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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>425106 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                          | (X3) DATE SURVEY COMPLETED<br><br>04/11/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Heartland Health Care Center - Greenville East |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>601 Sulphur Springs Road<br>Greenville, SC 29617 |                                              |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG                                                                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(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>46211</p> <p>Based on review of the facility policy, observation, and interview, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety for 124 out of 124 residents.</p> <p>Findings include:</p> <p>Review of the facility's Food Storage: Dry Goods policy and procedure revised in 02/2023, revealed, 1. All items will be stored on shelves at least 6 inches above the floor.</p> <p>Review of the facility's Food Storage: Cold Foods policy and procedure revised in 02/2023 revealed, 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>During a tour of the kitchen on 04/08/25 at approximately 7:45 AM, a box of cereal and a box of thickened sweet tea were stored on the floor. Dented cans of black-eyed peas and chili were found in the storeroom stored with ready to use cans of food. A plastic container with what appeared to be egg salad was not labeled or dated. In a reach-in refrigerator, a container of pureed fruit was not labeled and had no date. A plastic zip lock bag with a date of 04/02/25, was not labeled. In the walk-in refrigerator, two (2) cases of chocolate milk were observed with expiration dates of 04/02/25. In the same walk-in refrigerator, four (4) plastic containers of various unidentifiable food were observed with no label and no date. Pepperoni was observed partially wrapped in plastic wrap with no date or label and was stored on top of raw beef which also had no date or label and was not in a pan or container. The beef was thawed and in cryovac. The shelving, vent hoods, ceiling vents, and floor throughout the entire kitchen appeared to be dirty.</p> <p>During an interview on 04/08/25 at approximately 8:30 AM, the Account Manager (AM) stated they agreed with observations made and that they were going to throw away every container that was not labeled and dated because they did not know how old the food in the containers was were.</p> <p>During an interview on 04/08/25 at approximately 1:00 PM, the Dietary Manager (DM)1 stated that they just started working at the facility the week before the survey. DM1 stated that they walked into a mess and they were making changes in the kitchen to address the issues.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>425106                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                          | (X3) DATE SURVEY COMPLETED<br><br>04/11/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Heartland Health Care Center - Greenville East                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>601 Sulphur Springs Road<br>Greenville, SC 29617 |                                              |
| 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<br>(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>During an interview on 04/11/25 at approximately 10:00 AM, the Administrator stated that they started in December and was told that the person running the kitchen was a Certified Dietary Manager (CDM), but was not a CDM. The Administrator stated that they identified the kitchen as a problem a month into working at the facility. The Administrator stated that it took time replace the company that was running the kitchen and to find a different company.</p> |                                                                                               |                                              |