STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Oaks at Central City	2720 South 17th Avenue Central City, NE 68826

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. (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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12.006.05(E) Based on record review and interviews, the facility failed to have a signed advanced directive for one resident (resident 11) out of eight sampled residents. Facility census was 58. Findings are: A record review of resident 11's Minimum Data Set (MDS) (a comprehensive assessment used to develop a resident's care plan) dated 05/14/2025 revealed a brief interview of mental status (BIMS)(a score of a resident's cognitive ability) score of 11.This means the resident had moderate cognitive impairment. Based on the MDS, Preferences for Customary Routine Activities is somewhat to very important to Resident 11. A record review of Resident 11's Care Plan with an admission date of 05/08/2025 revealed resident was having adjustment issues with admission. Interventions listed include, identifying resident's activity preferences, learn to recognize/help the resident to identify stressors, and to provide the resident with as many situations as possible to allow control over the environment and care delivery. A record review of Resident 11's Clinical Census revealed an admission date of 05/08/2025. A record review of the facility's undated Resident Right's packet that is reviewed upon admission revealed: (12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advanced Directives). (i) The requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advanced directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable state law. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether to execute an advanced directive, the facility may give advance directive information to the individual's resident representative according to state law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. A record review of Resident 11's order's on 07/28/2025 at 2:21 PM revealed no order for an advanced directive or code status. A record review of Resident 11's electronic medical record (EMR) under the facility Misc. List on 7/28/2025 at 2:22 PM revealed no orders or copies of an advanced directive or code status. A record review of Resident 11's Advanced Directive Information dated 07/28/2025 with a fax time of 2:44 PM was located on 7/29/2025 in the social service office. A record review of the facility's policy Communication of Code Status dated 8/1/2023 and a revision date of 12/21/2024 revealed, It is the policy of the facility to adhere to residents' rights to formulate advanced directives. In accordance to these rights', this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information. In an interview on 07/29/2025 at 10:59 AM with the ADON confirmed they were looking for Resident 11's advanced directive and could not locate it. The ADON confirmed the Social Service Director (SSD) had an email stating the advanced directive was completed, and it was requested to be faxed. The ADON confirmed the advanced directive was dated 7/28/2025 and the received faxed time was 2:44 PM. In an interview on 07/30/2025 at 10:00 AM with the Regional Director of Operations (RDO) confirmed the advanced directive was received and dated 7/28/2025 at 2:44 PM. The RDO confirmed Resident 11 was admitted on [DATE].

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record reviews and interview, the facility failed to provide notice of end of Medicare coverage for 2 (Resident 10 and 46) of 3 sampled residents. The facility has a census of 58. Findings are:A.Record review of Resident 46's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 6/23/25 revealed admission to the facility was on 4/18/23.Record review of Resident 46's Notice of Medicare Non-Coverage (NOMNC) and Advance Beneficiary Notice (ABN) was completed, although was signed on 7/25/25 with last covered date being 7/22/25.An interview on 7/30/25 at 8:00 AM with the Regional Business Office Manager confirmed that the facility did not have Resident 46 sign the NOMNC or ABN 2 days before the last day of Medicare-covered services.Record review of Advanced Beneficiary notices Policy dated 4/1/ 25 revealed: It is the policy of this facility to provide timely notices regarding Medicare eligibility and coverage.B.Record review of Resident 10's admission record dated 7/29/25 revealed re-admission to the facility was on 3/11/25.Record review of Resident 10's NOMNC and ABN with last covered day of Part A Service on 5/6/25 was not completed.An interview on 7/30/25 at 8:00 AM with the Regional Business Office Manager confirmed that the facility did not provide NOMNC and ABN to Resident 10.Record review of Advanced Beneficiary notices Policy dated 4/1/ 25 revealed: It is the policy of this facility to provide timely notices regarding Medicare eligibility and coverage.