STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38E157	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Portland Care Center	34 NE 20th Avenue Portland, OR 97232

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 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 50930 Based on interview and record review it was determined the facility failed to ensure a transfer notice with appeal rights was provided in writing to the resident or their representative, and the facility failed to ensure the Office of the State Long-Term Care Ombudsman was notified of the resident's hospitalization for 1 of 1 sampled resident (#3) reviewed for hospitalization s. This placed residents at risk for lack of access to an advocate to inform them of their options and rights, and lack of information regarding discharge. Findings include: The facility's Bed Hold Policy: Bed-Holds and Returns with revision date 10/2022 stated all residents of the facility were to be provided with written notice at least twice; once in the admission packet, and again at the time of transfer or if the transfer was an emergency within 24 hours. Resident 3 admitted to the facility in 1/2025 with diagnoses including hypothermia (body temperature too low) and sepsis (severe infection). A 1/29/25 Admission MDS indicated Resident 3 was cognitively intact. A review of Resident 3's health record revealed she/he was transferred to the hospital on 2/15/25. No evidence was found in Resident 3's health record to indicate a transfer notice with appeals rights was provided to the resident or their representative upon transfer. Resident 3's health record also had no indication the Office of the State Long-Term Care Ombudsman was notified of the resident's hospitalization . On 2/26/25 8:45 AM Staff 3 (DNS/RNCM) stated a transfer notice was to be sent with a resident at time of transfer by the facility nurse and the RNCM was to follow up to ensure the notice was given to the resident. She stated she was not aware the Office of the State Long-Term Care Ombudsman was to be notified at time of transfer. She verified a transfer notice was not given to Resident 3 or her/his representative, and the Office of the State Long-Term Care Ombudsman was not notified of the resident's hospitalization . She stated the expectation was for the facility bed hold policy to be followed with every transfer out of the facility.

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41458 Based on observation, interview and record review it was determined the facility failed to provide an ongoing person-centered activity program for 3 of 3 sampled residents (#s 5,10 and 20) reviewed for activities. This placed residents at risk of a decline in psychosocial well-being and diminished quality of life. Findings include: The facility's Activity Programs-Staffing Policy, revised 6/2018, indicated the following: The activity director/coordinator's responsibilities included the following: -completing or delegating the completion of the activities component of the comprehensive assessment; -ensuring activity goals and approaches reflected in the residents' care plans were individualized to match the skills, abilities and interests/preferences of each resident; -monitoring and evaluating the residents' responses to activities and revising the approaches as appropriate; -developing, implementing, supervising and evaluating activity programs at least quarterly; -sufficient activity personnel were on duty to meet the needs of the residents and the functions of the activities program. 1. Resident 10 was admitted to the facility in 12/2020 with diagnoses included non-traumatic subarachnoid hemorrhage (bleeding in the brain not due to any head trauma), mild cognitive impairment and failure to thrive. Resident 10's 12/3/20 Admission Activities Assessment indicated the resident was very social and enjoyed being around people, loved to watch old TV shows such as I Love [NAME] and The [NAME] Bunch, and liked to play dominos and bingo. The resident's identified preferences included arts and crafts, music and watching TV. Resident 10's Activity Care Plan, last revised 5/9/24, included one-to-one visits, pet visits, sensory one-to-one activities including hand massages, watching old TV shows including cartoons and animal shows, coloring, painting, visiting with others, going on walks and being outside. Resident 10's 9/30/24 Annual MDS revealed the resident had no cognitive impairments. Resident 10 reported it was somewhat to very important to use the phone in private, have books/newspapers/magazines to read, listen to music, be around animals, keep up with the news, do things in groups of people, do favorite activities, go outside when the weather was nice and participate in religious services or practices. Resident 10's 12/20/24 Activity Quarterly Review indicated the resident participated in group activities, enjoyed one-to-one activities and walks outside. