STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555362	A. Building B. Wing	06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Las Campanas	18655 W. Bernardo Drive San Diego, CA 92127

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45909 Based on observation, interview, and record review, the facility failed to ensure a comfortable environment to one of 13 residents (Resident 216) when Resident 216's room temperature was 88 F (degrees Fahrenheit - unit of temperature measurement). This failure had the potential to negatively impact the resident's comfort and well-being. Findings: Resident 216 was admitted to the facility on [DATE] with diagnoses which included right knee pain and history of fall per facility's Admission Record. A review of Resident 216's Minimum Data Set (MDS - assessment tool), Section C dated 6/1/24 indicated Resident 216 was cognitively intact. An observation and interview were conducted on 6/4/24 at 9:43 A.M. inside Resident 216's room. Resident 216 was observed fanning himself with a table napkin. Resident 216 stated It is hot in here. An observation and interview were conducted on 6/4/24 at 10:05 A.M. with the facility's maintenance technician (MT) inside Resident 216's room. The MT used the facility thermal gun (device to check room temperature) and registered a reading of 88 F. The MT further stated Resident 216's desired room temperature was 79 F. An interview was conducted on 6/6/24 at 11:00 A.M. with the Director of Plant Operations (DPO). The DPO stated Resident 216 and all residents' room temperature should have been kept between 71 F to 81 F. The DPO further stated it was important to maintain the temperature between 71 F to 81 F to keep the facility residents comfortable. A review of the facility's policy titled Homelike Environment revised 2/2021 indicated Policy: .2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include .h. comfortable and safe temperatures (71 F - 81 F) .

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45909 Based on observation, interview and record review, the facility failed to implement safe administration of medications for one of 13 residents (Resident 500) when Licensed Nurse (LN) 31 administered Resident 500's medications prepared by LN 2. This failure had the potential for unsafe medication administration and affect the resident's well-being. Findings: Resident 500 was admitted to the facility on [DATE] with diagnoses which included Parkinson's disease (disorder that affects movement), muscle weakness, and restless legs per facility's Admission Record. An observation was conducted on 6/6/24 at 9:30 A.M. with LN 31 inside Resident 500's room. Resident 500 was observed asking LN 31 what medications were in the medication cup. LN 31 responded she did not prepare the medications, and will ask LN 2 what medications were prepared to be administered. An interview was conducted on 6/6/24 at 9:33 A.M. with LN 31. LN 31 stated she should have not administered Resident 500's medications because she did not prepare the medications. LN 31 further stated LN 2 prepared the medications and should have administered Resident 500's medications to provide a safe medication administration. An interview was conducted on 6/6/24 at 10:34 A.M. with LN 2. LN 2 stated she prepared Resident 500's medications, and should have administered the medications to Resident 500. LN 2 further stated she should have not asked LN 31 to administer Resident 500's medications to prevent unsafe medication administration. An interview was conducted with the Director of Nursing (DON) on 6/7/24 at 11:04 A.M. The DON stated the licensed nurse who prepared the medications should administer the medications to the resident to prevent confusion and be able to provide a safe setting to the resident. A review of the facility's policy titled Administering Medications revised 4/2019 indicated Policy: .10. The individual administering the medication checks the label three times to verify the right resident, right medication, right dosage, right time and the right method (route) of administration before giving the medication.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43674 Based on observation, interview, and record review, the facility failed to ensure the physician's orders were implemented and the physician was notified for 3 of 13 residents (Resident 61, Resident 45 and Resident 55) when: 1. Resident 61's physician order for physical therapy (PT) was not done and was refused. 2. Resident 45's physician order for daily weights was not done and was refused. 3. Resident 55's physician order for wound treatment was not provided. These failures had the potential for further decline in the residents' health and well-being as physician's ordered treatment and services were not provided. Findings: 1. Resident 61 was admitted to the facility on [DATE] with diagnoses which included fracture (broken) of left femur (left hip) per facility's Admission Record. A review of physician order dated 5/8/24 indicated Physical Therapy to treat 5 times per week for 60 days for skilled services to include Physical Therapy Evaluation . An interview was conducted on 6/6/24 at 8:37 A.M. with Resident 61. Resident 61 stated I do not feel comfortable working with Rehabilitation Manager (RM) and refused physical therapy (PT) treatments for the past 3 days. An interview was conducted on 6/6/24 a 3:12 P.M. with the RM. The RM stated Resident 61 felt mistreated and slighted, was upset with him and refused PT treatments when the RM participated with Resident 61's care. The RM stated Resident 61 refused PT treatment on 6/3, 6/4 6/5, and 6/6/24. The RM stated the physician was not notified of Resident 61's refusal of PT treatment. An interview was conducted on 6/7/24 at 8:05 A.M. with the Director of Nursing (DON). The DON stated the physician should have been notified when Resident 61 refused the PT treatment the first time because the physician ordered the treatment, and it was not done or performed. A review of facility's policy and procedure titled Requesting, Refusing, and/or Discontinuing Care or Treatment revised 2/2021 indicated .Policy Interpretation and Implementation: .10. The healthcare practitioner must be notified of refusal of treatment . 45063 2) Resident 45 was admitted to the facility on [DATE] with diagnoses which included Esophageal Obstruction (a blockage in the stomach) severe protein-calorie malnutrition per facility's Admission Record. (continued on next page)

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F 0684

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

On 6/4/24 at 9:28 A.M., a review of Resident 45's Physician Order dated 2/6/24 was conducted. The Physician's order indicated, Daily Weights in the morning.

On 6/6/24 at 9:30 A.M., an interview and record review with Restorative Nursing Assistant (RNA) 25 was conducted. RNA 25 stated NOC (Night) shift RNAs were responsible for weighing residents in the facility. RNA 25 stated RNAs would report to the Licensed Nurses (LN) the resident's weight and this will be documented by LN in the Electronic Medical Record (EMR). RNA 25 futher stated there were no daily weights recorded for Resident 45 on: 6/5, 6/3, 5/30, 5/28, 5/25, 5/21, 5/20, 5/17, 5/15, 5/14, 5/12, 5/9, 5/6, and 5/3/24. RNA 25 stated if Resident 45's weights were not recorded, then Resident 45 was not weighed.