-To Ensure that the resident or representative, has enough time to make a decision whether or not to receive the services in question and assume financial responsibility. The notice shall be provided at least two days before the end of the Medicare covered Part A stay or when all of Part B therapies are ending. The notices must not be provided while the resident/ representative is under duress or in an emergency situation.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the ombudsman (a state appointed advocate for residents of nursing homes) of resident discharge for 1 of 1 residents reviewed (Resident 66) as required. The facility census was 58 at the time of the survey. Findings are:Record review of the facility process titled Emergency Transfers from Facility revealed the emergency transfer document is to be sent each month to the ombudsman.Review of the discharge Minimum Data Set (MDS - a mandatory comprehensive assessment tool used for care planning) for Resident 66 dated revealed that Resident 66 admitted to the facility on [DATE]. The MDS revealed that Resident 66 had a discharge date of 5/2/2025.Record review of Resident 66's discharge summary revealed that the resident discharged from the facility on 5/2/2025.During an interview on 7/31/2025 at 11:06 AM the Regional Director of Operations (RDO) revealed that the facility staff gives notifications of emergency transfers and discharges to the ombudsman monthly.During an interview on 7/31/2025 at 1:01 PM the RDO confirmed documents of the Emergency Transfers from the facility to the ombudsman were dated November 2024 and February 2025 and were not completed monthly and should have been.Interview on 7/31/2025 at 1:03 PM the RDO further confirmed the facility staff did not notify the ombudsman of the discharge of Resident 66 as required.

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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. Licensure reference number 175 NAC 12-006.09(H)(iv)(3)Based on observation, interviews and record reviews, the facility failed to maintain the catheter drainage bag below the bladder for 1 (Resident 39) of 1 sampled residents to prevent urinary tract infection. The facility has a census of 58.Findings are: Record review of Resident 39's admission record dated 7/29/25 revealed admission to the facility was on 4/18/23. Record review of Resident 39's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 6/14/25 revealed:-Section C: short term and long term memory problems. Cognitive Skills for Daily Decision Making severely impaired-Section GG: Dependent assistance with eating, toileting hygiene, bathing, lower body dressing, putting shoes on and off, and transferring. Needs maximum assistance with oral hygiene, upper body dressing, personal hygiene, rolling left and right in bed. -Section H: Indwelling catheter Record review of Resident 39's Diagnoses revealed: neuromuscular dysfunction of bladder, unspecified. Record review of Resident 39's care plan dated 7/29/25 revealed:-Urinary Catheter: Resident has a urinary catheter and is at risk for urinary tract infections and injury.-Urinary catheter related to: neurogenic bladder with urine retention.-Position catheter bag and tubing below the level of the bladder. Date Initiated: 06/10/2025.-The resident has a Urinary Tract Infection, Date Initiated: 07/23/2025.-Give antibiotic therapy as ordered. Monitor/document for side effects andeffectiveness. Date Initiated: 07/23/2025. Record review of Resident 39's Physician Orders dated 7/29/25 revealed: -Bactrim DS Oral Tablet 800-160 MG (Sulfamethoxazole- Trimethoprim) -Give 1 tablet by mouth two times a day for urinary tract infection (UTI) until 08/01/2025. Start Date- 07/23/2025.- Indwelling Catheter Type: foley, Catheter Size: 18Fr, 30cc balloon, Reason for use: neuromuscular dysfunction of bladder. Change day shift every 1 month(s) starting on the 19th for 1 day(s). Observation on 7/29/25 at 2:08 PM with Medication Assistant (MA(-J and Nursing Assistant (NA)-K of a Hoyer (machinal) lift transfer for Resident 39 revealed MA-J and NA-K placed the Hoyer sling handles into the Hoyer lift arm hooks. NA-K attached the urinary bag onto the lift arm hook that was at the resident's eye level. MA-J and NA-K then transferred resident 39 into bed and unhooked the sling from the lift. NA-K placed the urinary bag. An interview on 7/29/25 at 2:24 PM with MA-J revealed [gender] wasn't sure where to place the catheter bag when transferring resident. An interview on 7/29/25 at 2:25 PM with NA-K stated, maybe it would be better to place the catheter drainage bag on the lower area of the Hoyer lift when transferring resident. Interview with the Director of Nursing (DON) on 7/30/25 at 1:00 PM confirmed the catheter drainage bag should be below the level of the bladder. Record review of Catheter Care Policy dated 11/27/23 revealed:Policy: It is the policy of this facility to ensure that residents within dwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. -Ensure drainage bag is located below the level of. The bladder to discourage backflow of urine.