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The 12/18/24 Resident Council Meeting Minutes indicated residents wanted more bingo and a gaming system. The facility's Activity Calendar revealed the following scheduled activities: -2/24/25 10:00 AM: 1:1 Visits 1:00 PM: Bingo -2/25/25 11:00 AM: Games and Music 1:00 PM: Bingo 3:00 PM: Smoothie Day -2/26/25 10:00 AM: 1:1 Visits 1:00 PM: Bingo 3:00 PM: Birthday Party Resident 10's Activity Participation Logs for 1/2025 and 2/2025 indicated Resident 10 participated in a reminiscing activity on 1/2/25. Random observations of Resident 10 conducted from 2/23/25 through 2/25/25 between the hours of 8:00 AM and 4:30 PM revealed Resident 10 resided in the only upstairs bedroom of a two story house, with one roommate and no other residents around. Resident 10 was not observed out of her/his room, at anytime. The resident was observed watching shows on her/his tablet, lying in bed with the lights off, sleeping or sitting at the edge of the bed. Resident 10 was not observed in any group or one-to-one activities and no books, newspapers, magazines or music was observed in the resident's room. On 2/24/25 bingo was scheduled but did not occur and on 2/25/25 games, music and bingo were scheduled but did not occur. On 2/23/25 at 11:01 AM, Resident 10 stated she/he liked to socialize and play bingo but was unable to participate because she/he could no longer walk, therefore, could not go downstairs where the majority of residents resided and group activities occurred. Resident 10 stated she/he was no longer able to socialize with other seniors because she/he could no longer go downstairs. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/25/25 at 8:24 AM, Staff 9 (CNA) stated Resident 10 liked to be downstairs to watch television and play bingo. Staff 9 stated Resident 10 was unable to walk, and was unable to go downstairs for approximately the last month and a-half. Staff 9 stated there were no activities occurring in the facility except maybe bingo once a month, there were no real activities here and there was nothing going on in Resident 10's room except for the resident watching her/his tablet. On 2/13/25 at 10:13 AM, Staff 11 (Activity Director/Social Service Director) stated he was new to the position and served as the activity director for approximately three months. Staff 11 stated he received two weeks of training which occurred concurrently with his medical records training and he had no previous experience running an activities program in a long-term care setting. Staff 11 stated it was his responsibility to complete the activities section on the MDS, complete an admission/annual activity assessment, develop the residents' activity care plans, complete quarterly activity reviews and document all activities in residents' electronic health records. Staff 11 stated Resident 10 enjoyed coming downstairs for bingo and playing games such as Uno, checkers or chess. Staff 11 reported Resident 10 had been one of his most active residents who regularly participated in group activities but the resident was no longer able to walk downstairs, so was unable to participate in activities. Staff 11 stated his job also included social service director and working in medical records and, because of his schedule, he usually missed two to three scheduled activities a week. On 2/26/25 at 12:52 PM Staff 2 (Administrator-In-Training) and at 1:11 PM Staff 1 (Administrator) were present for an interview. Staff 2 stated he was aware activities were an issue but did not realize the extent of the problem. Staff 2 acknowledged scheduled activities were being missed. Staff 1 stated he expected activities to be planned based on residents' requests, preferences, physical and mental abilities, and activities occurred every day and at various times of the day. 2. Resident 20 was admitted to the facility in 8/2024 with diagnoses including end-stage renal disease, major depressive disorder and anxiety disorder. Resident 20's 8/12/24 Admission Activities Assessment indicated the resident enjoyed relaxing, being outdoors, music, nature, long-boarding and reading. The resident had a list of preferred activities and was open to trying new activities at the facility. Resident 20's 8/18/24 Annual MDS revealed the resident had no cognitive impairments. The resident's activity preferences and interests were not assessed. Resident 20's Activities Care Plan, last revised 11/27/24, indicated to identify at least two activities the resident liked to participate in, Resident 20 would participate in two preferred activities per week, arrange 1:1 visits with the resident and remind Resident 20 when an activity was to occur. Resident 20's 11/29/24 Admission Activities Assessment indicated the resident enjoyed music, board games and watching television. The 12/18/24 Resident Council Meeting Minutes indicated residents wanted more bingo and a gaming system. The facility's Activity Calendar revealed the following scheduled activities: (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-2/24/25 