

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ridgecrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 E Ridgecrest Rd Forney, TX 75126	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45055</p> <p>Based on observations, interviews, and record review the facility failed to provide a safe, clean, comfortable, and homelike environment including but not limited to receiving treatment and supports for daily living safely for areas in the facility for 6 (Resident #7, #26, #40, #76, #86, and#150) of 20 resident rooms observed for a safe, clean, comfortable, and homelike environment.</p> <p>The facility failed to ensure that Resident #7's, #26's, #40's, #76's, #86's, and#150's rooms were cleaned and sanitized .</p> <p>This deficient practice could place residents at risk of living in an unclean and unsanitary environment.</p> <p>Findings included:</p> <p>Record review of Resident #76's face sheet dated 06/13/24 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Relevant diagnoses included Chronic Obstructive Pulmonary Disease (constricted airway) and Respiratory Failure.</p> <p>Record review of Resident #76's Quarterly MDS assessment dated [DATE] revealed the resident had a BIMS score of 14 (cognitively intact). The assessment also indicated the resident had an active diagnosis for Chronic Obstructive Pulmonary Disease and Respiratory Failure.</p> <p>An observation on 06/11/24 at 10:25 AM of Resident #76's and #86's room reflected the air conditioning unit located in the room had dirt particles and black dirt grime on the top and between the vents of the units. Both air filters had a thin layer of dust on them.</p> <p>An observation on 06/11/24 at 10:41 AM of Resident #150's room reflected the air conditioning located in the room had dirt particles and black dirt grime on the top and between the vents of the units. Both air filters had a thin layer of dust on them.</p> <p>Record review of Resident #26's face sheet dated 06/13/24 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Relevant diagnoses included Chronic Obstructive Pulmonary Disease (constricted airway) and Respiratory Failure.</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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #26's Quarterly MDS assessment dated [DATE] revealed the resident had a BIMS score of 13 (cognitively intact). The assessment also indicated the resident had an active diagnosis for Chronic Obstructive Pulmonary Disease.</p> <p>An observation on 06/11/24 at 10:50 AM of Resident #26's room reflected the air conditioning located in the room had dirt particles and black dirt grime on the top and between the vents of the units. Both air filters had a thin layer of dust on them.</p> <p>An observation on 06/11/24 at 11:33 AM of Resident #7's and #40's room reflected the air conditioning located in the room had dirt particles and black dirt grime on the top and between the vents of the units. Both air filters had a thin layer of dust on them.</p> <p>An interview on 06/13/24 at 09:08 AM with Housekeeping H, she stated she had been at the facility for two months and she cleans hall 1. She stated she had cleaning experience so there was not much training required. She stated they had to mop and sweep the floor, clean the bathroom, dust the lights and television units. She stated they are supposed to clean the air conditioning, but she was not cleaning the filters. She was shown photos of the air conditioning in Resident #7, #26, #40, #76, #86, and #150's room, and she stated that she needed to go into all the rooms and reclean them to ensure that they are clean. She stated the risk of the air conditioning not being cleaned could cause trouble with the resident's breathing.</p> <p>An interview on 06/13/24 at 09:16 AM with Housekeeping C, she stated she had been at the facility for about 8 months. She stated they showed her to clean the room. She stated she was trained to clean the bathroom, floors, and windowsills. She stated she did not clean the air conditioning because she is still learning. She was shown photos of the air conditioning in Resident #7, #26, #40, #76, #86, and #150's room and she stated that she needed to go into all the rooms and clean the units.</p> <p>An interview on 06/13/24 at 09:27 AM with the housekeeping supervisor, she stated she had been at the facility for nearly 8 years. She stated they should clean everything in the room. She stated that they are supposed to wipe down the air conditioning and maintenance was supposed to clean the filters. She was shown photos of the air conditioning in Resident #7, #26, #40, #76, #86, and #150's room and she stated that the vents and filters should have been cleaned and that she would get right on it. She stated the risk of the air conditioning not being clean could result in breathing problems for the residents. She stated she would in-service her team on properly cleaning the air conditioning.