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Licensure Reference Number 175 NAC 12-006.09Based on observation, record reviews and interviews, the facility staff failed to complete an assessment and monitoring after receiving Dialysis services for 1 (Resident 10) of 1 residents. The facility has a census of 58.Findings are: Record review of Resident 10's admission record dated 7/29/25 revealed re-admission to the facility was on 3/11/2025. Record review of Resident 10's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 6/2/25 revealed:-Section C: Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15 indicating cognitively intact.Section E: no rejection of care-Section GG: setup assist with eating, oral hygiene, personal hygiene, and upper body dressing. Moderate assist with bathing. Maximum assist with toileting hygiene, lower body dressing, and putting on/taking off footwear. Dependent assist with transfers.-Section O: Dialysis Record review of Resident 10's diagnoses dated 7/29/25 revealed: Chronic kidney disease stage 4. Record review of Resident 10's care plan dated 7/29/25 revealed: -Provide a sack lunch if resident receives dialysis during meal times. Date Initiated 4/09/2025.-Monitor dialysis dressing and change as ordered. Report abnormal bleeding to the physician. Date Initiated 4/09/2025. -Monitor/document/report to physician any signs or symptoms of infection at the access site such as redness, swelling, warmth, pain, or purulent drainage. Date Initiated 4/09/2025.-In case of dislodgment of dialysis access device, apply pressure to prevent bleeding, call emergency services, and notify physician. Date Initiated 4/09/2025.-Monitor for possible complications such as shortness of breath, peripheral edema, chest pain, elevated blood pressure, dry itchy skin, nausea & vomiting, or bleeding at access site. Date Initiated 4/09/2025.-Obtain lab work per physician orders and report results when available. Date Initiated 4/09/2025.- Resident has a Quinton Catheter to R chest wall. Date Initiated 4/09/2025. Record review of Resident 10's progress notes dated 7/29/25 revealed there was no documentation of monitoring and assessments upon return from the dialysis center for June 2025 except 6/28/25 and no documentation for July 2025 except 7/24/25. An interview on 7/29/25 at 7:30 AM with LPN-L. LPN-L stated, Resident 10 went to dialysis today, dialysis is through the catheter port in the right side of chest. The nurse does not need to do anything when [gender] returns from dialysis. We don't need to take the blood pressure or assess. Resident 10 goes to the Dialysis facility on Tuesday, Thursday and Saturday's. An interview on 7/29/25 at 1:20 PM with Resident 10 revealed [gender] returned from dialysis at 12:35 PM. Resident 10 said, sometimes the nurse here will check my blood pressure and fistula, but not all the time. I started dialysis in March of this year. An interview on 7/30/25 at 1:00 PM with the Director of Nursing (DON) confirmed that there was not any documentation from the nurses for an assessment or monitoring for Resident 10 after returning from dialysis. Record review of Hemodialysis Policy, copyright 2024 The Compliance Store, LLC revealed: This facility will provide the necessary care and treatment consistent with professional standards of practice. The physician orders the comprehensive person-centered care plan and the residence goals and preferences to meet the special medical, nursing, mental and psychosocial needs of residents receiving hemodialysis. -Purpose: The facility will assure that each resident receives care and services for the provision of hemodialysis consistent with professional standards of practice. This will include: -The ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility.-Ongoing assessment and oversight of the resident before, during and after dialysis treatment, including monitoring of the resident's condition during treatments, monitoring for complications, implementation of appropriate interventions, and using appropriate infection control practices; and ongoing communication and collaboration with the dialysis facility regarding dialysis care and services. -Documentation requirements are met to assure that treatments are provided as ordered by the nephrologist, attending practitioner and dialysis team; and there is ongoing communication and collaboration for the development and implementation of the dialysis care plan by the nursing home and dialysis staff.