

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Pittsburg Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 123 Pecan Grove Pittsburg, TX 75686	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>35295</p> <p>Based on interview, and record review, the facility failed to ensure residents received mail delivered to the facility for 5 of 5 confidential residents reviewed for right to communication.</p> <p>The facility failed to ensure residents received their mail within 24 hours of delivery by the postal service.</p> <p>This failure could place residents at risk of potentially being denied their right and to receive and open mail in a timely manner and a diminished quality of life.</p> <p>Findings included:</p> <p>During a confidential group interview on 11/19/24 at 10:08 AM, 5 of 5 residents interviewed said mail was not being distributed on Saturdays. All 5 residents said they had not gotten mail on Saturdays in a long time. One of 5 residents interviewed said, The business office lady was not here on Saturday's so we do not get mail on weekends.</p> <p>During an interview on 11/19/24 at 10:47 AM, the BOM said residents got mail Monday through Friday. She said it was delivered in a lockbox outside the facility and she was the only one with a key to the lockbox. She said no one had a key on the weekends to get the mail so it could be delivered to the residents. She said she was hired in May of 2023 and the prior administrator gave her the key to the mailbox in June or July 2023. She said since that time (June or July of 2023) no resident had received mail on Saturdays because she did not work on weekends. She said residents were supposed to receive mail on Saturdays, but the prior administrator knew they did not. She said she did not know if the (current) new administrator or new DON knew residents were not getting mail on Saturdays.</p> <p>During an interview on 11/20/24 at 10:57 AM, the ADON said it was important for residents to get their mail on weekends because it was their right. She said not getting their mail could cause them to miss news and information important to them, or cause residents' distress and worry.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675037
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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/20/24 at 12:33 PM, the DON said all residents should get mail Monday through Saturday. She said it was their right to receive mail or something they ordered timely. She said if they were waiting on an important document, they should be able to receive it timely. The DON said not receiving mail timely was a violation of resident's rights. She said she did not know residents were not receiving mail on Saturday, but the problem was fixed now. From now on, the facility will designate the weekend RN supervisor who will have a key to the mailbox so she will be able to get and deliver the mail to the residents on weekends. She said the weekend RN supervisor will also check the front door for packages. The DON said she would be the back-up person for the weekend RN supervisor. If the weekend RN supervisor could not deliver the mail, then she would.</p> <p>During an interview on 11/20/24 at 12:41 PM, the ADM said all residents should receive mail on weekdays and weekends because it was their right to receive their mail in a timely manner. She said she did not know residents were not getting mail on Saturday. She said she took responsibility for not checking on that. She said the BOM, was responsible for getting residents mail and delivering it, but she did not realize no one was delivering mail on Saturday's. The ADM said the risk of residents not getting mail in a timely manner was not hearing from their family, or they may have business type mail they needed. She said there was a risk of worry or distress if residents' were waiting on something to come in the mail.</p> <p>Record review of a Mail Distribution Policy dated 12/2020, provided by the DON indicated:</p> <p>Policy:</p> <p>To ensure that each patient's/resident/s personal mail (incoming and outgoing) is handled in a private and confidential manner.</p> <p>It is the facility's policy to:</p> <ol style="list-style-type: none"> 1. Distribute all incoming mail to the addressed patient/resident unopened and within the same day on which it was delivered to the Activity Department. If the patient/resident is incapable of receiving/managing his/her/personal mail, his/her mail should be promptly distributed to the patient's/resident's qualified legal representative. 