STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525647	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Health Center	1130 N Westfield St Oshkosh, WI 54902

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794 Based on staff interview and record review, the facility did not ensure the appropriate care and treatment was provided for 3 residents (R) (R36, R41, and R254) of 4 residents reviewed for weight monitoring. The facility did not consistently monitor R36's weight per the physician's order. In addition, the facility did not ensure the physician was notified when R36 had a significant weight loss. The facility did not ensure the physician was notified when R41 had a significant weight loss. The facility did not follow-up on a supplement order for R254 in a timely manner. In addition, the facility did not ensure physician notification was documented when R254 had significant weight loss or gain. Findings include: The facility's Resident Weight policy, dated 5/2/20, indicates: Resident weights will be monitored to determine any unplanned weight loss or gain. If need is evident, appropriate follow-up will be initiated by the dietary and/or nursing departments .Performed by Registered Nurses (RNs), Licensed Practical Nurse (LPNs), and Certified Nursing Assistants (CNAs): .1. All residents will be weighed at time of admission .4. All residents on Health Center units will be weighed monthly unless ordered otherwise, or their condition warrants more frequent weights. 5. Residents will be weighed on the same scale every time. 6. Weights will be entered in the electronic medical record. 7. When a weight is obtained, compare the weight to the previous weight. If a five pound loss or gain is noted, the following should occur: a) Reweigh the resident; b) Report the difference to the unit nurse; c) Nurse to send a diet memo to the diet office for follow-up and documentation; d) Any weight loss or gain must be reported to the physician or Nurse Practitioner; 8) Weight scales will be checked monthly by the building services department for accuracy. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Nutrition policy, dated 5/2/20, indicates: The food and nutritional needs of the residents shall be met in accordance with physician orders .Nutritional Assessments: .A nutritional interview and assessment is done by the Diet/Nutrition Coordinator (DNC) or dietitian upon admission and annually thereafter. In addition, a nutritional assessment will be completed any time a significant change in condition occurs. Documentation is done in the progress notes, quarterly or nutritional assessment (annually or change in condition) .Quarterly reviews are done by the DNC or diet clerk using clinical notes in the electronic medical record .The DNC and the dietitian document additional resident concerns as they arise all in the process notes. (Ex: weight changes, abnormal labs, poor food/fluid intake, altered skin integrity, chewing/swallowing concerns, etc.) 1. From 3/10/25 to 3/12/25, Surveyor reviewed R36's medical record. R36 was admitted to the facility on [DATE] and had diagnoses including neurocognitive disorder with Lewy bodies, dementia, frostbite with tissue necrosis of the left toe(s), left knee and lower leg, right finger(s), right hand, left finger(s), and left hand, urinary tract infection (UTI), chronic kidney disease stage 3, moderate protein-calorie malnutrition, and anemia. R36's Minimum Data Set (MDS) assessment, dated 2/24/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R36 was not cognitively impaired. R36 had an activated Power of Attorney for Healthcare (POAHC). Surveyor reviewed R36's weights and noted the following: ~ On 2/18/25, R36 weighed 138 pounds (lbs). ~ On 3/3/25, R36 weighed 124 lbs (which was a 10.14% weight loss). There were no other weights noted in R36's medical record. R36's nutritional care plan, as noted on a Nutritional assessment dated [DATE], indicated R36 had protein calorie malnutrition, increased nutritional needs for wound healing, and needed assistance with meals. The care plan also indicated R36 had frostbite on both hands which may affect R36's meal intake and weight status. R36 had a physician order, dated 2/18/25, to weigh R36 one time a week prior to eating or drinking. A Nutritional Assessment completed by Dietary and Nutritional Coordinator (DNC)-D and reviewed by Registered Dietitian (RD)-E, dated 2/27/25, indicated R36's usual body weight (UBW) prior to admission was between 145 and 150 lbs. RD-E noted R36 had an 8% weight loss from R36's UBW. RD-E started R36 on ProSource and a sugar-free shake once daily. RD-E indicated there was a plan to monitor R36's daily meal intake and weights per the physician's order. R36's meal intakes indicated R36 had an 89% intake per meal from 2/25/25 through 3/3/25. Surveyor noted from 3/4/25 through 3/10/25, R36's average intake decreased to 63.3%. A weekly nursing assessment, dated 3/11/25, indicated R36 had a weight loss of 14 lbs in 2 weeks. The assessment indicated to notify the Dietary Manager and physician of a weight loss or gain of 5 lbs in one week which the assessment indicated was not applicable. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/11/25 at 3:39 PM, Surveyor interviewed Unit Manager (UM)-C who stated the facility's policy is for all residents to be weighed for 3 days after admission. UM-C acknowledged R36 was not weighed for 3 days after admission and weekly weights were not completed per the physician's order. UM-C stated the physician was not updated regarding R36's significant weight loss and education was provided to the nurse who completed R36's weekly nursing assessment. UM-C stated if nursing staff notice a significant weight variance, they should notify DNC-D who will update the physician and RD-E. 2. From 3/10/25 through 3/12/25, Surveyor reviewed R41's medical record. R41 was admitted to the facility on [DATE] and had diagnoses including aphasia and dysphasia following cerebral infarction. R41's MDS assessment, dated 12/27/24, had a BIMS score of 3 out of 15 which indicated R41 had severely impaired cognition. R41 had an activated POAHC. Surveyor reviewed R41's weights and noted the following: ~ On 12/27/24, R41 weighed 170.4 lbs. ~ On 3/5/25, R41 weighed 155.2 lbs (which was an 8.92% weight loss) R41's medical record did not include an order for weight monitoring. A Nutritional Assessment, completed by DNC-D and RD-E and dated 1/9/25, indicated R41 had a poor appetite. RD-E recommended a diet change to No Added Salt (NAS) and Dysphagia Level 3 (for individuals with mild dysphagia who can chew and swallow most foods but should avoid hard, sticky, or crunchy foods) and for R41 to have Ensure three times daily. A weekly nursing assessment, dated 2/27/25, indicated R41 had a weight loss. The assessment indicated to notify the Dietary Manager and physician of a weight loss or gain of 5 lbs. in one week which the assessment indicated was not applicable. On 3/12/25 at 10:27 AM, Surveyor interviewed UM-C who stated the facility does not have documentation that the physician was notified of R41's weight loss. On 3/12/25 at 10:40 AM, Surveyor interviewed Direction of Nursing (DON)-B who stated nursing staff should complete a weekly nursing assessment which includes a review of nutrition and weights. DON-B stated if nursing staff notice a significant weight variance, they should ask for a re-weight notify the physician if the weight is still a concern. On 3/12/25 at 11:51 AM and 1:31 PM, Surveyor interviewed DNC-D who stated DNC-D reviews a weight tracker at the end of each month and notifies RD-E of any weight variances. DNC-D stated occasionally nursing staff notify DNC-D of weight changes and DNC-D notifies RD-E. DNC-D indicated RD-E responds with recommendations and DNC-D notifies the physician. DNC-D stated nursing staff update the physician if there are no recommendations from RD-E. DNC-D stated DNC-D does not follow-up with the physician after the initial notification to ensure acknowledgement and does not document RD-E or physician notification. DNC-D could not confirm if DNC-D notified the physician of R36 or R41's weight loss. 51044 (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. From 3/10/25 to 3/12/25, Surveyor reviewed R254's medical record. R254 was admitted to the facility on [DATE] and had diagnoses including malignant neoplasm of the left kidney, vitamin D deficiency, type 2 diabetes mellitus with hyperglycemia, and chronic systolic heart failure. R254's MDS assessment, dated 2/24/25, had a BIMS score of 13 out of 15 which indicated R254 was not cognitively impaired. R254 had an activated POAHC. On 3/10/25, Surveyor reviewed the facility's matrix and noted R254 was listed as having excessive weight loss without a prescribed weight loss program. On 3/10/25, Surveyor reviewed R254's weights and noted the following: ~ On 2/24/25, R254 weighed 191.8 lbs (on admission). ~ On 2/26/25, R254 weighed 177.2 lbs (down 14.6 lbs). ~ On 2/27/25, R254 weighed 170.0 lbs (down 7.2 lbs). ~ On 2/28/25 at 8:20 AM, R254 weighed 173.60 lbs. ~ On 2/28/25 at 9:54 AM, R254 weighed 173.60 lbs. ~ On 3/1/25 at 9:59 AM, R254 weighed 173.60 lbs. ~ On 3/1/25 at 10:37 AM, R254 weighed 173.60 lbs. ~ On 3/2/25 at 9:03 AM, R254 weighed 172.80 lbs. ~ On 3/2/25 at 10:46 AM, R254 weighed 178.20 lbs (up 5.40 lbs). ~ On 3/3/25 at 8:57 AM, R254 weighed 193.80 lbs (up 15.60 lbs). ~ On 3/3/25 at 9:21 AM, R254 weighed 193.80 lbs. ~ On 3/3/25 at 9:45 AM, R254 weighed 173.00 lbs (down 20.8 lbs). ~ On 3/4/25 at 8:57 AM, R254 weighed 193 lbs (up 20 lbs). ~ On 3/4/25 at 11:28 AM, R254 weighed 193 lbs. R254's medical record did not indicate the physician was notified of R254's 5 lb weight losses and gains from admission to 3/4/25. A nutritional care plan, dated 2/28/25, indicated R254 had altered nutritional needs related to diabetes mellitus as evidenced by the need for a therapeutic diet. The care plan indicated R254 had unplanned significant weight loss in the setting of chronic illness. The care plan contained a goal that indicated R254's nutrition status will be maintained over the next 90 days and R254's weight will remain stable. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Nutritional Assessment, completed by RD-E and dated 2/28/25, indicated R254 was prescribed a therapeutic diet and had unplanned significant weight loss in the setting of chronic illness. R254 was prescribed a No Concentrated Sweets (NCS) diet and ate independently with an intake of 100% and 1294 milliliters (ml) of fluids. The assessment indicated R254 had no chewing or swallowing issues and R254's hospital weight prior to admission was 206-209 lbs. RD-E recommended a sugar-free house supplements twice daily for nutritional support due to significant weight loss. A dietary note from DNC-D, dated 3/3/25, indicated a fax was sent to the physician requesting an order for a ProSource supplement. An order was received on 3/8/25 to start ProSource once daily. On 3/12/25 at 11:29 AM, Surveyor interviewed DON-B who indicated staff are responsible for notifying the physician of a 5 lb weight increase or decrease and should document the notification in a progress note. DON-B verified R254's weight documentation and stated staff should have questioned the large increases and decreases. DON-B contacted Registered Nurse (RN)-F to discuss R254's weight variation. RN-F verified RN-F noticed the weight difference and contacted the physician. RN-F stated the physician questioned the accuracy of the weights because R254 did not show signs or symptoms of significant weight loss or gain. RN-F verified RN-F did not document the physician notification. DON-B indicated DON-B was aware of RD-E's recommendations on 2/28/25, DNC-D's fax to the physician on 3/3/25, and the physician's order order on 3/8/25. DON-B indicated RD-E provides recommendations and DNC-D gets the order. DON-B indicated notifying a physician, obtaining an order, and initiating the order should be done within 24 hours. DON-B indicated RD-E should have questioned R254's significant weight loss and gain. On 3/12/25 at 1:31 PM, Surveyor interviewed DNC-D who stated DNC-D reviews a weight tracker at the end of each month. DNC-D indicated DNC-D notifies RD-E of any weight variances. DNC-D stated occasionally nursing staff notify DNC-D of weight changes and DNC-D notifies RD-E. DNC-D indicated RD-E responds with recommendations and DNC-D notifies the physician. DNC-D stated nursing staff update the physician if there are no recommendations from RD-E. DNC-D stated DNC-D does not follow-up with the physician after the initial notification to ensure acknowledgement and does not document RD-E or physician notification.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794 Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect all 57 residents residing in the facility. Staff did not document food cooling temperatures. Staff did not follow safe reheating protocols for food meant for resident consumption. Food in freezers, coolers, and the dry storage area was not appropriately labeled and/or dated. Staff did not follow safe holding temperatures protocols for food meant for resident consumption. Staff did not consistently monitor and document dishwasher surface temperatures. Findings include: On [DATE] at 7:33 PM, Surveyor received a follow-up email from Culinary Services Manager (CSM)-J who confirmed the facility follows the Food and Drug Administration (FDA) Food Code. The 2022 FDA Food Code documents at ,d+[DATE].12 Records, Creation and Retention: Records must be maintained to verify that the critical limits required for food safety are being met. Records provide a check for both the operator and the regulator in determining that monitoring and corrective actions have taken place. Cooling Temperatures: The 2022 FDA Food Code documents at ,d+[DATE].14 Cooling: (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 135 Fahrenheit (F) to 70 F; and (2) Within a total of 6 hours from 135 F to 41 F or less. (B) Time/temperature control for safety food shall be cooled within 4 hours to 41 degrees F or less if prepared from ingredients at ambient temperatures, such as reconstituted foods and canned tuna. The 2022 FDA Food Code documents at ,d+[DATE].15 Cooling Methods: (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S ,d+[DATE].14 by using one or more of the following methods based on the type of food being cooled: (1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3) Using rapid cooling equipment; (4) Stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods. From [DATE] to [DATE], Surveyor requested the facility's policy on food cooling practices. The facility did not provide a policy. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 9:10 AM, Surveyor completed an initial tour of the kitchen with Dietary and Nutritional Coordinator (DNC)-D. During an observation of the coolers and freezers, Surveyor observed several pre-cooked foods meant for resident consumption. DNC-D confirmed staff regularly pre-cook and cool food for future meals. DNC-D stated DNC-D thought staff completed a cooling log. On [DATE] at 9:10 AM, Surveyor interviewed Lead [NAME] (LC)-G who confirmed staff often pre-cook and cool food for future consumption. LC-G was uncertain where food cooling logs were kept. On [DATE] at 1:37 PM and [DATE] at 10:01 AM, Surveyor interviewed DNC-D who was unable to locate the cooling logs. Microwave Reheating Food Safety Temperatures: The 2022 FDA Food Code documents at ,d+[DATE].11 Reheating for Hot Holding: (A) Except as specified under (B) and (C) and (E) of this section, time/temperature control for safety food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least 74 degrees Celsius (C) (165 degrees Fahrenheit (F)) for 15 seconds. (B) Except as specified under (C) of this section, time/temperature control for safety food reheated in a microwave oven for hot holding shall be reheated so that all parts of the food reach a temperature of at least 74 degrees C (165 degrees F) and the food is rotated or stirred, covered, and allowed to stand covered for 2 minutes after reheating. The facility's Food Temperatures policy, dated [DATE], states all food must be served at optimum serving temperatures .4. If the food is not high enough, heat it to the proper temperature (165 degrees F), and record the measurement. On the units, put food in the microwave and heat it to the proper temperature (165 degrees F). The facility's Daily Temperature Log-Health Center form states if the food temperature is below 140 degrees F, reheat the item to 165 degrees F. On [DATE] at 12:05 PM, Surveyor observed tray line service in Household 1. Plating was completed by Certified Nursing Assistant (CNA)-I who temperature checked the ground BBQ rib patty at 104 degrees F, mashed potatoes at 118 degrees F, and beef gravy at 134 degrees F. CNA-I stated hot holding temperatures should be at 140 degrees F. Surveyor also observed CNA-I heat the food on a resident's uncovered plate in the microwave for one minute. CNA-I then removed the plate and immediately served the resident. CNA-I stated reheated food should be between 140 and 160 degrees F. CNA-I did not temp the reheated food to ensure it reached 165 degrees F. On [DATE] at 1:37 PM, Surveyor interviewed DNC-D who stated hot foods should be held at 140 degrees F or above and reheated to 165 degrees F. DNC-D confirmed the temperature of a reheated food should be checked to ensure the safety temperature is met. Open and Undated/Expired Food Items: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The 2022 FDA Food Code documents at ,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking: .(B) Except as specified in (E)-(G) of this section, refrigerated, ready-to-eat time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety. On [DATE] at 8:37 AM, Surveyor interviewed DNC-D who stated the facility does not have a specific policy for labeling and dating food. DNC-D provided Surveyor with an FDA Refrigerator and Freezer Storage Chart, a New Horizon Foods Food Storage chart, and a Product Dating chart and indicated the facility uses those items for labeling and dating. The FDA Refrigerator and Freezer Storage Chart, dated [DATE], lists the following recommended storage dates: ~ Steaks: ,d+[DATE] months (freezer); ,d+[DATE] days (refrigerator) ~ Chicken: 9 months (freezer) ~ Pork Chops: ,d+[DATE] days (refrigerator) The New Horizon Food Storage chart states to cover, date, and label food removed from its original container. The facility's Product Dating chart states all products listed must be labeled with an open and use-by date. The chart lists the following recommended use-by dates: ~ Dairy (whipped topping): 7 days ~ Opened dry goods: 7 days On [DATE] at 7:33 PM, Surveyor received a follow up email from Culinary Services Manager (CSM)-J who stated all food should be labeled with the date it was opened/prepared and should be discarded after 7 days (including the day it was prepped). On [DATE] at 9:10 AM, Surveyor completed an initial tour of the kitchen with DNC-D who confirmed the following unlabeled and/or undated items: Dry Storage: ~ An open bag of multi-colored tortilla chips with no open or use-by date Cooler: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	~ An unlabeled powdered food substance in a plastic bag open to air (dated [DATE]) with no use-by date ~ A container of Cool Whip with no open date ~ Bone-in pork chops (dated [DATE]) with no use-by date ~ An unlabeled and undated plastic bag of steaks Freezer: ~ Porterhouse steaks (dated ,d+[DATE]) with no year or use-by date ~ Chicken wings (dated ,d+[DATE]) with no year or use-by date Holding Temperatures: The 2022 FDA Food Code documents at ,d+[DATE].16 Time/Temperature Control for Safety Food, for Hot and Cold Holding: Bacterial growth and/or toxin production can occur if time/temperature control for safety food remains in the temperature danger zone of 41 degrees Fahrenheit (F) to 135 degrees F too long. Up to a point, the rate of growth increases with an increase in temperature within this zone. Beyond the upper limit of the optimal temperature range for a particular organism, the rate of growth decreases. Operations requiring heating or cooling of food should be performed as rapidly as possible to avoid the possibility of bacterial growth: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control .