-The facility will monitor for and identify changes in the resident's behavior that may impact the safeadministration of dialysis before and after treatment and will inform the attending practitioner and dialysis facility of the changes.-The nurse will monitor and document the status of the resident's access site(s) upon return from the dialysis center to observe for bleeding or other complications.-The nurse will assure that the dialysis access site (e.g. AV shunt or graft) is checked before and after dialysis treatments and every shift for patency by auscultating for a bruit or palpating for a thrill. If absent, the nurse will immediately notify the

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Licensure Reference Number 175 NAC 12-006.04(B)(ii)(2) Based on record reviews and interviews, the facility failed to ensure 4 Medication Assistants of 4 reviewed had competencies completed. The facility had census of 58. Findings are: Record review of 4 out of 4 sampled Medication Assistants (MA) employees' competencies for 2024 and 2025 revealed that the 4 MA's did not have competencies documented as completed. Record review of 4 employees that are MA's and their hire dates:-MA-M hire date was 1/29/2024-MA-J hire date was 8/23/2016-MA-N hire date was 5/20/2025-MA-O hire date was 6/11/2025 An interview on 7/30/25 at 1:10 PM with the Director of Nursing (DON) confirmed the facility did not have documentation of MA competencies. An interview on 7/30/25 at 2:40 PM with the Regional Director of Operations (RDO) revealed the facility was unable to find the MA's competencies. Record review of Training Requirements policy dated 7/1/25 revealed: It is the policy of this facility to develop, implement, and maintain an effective training program for all new and existing staff, individuals providing services under a contractual, and volunteers, consistent with their expected roles.-Competencies and skill sets for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers must be consistent with their expected roles.-All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program. Record review of the Medication Aide Procedure Checklist that is used when completing competencies with the Medication Aides revealed: The checklist consisted of PRN medications, oral medications, topical medications, Sublingual or Buccal medications, instillation medications, inhalers, nebulizers, oxygen, and ice bag.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure Reference Number 175 NAC 12-006.11EBased on observations, interviews, and record reviews, the facility failed to store, prepare, and serve food in a manner to prevent potential for foodborne illness. Specifically failed were gloves while touching foods, failed to ensure food in storage were labeled, dated or sealed, failed to have thermometers in the milk refrigerator, failed to ensure foods and fluids were at the proper temperature and failed to ensure hand hygiene was completed. This had the potential to affect all 58 residents who ate food prepared in the kitchen.Findings are: Record review of the facility provided policy, titled “Personal Protective Equipment”, dated 4/1/24 revealed that staff should perform hand hygiene before donning gloves and after removal. Gloves are not a substitute for hand hygiene. Record review of the facility policy, titled “Hand Hygiene” dated 5/29/24 revealed a definition of hand hygiene as a general term for cleaning hands by hand washing with soap and water or the use of antiseptic hand rub, or alcohol-based hand rub (ABHR). Record review of facility Handwashing Inservice dated 6/3/25 revealed employees should wash hands for at least 20 seconds before and after handling food, after touching hair, face or body, and after touching a cell phone. Record review of the facility policy titled “Record of Food Temperatures”, dated 8/1/25 revealed it is the policy of the facility to record food temperatures daily to ensure food is at the proper serving temperature. Record review of facility policy, titled “Food Safety Requirements” dated 8/1/23 revealed: -food safety practices shall be followed throughout the facility’s entire food handling process. -food will be stored, prepared, distributed, and served in accordance with professional standards for food service safety -staff shall monitor food temperatures while delivering food to ensure proper hot and cold holding temperatures are maintained. Staff shall refer to the current FDA Food Code. -foods and beverages shall be distributed and served to residents in a manner to prevent contamination and maintain food at the proper temperature and out of the Danger Zone, according to the current Food Code. A. An observation on 7/29/2025 at 12:21 PM revealed [NAME] (C) – A reached into a bag of bread with an ungloved hand on the behavior unit. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 7/29/2025 at 12:23 PM C- A confirmed hand hygiene is only completed when entering the behavior unit and that (gender) hand handled food with bare hands. An observation on 7/29/2025 at 12:26 PM C – A grabbed a cold sandwich with ungloved hand and handed it to the Activity Aide (AA). An observation on 7/29/2025 at 12:27 PM AA - B grabbed a sandwich with an ungloved hand and gave it to a resident on the behavior unit. An observation on 7/29/2025 at 12:28 PM C – A grabbed a full bowl of salad from the top with an ungloved hand and touched lettuce, tomato, and cheese. An observation on 7/29/2025 at 2:09 PM C – A mixed coleslaw with gloved hands and then removed gloves and no hand hygiene performed. During an interview on 7/29/2025 at 2:10 PM C- A revealed (gender) usually does hand hygiene. An observation on 7/29/2025 at 2:13 PM C – C turned off music from a cell phone in the kitchen with bare hands and did not perform hand hygiene, then the cook dropped a closed container of vegetables on the floor of the kitchen and picked it up and put it in the refrigerator. During an observation on 7/29/2025 at 2:26 PM C – A washed hands for 15 seconds. During an observation on 7/29/2025 at 2:27 PM C – C washed hands for 10 second. During an observation on 7/29/2025 at 2:28 PM Dietary Aide (DA) – I washed hands for 15 seconds. During an interview on 7/29/2025 at 2:37 PM the Dietician (D) – D confirmed that all ready to eat foods should only be handled with a gloved hand. B. An observation on 7/28/2025 at 8:43 AM revealed milk refrigerator had no thermometer. During an interview on 7/28/2025 at 8:43 AM DA – F confirmed there should be a thermometer in every refrigerator. C. An observation on 7/28/2025 at 8:40 AM in the dry goods storage revealed 2 bags of opened macaroni noodles were not sealed or dated when opened. During an interview on 7/28/2025 at 8:41 AM Dietary Aide (DA) – F confirmed there shouldn’t be any open bags in storage. An observation on 7/28/2025 at 8:42 AM of Refrigerator 1 revealed an opened plastic container of raw hamburger that was not sealed, dated and was approximately 25% used. (continued on next page)

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 7/28/2025 at 8:42 AM DA – F confirmed there shouldn’t be any open hamburger meat packages in the refrigerator. An observation on 7/28/2025 at 8:44 AM of a bread bag on the counter in the kitchen was opened, not sealed and not dated. An observation on 7/28/2025 at 8:44 AM spices and a bottle of vanilla opened, used and not dated noted in the cupboard. During an interview on 7/28/2025 at 8:45 AM DA – F confirmed the bread bag should not be opened and all the spices should be dated when opened. During an interview on 07/31/2025 at 1:11 PM the Assistant Director of Nursing, who is also the Infection Preventionist, confirmed: - hand hygiene should be performed before gloving and after glove removal -performed for at least 20 seconds -no bare hand should touch food -upon hire in general orientation they do hand hygiene competencies -random audits in nursing are completed with return demonstration. D. Observation on 7/29/25 at 12:17 PM revealed the lunch meal trays were delivered to the memory care unit of the facility. Observation on 7/29/25 at 12:19 PM with NA-G using the facility thermometer obtaining the temperatures of the food as follows: -Cauliflower/broccoli 106.5 Fahrenheit. -Tuna melt sandwich 101.6 Fahrenheit. -Hamburger patty 120.9 Fahrenheit. Milk 48.9 Fahrenheit. An interview on 7/29/25 at 1:35 PM NA-G reported the hot food is supposed to be at least 120 F. An interview on 7/29/25 at 1:40 PM RN-H report hot food should be at least 140 F. An interview on 7/30/25 at 11:30 AM with the Dietary Manager (DM) revealed the holding hot foods should be 120 F. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285147	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Oaks at Central City	2720 South 17th Avenue Central City, NE 68826

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An interview on 7/30/25 at 11:33 AM with Regional Dietician (RD-E) reported the temperature for hot food should be maintained at 135 Fahrenheit (F) and the cold should be 41 F or lower. Record review of Food Temperatures Policy dated 3/26/25 revealed: -Hot foods will be held at 135 degrees Fahrenheit or greater. -Potentially hazardous cold food temperatures will be kept at or below 41 degrees Fahrenheit. -No food will be served that does not meet the food code standard temperatures.