</p> <p>An interview on 06/13/24 at 09:54 AM with the director of maintenance, he stated he had been at the facility for 8 years. He stated cleaning the air conditioning filters was maintenance responsibility and they are on a monthly schedule to be cleaned. He stated he and his helper clean all the filters in the building and it takes them three days to complete the entire building. He stated they blow off the filter with air and washed them off. He was advised of the filters in the resident #7, #26, #40, #76, #86, and #150's room, and he stated they had issues with keeping the filters in that hall clean. He stated the risk of the filters not being cleaned thoroughly could prevent the resident from getting fresh air.</p> <p>Review of the facility's policy on Safe/Comfortable/Homelike Environment (01/2022) reflected Residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45055</p> <p>Based on interviews, and record reviews, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident right that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 (Resident #11) of 1 resident reviewed for Care Plans.</p> <p>The facility failed to ensure Resident #11 was care planned for Dialysis.</p> <p>This failure could place the resident at risk of needs not being met.</p> <p>Findings included:</p> <p>Record review of Resident #11's face sheet dated 06/13/24 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Relevant diagnoses included Renal (Kidney) failure and treatment for Dialysis.</p> <p>Record review of Resident #11's Quarterly MDS assessment dated [DATE] revealed the resident had a BIMS score of 13 (cognitively intact). The assessment also indicated the resident had an active diagnosis for Renal Failure and Dialysis treatment.</p> <p>Record review of Resident #11's Physician orders dated 06/13/24 revealed the resident had an active order to receive dialysis three times a week (Tuesday, Thursday, and Saturday), with an active date of 05/07/24.</p> <p>Record review of Resident #11 quarterly Comprehensive care plan dated 05/18/24 revealed no care planning for the Resident's dialysis treatment.</p> <p>In an interview on 06/12/24 at 03:01 PM with MDS Nurse N, she stated she is the MDS Nurse for Long Term Care and Resident #11 was in short- term care. She advised that Resident #11 was receiving dialysis and it should have been on the resident's care plan. She verified that the resident did not have a care plan for dialysis. She stated the risk of not having the resident care of dialysis care planned could result in the resident missing care.</p> <p>In an interview on 06/12/24 at 03:10 PM with MDS nurse S, she stated she was the MDS nurse for Resident #11 and she updated the resident Care plan to ensure residents were receiving all their care needed. She stated Resident #11 was receiving Dialysis and it should have been care planned. She stated she was adding the dialysis care plan to the resident's care plan today. She stated that this was somehow missed. She stated the risk of not having the resident care of dialysis care planned could result in the resident not receiving the proper care.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of facility's policy, Comprehensive Person-Centered Care Planning, (undated) Policy & Procedure, Policy: It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive person-centered care plan for each resident . Procedure: . 3. The facility team will provide a written summary . initial goals . any services and treatments to be administered.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45055</p> <p>Based on observation, interviews, and record reviews, the facility failed to ensure that a resident who needed respiratory care was provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 3 (Residents #26, #76 and #112) of 3 residents reviewed for respiratory care.</p> <p>The facility failed to ensure Resident #26's, #76's and #112's breathing masks were stored in a sanitary manner when they were not being used by the residents.</p> <p>The facility failed to ensure that Resident #76's CPAP mask properly fit the resident and ensured the resident's CPAP machine operated properly.</p> <p>These failures could place the residents at risk for respiratory infection and not having their respiratory needs met.</p> <p>Findings included:</p> <p>Resident #76</p> <p>Record review of Resident #76's face sheet dated 06/13/24 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Relevant diagnoses included Chronic Obstructive Pulmonary Disease (constricted airway) and Respiratory Failure.</p> <p>Record review of Resident #76's Quarterly MDS assessment dated [DATE] revealed the resident had a BIMS score of 14 (cognitively intact). The assessment also indicated the resident had an active diagnosis for Chronic Obstructive Pulmonary Disease and Respiratory Failure.