On 6/6/24 at 9:50 A.M., an interview and record review with LN 2 was conducted. Resident 45's physician orders dated 2/6/24 included Daily Weights in the morning. LN 2 stated there were no weights recorded on dates : 6/5, 6/3, 5/30, 5/28, 5/25, 5/21, 5/20, 5/17, 5/15, 5/14, 5/12, 5/9, 5/6, and 5/3/24. LN 2 stated Resident 45 refused to be weighed on those dates. LN 2 stated the process was for LNs to notify the Physician if resident refused the daily weights. LN 2 stated Physician was not notified of Resident 45's refusal for daily weights. LN 2 stated it was important to notify the Physician of Resident 45's refusal of daily weights to determine Resident 45's reason for refusing, discuss to the resident potential outcomes/consequences and possible alternative options.

On 6/7/24 at 9:35 A.M., an interview with the Director of Nursing (DON) was conducted. The DON stated the Physician should have been notified of Resident 45's daily weight's refusal. The DON stated it was important to notify the Physician to be informed be able to talk to the resident about the importance of monitoring weight accurately and possible water retention.

A review of the facility's policy titled, Requesting, Refusing and /or Discontinuing Care or Treatment revised 2/2021 indicated, Policy: .10. The healthcare practitioner must be notified of refusal of treatment .

45909

3. Resident 55 was admitted to the facility on [DATE] with diagnoses which included diabetes mellitus (DM - high levels of sugar in the blood), acute embolism (blockage) of the left lower extremity (leg) per facility's Admission Records.

A review of Resident 55's physician order dated 6/4/24 indicated Cleanse wound to the left medial lower leg with NS (Normal Saline), pat dry, apply Silver Alginate (medication) and cover with bordered foam dressing daily.

An observation was conducted on 6/4/24 at 8:47 A.M. with Resident 55 inside the resident's room. Resident 55's left lower leg was observed with an undated dressing.

A follow up observation and interview were conducted on 6/6/24 at 11:05 A.M. with Resident 55. Resident 55 stated her left lower leg dressing was not changed since 6/4/24. Resident 55 futher stated the nurse should have changed the left lower leg dressing daily.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A joint interview and record review were conducted on 6/6/24 at 3:02 P.M. with Licensed Nurse (LN) 33. LN 33 stated per Resident 55's treatment activity record (TAR - documentation of skin treatment) indicated the treatment of Resident 55's left lower extremity was not done on 6/4 and 6/5/24. LN 33 stated there was no documentation that Resident 55 refused the skin treatment. LN 33 further stated the skin treatment should have been implemented daily per physician's order, to identify changes in the wound and to provide the adequate care. An interview was conducted on 6/7/24 at 11:21 A.M. with the Director of Nursing (DON). The DON stated skin treatments were to be implemented by nursing staff per physician's order to monitor and prevent wound deterioration. A review of the facility's policy titled Scope of Practice (undated) indicated .Responsibilities: LN's provide basic nursing care under the direction of a physician. Their tasks include medication administration, wound care, and monitoring patient status.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43674 Based on observation, interview, and record review, the facility failed to ensure procedures for accurate acquiring, receiving, dispensing, and administering of medications for 4 of 13 residents (Resident 314, Resident 315, Resident 316 and Resident 61) when: 1. Resident 314 and 315's pro re nata (PRN - as needed) medication for pain did not have parameters for medication administration. 2. Resident 316's medication was not administered timely per physician's order. 3. Resident 61's Zinc sulfate (supplemental mineral) was not made available and administered per physician's order. These failures had the potential for the facility to provide unsafe medication administration and inability to provide treatment to the residents. Findings 1. Resident 314 was admitted to the facility on [DATE] for diagnoses which included displaced fracture of the left olecranon process (left elbow) per facility's Admission Records. A review of Resident 314's physician orders dated 5/30/24 indicated Roxicodone Oral Tablet 5 MG. Give 1 tablet by mouth every 4 hours as need for mild pain; Roxicodone Oral Tablet 5 MG. Give 2 tablet by mouth every 4 hours as need for moderate pain; Roxicodone Oral Tablet 5 MG. Give 3 tablet by mouth every 4 hours as need for severe pain. Resident 315 was admitted to the facility on [DATE] for diagnoses which included compression fracture of the first lumbar spine (break of bone in the back) per facility's Admission Records. A review of Resident 315's physician orders dated 5/28/24 indicated Norco oral tablet 5-325 MG (Hydrocodone-Acetaminophen). Give 1 tablet by mouth every 4 hours as needed for compression fracture related to wedge compression fracture of first lumbar vertebra . An interview was conducted on 6/7/24 at 8:05 A.M. with the Director of Nursing (DON). The DON stated physician ordered PRN medication should have a clear indication or reason for administration. The DON further stated if mild, moderate and severe were used, it should have a parameter or pain scale. An interview was conducted on 6/7/24 at 2:15 P.M. with the Director of Staff Development (DSD). The DSD stated the PRN pain medications should have an indicated numeric pain level. A review of facility's policy and procedure titled Medication Orders revised 11/2014 indicated Recording Orders .2. PRN Medication Orders - When recording PRN medication orders, specify the type, route, dosage, frequency, strength, and the reason for administration. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident 316 was admitted to the facility on [DATE] with diagnoses which included gastroenteritis (inflammation of the lining of the stomach and intestines) and colitis (inflammation of the colon) per facility's Admission Records. A review of Resident 316's physician order dated 5/21/24 indicated Carbidopa-Levodopa Oral Tablet 25-100 MG (Carbidopa-Levodopa). Give 1 tablet by mouth three times a day for Parkinson's. Take 1 tablet PO (oral) 3 times a day. Take 60 minutes before each meal. An interview was conducted on 6/5/24 at 12:49 P.M. with Resident 316. Resident 316 stated he told the staff multiple times, I take Parkinson medicine (Carbidopa-Levodopa) three times a day and takes it 1 hour before my meals. Resident 316 stated throughout my stay here in the facility, Carbidopa-Levodopa medication was not given to me 1 hour before meals and sometimes was provided after meals. A concurrent interview and record review of Resident 316's electronic Medication Administration Record (MAR) and mealtimes of the unit was reviewed on 6/6/24 at 4:07 P.M. with the Minimum Date Set Coordinator (MDSC). The reviewed MAR indicated the Carbidopa-Levodopa medication administration was scheduled at 7:30 A.M., 11:30 A.M., and 4:30 P.M. The reviewed mealtimes of the unit indicated Tray Service .Breakfast at 7 A.M. to 8:15 A.M., Lunch at 11:30 A.M. to 12:45 P.M., and Dinner at 5 P.M. to 6:15 P. M. The MDSC stated the medication administration should have been scheduled and administered 1 hour before the scheduled mealtime at 6 A.M., 10:30 A.M., and 4 P.M. per physician orders. The MDS Coordinator further stated the medication was not administered 1 hour before the scheduled meals from 5/23 to 6/6/24. An interview was conducted on 6/7/24 at 8:05 A.M. with the Director of Nursing (DON). The DON stated the physician's order to give the Carbidopa-Levodopa 1 hour before meals should have been followed. The DON further stated if the ordered medication was as 1 hr before meals, the medication should have been scheduled and administered 1 hour before the scheduled meal. A telephone interview was conducted on 6/7/24 at 2:45 P.M. with the facility's Pharmacy Consultant (PC). The PC stated the Carbidopa-Levodopa should be administered 1 hour before meals per physician orders. The PC further stated the importance of administering the medication per physician order was to ensure that the treatment plan of the physician was followed. A review of facility policy and procedures titled Administering Medications revised 4/2019 indicated Policy Statement: Medications are administered in a safe and timely manner and as prescribed .Policy Interpretation and Implementation: .4. Medications are administered in accordance with prescriber orders, including any required time frame .5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: a. enhancing optimal therapeutic effect . b. preventing potential medication or food interactions c. honoring resident choices and preferences, consistent with his/her care plan .7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). 45909 3. Resident 61 was admitted to the facility on [DATE] with diagnoses which included fracture (broken) of left femur (left hip) per facility's Admission Record. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 61's physician's order dated 5/31/24 indicated Zinc Sulfate 220 milligrams, (mg unit of measurement) , one tablet every day for wound healing. An observation was conducted on 6/6/24 at 9:21 A.M. with License Nurse (LN) 34. LN 34 did not administer Resident 61's Zinc Sulfate during medication administration. A record review of Resident 61's Medication Administration Record (MAR) indicated, LN 34 did not administer Resident 61's Zinc Sulfate during medication administration. An interview was conducted on 6/6/24 at 3:21 P.M. with LN 34. LN 34 stated the Zinc Sulfate was not available in the medication cart. LN 34 further stated the medication should have been made available for Resident 55 to receive the prescribed medication. An interview was conducted on 6/6/24 at 4:20 P.M. with the facility's Pharmacy Consultant (PC). The PC stated physician ordered medications should be made available and administered to all residents. An interview was conducted on 6/7/24 at 11:07 A.M. with the Director of Nursing (DON). The DON stated all medications should be readily available at all times for the residents to receive the necessary prescribed medications. A review of facility policy and procedures titled Administering Medications revised 4/2019 indicated Policy Statement: Medications are administered in a safe and timely manner and as prescribed .Policy Interpretation and Implementation: .4. Medications are administered in accordance with prescriber orders

