

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>47031</p> <p>Based on interview and observation, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure the facility had enough food to serve all residents the meal on the menu.</li> <li>2. Ensure staff served residents a second portion of meal if requested.</li> </ol> <p>This deficient practice is likely to affect all residents who eat at the facility. If the facility fails to provide adequate food to meet the nutritional needs of the residents then residents are likely to lose weight and not get their nutritional needs met. The findings are:</p> <p>Ensure the facility had enough food to serve all residents the meal on the menu.</p> <p>A. Record review of Residents Council minutes, dated May 2024, revealed the residents discussed the Dietary Department ran out of food and coffee often.</p> <p>B. On 05/13/24 at 5:49 pm, during a dining observation, revealed staff served some of the residents meals without the vegetables. Further observation revealed the facility ran out of vegetables for the meal.</p> <p>C. On 05/13/24 at 5:50 during an interview, Certified Nurse Aide (CNA) #2 stated the facility ran out of vegetables for the dinner meal, so some residents did not receive vegetables on their plate. CNA #2 stated some of those residents wanted to receive vegetables with their meal.</p> <p>D. On 05/15/24 at 9:23 am, during an interview, R #25 stated the facility ran out of food often. R #25 could not say how often they ran out of food, but she stated it was at least twice a week or more.</p> <p>E. On 05/15/24 at 9:30 am, during an interview with R #54, she stated the facility ran out of coffee, and there were many meals the facility did not provide coffee. The resident stated this often occurred in the morning and the evening. R #54 stated the residents would like to get coffee with their meals when they requested it. R #54 further stated staff told her that they do not always make more then one pot of coffee so it did not get wasted.</p> <p>Ensure staff served residents a second portion of meal if requested.</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:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>F. On 05/15/24 at 9:23 am, during an interview, R #25 stated residents seldom received a second serving when they requested it. R #25 further stated the staff would say the kitchen did not have enough for seconds.</p> <p>G. On 05/15/24 at 9:33 am, during an interview with R #57, she stated she asked for second portions, but staff tell the residents there was not any second portions available. She further stated the residents are often left hungry.</p> <p>H. On 05/15/24 at 9:35 am, during an interview with R# 58, she stated staff tell them to wait until they serve everyone before they can have seconds. R #58 stated the kitchen runs out of food, and the residents are not able to get a second portion.</p> <p>I. On 05/16/24 at 5:08 pm during a dining observation, staff served residents small portion of egg salad, and residents asked for a second helping. Staff told the residents there was not any second portions, because they ran out of the egg salad.</p> <p>J. On 05/16/24 at 5:10 pm during an interview and observation, the Dietary Aide (DA) stated they ran out of egg salad and were waiting for the kitchen to bring more. The DA left the dining room, and staff did not bring any more egg salad for the residents.</p> <p>K. On 05/16/24 at 5:39 pm during interview, R #37 stated she requested an extra serving of egg salad, and the DA told her there was not enough food for another serving.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>46064</p> <p>Based on record review and interview, the facility failed to ensure the Pre-Admission Screening and Resident Review (PASRR; a screening to help ensure that individuals are not inappropriately placed in nursing homes for long term care) assessment was accurate for 1 (R #13) of 1 (R #13) residents reviewed for PASRR accuracy. This deficient practice is likely to result in the facility not providing the services needed by residents. The findings are:</p> <p>A. Record review of R #13's most recent PASRR, dated 12/27/21, revealed the following:</p> <ul style="list-style-type: none"> <li>- Individual information: Staff documented schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized thoughts, speech, and behavior) as a pertinent diagnoses.</li> <li>- Identification of mental illness (MI) evaluation criteria: Staff documented No, the resident did not have a diagnosis or suspected mental illness in Section C1. The criteria listed schizophrenia as a MI, but staff did not enter the diagnosis of schizophrenia.</li> </ul> <p>B. Record review of R # 13's Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff), dated 04/26/24, revealed R #13 had a diagnosis of schizophrenia.</p> <p>C. On 05/16/24 at 4:20 PM during interview with Admissions Coordinator (AC), she confirmed the PASRR for R # 13 was incorrect, because it did not acknowledge R #1's diagnosis of schizophrenia in Section C1. She stated the PASRR was completed by the discharging hospital, and facility staff should have reviewed it prior to admission.</p> <p>D. On 05/17/24 at 9:13 AM during interview with the Social Services Director, she stated the PASRR for R #13 was incorrect, because staff should have documented in Section C1 that the resident had a diagnosis of schizophrenia.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</b></p> <p>Based on interview and record review, the facility failed to ensure residents were invited to attend care plan meetings for 2 (R #23 and R #30) of 2 (R #23 and R #30) residents reviewed for participation in care planning. If residents are not able to participate in their care plan development, then residents could likely not get the care and treatment they want or need. The findings are:</p> <p>R #23</p> <p>A. Record review of R #23's face sheet revealed R #23 was admitted into the facility on [DATE].