</p> <p>Record review of Resident #76's Physician orders dated 06/13/24 revealed the resident had an active order to apply CPAP at night at bedtime with an active date of 08/24/23.</p> <p>In an observation and interview on 06/11/24 at 10:17 AM with Resident #76, she stated her CPAP machine had not been cleaned since she had it and she could not use it because the mask did not fit her face properly. The mask to the CPAP machine was observed sitting in an open plastic bag.</p> <p>In an interview on 06/13/24 at 11:42 AM with ADON M, she stated she had been at the facility for over 7 years. She stated she is familiar with Resident #76, and she stated she was made aware that the resident's CPAP machine and mask were not functioning properly yesterday. She stated she called the in-house Pulmonologist, and they are ordering her a new CPAP machine and mask and the Pulmonologist will be meeting her tomorrow. She stated the issues the resident was having with her mask was brought to her attention on a 24-hour report, but she did not follow up on it. She stated she also read the resident was refusing to wear her mask, but she did not follow up with the resident to see why. She stated the risk of the resident not having the proper CPAP equipment could result in the resident stopping breathing in her sleep. She stated that the expectation was for any breathing device not in use needed to be bagged to avoid it from getting contaminated and causing an infection.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #26</p> <p>Record review of Resident #26's face sheet dated 06/13/24 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Relevant diagnoses included Chronic Obstructive Pulmonary Disease (constricted airway) and Respiratory Failure.</p> <p>Record review of Resident #26's Quarterly MDS assessment dated [DATE] revealed the resident had a BIMS score of 13 (cognitively intact). The assessment also indicated the resident had an active diagnosis for Chronic Obstructive Pulmonary Disease.</p> <p>Record review of Resident #26's Physician orders dated 06/13/24 revealed the resident had an active order for Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT . (microgram/activated clotting time) 2 puff inhales orally every 12 hours, with an active date of 03/27/24.</p> <p>In an interview and observation on 06/11/24 at 11:00 AM with LVN T, she stated she was the nurse assigned to the hall of Resident #26. She was asked where the resident's mask was for her nebulizer, and she was observed pulling on the tubing and the mask was observed in a nightstand drawer, underneath several items. The mask was in an unsealed plastic bag . She stated that the nebulizer should have been serviced more recently. She stated the risk of not changing the tubing and cleaning the mask could result in infection.</p> <p>Resident #112</p> <p>Record review of Resident #112's face sheet dated 06/13/24 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Relevant diagnoses included Sleep Apnea (serious sleep disorder) and morbid obesity.</p> <p>Record review of Resident #112's Quarterly MDS assessment dated [DATE] revealed the resident had a BIMS score of 13 (cognitively intact). The assessment also indicated the resident had an active diagnosis for Sleep Apnea.</p> <p>Record review of Resident #112's Physician orders dated 06/13/24 revealed the resident had an active order for CPAP on at bedtime for sleep apnea, with an active date of 06/10/24.</p> <p>In an interview and observation on 06/11/24 at 01:23 PM with LVN T. She was asked where Resident #112's CPAP machine mask was and she observed the mask sitting on top of a mini fridge, unbagged. She stated that the mask should have been placed in a sealed bag once the resident had woken up. She stated the mask should have been placed in a sealed bag to avoid the mask from getting contaminated and causing the resident an infection.</p> <p>In an interview on 06/12/24 at 01:01 PM with the DON, she stated she had been the DON for over 3 years and worked at the facility over [AGE] years. She was advised of Resident #26's, #76's and #112's, masks being left exposed and not in sealed plastic bags. She stated that the Center for Disease Control (CDC) no longer requires masks to be placed in a sealed container and it was up to the discretion of the facility. She stated she had no policy regarding the mask storage when not in use.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the World Health Organization Website on Care, cleaning and disinfection of respiratory equipment in sterile services department, revealed Ensure cleaned BiPAP/CPAP device is stored in an area where there is low risk of contamination between uses, or that at least 1 minute of contact time has elapsed after the application of the chosen disinfectant (or as specified by the manufacturer) before ventilator device is used on a patient.