

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Lake Emory Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 59 Blackstock Road Inman, SC 29349	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46934</p> <p>Based on observations, interviews, and a review of facility policy, the facility failed to ensure foods stored in the refrigerator, and nourishment kitchen were free from expiration. This failure had the potential to affect residents in the facility who consumed food from the kitchen and received food from the nourishment kitchen.</p> <p>Findings include:</p> <p>A review of the facility's policy titled, Nutrition policy and procedures on cleaning walk-in refrigerator with a complete revision date of [DATE] states 2. Verify that all products are properly labeled and dated.</p> <p>On [DATE] at 10:35 AM and [DATE] at 04:45 PM, the following observations in the kitchen and nourishment kitchen were made with and verified by the Dietary Manager (DM):</p> <p>Main refrigerator/Cooler-Two clear bags, both with 6 heads of lettuce each with no open date and a use-by date of [DATE] listed on the bag. All 12 heads of lettuce in the bags were brown with pink build-up surrounding the entire head of lettuce.</p> <p>An observation of the nourishment kitchen, located in B Hall on [DATE] at 4:34 PM revealed the refrigerator has three (3) cartons of Dairy Pure 1% low-fat milk, with an expiration date of [DATE]th, 2024.</p> <p>An interview with the DM on [DATE] at 10:36 AM revealed that staff is expected to check the coolers, freezers, and all other food storage areas for expired foods. DM stated that it's everyone's responsibility. The DM stated, The heads of lettuce were at the very bottom, and it was overlooked.</p> <p>During a follow up interview on [DATE] at 04:45 PM, the DM stated, Typically every day, her staff delivers sandwiches and snacks to the nourishment kitchen and removes expired items. DM confirmed the milk was past its expiration date and didn't belong in the refrigerator.</p> <p>On [DATE] at approximately 12:06 PM, an interview with the Facility Administrator stated her expectation of the kitchen is for all items to be discarded by use-by dates. She said, Staff should be discarding items that have expired to not compromise other foods.</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
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