STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425081	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saluda Nursing Center	3131 Newberry Highway Saluda, SC 29138

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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility guideline review, the facility failed to date, label, and/or cover food products stored in 1 of 1 kitchen. This failure had the potential to create an environment for food-borne illnesses which could affect 142 of 144 residents who consumed food prepared from the facility's kitchen.Findings include: Review of the facility's undated and untitled guidelines that the facility followed for food storage and provided by the Dietary Manager (DM), revealed a content list for storing staples, refrigerator, freezer items, mixes, and packaged foods. The document addressed storage and handling by food category. During an observation and tour on 06/16/26 from 9:25 AM to 10:15 AM, with the Dietary Coordinator (DC), revealed the following: The main walk-in refrigerator contained an open cardboard box with no date; inside were open plastic bags with 12 dozen peeled hard boiled eggs in a total of seven bags with no dates. There were three plastic bags containing 24 apples in each plastic bag with no dates. There were three plastic bags of oranges with 15 oranges in each bag and one plastic bag of lemons with 15 lemons: all with no dates. The main walk-in freezer contained two loaves of frozen bread in plastic bags with no dates. There was an open cardboard box with no date and inside was an open plastic bag with frozen cookie dough (35 pieces) with no dates. There was another open cardboard box with an open plastic bag containing a frozen mixture of broccoli and cauliflower with no dates. There was another open cardboard box with an open plastic bag containing 50 cooked fried eggs with no dates. There was a plastic bag of frozen shrimp with 71/90 pieces with no date. There was an open plastic bag containing four plastic bags of beef/pork ragu sauce with no dates. There was another open cardboard box containing two plastic bags of hot dog rolls with no dates and with ice accumulating on top of the hot dog rolls. There was another open cardboard box with an open plastic bag with five plastic bags (32oz each) of whipped topping with no dates. During an interview on 06/16/26 at 10:20 AM, the DC confirmed the above observations and stated that staff should date all refrigerated products once the food items were opened. The DC also stated that there was no schedule for checking all food for date labels or expired food. During an interview on 06/17/26 at 10:30 AM, the DM stated that the guidelines were what the kitchen followed when it came to food handling and storage. The DM stated there was no section regarding dating items when they were received or dating items once they were opened.

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