to: the contact information of the grievance official with whom a grievance can be files, including his/her name, business address (mailing and email) and business phone number; the contact information of independent entities with whom grievances may be filed, that is, the pertinent State Agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; the time frame that a resident may reasonably expect completion of the review of the grievance and a written decision regarding his/her grievance;- Grievances may be voiced in the following forums: verbal complaint to a staff member of Grievance Official; written complaint to a staff member of Grievance Official; written complaint to an outside party; verbal complaint during resident or family council meetings; via the company toll free Customer Service Line (if applicable);- A grievance may be filed anonymously;- Procedure: this facility will not retaliate or discriminate against anyone who files a grievance or participates in the investigation of a grievance; the staff member receiving the grievance will record the nature and specifics of the grievance won the designated grievance from, or assist the resident or family member to complete the form; forward the grievance form to the Grievance Official as soon as practicable; - The Grievance Official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. Steps to resolve the grievance may involve forwarding the grievance to the appropriate department manager for follow up. All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance and return the grievance form to the Grievance Official. All staff involved in the grievance investigation or resolution will take steps to preserve the confidentiality of files and records relating to grievances, and will share them only with those who have a need to know;- The Grievance Official, or designee, will keep the resident appropriately apprised of progress towards resolution of the grievances;- I accordance with the resident's right to obtain a written decision regarding his/her grievance, the conclusion of the investigation. The written decision will include at a minimum: the date the grievance was received. The steps taken to investigate the grievance. A summary of the pertinent findings or conclusions regarding the resident's concerns. A statement as to whether the grievance was confirmed or not confirmed. Any corrective action taken or to be taken by the facility as a result of the grievance. The date the written decision was issued; - The facility will make prompt efforts to resolve grievances. 1, Review of the resident council meeting minutes, dated 4/17/25 showed:- Nine residents in attendance;- The minutes did not indicate if it was discussed how to file a grievance. 2. Review of the resident council meeting minutes, dated 5/22/25 showed:- 12 residents in attendance;- The minutes did not indicate if it was discussed how to file a grievance. 3. Review of the resident council meeting

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure residents received the necessary services to maintain good personal hygiene when staff did not provide showers in a timely manner for three of the 29 sampled residents, (Resident #10, #12 and #203). The facility census was 144.Review of facility policy Resident Showers, dated 9/1/21, showed:- Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety;- Partial baths may be given between regular shower schedules as per facility policy; Review of facility policy Resident Rights, revised 9/1/22, showed the resident has the right to receive services in the facility with reasonable accommodation of resident needs and preferences; Review of facility policy Activities of Daily Living (ADLs), revised 4/23/25, showed care and services will be provided for bathing. 1.Review of the resident’s admission MDS, dated [DATE] showed:- Cognitive skills moderately impaired.- Required partial to moderate assistance with showers, dressing and transfers.- Diagnoses included cancer, high blood pressure, diabetes mellitus and depression. Review of the resident’s undated care plan showed: The resident had an activities of daily living (ADL) self-care performance deficit. Staff to provide a sponge bath when a full bath or shower cannot be tolerated, and avoid scrubbing and pat dry sensitive skin. Review of Resident #203’s medical record showed the resident was admitted on [DATE]. Review of the resident’s shower sheet showed the resident had only one shower on 6/18/23, with the opportunity for five showers for the month of June. During an interview on 7/1/25 at 8:36 A.M., the resident said:- He/She did not always get a shower;- It made him/her feel bad when he/she went eight days without a shower; During an interview on 7/2/25 at 7:00 A.M., LPN C said:- They did not have a designated shower aide;- The aides who worked on the hall provided the residents’ showers. During an interview on 7/3/25 at 10:32 A.M., Certified Medication Technician (CMT) F said:- He/She has had residents complain about not getting their showers;- When a resident complained about wanting a shower, he/she would notify the aide on the hall or if he/she had time, he/she would provide a shower for the resident. During an interview on 7/3/25 at 12:51 P.M., the DON said she would expect the residents to have their showers per their preference. 2. Review of Resident #10's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/22/25, showed:- Resident was moderately impaired cognition;- Resident requires staff supervision for toileting hygiene and bathing;- Diagnosis: heart failure, diabetes, anxiety disorder, respiratory failure, and depression; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident's Care Plan, revised 5/1/25, showed:- Resident was dependent on staff for meeting physical needs;- Resident had an adult daily living (ADL) self-care deficit. Resident will bath or shower twice weekly and as necessary. Provide a sponge bath when a full bath or shower cannot be tolerated; Review of resident electronic medical documentation of showers, showed:- March 2025 Showers: 3/4, 3/19, 3/20, 3/25, 3/28 (5 of 8 required showers offered or conducted);- June 2025 Showers: 6/3, 6/6, 6/26, 6/27 (4 of 8 required showers offered or conducted); During an interview on 6/30/25 at 4:43 P.M., Resident said:- He/she is not getting two showers per week which does not provide relief for his/her feet and causes discomfort. Normally he/she is only getting one shower a week; 3. Review of Resident #12's Quarterly MDS, dated [DATE], showed:- Resident is cognitively intact;- Resident requires maximal assistance from staff for showering and bathing;- Diagnosis: heart failure, anxiety disorder, and respiratory failure; Review of Resident's Care Plan, revised 7/1/25, showed:- Resident is independent for most ADLs. Resident wishes to take showers on Sunday's only;- Staff will assist resident with taking showers at least two times weekly and the preferred times are Wednesday and Saturday evenings; Review of Resident manually documented shower sheets, showed:- March 2025 Showers: 3/6, 3/13, 3/16, 3/20, 3/27 (5 of 8 required showers offered or conducted);- April 2025 Showers: 4/3, 4/10, 4/24 (3 of 8 required showers offered or conducted);- May 2025 Showers: 5/1, 5/5, 5/8, 5/22, 5/29 (5 of 8 required showers offered or conducted);- June 2025 Showers: 6/5, 6/6, 6/12, 6/19, 6/26, 6/30 (6 of 8 required showers offered or conducted); During an interview on 6/30/25 at 9:41 A.M., Resident said:- He/she is only getting one shower a week. Normally only getting them on Mondays when it should be on Monday and Thursdays. I prefer two showers a week otherwise I feel dirty; During an interview on 7/3/25 at 10:45 A.M., the ADON said:- Normally the CNA on duty will fill out the shower sheets and record that they have been accomplished or refused;- Resident should be getting two showers per week; During an interview on 7/3/25 at 11:40 A.M., the DON said residents should be offered two showers per week; MO256385, MO256469