2. Develop a system of delivering mailing patient's/resident's personal mail, involving the Activity Department and the person who receives the mail (i.e., the Receptionist, charge nurse, business office), and including provisions whereby the Activity Department is either informed that mail has arrived or is physically given the mail. <p>Procedures:</p> <ol style="list-style-type: none"> 1. The Activity Staff or Designee: <ol style="list-style-type: none"> A. Deliver personal mail to the patient's/resident's room within 24 hours of receipt . 		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46929</p> <p>Based on interview and record review, the facility failed to ensure the Pre-Admission Screening and Resident Review (PASRR) Level I assessment accurately reflected the resident's status for 1 of 6 residents (Resident #32) reviewed for PASRR Level I screenings.</p> <p>The facility failed to ensure the accuracy of the PASRR Level 1 screening for Resident #32. The PASRR Level 1 screening did not indicate a diagnosis of mental illness, although the diagnoses (major depressive disorder and bipolar disorder) were present upon Resident #32's re-admitted on 04/20/23.</p> <p>This failure could place residents who had a mental illness at risk of not receiving a needed assessment (PASRR Evaluation), individualized care, or specialized services to meet their needs.</p> <p>Findings included:</p> <p>Record review of Resident #32's face sheet, dated 11/18/24, indicated he was a [AGE] year-old male, admitted to the facility on [DATE], and readmitted most recently on 04/20/23. His diagnoses included major depressive disorder(a mood disorder that causes a persistent feeling of sadness and loss of interest) and bipolar disorder(a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration).</p> <p>Record review of Resident #32's annual MDS assessment, dated 09/10/24, indicated he had a BIMS score of 14, which indicated intact cognition. The MDS further indicated he received an antipsychotic medication and an antidepressant medication during the assessment window.</p> <p>Record review of Resident #32's PASRR Level 1 Screening, dated 11/02/22, indicated that in Section C, Mental Illness was marked as no, which indicated Resident #32 did not have a mental illness.</p> <p>During an interview on 11/19/24 at 11:30 AM, the MDS Coordinator said she only found one PL1 form that was completed for Resident #32. She said it was incorrect and Resident #32 had the diagnoses of major depressive disorder and bipolar disorder at admission and the PL1 form should have indicated yes for mental illness.</p> <p>During an interview on 11/20/24 at 08:37 AM, the MDS Coordinator said that she completed a 1012 form and a new PL1 form related to Resident #32's mental illness diagnoses. She said Resident #32 should have had a positive PL1 on admit to the facility. She said it was unlikely he would qualify for PASRR services because he had not had any psych hospitalizations or contact with the police.</p> <p>During an interview on 11/20/24 at 12:47 PM, the Administrator said Resident #32 should have had a positive PASRR Level 1 form. She said it was possible that he could have received PASRR Services this entire time he had been in the facility. She said no one was responsible for checking over the PASRR forms after the MDS coordinator.</p> <p>Record review of the facility's undated policy, PASRR Services, stated:</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.In Texas, nursing facilities are required to adhere to the Preadmission Screening and Resident Review (PASRR) process, a federally mandated program designed to ensure that individuals with mental illness (MI), intellectual disability (ID), or developmental disability (DD) are appropriately placed and receive necessary services.</p> <p>Procedure:</p> <p>1. PL1 Screening Form Completion:</p> <p>*Before admitting any individual, the referring entity must complete the PASRR Level I (PL1) Screening Form to identify potential MI, ID, or DD. The nursing facility should coordinate with the referring entity to ensure this form is completed.</p> <p>2. Admission Protocols:</p> <p>*If the PL1 indicates no suspicion of MI, ID, or DD, the nursing facility can admit the individual through the routine admission process.</p> <p>*If the PL1 indicates a suspicion of MI, ID, or DD, the facility must ensure that a PASRR Evaluation (PE) is completed before admission, unless the admission qualifies as an expedited admission or an exempted hospital discharge .</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35295</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections for 1 of 1 residents (Resident #33) reviewed for appropriate treatment and services to prevent urinary tract infections (an infection in any part of the urinary system, the kidneys, bladder, or urethra (is a hollow tube that lets urine leave your body).