

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2024
NAME OF PROVIDER OR SUPPLIER  Rochester Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  40 Whitehall Road Rochester, NH 03867	
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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47129</p> <p>Based on observation, interview, and policy review, it was determined that the facility failed to store food in accordance with professional standards for food safety to prevent foodborne illness for 1 of 1 kitchen observed.</p> <p>Findings include:</p> <p>Review on 4/4/24 of the U.S. Food and Drug Administration Food Code dated 2017 retrieved from <a href="https://www.fda.gov/food/FDA-food-code/food-code-2017">https://www.fda.gov/food/FDA-food-code/food-code-2017</a> revealed the following: .Annex 3, Public Health Reasons/Administrative Guidelines . Chapter 3 Food .3-305.11 Food Storage .FOOD shall be protected from contamination by storing the FOOD: . On-premises preparation .(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunchmeat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine; (2) Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded .(3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded .; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods . Products which are damaged, spoiled, or otherwise unfit for sale or use in a food establishment may become mistaken for safe and wholesome products and/or cause contamination of other foods .</p> <p>Observation on 4/2/24 at 8:25 a.m. of the walk-in refrigerator revealed the following:</p> <p>Seventeen (17) soft moist green peppers with white and black spots visible on all of the peppers in the case</p> <p>Fifteen (15) soft moist celery stalks with brown spots visible on all of the celery in a bin with no lid</p> <p>Three (3) bags of hearts of romaine lettuce with brown spots visible on the outer leaves</p> <p>Twenty-eight (28) 4-ounce cartons of Ready Care Chocolate Shakes with no thawed date or use by date</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2024
NAME OF PROVIDER OR SUPPLIER  Rochester Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 40 Whitehall Road Rochester, NH 03867	
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 - Few</p>	<p>One (1) clear plastic container of meat sauce with no prepared date or use by date</p> <p>One (1) large metal tray of mashed sweet potatoes with no prepared date or use by date</p> <p>One (1) gallon size zip lock bag of cooked ham with no prepared date or use by date</p> <p>Three (3) individually wrapped packages of sliced white cheese with no opened date or use by date</p> <p>Interview on 4/2/24 at 8:30 a.m. with Staff B (Culinary Manager) confirmed the above findings.</p> <p>Review on 4/2/24 of the facility's policy titled Receiving revised 2/2023, revealed: .5. All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation .</p> <p>Review on 4/2/24 of the manufacturer's instructions for Ready Care Chocolate Shakes under storage and handling revealed .After thawing keep refrigerated. Use within 14 days after thawing .</p> <p>Review on 4/2/24 of the facility's policy titled Labeling and Dating Chart revealed: .Ready to eat, time/temperature control for safety foods including but not limited to: .cheese . sliced meats . use by date 7 days after opening .</p>		