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45909 Based on observation, interview and record review, the facility had a medication error rate of 6.67% when two medication errors occurred out of 30 opportunities during medication administration. These failures resulted in medications not given to residents in accordance with the physician's orders. Findings: 1. Resident 61 was admitted to the facility on [DATE] with diagnoses which included fracture (broken) of left femur (left hip) per facility's Admission Record. Resident 61's physician's order dated 5/31/24 indicated Zinc Sulfate 220 milligrams, (mg unit of measurement) , one tablet every day for wound healing. An observation was conducted on 6/6/24 at 9:21 A.M. with License Nurse (LN) 34. LN 34 did not administer Resident 61's Zinc Sulfate during medication administration. A record review of Resident 61's Medication Administration Record (MAR) indicated, LN 34 did not administer Resident 61's Zinc Sulfate during medication administration. An interview was conducted on 6/6/24 at 3:21 P.M. with LN 34. LN 34 stated the Zinc Sulfate was not available in the medication cart. LN 34 further stated the medication should have been made available for Resident 55 to receive the prescribed medication. 2. A review of Resident 501's Physician Order dated 5/30/24 indicated Thera M Plus one tablet orally daily for supplement. During the medication pass observation on 6/6/24 at 9:47 A.M. with LN 34. LN 34 was not able to administer Thera M (brand name, multivitamins). An interview was conducted on 6/6/24 at 3:23 P.M. with LN 34. LN 34 stated Resident 501 should have received the supplement during the morning medication pass. An interview was conducted on 6/7/24 at 11:08 A.M. with the Director of Nursing, (DON) . The DON stated all prescribed medications should be given by nursing staff per physician orders. A review of facility policy and procedures titled Administering Medications revised 4/2019 indicated Policy Statement: Medications are administered in a safe and timely manner and as prescribed .Policy Interpretation and Implementation: .4. Medications are administered in accordance with prescriber orders

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 45909 Based on observation, interview, and record review, the facility failed to ensure medications were securely locked inside a medication cart when a medication drawer was left open and unattended by a nursing staff. This failure had the potential for unauthorized persons to gain access to medications. Findings: During an observation on 6/4/24 at 9:27 A.M. in the facility hallway. A medication cart's drawer containing residents medications was left unlocked and unattended by a nursing staff. A joint observation and interview were conducted on 6/6/24 at 9:29 A.M. with Licensed Nurse (LN) 34. LN 34 stated the medication cart's drawer was unlocked and was unattended by staff. LN 34 further stated all medication cart's drawers should be securely locked when unattended by nursing staff to prevent unauthorized people to gain access to medications. An interview was conducted on 6/7/24 at 11:17 A.M. with the Director of Nursing (DON). The DON stated the nursing staff should always securely lock the medication carts to prevent residents and unauthorized personnel to gain access to the stored medications. A review of the facility's policy titled Administering Medications revised 4/2019, indicated, Policy: During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide .

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. 48263 Based on observation, interview, and record review, the facility failed to ensure the kitchen staff received appropriate training in food sanitation and food safety according to standards of practice and facility policy when: 1. Three dietary aides did not demonstrate the proper method of testing the sanitizer solution used for sanitization (the process of safely removing waste to prevent disease transmission and improve hygiene) on equipment and prep surfaces to prevent cross contamination. 2. Two Cooks did not correctly verbalize the 2-step cool down process for foods that require a cool down process prior to serving. 3. Staff In-services were not being conducted by a qualified kitchen staff member with the proper credentials and to carry out in-service trainings. These failures had the potential to expose residents to bacterial contamination, that could result in food borne illnesses for all residents who consume food from the kitchen. The facility census was 50. Cross references F812. Findings: 1. A) During the initial Skilled Nursing Facility (SNF) Health center kitchen tour on 6/4/24 at 8:56 AM, a Dishwasher Dietary Aide (DA 1) was observed using a low temperature (a dishwasher machine that uses a low heat of 140 degrees Fahrenheit in the rinse cycle) dish machine. DA 1 demonstrated how to test the chlorine solution levels needed to sanitize dishes in the dish machine with a chlorine test strip. DA 1 dipped the test strip inside the top end opening of the dish machine door. DA 1 also took a strip and dipped it inside the tank holding the dish machine solution. DA 1 stated both methods will give an accurate test of the sanitizer solution. B) During a food production kitchen tour on 6/05/24 at 11:07 A.M., an observation and interview was conducted with DA 2 at the health center section food prep area. DA 2 demonstrated how he tested the sanitizer in the red buckets. DA 2 dipped an ammonia test strip a red sanitizing bucket with ammonia solution for 16 seconds then pulled it out and stated the reading was 300-400 ppm. DA 2 stated he used the red buckets with sanitizer to wipe food prep counter surfaces, food carts, and the food production sink. DA 2 stated he does not write down the test results on a log sheet in the kitchen and did not know where the results are logged. DA 2 stated he only logged the sanitizer test levels for the residential dining areas when he works there. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Las Campanas	18655 W. Bernardo Drive San Diego, CA 92127

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	C) During a food production kitchen tour on 6/5/24 at 11:32 A.M., DA 3 was observed in the dishwashing station at the three compartment sink cleaning pots and pans. DA 3 stated that he needed to check the sanitation levels at the beginning of his task and throughout the day at about every two hours. DA 3 demonstrated strip testing with results at 300. DA 3 stated that it should be a 200 and stated that he would need to tell management because it was not at the level it should be. During an interview on 6/6/24 at 3:30 P.M., with the Dietary Supervisor (DS) and Registered Dietitian (RD), the DS stated that a Contractor/Vendor did an in-service with the kitchen staff on the use of test strips for testing the sanitizer solution. The DS stated the kitchen staff were taught to use the appropriate process when testing sanitizer levels in for the dish machine and red the buckets. The DS and RD stated they expected the kitchen staff to follow the correct process for testing the sanitizer levels in the dish machine and the red sanitizer buckets. According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section 4-501.116, titled Warewashing Equipment, Determining Chemical Sanitizer Concentration, .Concentration of the sanitizing solution shall be accurately determined by using a .other device . During a review of the facility's sanitation log document titled POTS AND PANS DISHWAHER MACHINE SANTITZING SOLUTION STRENGTH LOG, dated June 2024, the sanitation testing was not recorded or signed during the AM shift on 6/5/24. The 6/1/24 through 6/4/24 red bucket sanitizer test results were recorded as 200 parts per million (ppm). During a review of the facility's policy and procedure (P&P) titled, SANITATION, dated 2013, the P&P indicated .4. Food Service personnel will follow cleaning schedules and procedures in all areas for which they are responsible . During a review of the facility's policy and procedure (P&P) titled, DISHWASHING and SANITIZING, dated 2015, the P&P indicated .Proper dishwashing and sanitizing is necessary in the prevention of foodborne diseases . 2. During an interview in the production kitchen on 6/5/24 at 9:41 AM with [NAME] (CK) 1, CK 1 stated he does not always cook the meats but if he were to cook them, he would use the cool down process. CK 1 stated the cool down process was cooking the meat to 170 degrees then cool it down to 41 degrees in four hours. CK 1 stated he used a blast chiller machine to cool down foods but he did not know how long it took to cool down the foods. CK 1 stated if the blast chiller machine was not working he would have to use a cool down process. During an interview on 6/6/24 2:36 P.M. with the DS and RD, both the DS and RD stated they expected the Cooks to know the proper methods to safely cook and cool down foods. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section 3-501.14, titled Cooling, indicated .Bacteria rapidly grows between the temperatures of 40 degrees and 140 degrees Fahrenheit (F). Therefore, the cool down process is a method to prevent bacteria growth by safely reducing the temperature of cooked and prepared foods for later consumption. The Federal FDA Food Code identifies cooling as an essential control measure for food safety, particularly after cooking meats or preparing perishable foods with ingredients that are at ambient temperatures. When cooling cooked foods, after it reaches a safe minimum final internal cooking temperature (> than 145 degrees F), within two hours the temperature shall reach 70 degrees F or less, and within an additional four hours, it should reach 41 degrees F or less. For foods prepared with ingredients at ambient temperature, such as canned tuna, the food shall be cooled to a temperature of 41 degrees F or less within 4 hours. During a review of the facility's policy and procedure (P&P), FOOD HANDLING GUIDELINES (HACCP) undated, indicated .Potentially hazardous food shall be cooled from 140*F (60*C) to 70 (21*C) as measured at its center within two hours from 70*F (21*C) to 41*F (5*C) within an additional four hours for a total cooling time of six hours . 3. During an interview on 6/5/24 at 11:35 A.M., with the Sous Chef (SC) in the 2nd floor kitchen dishwashing station. The SC stated an outside contractor [Contractor Name] was the one who does in-services and that he also did in-service for kitchen sanitation. The SC stated he did not have a Certified Dietary Manager (CDM) credentials. During an interview on 6/6/24 2:36 P.M., with the Registered Dietitian (RD), the RD stated the kitchen sanitation and food safety in-service trainings should be provided by a qualified kitchen staff member including a RD or CDM. During an interview and record review on 6/6/24 2:40 P.M. with the DS, the DS acknowledged a document titled SHOW TIME dated 6/21/21 indicated .Refrigerators the inside and outside, at the same time refrigerator gaskets needs to be clean after lunch and dinner . The DS stated that that this was the in-service for refrigerator gaskets by the SC. The DS stated there was no documentation of specific kitchen staff in-services conducted between January 2021 and January 2024 on food safety and sanitation topics by a qualified kitchen staff member. The DS acknowledged the SC did not have the CDM credentials. During a review of the facility's kitchen staff in-services binder, there was no documentation of in-services on food safety and sanitation to support in-services provided to staff from 6/21/19 until 4/24/24. During a review of the facility policy titled, IN-SERVICE EDUCATION dated 2013 indicated .1. In-service education will be provided to all food service personnel at least monthly. 2. Topics will include, but not limited to, the following: a. Sanitation/Food borne illness . 38924