(1) At 135 degrees F or above or (2) At 41 degrees F or less. The facility's Kitchen Sanitization and Cleaning policy, dated [DATE], states the facility will maintain clean, sanitary, and safe food preparation, serving, and storage areas .Perishable foods are maintained at 41 degrees F or below, or 135 degrees F or above, except when being prepared. On [DATE] at 12:01 PM, Surveyor observed the lunch meal on Household 2. Plating was completed by Hospitality Aide (HA)-H. Prior to plating food, HA-H completed holding temperatures including roast turkey at 135 degrees F, buttered noodles at 124 degrees F, and cooked carrots at 128 degrees F. Surveyor reviewed the temperature log from breakfast on [DATE] (completed by HA-H) which included ground eggs at 129 degrees F, pureed eggs at 123 degrees F, and pureed sausage at 124 degrees F. Surveyor interviewed HA-H who stated HA-H worked at the facility for one month. HA-H was unsure what food temperatures should be or what should be done if food temperatures are too low. HA-H stated HA-H documents temperatures on the log. HA-H confirmed HA-H completed and documented breakfast temperatures on [DATE]. On [DATE] at 12:05 PM, Surveyor observed tray line service in Household 1. Plating was completed by CNA-I. CNA-I completed holding temperatures including sausage at 135 degrees F, beef gravy at 134 degrees F, mashed potatoes at 118 degrees F, and ground BBQ rib patty at 104 degrees F. CNA-I confirmed hot holding temperatures should be above 140 degrees F. Surveyor also observed CNA-I heat food on a resident's uncovered plate in the microwave for one minute. CNA-I then removed the plate and immediately served the resident. CNA-I stated the reheated food should be between 140 and 160 degrees F. (continued on next page)

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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	On [DATE] at 1:37 PM, Surveyor interviewed DNC-D who stated hot foods should be held at 140 degrees F or above and reheated to 165 degrees F. DNC-D confirmed reheated food should be temperature checked to ensure the safety temperature is met. Dishwasher Surface Temperatures: The 2022 FDA Food Code documents at ,d+[DATE].13 Temperature Measuring Devices, Manual Warewashing: Water temperature is critical to sanitization in warewashing operations. This is particularly true if the sanitizer being used is hot water. The effectiveness of cleaners and chemical sanitizers is also determined by the temperature of the water used. A temperature measuring device is essential to monitor manual warewashing and ensure sanitization. Effective mechanical hot water sanitization occurs when the surface temperatures of utensils passing through the warewashing machine meet or exceed the required 71 C (160 F). Parameters such as water temperature, rinse pressure, and time determine whether the appropriate surface temperature is achieved. Although the Food Code requires integral temperature measuring devices and a pressure gauge for hot water mechanical warewashers, the measurements displayed by these devices may not always be sufficient to determine the surface temperatures of utensils are reaching 71 C (160 F). The regular use of irreversible registering temperature indicators provides a simple method to verify the hot water mechanical sanitizing operation is effective in achieving a utensil surface temperature of 71 C (160 F). The facility's Kitchen Sanitization and Cleaning policy, dated [DATE], indicates the facility will maintain clean, sanitary, and safe food preparation, serving, and storage areas .Dishwashing: .Run thermometer through the dishwasher verifying the middle of the dishwasher is 160 degrees F or above. Place a temperature strip on a piece of silverware or rack and run it through ensuring the strip turns the appropriate color to verify a temperature of 180 degrees or above. On [DATE] at 9:10 AM, Surveyor observed the facility's dishwashing temperature logs. Surveyor noted internal temperatures were not documented from [DATE] to the present. Staff indicated surface temperatures are done daily. DNC-D indicated the facility ran out of surface temperature strips on [DATE] and stated strips should be ordered today. On [DATE] at 1:37 PM, Surveyor completed a follow-up interview with DNC-D who stated surface temperature strips are on the board to be ordered but were not yet ordered.