</p> <p>The facility failed to ensure Resident #33's indwelling catheter (drains urine from your bladder into a bag outside your body) had a catheter securement device to anchor the catheter to his leg on 11/19/24.</p> <p>These failures could place residents at risk for urinary tract infections.</p> <p>Findings included:</p> <p>Record review of the undated face sheet indicated Resident #33 was a [AGE] year-old male that admitted [DATE] and readmitted [DATE]. Resident #33 had diagnoses that included: Obstructive and reflux uropathy (a blockage in the urinary tract that prevents urine from draining causing it to back up into the kidneys), hypertension (the force of blood against the artery walls is too high), and dementia (impairment of at least 2 brain functions, such as memory loss and judgment.)</p> <p>Record review of the significant change MDS dated [DATE] indicated Resident #33 had a BIMS score of 0, indicating severe cognitive impairment. The MDS indicated he required substantial/maximal assistance with toileting hygiene and partial to moderate assistance to roll left and right in bed. He had an indwelling catheter.</p> <p>Record review of the undated care plan indicated Resident #33 had dementia with behavioral disturbances. The care plan indicated he had a diagnosis of a bladder disorder for difficulty starting, stopping urinary flow, urinary retention, and UTI. Resident #33 had an indwelling catheter and was at risk for UTI, complications. The care plan indicated to provide catheter care per facility policy and PRN.</p> <p>Record review of Resident #33's physician's orders dated 6/5/24 indicated:</p> <p>Foley catheter strap in place every shift.</p> <p>Record review of Resident #33's MAR for October 2024 indicated:</p> <p>Foley catheter strap in place every shift. The MAR was initialed for every day of October 2024.</p> <p>Record review of Resident #33's MAR for November 2024 indicated:</p> <p>Foley catheter strap in place every shift. The MAR was initialed November 1-19, 2024. LVN B had initialed for the foley catheter strap for the day shift and evening shift on 11/19/24.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 11/19/24 at 2:03 PM, CNA A provided catheter care for Resident #33. LVN B assisted with catheter care. Resident #33 did not have his foley catheter tubing anchored or secured to his leg. LVN B said she had not checked today to see if the foley had been anchored. She said it was important for the catheter to be anchored to his leg to prevent UTI's and so that it did not pull on his penis. She said the catheter tubing secured to his leg prevented friction to his penis. LVN B anchored the catheter to Resident #33's leg after catheter care.</p> <p>During an interview on 11/20/24 at 10:20 AM, CNA C said if a resident had a catheter they should have an anchor on their leg to prevent the catheter from tugging or pulling or coming out. She said the nurse was responsible for making sure the catheter securement device was in place. She said if a resident had a catheter and did not have it secured, she would tell the nurse.</p> <p>During an interview on 11/20/24 at 10:30 AM, LVN D said the nurses were responsible for making sure residents with a catheter had it secured. She said regarding Resident #33, it was especially important for him because he had pulled his catheter out in the past. She said the catheter securement helped to prevent tugging, UTI's, and backflow of urine (into the bladder.) She said she usually checked his catheter and placement once per shift. She said if a CNA noticed a resident with a catheter did not have it secured, the CNA should tell the nurse immediately.</p> <p>During an interview on 11/20/24 at 10:57 AM, the ADON said the nurses were responsible for making sure the catheter was secured and the nurse had to check off on the MAR that it was done. She said the catheter securement was for protection because it prevented UTI's, protected the flow of urine by gravity, and prevented pulling.</p> <p>During an interview on 11/20/24 at 12:33 PM, the DON said the nurse was responsible for making sure any catheter was secured. She said the LVN B should have checked to make sure the catheter was secured, and especially with Resident #33 because he would pull the catheter out. She said catheter securement should be checked periodically throughout the shift because of Resident #33 removing it from his leg. She said any nurse for him should check placement of the catheter securement device when they get start their shift. The DON said it was important for the catheter to be secured to prevent infection, dislodgement, and harm to the resident from pulling and/or tugging. She said the catheter tubing could get tangled on something, or the resident could pull on it. She said this was the only catheter she had in the building. She said she was in the process of doing an in-service for all nurses to check for placement at the start of their shift.