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 38924 Based on observation, staff interview, and document review, the facility failed to ensure an emergency menu with the appropriate food and water supplies was developed to meet the nutritional and therapeutic needs of the residents, according to facility policy and regulation standards. This failure had the potential to result in further compromising the nutritional and health status of the facility's 50 medically vulnerable residents, or its 97 licensed beds. Cross reference F804 Findings: During a concurrent observation and interview on 6/6/24 starting at 9:11 A.M of the facility's emergency food and water supplies, the AADM (Acting Administrator), the STD (Safety and Transportation Director), Dietary Supervisor (DS), Food and Beverage Director (FBD), Executive Chef (EC), and Sous Chef (SC) stated the facility did not have a therapeutic menu for three days to feed the facility 50 residents. The AADM, DS, and SC the facility abides with the regulations to have a 3-day food supply. The AADM stated the skilled nursing facility-health center's 3-day food supply was combined with all the emergency foods for the entire senior residential care community buildings. There were 11 pallets of 60 cases per pallet with 12 units of one-liter (1L) containers of water. There were 15 per tier and 12 per box of rehydrated (dried foods that require water to turn into a nutritious food) meals. The AADM and DS acknowledged the meal count needed to be calculated for health center facility beds, and the water supply needed to be calculated for the residents and enough to rehydrated meals. The DS stated there need to have 873 meals to feed 97 residents, three meals per day, for 3 days. During a record review and interview on 6/6/24 at 3:17 P.M. with the RD and DS, both the RD and DS acknowledged the day 1 Emergency menu plan list of foods did not include the facility residents on therapeutic diets or clearly provide instructions for how to feed residents on therapeutic and textured diets with appropriate tools needs. The RD stated it was important to have a sufficient menu to meet the medical and therapeutic needs of the health center facility residents and include staff and visitors, in the event of an emergency. Review of the untitled and undated facility document indicated In the event of a loss of utilities, water may be unavailable as it may be contaminated and in need to purification. In either case, the dietary department will need to have on hand an adequate supply of water. This water will be used for cooking, cleaning, and drinking by residents and staff. A minimum of three-day supply will be available. The quantity of water that is needed has been determined by the following calculation: MRE's (meals ready to eat) =48 oz of water per #10 can. We have 124 cans of MRE's total for Health Center. The total water requirement for MRE's will be 5, 952 ounces of water or 46.5 gallons. (176.28 liters). TOTAL NEED = 346.5 Gallons . Review of the undated facility document titled Disaster indicated In the event of a disaster and the utilization of our disaster supply is needed, you will be expected to (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	know what to do so we can continue to provide meals to the residents and staff onsite . Review of the 2013 and 2015 facility policy and procedure (P&P) titled Menu Planning indicated It is the policy of the community that menus be planned in advanced .4. All menus will be approved by the Consultant Dietitian. 5. Menus will be planned with consideration of cultural background and food habits of residents. 6. All meal substitutions and menu changes will be documented on the dietary census . Guidelines .5. Therapeutic diets will be planned and served in accordance with the state-approved Diet Manual. Therapeutic diets must be prescribed by the attending physician. 6. A preplanned emergency menu will be available. These food items must be stored in a separate location and rotated with new product every 12 months . Review of the 2015 facility policy and procedure (P&P) titled Therapeutic Menu Planning indicated .Purpose: Therapeutic diets are also called modified or special diets and indicate a change from a regular diet. Often times, there is a problem in providing adequate nutritional care for geriatric residents. As a result of many years of living (often years of abuse), there are changes that occur in organ systems of the geriatric resident. These changes affect the planning of nutritional care for both the health center and independent residents . 48263

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 48263 Based on observation, interview and record review, the facility failed to ensure food served was in a palatable, flavorful manner that maintained the nutritional value of the menu items served. This failure had the potential to decrease residents' meal intake and contribute to weight loss. The facility census was 50. Findings: During a dining observation on 6/4/24 at 12:00 P.M., the following resident food concerns occurred: - One resident reported she did not like the food that was being served (Pizza and mashed potatoes). - One resident stated, the salad sucks. - One resident stated, the food is dry. Review of the facility's Resident Council meeting minutes dated February 2024, March 2024, and April 2024 the following dietary concerns were identified: .beef and pork at dinner to tuff [sic] to eat. Soup is not good and meat to cook [sic] or under cook. Need help with menus and get food I need [sic]. Food needs more flavor. During an interview on 6/5/24 at 4:22 PM with the resident council president (Resident 3), Resident 3 stated the meat items served at the facility seemed overcooked and tough to eat. Resident 3 stated concerns about food was often discussed during the meetings and the menus were confusing with words that were hard to pronounce or foods that were unfamiliar. A review of Resident 3's admission Minimum Data Set (MDS, a standardized care screening and assessment tool), dated 5/5/24, indicated that Resident 3 made herself-understood or understood others, and had no cognitive (mental process involved in knowing, learning, and understanding things) deficits. Review of the facility's menu dated 6/5/24 indicated the Regular Diet was served chilled pea and mint soup, barbequed (BBQ) chicken, collard greens, garlic paprika chickpeas, yogurt gelatin dessert, and milk. The Pureed Diet was served pureed chilled pea and mint soup, pureed BBQ chicken, pureed collard greens, mashed potatoes, yogurt gelatin and milk. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/5/24 at 12:35 PM, a test tray observation and interview with the Dietary Supervisor (DS) and the Food and Beverage Director (FDB) were conducted. The regular diet BBQ chicken tasted dry, a little over cooked, and lacked flavor. The FDB and DS agreed the chicken was dry and the FDB stated it could have had more seasoning. During an interview on 6/6/24 at 2:58 PM with the Registered Dietitian (RD) and the DS. The RD stated the residents have had mixed reviews about the facility foods and the meals were boring. The RD further stated she heard concerns the meat was tough sometimes and confirmed one of the residents did state the chicken was dry. The DS stated she was unaware of the resident council's dietary and food concerns. The DS also stated an in-service should have been done with kitchen staff on ways to make the menu for more palatable. The RD also agreed the residents on pureed diets who received the mashed potatoes instead of the quinoa for lunch, did not receive the same nutritionally equivalent meal as the residents on a Regular diet. The RD stated the diet meals should be the same. During a review of the facility policy titled Test Trays/Meal Rounds, dated 2013, the policy indicated .It is the policy of the community to serve food that is palatable, attractive .4. Food complaints will be addressed as they arise on an individual basis. 38924