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Deficiency Text Not Available

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, record review, and interviews, the facility failed to store, prepare and serve food in accordance with professional standards of food service safety when staff failed to discard expired leftovers in the refrigerator, failed to wear beard nets while working in the kitchen, and failed to maintain proper standards of cleanliness in the walk-in refrigerator. This had the potential to impact all residents by placing them at risk for a food borne illness. The facility census was 144.Review of facility policy Dietary Employee Personal Hygiene, revised 9/1/22, showed all dietary staff must wear hair restraints (e.g. hairnet, hat and/or beard restraint) to prevent hair from contacting food;Review of facility policy Ready to Eat, Time/Temperature, dated 5/30/19, showed leftovers have seven days before they must be discarded and not used for human consumption;A request was made for the facility policy on Kitchen Cleanliness and no policy was provided;During an observation in the Kitchen on 6/30/25 at 8:56 A.M., showed:- Dietary Aide (A) working at the dishwashing station processing dirty dishes with a full beard and no beard net on;- Weekly cleaning schedule posted for the month of May 2025 had only two completed assignments out of 7 for the first week of May. All other checks for the month were blank and no cleaning assignments had been posted for the month of June 2025. Walk-in Refrigerator showed:- Corner of the floor between two racks was moldy fruit and three single serving butter containers lying on the floor. Overall area of this corner contained dirt and grime in a 4 by 6 area on the floor;- Base of wall and floor had black grime 8 in length;- Multiple shelves had heavy rust on racking support rods throughout the refrigerator;- Leftover sauerkraut dated 6/21/25 in plastic sealed container expired;- Leftover sliced onions dated 6/18/25 in plastic sealed container expired;- Leftover sliced tomatoes in plastic container not sealed;- Leftover cheese dated 6/18/25 in plastic sealed container was expired;During an interview on 6/30/25 at 9:15 A.M., the DM (dietary manager) said:- The facility is currently short three part time positions for the evening shift dishwasher and kitchen aides;- Fresh items, such as fruit and vegetables, that are resealed have seven days before they are expired and need to be discarded;- Cooked meat and vegetables have three days only before they must be discarded. Anything re-packaged on 6/30/25 would be discarded at the end of the day on 7/2/25;During an observation on 7/2/25 at 9:45 A.M., showed Dietary Aide (A) working at the dishwashing station processing dirty dishes with a full beard and no beard net donned;During an observation on 7/2/25 at 12:35 P.M., showed:- Dietary Aide (A) delivered a cart of food trays for residents to 200 Hall. The plastic which was covering the entire food cart was touching the dessert icing of an uncovered serving of cake at the bottom level of the cart;- NA (A) passing out hall trays on 200 Hall. Several trays had spilled liquids from uncovered drink cups which had dampened resident napkins and utensils;- None of the drinks or desserts were covered on the food cart except for the plastic placed over the entire cart; During an interview on 7/2/25 at 2:30 P.M., the Registered Dietician and DM said:- [NAME] nets must be worn if the facial hair growth is longer than an eyelash and it applies to the Dietary Aide (A) while working as the dishwasher in the kitchen;- There should be a weekly cleaning schedule posted in the kitchen and initialed by staff when each task is completed. Expectations are that daily and rotated deep cleaning assignments will keep the kitchen in a continued state of high cleanliness;- Would not expect to find moldy fruit lying on the floor in the walk-in refrigerator;- Would not expect leftovers to be left in the refrigerator beyond seven days;- Would discard sliced onions, sauerkraut, and cheese if it was beyond seven days in the refrigerator and sealed as a leftover;- All leftover containers should be sealed shut against the open air while stored in the kitchen;- Items on the food carts are currently not covered except for the main course so that it retains heat. Desserts and drinks are not covered and the policy on this practice has changed back and forth over the years at the facility. It is possible for staff to cover these items during the making of each serving;During an interview on 7/3/25 at 12:15 P.M., the Administrator said:- She would expect beard nets to be worn when required in the kitchen;- There should be a weekly cleaning schedule posted in the kitchen for staff to initial and accomplish;- Would not expect to find moldy fruit on the floor of the walk-in refrigerator;- Would not expect leftovers to be in the kitchen past day seven;- Drinks and desserts should be covered when placed on the hall carts for delivery to the residents;- Would not expect spilled liquids on the hall trays, the trays should be returned to the kitchen and a new tray sent to the resident;