10:00 AM: 1:1 Visits 1:00 PM: Bingo -2/25/25 11:00 AM: Games and Music 1:00 PM: Bingo 3:00 PM: Smoothie Day -2/26/25 10:00 AM: 1:1 Visits 1:00 PM: Bingo 3:00 PM: Birthday Party Resident 20's 1/2025 and 2/2025 Activity Participation Logs indicated the resident played video games on 1/2/25 and 1/6/25. Random observations of Resident 20 conducted from 2/23/25 through 2/25/25 between the hours of 8:00 AM and 4:30 PM revealed the resident was often in her/his room with ear phones on, sleeping or sitting at the edge of the bed. The resident was observed walking in the hallways of the facility, at times. The resident left the facility for dialysis (a medical treatment that removes waste products and excess fluid from the blood when the kidneys stop working properly). On 2/24/25 bingo was scheduled but did not occur and on 2/25/25 games, music and bingo were scheduled but did not occur. On 2/23/25 at 10:01 AM and 2/24/25 at 1:04 PM, Resident 20 stated there were no activities in the facility and she/he was stuck staring at the walls in her/his room or watching television. Resident 20 reported she/he was an artist but there were no art supplies except color crayons and coloring pages designed for kids and there were no enrichment activities like arts/crafts, exercising or chair yoga. Resident 20 stated Staff 11 (Activity Director/Social Service Director) was so busy he was unable to walk with the resident when it was nice outside. Resident 20 reported she/he spoke-up at Resident Council and tried to offer ideas and solutions for the lack of activities. On 2/25/25 at 8:24 AM, Staff 9 (CNA) stated Resident 20 liked bingo and hanging-out with people. Staff 9 stated there were no activities occurring in the facility except maybe bingo once a month, there were no real activities here and there was nothing going on in Resident 20's room that he was aware of. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/25/25 at 10:13 AM, Staff 11 stated he was new to the position of activity director and had been in this role for approximately three months. Staff 11 stated he received two weeks of training which occurred concurrently with his medical records training and he had no previous experience running an activities program in a long-term care setting. Staff 11 stated it was his responsibility to complete the activities section on the MDS, complete an admission/annual activity assessment, develop the residents' activity care plans, complete quarterly activity reviews and document all activities in residents' electronic health records. Staff 11 stated Resident 20 liked to watch anime and play bingo and Uno with the group. Staff 11 stated his job also included social service director and working in medical records and, because of his schedule, he usually missed two to three scheduled activities a week. On 2/26/25 at 12:52 PM Staff 2 (Administrator-In-Training) and at 1:11 PM Staff 1 (Administrator) were present for an interview. Staff 2 stated he was aware activities were an issue but did not realize the extent of the problem. Staff 2 acknowledged scheduled activities were being missed. Staff 1 stated he expected activities to be planned based on residents' requests, preferences, physical and mental abilities, and activities occurred every day and at various times of the day. 43691 3. Resident 5 was admitted to the facility in 8/2024 with diagnoses including heart failure. An 8/27/24 Activity Admission Assessment revealed Resident 5 was interested in participating in activities. A 9/3/24 Annual MDS indicated Resident 5 had no cognitive impairments and was interested in participating in group activities. Resident 5's Care Plan revised on 12/9/24 included goals of increased participation in activities with interventions including giving Resident 5 verbal reminders of activities before the start of activities. A review of Resident 5's activity Task Records from 1/25/25 through 2/24/25 revealed Resident 5 did not participate in any activities. On 2/23/25 at 9:33 AM Resident 5 stated she/he was rarely invited to activities and activities rarely occurred as scheduled. Review of the 2/2025 Activity Calendar revealed the following activities were scheduled on 2/24/25: - Games and Music at 11:00 AM - Bingo at 1:00 PM Random observations on 2/24/25 from 8:00 AM through 4:00 PM revealed no scheduled games, music or bingo occurred. On 2/25/25 at 8:24 AM Staff 9 (CNA) stated the only activity he ever observed occurring was bingo which only happened once a month. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/25/25 at 10:17 AM Staff 11 (Activity Director/Social Services Director) stated Resident 5's activity participation was documented in the activity logs, but he had not completed any documentation specifically regarding Resident 5's participation. Staff 11 acknowledged activities did not occur as scheduled due to the challenges of fulfilling responsibilities as both the Activity Director and the Social Service Director.