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48263 Based on observation, interview, and record review the facility failed to follow the dietary recommendations for the finger food diet for an unsampled resident, (Resident 60), reviewed for weight loss. This failure had the potential to negatively impact Resident 60's food intake which could further impair nutrition status and lead to weight loss. The facility census was 50. Findings: A review of Resident 60's Admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses which included, paroxysmal atrial fibrillation (an irregular heart rhythm that cause symptoms of shortness of breath, pounding heart beats, and weakness). A review of Resident 60's admission Minimum Data Set (MDS, a standardized care screening and assessment tool), dated 5/10/24, indicated that Resident 60 usually made herself-understood or understood others, and had moderate impairment in cognitive (mental process involved in knowing, learning, and understanding things) skills. Resident 60 required substantial or maximum (helper does MORE THAN HALF the effort) assistance with eating. A review of Resident 60's Nutritional Evaluation dated 5/9/24 completed by the facility's Registered Dietitian (RD), the evaluation indicated, .about 25%, poses high nutritional risk for continued weight loss as she has already lost 3.8# over the past 6 days. Labs reviewed reflective of anemia. Nutrition dx (diagnosis): At risk of involuntary weight loss RT (related to) poor intake and lack of self-feeding ability . A review of Resident 60's dietary progress note dated 5/13/24 completed by the Dietary Supervisor (DS), the progress note indicated, .resident eats well when meals are finger food. Will update preference to encourage better meal intake . During a dining observation of Resident 60's lunch meal tray on 6/5/24 at 12:12 P.M., Resident 60 received one 1/2 meat sandwich with lettuce, two chicken legs, a bowl of split pea and mint soup, a banana and 8-ounce carton of milk. During an interview with CNA 2 on 6/5/24 at 12:15 P.M., CNA 2 stated Resident 60 can eat some foods without assistance but needs assistance for others like sandwiches. During a concurrent interview and record review on 6/6/24 at 2:53 P.M. with the RD and DS, the DS stated Resident 60 preferred finger foods and was on a regular texture diet. The RD and DS reviewed the facility's Finger Food policy titled Finger Food Diet, dated 2009. The policy indicated, .Meats are sliced and placed between bread to serve as a sandwich cut into fourths prior to meal service . The RD and DS acknowledged that the sandwich served was not cut in fourths and the RD stated the resident should have received the food in the correct form to encourage food intake and prevent weight loss. (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Per the Academy of Nutrition & Dietetics, Nutrition Care Manual, dated 2022, .Unintended weight loss is linked to increased mortality (death) among older adults . residents in long-term-care facilities who continue losing weight have a higher mortality rate compared with those who stop losing weight. Weight loss of 5% or more within 30 days is associated with a tenfold increase in the likelihood of death . https://www. nutritioncaremanual.org/ During a review of the facility's policy titled Scope of Service dated 2013, the policy indicated, .2. The staff is adequately trained and educated in food preparation and service . 38924

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 48263 Based on observation, interview, and record review, the failed to ensure food safety and sanitation practices in dietary services were maintained for food storage according to standards of practice when: 1. Two ice machines were not cleaned and maintained according to manufacturer's instructions. 2. Three ice machines and one dish machine did not have a proper air gap system to adequately prevent backflow of contaminated fluids. 3. Two reach-in refrigerators used to store facility resident food contained a brownish colored sticky grimy debris on the door gasket (inner rubber sealant that helps to create a vacuum and air-tight seal, forming a barrier to cool the inside of the refrigerator and freezer); and one reach-in refrigerator door had several black and grayish spots on the inside door panel. 4. Four green, three white and three red rubber cutting boards had white discoloration and severely worn with large cuts and groves in the center. 5. Multiple food items including individual desserts, were left uncovered during transport from the production kitchen to the health center kitchen for facility residents. These failures had the potential to cause widespread food borne illness among all 50 residents who receive food from the kitchen. Cross reference F802 Findings: 1. During an observation and interview on [DATE] at 3:10 P.M. with the facility contractor (FC) in the health facility kitchen, the FC stated does maintenance cleaning every month for the facility's ice machines in the kitchens and on the units. FC demonstrated how he cleaned the Health center kitchen ice machine and stated I remove the spout from the ice machine or the top, and clean with a cleaning solution. Per the FC, he uses about 12 ounces of water in a bowl to dissolve a sanitizer solution packet, then pours the mixture in the top of the ice making part. Next, he stated he pours delime wash solution in the top, then flushes it with water x3 times to catch the dirty water. Finally, he stated he runs another sanitizer/water mixture through the machine for 30 minutes to make sure the drain is clean and before new water is turned on to make ice. The FC stated he used a clean rag from the red sanitizer bucket to wipe down the outside of the ice machine, along with the side filter, and inner condenser. A record review on [DATE] at 9:53 A.M. of the health center kitchen's ice machine maintenance log titled [Facility Name] ICE MACHINE LOG UNIT ID: [NAME] KITCHEN MAINTANANCE, indicated the last cleaning date started [DATE]. The maintenance log recorded filters due on [DATE], [DATE], [DATE], and [DATE]. Per the maintenance log indicated filters would need to be cleaned twice a month. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a main production kitchen observation and interview tour on [DATE] at 3:30 PM with the Executive Chef (EC), Dietary Supervisor (DS), Food and Beverage Director (FBD), and the FC, the ice machine had some yellow pinkish colored spots on the inside left and right side corner wall touching the baffle (a part in the ice machine that is used to catch formed ice to land smoothly to the ice machine bin). The FC then lifted the ice machine bin door and there was small black speckled sized debris visible inside five ice cubes siting at the top of the pile of ice. When the FC opened the top ice machine cover, the ice machine curtain had black and grayish colored mold looking spots on the top edges. The FC demonstrated how he cleaned the ice machine and stated he removed the curtain (front panel that is used as an insulation) and water tray of the ice machine, then would pour a cup of water mixed with three ounces of ice machine delime cleaning solution in the top ice making part of the machine to run through the grid. The filters connected to the ice machine had a label that stated installed ,d+[DATE] without a replacement date. Per the FC, the [Contractor Business Name] does not clean the baffle inside the ice bin or change out the water filters. The DS, FSB, and EC each acknowledged all the dirty areas with discolored debris in the ice machine, including the ice cubes with black speckles inside them, and the expired water filters attached to the ice machine. Per the 2022 Federal Food and Drug Administration (FDA) Food Code, Section ,d+[DATE].11 titled Equipment Food-Contact Surfaces and Utensils, .Ice bins and components of ice makers need to be cleaned: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to prevent the accumulation of slime, mold, or soil residues that may contribute to an accumulation of microorganisms . During a review of the facility policy titled, FOOD STORAGE dated 2013, the policy indicated .9. All refrigeration equipment is thoroughly scrubbed weekly and cleaned daily . 2. During the initial kitchen tour observation of the health center kitchen on [DATE] at 8:45 AM, the ice machine air gap system was piped directly through a food production sink pipe underneath the sink station. During an initial tour observation on [DATE] at 9:38 AM of the main production kitchen ice machine air gap, a white narrow PVC (polyvinyl chlorinated) pipe attached to the ice machine was extended into a floor sink drain next to the ice machine. During a main production kitchen observation and interview on [DATE] at 3:49 PM with the DS and FBD of the main production kitchen ice machine air gap system, the DS and FBD acknowledged the white PVC pipe was pushed down into the floor sink drain. The FBD stated it should be raised higher. During an observation in the main kitchen of the dish machine air gap system on [DATE] at 11:24 AM, the dish machine had a copper pipe extended directly from the back of the machine into the left-side floor sink drain. During an observation in the nurse's station 2 nourishment room ice machine air gap system on [DATE] at 2:24 PM, the ice machine had a long white PVC extended directly from the back of the machine into the front right side floor sink drain. During an interview on [DATE] at 11:07 AM with the Director of Plant Operations (DPO), the DPO reviewed the photos or air gaps in the main kitchen and health center kitchen. The PO agreed that there needed to be an air gap space between the floor sink drain and the pipes. Ice machine in main kitchen. He said he expects all equipment to be working operationally and on a preventive maintenance cleaning schedule. (continued on next page)