</p> <p>During an interview on 11/20/24 at 12:41 PM, the ADM said it was the responsibility of the charge nurse or nurse to make sure a catheter was secured to a resident's leg. She said it was important because it would help it to stay in place and help prevent tugging and discomfort. She said the catheter being secured could help prevent Resident #33 from pulling it out. She said the risk of not having the catheter secured was injury, discomfort and maybe a UTI. She said she did not know if nurses had to sign off on the MAR regarding checking for the catheter securement.</p> <p>Record review of A Catheter Care, Urinary Policy dated 7/1/2020 provided by the DON indicated:</p> <p>Purpose</p> <p>The purpose of this procedure is to prevent catheter-associated urinary tract infections .</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Changing Catheters</p> <p>.2.Ensure that the catheter remains secured with a leg strap to reduce friction and movement at the insertion site. (Note: Catheter tubing should be strapped to the resident's inner thigh.) .</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>46929</p> <p>Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 1 of 1 facility reviewed for RN coverage.</p> <p>The facility failed to provide RN coverage for 8 consecutive hours daily on 04/07/24, 04/14/24, 04/20/24, 04/21/24, 06/01/24, 06/02/24, 06/29/24, and 06/30/24.</p> <p>This failure had the potential to place residents at risk by leaving staff without supervisory coverage for RN specific nursing activities and for coordination of events such as emergency care and disasters.</p> <p>Findings included:</p> <p>Record review of the facility's time sheets for 04/01/24 through 06/30/24 for RN coverage indicated that RN E worked the following days for the specified amount of time:</p> <p>04/07/24 7.73 hours</p> <p>04/14/24 7.65 hours</p> <p>04/20/24 7.67 hours</p> <p>4/21/24 7.60 hours</p> <p>06/01/24 7.67 hours</p> <p>06/02/24 7.37 hours</p> <p>06/29/24 7.30 hours</p> <p>06/30/24 7.65 hours</p> <p>The time sheets did not indicate any other RN working the identified days.</p> <p>During an interview on 11/20/24 at 09:29AM, the VP of operations said she was not aware of another RN working on the identified days when RN E worked less than 8 hours.</p> <p>During an interview on 11/20/24 at 12:30 PM, the ADON said she expected the RNs to stay on the clock for 8 hours. She said the RN clocked out for lunch and worked less than 8 hours. She said this was miscommunication of how long the RNs should be on the clock.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/20/24 at 12:43 PM, the DON said she expected the RN supervisor to be at the facility for 8 hours on the clock. She said from now on the nurse will be expected to work the consecutive 8 hours. She said if the nurse had to leave, she expected the nurse to contact her and she would come up to the facility and relieve her.</p> <p>During an interview on 11/20/24 at 12:47 PM, the Administrator said she expected the facility to have RN coverage for 8 hours a day for 7 days a week.</p> <p>Record review of the facility's undated policy, Nurse Staffing Requirements, stated:</p> <p>.The requirements for long-term care facilities require that nursing facilities provide 24-hour licensed nursing, provide a Registered Nurse (RN) for eight (8) consecutive hours a day, seven (7) days a week, and that there be a RN designated as Director of Nursing on a full-time basis.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46929</p> <p>Based on observations, interviews, and record review, the facility failed to provide separately locked, permanently affixed compartments for storage of controlled drugs in 1 of 1 medication rooms reviewed for storage of medication (Front Medication Room).</p> <p>The facility failed to ensure Resident #1's lorazepam medication (controlled anti-anxiety medication) was locked behind 2 separate locks. The medication room was locked but the medication refrigerator and the lockbox inside the medication refrigerator were both unlocked.</p> <p>This failure could place residents who take narcotics that required refrigeration at risk of misappropriation of drugs.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, dated 11/20/24, indicated she was a [AGE] year-old female, admitted to the facility on [DATE].</p> <p>Record review of Resident #1's physician's orders, dated 11/20/24, indicated this order:</p> <p>*Lorazepam - Schedule IV concentrate; 2mg/mL; 0.5-1mL oral as needed. The start date was 10/02/24.