</p> <p>B. On 05/13/24 at 4:18 pm, during an interview with R #23, she stated she did not attend the last care plan meeting that was scheduled. R #23 stated it was important to her to attend her own meetings. She stated she previously talked with the Social Services Director (SSD) and explained to her that she wanted to be involved in her care and her meetings.</p> <p>C. Record review of R #23's Care Plan Conference (a document the facility uses to record details of a care plan meeting including attendees), dated 04/24/24, revealed R #23 did not attend her care plan meeting because she was napping and has not been sleeping well so nursing requested not to wake her. The meeting was held without the resident present.</p> <p>D. On 05/17/24 at 9:10 am, during an interview with the SSD she stated R #23 did not attend her care plan meeting. The SSD confirmed she knew it was important for R #23 to attend her meetings and stated this meeting should have been rescheduled until R #23 was able to attend.</p> <p>R #30</p> <p>E. Record review of R #30's face sheet revealed R #30 was admitted into the facility on [DATE].</p> <p>F. On 05/13/24 at 2:41 pm, during an interview with R #30 he said, I've never been invited to one of those [care plan meeting].</p> <p>G. Record review of R #30's Electronic Health Record revealed the record did not contain documentation to show staff held a care plan meeting for the resident.</p> <p>H. On 05/17/24 at 9:10 am, during an interview with the SSD, she stated she could not produce a Care Plan Conference form to show a care plan meeting for R #30 occurred. The SSD stated Care Plan Conference forms should be kept in the resident's Electronic Health Record, but R #30's Electronic Health Record did not contain Care Plan Conference documentation. The SSD stated she was responsible to complete the Care Plan Conference forms for the residents' records.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47091</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident who was admitted with an indwelling Foley (name of device) catheter (a thin, sterile tube inserted into the bladder to drain urine) was assessed for the removal of the catheter for 1 (R #46) of 1 (R #46) sampled residents with an indwelling urinary catheter. This failed practice is likely to cause R #46 to not regain bladder control, to develop bladder incontinence, or to develop a bladder infection.</p> <p>The findings are:</p> <p>A. Record review of R #46's face sheet revealed the resident was admitted to the facility on [DATE] with a diagnosis of a pressure ulcer of the sacral region (the portion of the spine between the lower back and the tailbone), Stage 4 (a deep wound that may impact muscle, tendons, ligaments, and bone).</p> <p>B. Record review of R #46's wound reports, dated April and May 2024, revealed R #46's pressure injury was stable (had not changed since admission on 03/29/24.)</p> <p>C. Record review of R #46's physician orders revealed an order, dated 04/23/24, for a Foley catheter: Continue Foley catheter due to pressure wound of coccyx.</p> <p>D. Record review of R #46's progress notes, dated 05/01/24 and entered by the Nurse practitioner (NP), stated R #46 was alert, oriented, and able to follow commands. The note also stated R #46 did not have incontinence (loss of bladder control).</p> <p>E. On 05/14/24 at 10:50 am, R #46 lay in bed with a Foley catheter drainage bag (bag attached to end of tube inserted into the bladder that collects urine as it drains) attached to the bed frame. The catheter tubing and drainage bag contained light yellow, translucent urine with no foul odors.</p> <p>F. On 05/14/24 at 10:59 am during an interview, R #46 stated she did not want the Foley catheter in place, and she did not know why the facility staff did not removed it. R #46 also stated she utilized a bedside commode as needed.</p> <p>G. On 05/16/24 at 2:21 pm during an interview, LPN #1 stated R #46 came into the facility with the Foley catheter. LPN #1 stated she did not see a diagnosis in the resident's record that related to the Foley catheter use. She further stated she was not aware if staff attempted a trial to discontinue the resident's catheter (remove the catheter) since R #46 was admitted to the facility.</p> <p>H. On 05/16/24 at 6:17 pm during an interview with the Director of Nursing (DON), she stated the reason for R #46's Foley catheter was to promote wound healing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>I. On 05/17/24 during an interview with the facility NP, she stated R #46's Foley catheter was left in place so the wound on her backside (a Stage 4 pressure injury) did not get infected or soiled. She further stated the catheter was to be left in place until the wound reached a healing stage. She stated typically staff attempted a trial void (the Foley catheter is removed and if the person is able to void within 8 hours of removal then the catheter is discontinued) with a resident as soon as possible.</p> <p>J. On 05/17/24 at 9:10 am during an interview with the Medical Director (MD), she stated if a resident was cognitively aware, could use their call light to call for assistance, and could use the bedside commode (such as R #46) then her expectation would be for staff to attempt to discontinue the catheter as soon as possible, especially if the resident stated she no longer wanted the catheter. She stated it was also her expectation that facility staff inform her of the resident's wish to discontinue the catheter, but staff did not make her aware of R #46's request to have the catheter removed.</p> <p>K. On 05/17/24 at 9:37 am during an interview with ADON/Wound Care Nurse, she stated R #46's wound remained the same, and R #46 did not express pain with dressing changes or when up to her chair or bedside commode, indicating R #46 was able to sustain transfers and bedside toileting without experiencing pain caused by the pressure injury.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	