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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 - Some	Per the 2022 Federal FDA Food Code, section ,d+[DATE].13 titled Backflow Prevention, Air, .An air gap between the water supply inlet and the flood level rim of the PLUMBING FIXTURE, EQUIPMENT, Or nonfood EQUIPMENT shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch). 3. During an observation and interview in the health facility kitchen on [DATE] at 9:25 A.M. with the DS and EC, the reach-in refrigerator door gasket had two lines of brown sticky grime and debris along the left, right, and top of the gasket. The DS and EC acknowledged the dirty grime on the gasket inner door, and both stated it should be cleaned. During an observation on [DATE] at 9:41 AM in the main production kitchen's reach-in refrigerator, the door gasket had brown and black sticky grime on each side and several black and grayish spots on the inside door panel. The DS and EC acknowledged the dirty grime on the gasket inner door, and both stated it should be cleaned. During an interview on [DATE] 2:36 P.M., with the DS and RD, the RD stated that sanitation audits were started in [DATE] by the DS. The RD stated she was unaware of the kitchen cleaning and sanitation concerns identified in both the health center kitchen and the main production kitchen. The DS stated all the reach-in refrigerator door gaskets should have been on both kitchens' daily and weekly cleaning schedules. During a record review of a health center kitchen staff in-service titled SHOWTIME, dated [DATE], the policy indicated .refrigerators the inside and outside, at the same time refrigerators gaskets needs to be clean . The facility's cleaning schedules and logs for the main production kitchen and health center kitchen reach-in refrigerators was requested but not provided. During a review of the facility policy titled; FOOD STORAGE dated 2013 indicated .1. Food storage areas shall be clean at all times [sic] . 2. All exposed foods should be tightly covered.9. All refrigeration equipment is thoroughly scrubbed weekly, and cleaned daily . 4. During a production kitchen observation on [DATE] at 9:34 A.M. with the DS, FDB and EC, the health center food prep station had a rack with twelve multi-colored rubber cutting boards stored underneath the counter. There were four green, three white and three red cutting boards stored with heavily worn deep knife cuts and groves, along with large white discoloration in the center of the boards. The FDB, DS, and EC acknowledged the discoloration on the cutting boards and heavily worn areas and stated it was from the sanitizer in the high temperature dish machine. The FDB and DS stated the cutting boards needed to be replaced. Per the 2022 Federal Food Code, Section ,d+[DATE].11, titled Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch . During a review of the facility policy titled, FOOD STORAGE dated 2013 indicated .1. Plasticware, China, and glassware that cannot be properly sanitized due to chips or cracks will be discarded . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Las Campanas	18655 W. Bernardo Drive San Diego, CA 92127

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. During a production kitchen observation on [DATE] at 9:45 A.M. with the DS and EC of the health facility reach-in refrigerator, a long metal tray with 20 individually sliced chocolate mini dessert cakes on separate plates stored uncovered on the 5th shelf row of the rack. The 6th shelf had a tray with additional slices of uncovered. The FDB and DS stated that the mini-dessert cakes needed to be covered to prevent cross contamination. During an observation on [DATE] at 3:49 P.M. at the elevator kitchen leading to the main production kitchen, two dietary aides (DAs) were seen pushing a food cart with a tray of uncovered cookies on the bottom shelf of the open food cart and additional desserts on another tray of uncovered on the cart. Both DAs stated they were in a rush to get the food item from the main production kitchen to the health center kitchen and declined an interview. During a review of the facility policy, titled FOOD STORAGE, dated 2013, the policy indicated .1. Food storage areas shall be clean at all times [sic] . 2. All exposed foods should be tightly covered . 38924