</p> <p>During an observation and interview on 11/19/24 at 01:25PM, RN E unlocked and opened the front medication room door. She then opened the unlocked medication refrigerator. This surveyor then reached inside the refrigerator and opened a lockbox in the refrigerator. The lockbox was not locked. Inside the lock box was Resident #1's lorazepam concentrate medication. The DON was also present during this observation, and she said the lorazepam medication should have been locked in the lock box.</p> <p>During an interview on 11/20/24 at 12:30 PM, the ADON said she expected the controlled medications be behind two separate locks. She said the risk was that someone could take the medication. She said there a risk of a possible drug diversion.</p> <p>During an interview on 11/20/24 at 12:43 PM, the DON said her expectation was for the controlled medications to have two separate locks. She said the risk was that there could have been a possible drug diversion.</p> <p>During an interview on 11/20/24 at 12:47 PM, the Administrator said she expected the controlled medications to have at least 2 separate locks. She said the risk was a possible drug diversion.</p> <p>Record review of the facility's policy, Controlled medication storage, dated 11/13/18, stated:</p> <p>.Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal and recordkeeping in the facility in accordance with federal, state and other applicable laws and regulations.</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45643</p> <p>Based on observation, interviews and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for kitchen sanitation in that:</p> <ol style="list-style-type: none"> Expired food, milk, and beef flavoring, was not disposed of. Frozen chicken was not labeled or dated. Chicken, turkey, and ham was being thawed without being submerged under water or without water running. <p>These failures could place residents who received meals from the kitchen at risk for food borne illness.</p> <p>The findings were:</p> <p>During an observation on [DATE] at 8:52 a.m., it was observed that a large bowl of chicken meat was being thawed in the kitchen sink without being submerged under water or running water running over the top. It was observed that cultured buttermilk with an expiration date of [DATE] was still in the milk refrigerator. It was observed that beef flavoring was out on a prep table with an expiration date of [DATE]. It was observed that tortillas and chicken was not labeled or dated. The chicken meat was in two, gallon sized plastic bags, with no date or label, and copious amounts of ice buildup inside the bag on the chicken meat.</p> <p>During an observation on [DATE] at 11:29 a.m., it was observed that two packages of turkey and one package of ham were observed thawing partially submerged underwater with no water running continuously.</p> <p>During an interview on [DATE] at 11:05 a.m., the Dietary Manager said that meat should not be thawed in a sink without being fully submerged and water running continuously to agitate the water. She said that food should be labeled and dated. She said that expired foods should be thrown away. She said that residents could be placed at risk for foodborne illness if these regulations were not followed .</p> <p>During an interview on [DATE] at 12:28 p.m., the Director of Nurses said that she expects that all kitchen staff follow facility policy and state regulations. She said she expects that if staff were to thaw meat it would be submerged underwater with water continuously running. She said that all expired items should be thrown out. She said that all food items should be labeled and date. She said that residents could be placed at risk for foodborne illness from eating food that was not properly prepared or stored.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Pittsburg Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 123 Pecan Grove Pittsburg, TX 75686	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 12:40 p.m., the Administrator said that she expects that her kitchen staff follow regulations and facility policy. She said all expired foods should be thrown away. She said all foods should be labeled and dated. She said that meats should be thawed properly and per regulations. She said that residents could be placed at risk of foodborne illness if they eat food that was not handled properly.</p> <p>Review of the facility document revised [DATE], Food Storage provided by the Dietary Manager revealed: To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal and US Food Codes and HACCP guidelines Keep fresh meat, poultry, seafood, dairy products and most fresh fruit and vegetables in the refrigerator at an internal temperature of 41 F or less Once frozen food has been thawed, it must be maintained at 41 F or less prior to cooking.</p>		