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45055</p> <p>Based on observation, interviews, and record reviews the facility failed to ensure food was stored, prepared, distributed, and served in accordance with professional standards for food service safety for the facility's only kitchen, reviewed for food storage, labeling, dating, and kitchen sanitation.</p> <p>The facility failed to ensure food in the facility's refrigerator, was labeled and dated according to guidelines.</p> <p>The facility failed to ensure food in the facility's freezer, was labeled and dated according to guidelines.</p> <p>The facility failed to ensure the ice machine, located in the facility's kitchen, was cleaned.</p> <p>The facility failed to ensure the tea dispenser was covered after being used.</p> <p>The facility failed to ensure kitchen equipment (food storage bins) were cleaned and sanitary.</p> <p>These failures could place residents at risk for cross contamination and other air-borne illnesses.</p> <p>Findings included:</p> <p>Observations on [DATE] from 09:05 AM to 09:21 AM in the facility's only kitchen reflected:</p> <p>Observation of the ice machine, in the facility kitchen revealed the ice scoop was stored unsanitary in an open clear bag, which was also sitting in a pool of water.</p> <p>One large tea dispenser filled with tea, located in the kitchen area and near the entry into the kitchen, was uncovered and exposed to air-borne contaminants.</p> <p>Three plates of undated salad on a tray located in the walk-in refrigerator.</p> <p>One large container of chicken noodle soup, out of its original container dated [DATE] , which was greater than 7 days pass the required expiration.</p> <p>One large bag of unlabeled and undated bag of what appeared to be shredded cheese</p> <p>One gallon container of jalapeno pieces, located in the walk-in refrigerator, was dated [DATE].</p> <p>One gallon container of Caesar dressing was undated and revealed no expiration date.</p> <p>One gallon container of mustard was dated ,d+[DATE].</p> <p>One large bag of bread sticks in the walk-in freezer was not labeled or dated.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>One large white bin containing sugar was observed with dirt particles and brown stains along the outer and inner opening of the bin.</p> <p>Two-gallon containers of tartar sauce dated [DATE].</p> <p>One large bag of chicken nuggets was unlabeled and undated.</p> <p>One large frozen piece of pork was unlabeled and undated.</p> <p>One large bag of what appeared to be meatballs, was unlabeled and undated.</p> <p>Two packs of hot dog with a use by date of [DATE].</p> <p>One bag of what appeared to be frozen biscuits was unlabeled and undated.</p> <p>An interview on [DATE] at 09:43 AM with the Dietary Director, she stated she had been at the facility nearly 9 years. She stated she had a line aide date, label and store the food as it was delivered. She stated that both she and the line aide checked food for expiration dates. She was advised of the concerns observed in the kitchen. She stated she had started on making the corrections the next day . She stated they had discarded the expired foods and cleaned the bins through the dishwasher. She stated that she in-serviced her team on the proper storage process on [DATE], and she had since cleaned the other items mentioned previously. She stated the risk of the concerns not being addressed could result in the residents getting sick.</p> <p>An interview on [DATE] at 01:30 PM with the Administrator, he was made aware of the concerns observed in the kitchen. He stated he expects his kitchen to meet all food storage and kitchen cleanliness requirements. He stated not addressing the concerns mentioned could result in residents getting sick.</p> <p>Record Review of the Facility's policy on Food Storage and Supplies dated 2012, revealed All facility storage areas will be maintained in an orderly manner that preserves the condition of food and supplies. Air-tight containers or bags are used for all opened packages of food. All containers are accurately labeled with the item and date opened. It is the policy of this facility to prevent contamination of food products and therefore prevent foodborne illnesses.</p> <p>Review of the U.S. Food and Drug Administration (FDA) Code (2022) revealed, PACKAGED FOOD shall be labeled as specified in LAW, including 21 CFR 101 FOOD Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under section, d+[DATE].18. FOOD shall be protected from contamination that may result from a factor or source not specified under Subparts ,d+[DATE] - ,d+[DATE].</p>		