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48263 Based on record review, observation, and interview, the facility failed to ensure implementation of their policy regarding use and storage of foods brought in from the outside food to ensure safe and sanitary storage, handling, and consumption was followed. This failure had the potential to contaminate residents' outside food stored at the facility, which may result in foodborne illness. The facility census was 50. Findings: During a concurrent interview and observation on [DATE] at 4:24 P.M. with Certified Nursing Assistant (CNA) 1, at nursing station 2, CNA 1 stated outside food or food brought in by family members for residents is stored in the nursing station nourishment room in the fridge. CNA 1 stated food items must be labeled with the resident's name and date on the container to identify who the items belong to. The CNA stated that outside food items should not be kept more than a week. An observation of the nourishment room refrigerator with CNA 1 indicated a large 32-ounce bottle of unopened orange juice labeled with a room number, and best if used by ,d+[DATE]. CNA 1 stated the orange juice was not correctly labeled and was expired. During an interview on [DATE] at 10:29 A.M. with the Director of staff Development (DSD), the DSD stated outside food items brought in for residents should be signed, dated, and discarded after 72 hours. The DSD stated she did not specifically provide in-service trainings to the nursing staff regarding outside food and/or food brought in by family members. The DSD stated, I agree that we should have an in-service on our outside food policy it should be discarded within 72 hours and not one week. The DSD was notified regarding a bottle of expired orange juice was left in the nourishment fridge that was only labeled with a resident's room number. The DSD stated she would not have thrown away the orange juice if it was sealed. During an interview with the Director of Nursing (DON) on [DATE] at 03:59 P.M., the DON stated outside foods brought in by family for residents should not be stored at the fridge by the nursing station and should be in the dining room in a separate resident nourishment fridge. The DON stated they need to update their policy to reflect the correct practice to prevent cross contamination with items that should not be stored in the nursing fridge. The DON stated her expectations for expired food items is it should be treated like medications and thrown away to prevent food-borne illnesses. The DON stated nursing staff should know to discard any outside food items within 72 hours. During a review of the facility policy and procedure (P&P) titled Foods Brought in by Family/Visitors dated 2013, the P&P indicated .Foods that must be kept under refrigeration must be labeled with the resident's name, room number, and date. These food items should be stored in the nurses' refrigerator. Foods will be discarded within 72 hours . During a review of the facility policy and procedure (P&P) titled Outside Food dated 2015, the P&P indicated . 5. Food items will not be stored in the medication refrigerators . 38924

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 45063 Based on observation, interview and record review, the facility failed to ensure a staff adhered to proper infection control practice for one of 13 residents (Resident 1) when the staff did not perform hand hygiene (HH- washing hands with soap and water or use of hand sanitizer to kill microorganisms) before entering a resident's room. This failure had the potential for cross contamination (spread of germs and bacteria) and infection to residents, staff and visitors. Findings : On 6/4/24 at 9:24 A.M., an observation was conducted inside of Resident 1's room. The Medical Records Staff (MRS) entered Resident 1's room to answer the call light. The MRS did not perform HH before entering the Resident 1's room. On 6/4/24 at 9:30 A.M., an interview was conducted with the MRS. The MRS stated she should have performed HH before entering Resident 1's room. On 6/6/24 at 8:35 A.M. an interview was conducted with the Director of Staff Development (DSD). The DSD stated the MRS should have performed HH before entering Resident 1's room. The DSD further stated all staff should perform HH before entering a resident's room to prevent risk of cross contamination. On 6/6/24 at 11:25 A.M., an interview was conducted with the Infection Preventionist (IP). The IP stated the MRS should have performed HH before entering Resident 1's room to prevent cross contamination. On 6/7/24 at 9:30 A.M., an interview was conducted with the Director of Nursing (DON). The DON stated the MRS should have performed HH before entering Resident 1's room. The DON further stated HH before entering the resident room was important to prevent cross contamination and to protect the residents. A review of the facility's policy and procedure titled Handwashing/Hand Hygiene revised 10/2023 indicated Policy: .2. All personell are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents and visitors.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48263 Based on observation, staff interviews, and policy review, the facility failed to ensure kitchen equipment was maintained in safe operating condition when two reach-in refrigerators and an ice machine were not maintained according to standards of practice and facility policy. This failure had the potential to expose the facility's 50 residents to potential contaminants that could cause widespread foodborne illness. Cross Reference 812 Findings: 1. During an initial kitchen tour observation on 6/4/24 at 9:41 A.M. in the health facility, a reach-in refrigerator door gasket (a gasket helps to create a vacuum and air-tight seal, forming a barrier for the cool inside your refrigerator and freeze) was worn, with tears at the top and bottom right corners and detaching on the sides. During an observation and interview on 6/4/24 at 2:45 P.M., with the Dietary Supervisor (DS) and the Food and Beverage Director (FBD) in the health facility kitchen, the DS and FBD acknowledged the torn and detached reach-in refrigerator door gasket and stated it needed to be replaced. During an observation and interview in the main production kitchen facility on 6/5/24 at 9:55 A.M. with the DS and FBD, the reach-in refrigerator used for the health facility had a heavily worn door gasket with pieces torn off the sides and detaching from the top right and bottom corners. The DS and FDB acknowledged the worn and detached door gasket on the reach-in refrigerator and the FBD stated it will be replaced. Per the 2022 Federal Food and Drug Administration (FDA) Food Code, sections 4-601.11, and Annex 4-602. 13, .non-food contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Additionally, the presence of food debris or dirt on nonfood contact surfaces may provide a suitable environment for the growth of microorganisms which employees may inadvertently transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests . Per the 2022 Federal FDA Food Code, section 4-202.16, titled Nonfood-Contact Surfaces, Non-FOOD-CONTACT SURFACES shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance. 2. During an initial kitchen tour on 6/4/24 at 9:41 A.M., an ice machine in the main kitchen had a broken plastic missing piece on the outer right corner bin door that left a large gaping hole opening. There rubber seals in the right and left upper corners of the ice bin exterior were covered with white calcium-like deposits and were torn and detaching. The inside of the ice machine baffle (a part in the ice machine that is used to catch formed ice to land smoothly to the ice machine bin) showed some yellowish and black spotted discoloration. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a record review on 6/4/24 at 9:53 A.M. of the facility's ice machine maintenance log titled [Facility Name] ICE MACHINE LOG UNIT ID: [NAME] KITCHEN MAINTANANCE, date started 1/16/23. The maintenance log recorded filters due on 6/25, 8/21, 12/15, and 5/31. During an observation and interview on 6/4/24 at 3:19 P.M., with the DS and FBD of the ice machine in the main production kitchen, the FBD acknowledged the broken plastic piece on the ice bin and hole in the right corner, the worn rubber seals and the calcium-like deposits on the bin exterior. The FBD and the DS agreed the ice machine needed to be fixed or replaced. During an interview on 6/6/24 at 11:07 A.M., with Director of the Plant Operations (DPO). The DPO stated he expected all equipment to be working operationally and on a preventive maintenance cleaning schedule. Per the 2022 Federal FDA Food Code, section 4-602.11 titled Equipment Food-Contact Surfaces and Utensils, Ice bins and components of ice makers need to be cleaned: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold . Per the 2022 Federal FDA Food Code, .Ice makers and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms. During a review of the facility policy titled, Equipment Maintenance dated 2013, the policy indicated .It is the policy of the community to maintain the equipment according to manufacturer's instructions .1. All food service equipment will be operated, maintained, serviced and cleaned according to manufacturer's directions 38924