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F 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the activities program is directed by a qualified professional. 43691 Based on interview and record review it was determined the facility failed to provide a qualified professional to direct the activities program for 1 of 1 facility reviewed for activities. This placed residents at risk for unmet physical, mental and psychosocial needs. Findings include: On 2/25/25 at 10:17 AM Staff 11 (Activity Director/Social Services Director) stated one of his roles at the facility was to organize and lead activities. Staff 11 stated he was told a certification was not necessary to performed the duties of an Activity Director and confirmed he had not started or completed the necessary training required. On 2/26/25 at 1:11 PM Staff 1 (Administrator) confirmed Staff 11 did not have the necessary Activity Director certification.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 43691 Based on observation, interview and records review it was determined the facility failed to assess safety with smoking for 1 of 1 resident (#19) reviewed for smoking. This placed residents at risk for unsafe smoking. Findings include: The facilities 8/2022 Smoking Policy for Residents states resident smoking status is evaluated upon admission. If a smoker, the evaluation includes: - current level of tobacco consumption; - method of tobacco consumption; - desire to quit smoking; and - ability to smoke safely with or without supervision (per a completed Safe Smoking Evaluation). Resident 19 was admitted to the facility in 1/2025 which diagnoses including congestive heart failure. A review of Resident 19's clinical record revealed no indication a smoking assessment was completed or if the resident was an independent smoker. On 2/23/25 at 10:07 AM a list of residents who smoke was received from Staff 1 (Administrator) and Resident 19 was not included on the list. On 2/25/25 at 12:15 PM Resident 19 was observed independently entering the smoking area with smoking supplies. On 2/25/25 at 12:20 PM Staff 1 was observed entering the smoking area. At 12:25 PM Staff 1 reentered the facility holding Resident 19's cigarettes and lighter. Staff 1 stated I'm going to be back to do a smoking assessment on [her/him]. On 2/25/25 at 12:42 PM Staff 9 (CNA) stated Resident 19 kept her/his own smoking supplies and went out on her/his own to smoke since the resident was admitted to the facility. On 2/25/25 at 1:29 PM Staff 3 (DNS/RNCM) acknowledged Resident 19 was not assessed for smoking safety and should have been prior to being allowed to smoke independently for Resident 19's safety.

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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. 41458 Based on observation, interview and record review it was determined the facility failed to ensure dialysis services were in place including monitoring and communication with the dialysis provider for 1 of 1 sampled resident (# 20) reviewed for dialysis. This placed residents at risk for dialysis complications and delayed treatment. Findings include: Resident 20 was admitted to the facility in 8/2024 with diagnoses including diabetes, end-stage renal disease and dependence on dialysis (a medical treatment that removes waste products from the blood when the kidneys are not working properly). Resident 20's 8/18/24 Admission MDS indicated the resident had no cognitive impairments and received dialysis. Resident 20's 1/26/25 Dialysis Care Plan indicated the resident received dialysis on Tuesday, Thursday and Saturday. From 2/1/25 through 2/25/25, Resident 20 had 10 dialysis treatments. A review of Resident 20's Dialysis Communication Forms from 2/1/25 through 2/25/25 revealed the following days when the facility did not have pre-dialysis and post-dialysis information: -2/4/25, 2/6/25 and 2/15/25. A review of Resident 20's health record revealed no evidence nursing staff contacted the dialysis center to obtain a verbal or electronic report on 2/4/25, 2/6/25 or 2/15/25. On 2/25/25 at 1:36 PM, Resident 20 was out of the facility for dialysis and at 2:01 PM, she/he was observed returning to the facility from her/his scheduled dialysis appointment. On 2/23/25 at 10:01 AM, Resident 20 stated she/he went to dialysis three times a week; on Tuesday, Thursday and Saturday. Resident 20 stated the facility did not consistently complete the Dialysis Communication Form and nursing did not always assess her/him upon returning back to the facility from the dialysis center for several hours after she/he returned. On 2/26/25 at 8:09 AM and 12:16 PM Staff 3 (DNS/RNCM) stated