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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>46064</p> <p>Based on record review and interview, the facility failed to provide documentation confirming one Nurse Aide (NA), employed by the facility, had completed a Nurse Aide Training and Competency Evaluation Program (NATCEP) or a Competency Evaluation Program (CEP) within four months of being employed at the facility. This deficient practice is likely to affect all 68 residents residing in the facility. Residents are likely to experience substandard care because of the use of untrained or unqualified aides providing direct care to residents. The findings are:</p> <p>A. Record review of NA #1's personnel record revealed the following:</p> <ul style="list-style-type: none"> <li>- The NA's hire date was 12/01/23;</li> <li>- The record did not contain a Certified Nursing Assistant (CNA) License.</li> <li>- NA #1 was employed full time as of 05/17/24.</li> <li>- NA #1 completed the CNA training but did not complete the CNA state licensure exam.</li> </ul> <p>B. On 05/17/24, at 10:40 AM, during an interview with the Director of Nursing (DON), she stated NA #1 did not obtain her CNA license within four months of her hire date. The DON stated the NA completed the training but did not test in time DON further stated that NA #1 was working full time at the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	
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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>50207</p> <p>Based on observation, record review, and interview, the facility failed to provide an adaptive eating device (a tool that helped a person with a disability do a certain task) for 1 (R #35) of 1 (R #35) residents reviewed during dining observation. If residents are not provided adaptive eating devices as needed, then residents might be unable to consume their meals and beverages and likely to have weight loss, malnutrition, and dehydration. The findings are:</p> <p>A. Record review of R #35's Physician's orders, dated 05/13/24, revealed the resident was to use a plate guard for meals as tolerated for improved self-feeding skills.</p> <p>B. Record review of R #35's meal ticket, dated 05/13/24, revealed it did not direct staff to provide adaptive feeding equipment for the resident.</p> <p>C. On 05/13/24 at 5:09 pm during a dining observation, R #35 ate her meal without an adaptive eating device. At 5:36 pm, Certified Nursing Assistant (CNA) #2 put a plate guard (a curved piece of material that fits around the rim of a plate to prevent food from falling off) on R #35's plate.</p> <p>D. On 05/13/24 at 5:40 pm, CNA #2 stated R #35 had an order for a plate guard, and she should have served the resident's meal with a plate guard on the plate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	
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>47031</p> <p>Based on observation and interview, the facility failed to ensure food was stored in accordance with professional standards of food service safety when staff failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure all food items in the dry storage area were stored properly.</li> <li>2. Ensure all food items in the walk-in refrigerator were labeled and dated.</li> <li>3. Ensure all food items in the freezer were sealed appropriately.</li> </ol> <p>This deficient practice is likely to affect all 75 residents identified on the resident census list provided by the Director of Nursing on 05/13/2024. These deficient practices are likely to expose residents to food borne illnesses. The findings are:</p> <p>Dry Storage Area:</p> <p>A. Observation on 05/13/2024 at 12:35 pm, during initial observation of the facility's food storage area, revealed one case of a 10 pound box of grape juice stored on the bare floor.</p> <p>B. On 05/13/24 at 12:51 pm during an interview with the Dietary Manager (DM), he confirmed the items were on the bare floor. The DM stated there should not be any boxes on the bare floor, and all items should be stored on the shelves. The DM further stated that all kitchen staff were responsible to make sure nothing was on the floors.</p> <p>Walk-In Refrigerator:</p> <p>C. On 05/13/24 at 12:35 pm, an initial observation of the facility's walk-in refrigerator revealed the following:</p> <ol style="list-style-type: none"> <li>1. One small pan of orange fluff salad not labeled or dated.</li> <li>2. One single tomato wrapped in saran wrap with no date.</li> <li>3. One 2 quart plastic container of apple sauce not labeled or dated.</li> <li>4. One case of 2 oz. sour cream packets no date.</li> <li>5. One pack of flour tortillas open to air and not labeled and dated.</li> <li>6. Two packs of corn tortillas not labeled or dated.</li> <li>7. Two 2 quart pitchers of juice not labeled or dated.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Coronado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 West 18th Street Portales, NM 88130	
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>D. On 05/13/2024 at 12:51 pm during an interview with the DM, he confirmed the findings and stated all items should be labeled and dated. The DM stated all kitchen staff were responsible for labeling and dating all items.</p> <p>Facility Freezer:</p> <p>E. On 05/13/24 at 5:52 pm, observation of the facility freezer revealed the following:</p> <ol style="list-style-type: none"> <li>1. One box of beef patties open to air and not sealed.</li> <li>2. One box of cookie dough open to air and not sealed.</li> <li>3. One box of Salisbury steak patties open to air and not sealed.</li> </ol> <p>F. On 05/13/24 at 12:51 pm during an interview with the DM, he confirmed the items should be sealed and not open to air to avoid freezer burn. He further stated the expectation was for staff to close the boxes after removing the food item.</p>		