

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Golden Acres Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  1 E Main St Carrington, ND 58421	
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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42397</p> <p>Based on observation, review of facility policy/procedure, review of professional reference, review of food temperature logs, and staff interview, the facility failed to ensure food was stored, prepared, and served under sanitary conditions in 1 of 1 kitchen used to prepare food for all residents, staff and visitors. Failure to ensure food was cooled properly, and failure to label food taken out of the original container has the potential to result in foodborne illness to residents, staff, and visitors.</p> <p>Findings include:</p> <p>Review of the facility policy titled Policy for Food Storage occurred on 05/30/24. This undated policy stated, . Frozen food storage requirements: . 3. All foods not stored in original packaging must be stored in a plastic container or securely wrapped, labeled with contents and dated. Refrigerated food storage requirements: . 4. Potentially hazardous foods requiring refrigeration after preparation should be rapidly cooled. 6. All foods not in original packaging need to be labeled according to content and dated.</p> <p>The 2022 Food and Drug Administration (FDA) Food Code, Annex 3 page 112 stated, . Temperature and time control . 3-501.14 Cooling. Safe cooling requires removing heat from food quickly enough to prevent microbial growth. If the food is not cooled in accordance with this Code requirement, pathogens may grow to sufficient numbers to cause foodborne illness. The Food Code provision for cooling provides for cooling from 135 F [degrees Fahrenheit] to 41 F or 45 F in 6 hours, with cooling from 135 F to 70 F in 2 hours.</p> <p>Observation of the main kitchen occurred on 05/28/24 at 12:05 p.m. with an administrative dietary staff member (#2) and showed the following:</p> <p>* The walk-in freezer: one open bag of spaetzles (a type of egg noodle/dumpling), one bag of frozen corn, one bag of pre-cooked sausage crumbles, and one bag of pre-cooked frozen meat patties. All items lacked a label and date. The bag of frozen meat patties identified a manufacturers use by date of 02/22/24. The administrative dietary staff member (#2) could not identify what type of meat patties the bag contained.</p> <p>* The walk-in cooler: one clear container of sliced banana bread. The container lacked a label and 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:  355046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Golden Acres Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  1 E Main St Carrington, ND 58421	
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 - Some</p>	<p>During the tour observation showed several styrofoam cups of leftover homemade soup in an upright freezer. When asked about the cooling process for leftover soup, the administrative dietary staff member (#2) stated, we bring the soup off the steam table, take the temperature, and then place it in the cooler to cool for freezing.</p> <p>Observation of the main kitchen occurred on 05/29/24 at 3:02 p.m., showed a clear container with a cover, labeled vegetable beef soup and dated 05/28/24. The container held approximately two quarts of soup.</p> <p>Review of food temperature logs dated 05/28/24 occurred on 05/29/24 at 3:40 p.m. and showed the temperature of the vegetable beef soup at 178 F when the dietary staff member (#3) removed it from the steam table at approximately 6:00 p.m. on 05/28/24. The dietary staff member (#3) confirmed she failed to take any further temperatures of the soup before and after placing it in the cooler.</p> <p>During an interview on 05/29/24 at 3:40 p.m., an administrative dietary staff member (#2) stated she expected staff to label and date all food per policy, and verified staff failed to obtain food temperatures to ensure safe cooling.</p>		