the top portion of the Dialysis Communication Form was to be completed by the nurse and sent with the resident to dialysis. She stated upon the resident's return, the dialysis center should have completed the mid-portion of the Dialysis Communication Form, the nurse assessed the resident and then completed the last section of the report. Staff 3 confirmed the facility did not have pre-dialysis and post-dialysis information for Resident 20 on 2/4/25, 2/6/25 and 2/15/25 and there was no evidence nursing staff contacted the dialysis center to obtain a verbal or electronic report. Staff 3 stated she expected communication between the facility and dialysis center via the Dialysis Communication Form for each dialysis visit and, if information was missing, she expected staff to contact the dialysis center to obtain the information.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 41458 Based on interview and record review it was determined the facility failed to ensure an RN was available for at least eight consecutive hours per day, seven days per week for 33 of 61 days reviewed for staffing. This placed residents at risk for lack of timely RN assessments and care. Findings include: The facility's Staffing, Sufficient and Competent Nursing Policy, last revised 8/2022, indicated the following: -A registered nurse provided services at least eight consecutive hours every 24 hours, seven days a week. A review of the facility's DCSDRs (Direct Care Staff Daily Reports) revealed the following: In 7/2024, nine days were reviewed and revealed four days without appropriate RN coverage on 7/16/24, 7/20/24, 7/22/24 and 7/23/24. In 8/2024, 22 days were reviewed and revealed 12 days without appropriate RN coverage on 8/4/24, 8/5/24, 8/6/24, 8/10/24, 8/11/24, 8/12/24, 8/13/24, 8/17/24, 8/18/24, 8/19/24, 8/20/24 and 8/24/24. In 9/2024, 30 days were reviewed and revealed 17 days without appropriate RN coverage on 9/1/24, 9/3/24, 9/8/24, 9/9/24, 9/10/24, 9/11/24, 9/14/24, 9/15/24, 9/16/24, 9/17/24, 9/21/24, 9/23/24, 9/24/24, 9/26/24, 9/28/24, 9/29/24 and 9/30/24. On 2/25/25 at 4:01 PM and 2/26/25 at 12:04 PM, Staff 1 (Administrator) and Staff 2 (Administrator-In-Training) reported RN coverage for the facility had been challenging for several months. Staff 1 and Staff 2 reviewed the DCSDRs for 7/2024, 8/2024 and 9/2024 and staff payroll records, and acknowledged the lack of RN coverage on the days identified.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. 41458 Based on observation, interview and record review it was determined the facility failed to post accurate and complete staffing information for 1 of 1 facility reviewed for staffing. This placed residents and the public at risk for incomplete and inaccurate staffing information. Findings include: The facility's Staffing, Sufficient and Competent Nursing Policy, last revised 8/2022, indicated the following: -Direct care daily staffing numbers (the number of nursing personnel responsible for providing direct care to residents) were posted in the facility for every shift. A review of the facility's DCSDRs (Direct Care Staff Daily Reports) revealed the following: From 1/21/25 through 2/22/25, 32 days were reviewed and revealed 11 days when portions of the DCSDRs were incomplete or inaccurate on 1/23/25, 1/24/25, 1/29/25, 1/30/25, 1/31/25, 2/12/25, 2/13/25, 2/14/25, 2/20/25, 2/21/25 and 2/20/25. On 2/25/25 at 4:01 PM, Staff 1 (Administrator) and Staff 2 (Administrator-In-Training) reviewed the 1/21/25 through 2/22/25 DCSDRs and verified the reports were incomplete or inaccurate on the days identified. Staff 1 and Staff 2 stated they expected the DCSDRs to be completed accurately and with all information included.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50930 Based on observation, interview and record review it was determined the facility failed to properly dispose of expired medications for 1 of 1 resident medication storage refrigerators and 1 of 1 medical storage rooms reviewed for medication storage. This placed residents at risk for lack of medication efficacy and adverse reactions from expired medications. Findings include: The facility's Storage of Medications policy with revision date 11/2020 did not address vials of medications but indicated outdated medications were to be destroyed by the facility. The manufacturer insert indicated an open and in use multi-dose vial of Tuberculin should be thrown away after 30 days to avoid oxidation and degradation. During a review of the resident medication storage refrigerator on 2/24/25 at 11:33 AM Staff 12 (LPN) verified the following expired medication was found: - one open and used multi-dose vial of Tuberculin (solution used in testing for Tuberculosis) with an open date of 1/22/25. On 2/24/25 at 11:36 AM Staff 12 stated the facility policy was to throw away open vials after 30 days. During a review of the medication storage room on 2/24/25 at 1:22 PM Staff 2 (Administrator-In-Training) verified the following expired medications were found: - two bottles of [NAME] lotion (lotion for relief of itching) with 9/2022 expiration dates. - three bottles of [NAME] lotion with 3/2023 expiration dates. On 2/24/25 at 1:25 PM Staff 2 stated the facility policy for expired medications was to throw away the expired medications and order replacements if needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38E157	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Portland Care Center	34 NE 20th Avenue Portland, OR 97232

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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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41458 Based on observation, interview and record review it was determined the facility failed to ensure food and beverages were labeled and stored in a manner to minimize spoilage and cross contamination for 4 of 4 kitchen refrigerators and 1 of 1 unit refrigerator reviewed for sanitary conditions. This placed residents at risk for foodborne illness. Findings include: Review of the US FDA 2022 Food Code indicated the following: -Food prepared and held cold must be clearly marked with date prepared or by day which the food shall be consumed or discarded. -Food must be labeled with a use-by-date if stored for at least 24 hours. -Food could be stored up to seven days. The facility's Food Receiving and Storage Policy, last revised 10/2017, revealed the following: -Foods shall be received and stored in a manner that complies with safe food handling practices. -All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date). -All food belonging to residents must be labeled with the resident's name, the item and the use by date. -Beverages must be dated when opened and discarded after 24 hours. 1. On 2/23/25 at 9:02 AM, a brief kitchen tour was completed and revealed the following: -In refrigerator number one, a block of cheese slices was unlabeled and undated and a plastic to-go container with a white grated substance was unlabeled and undated. -In refrigerator number two, two pitchers of red liquid were unlabeled and undated. -In refrigerator number four, 24 one pound cubes of butter were undated and three five pound blocks of cheese were unlabeled and undated. On 2/23/25 at 9:02 AM, Staff 5 (Cook) confirmed the items identified in refrigerator one, refrigerator two and refrigerator four were not properly labeled or dated. On 2/26/25 at 9:45 AM, Staff 4 (Dietary Manager) stated she expected all food and beverage items to be labeled and dated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38E157	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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	2. On 2/25/25 at 10:00 AM and 10:09 AM, Staff 6 (Cook) and Staff 13 (CNA) reviewed the residents' refrigerator which contained numerous food and beverage items. The following food and beverages were observed to be stored as follows: -a previously opened, one liter bottle of soda pop was unlabeled and undated. -a previously opened 12 ounce bottle of cola was unlabeled and undated. -a previously opened 12 ounce bottle of tea was unlabeled and undated. -a dirty and stained cloth bag containing a bottle of liquid and various food items was unlabeled and undated. On 2/25/25 at 10:09 AM, Staff 6 and Staff 13 confirmed the above mentioned food and beverage items located in the residents' refrigerator were not properly labeled or dated and a dirty cloth bag of beverages and food should not be stored in the refrigerator due to concerns with cross contamination. On 2/26/25 at 9:45 AM, Staff 4 (Dietary Manager) stated she expected all food and beverage items in the residents' refrigerator should be labeled and dated. 3. On 2/26/25 at 9:45 AM, a follow-up kitchen visit was completed with Staff 4 (Dietary Manager) which revealed the following: -In refrigerator number one, seven individual servings of brown sauce in plastic to-go cups were unlabeled and undated and four, one pound cubes of butter were undated. -In refrigerator number three, a plastic to-go container of pasta was unlabeled and undated. -In refrigerator number four, 22 one pound cubes of butter were undated and three five pound blocks of cheese were unlabeled and undated. On 2/26/25 at 9:45 AM, Staff 4 (Dietary Manager) stated she expected all food and beverage items to be labeled and dated.