

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>106070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESOTO HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 NURSING HOME DR</b> <b>ARCADIA, FL 34266</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  An unannounced complaint survey for #2024001802 was conducted on _____ through _____ at Desoto Health and Rehab, a skilled nursing facility in Arcadia, Florida.  Complaint #2024001802 was substantiated with a citation at F812.  Desoto Health and Rehab is not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Subparts B-F, Requirements for Long-Term Care Facilities.  The following is the description the noncompliance.	F 000			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	F 812			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>106070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESOTO HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 NURSING HOME DR ARCADIA, FL 34266</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 812	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, review of facility's policies and procedures, and staff interview, the facility failed to maintain a clean and sanitary environment in the kitchen and 2 of 2 nourishment rooms observed.</p> <p>The findings included:</p> <p>Review of the facility's policy titled Cleaning and of Environmental Surfaces, last updated indicated under 10. Environmental surfaces will be (or cleaned) on a regular basis (e.g. daily, three times per week) and when these surfaces are visibly soiled.</p> <p>On from 9:00 a.m., to 10:30 a.m., the following observations were made during a tour of the kitchen and nourishment rooms:</p> <p>On at 9:10 a.m., and 10:21 a.m., a milky, brown liquid with solid particles was observed on the floor behind the ice machine in the kitchen. "Photographic evidence obtained"</p> <p>On at 9:11 a.m., and 10:22 a.m., the floor under the dry storage shelf near the bathroom door in the kitchen was dirty with debris. "Photographic evidence obtained"</p> <p>On at 9:12 a.m. and 10: 23 a.m., a green film was observed in the top corner of walk-in refrigerator in the kitchen. "Photographic evidence obtained"</p> <p>On at 9:13 a.m., and 10:24 a.m., the pipes under the three compartment sink in the kitchen were dirty and actively leaking. A bucket with grey</p>	F 812	<p>1. All identified areas (kitchen floor, behind/under equipment, walk-in refrigerator, and nourishment rooms) were immediately addressed and cleaned on . . . Deep cleaning on all the affected areas conducted through . . .</p> <p>The leaking triple sink pipe was repaired on . . . and the area sanitized. Debris and residue in both nourishment rooms were cleaned and sanitized using EPA-registered Bleach wipes or appropriate sanitizing agents were made available in nourishment rooms for as-needed cleaning.</p> <p>2. A comprehensive inspection of the kitchen and all nourishment rooms was conducted on . . . by DON, Environmental Services and the Dietary Manager. No evidence of foodborne illness or resident harm was identified. All other high-risk food prep and storage areas were assessed for cleanliness and sanitation.</p> <p>3. A detailed cleaning checklist was created and implemented for daily and weekly tasks in both kitchen and nourishment areas. It includes behind/under equipment, baseboards, and cabinet surfaces. A Deep Cleaning Schedule was established for all food service and nourishment areas and posted in each</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>106070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESOTO HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 NURSING HOME DR ARCADIA, FL 34266</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	<p>Continued From page 2</p> <p>water was observed on the floor under the leaking pipes. "Photographic evidence obtained"</p> <p>On at 9:15 a.m. and 10:25 a.m., food like debris and white film were observed on the fryer basket. "Photographic evidence obtained"</p> <p>On at 9:16 a.m. and 10:25 a.m., a thick grease-like coating and dust-like substance was observed on the pipes and valves behind the stove. "Photographic evidence obtained"</p> <p>On at 9:20 a.m., coffee ground sized debris were observed on the counter behind the microwave in the nourishment room in patient care area. Dried food like residue was observed stuck to the baseboard and cabinet. "Photographic evidence obtained"</p> <p>On at 9:25 a.m. and 9:40 a.m., black and green debris were observed under the sink in the memory care unit nourishment room. "Photographic evidence obtained"</p> <p>On at 9:40 a.m., in an interview, the Maintenance Director stated, "The housekeeping staff should be cleaning behind the microwave and on the cabinets if there is food debris. This is part of daily cleaning." The maintenance director was unable to identify the brown coffee ground sized debris behind the microwave. The Maintenance Director said the housekeeping staff should be cleaning under cabinets and could not say what the debris under the cabinets were. She said the staff does daily cleaning and should</p>	F 812	<p>department.</p> <p>TELS electronic work order system was re-trained with staff to ensure all maintenance issues (e.g., leaks) are reported immediately. Daily sanitation logs are now completed by dietary and housekeeping and reviewed by the Department Heads. The Dietary Manager and Environmental Services must perform and document weekly walk-throughs using a standardized sanitation audit tool. Housekeeping and dietary staff received re-education on: - Facility policy "Cleaning and of Environmental Surfaces" - Proper cleaning procedures, frequencies, and escalation of maintenance issues - control standards for food service areas</p> <p>4. The QA Committee will review sanitation reports monthly for 4 months and adjust procedures as needed. Random monthly audits will be conducted by the Preventionist or Designee using the sanitation audit tool. Any issues found will trigger immediate re-cleaning, retraining, and documentation. Continued compliance will be tracked and reported quarterly during QA&amp;A meetings.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>106070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESOTO HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 NURSING HOME DR</b> <b>ARCADIA, FL 34266</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	<p>Continued From page 3</p> <p>also be doing an assigned deep cleaning.</p> <p>Review of the cleaning record for the nourishment room of the Memory Care Unit revealed the most recent deep cleaning was done on .</p> <p>On at 9:30 a.m., in an interview, the Maintenance Director said the leaking pipes under the three compartment sink were fixed before and she was not aware they were leaking again. She said staff should have put the leaking pipes in the TELS (electronic work order) system.</p> <p>On at 9:42 a.m., in an interview the Director of Nursing (DON) was unable to identify the brown coffee ground sized debris behind the microwave of the nourishment room. The DON then brought some bleach wipes and stated, "I need to clean this."</p> <p>On at 10:21 a.m., in an interview the Dietary Manager stated, "The kitchen staff will mop the whole kitchen at the end of their shift." She said she could see the debris under the shelving but did not know what it was. She again said it was the dietary department's job to clean it. She said they had to let go of the person who did the deep cleaning. She also verified there was green film in the walk in refrigerator and could not say what it was. She acknowledged the triple sink pipe was actively leaking but had not put in a work order to have it repaired. She said she has been employed at the facility since , and had identified concerns. She was slowly trying to "get this place together."</p> <p>On at 11:13 a.m., in an interview with Housekeeping Staff A said, "Part of my daily clean for a nourishment room, if I am assigned to</p>	F 812			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>106070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESOTO HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 NURSING HOME DR</b> <b>ARCADIA, FL 34266</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	Continued From page 4 them, is to wipe down sinks, remove the trash and wipe the outside of cabinets. The inside of the cabinet is part of the deep clean day. There is not a checklist for what exactly needs to be done in each area".	F 812			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>81401B</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DESOTO HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 NURSING HOME DR ARCADIA, FL 34266</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced complaint survey for #2024001802 was conducted on _____ through _____ at Desoto Health and Rehab, a skilled nursing facility in Arcadia, Florida.</p> <p>Complaint #2024001802 was substantiated with a citation at N110.</p> <p>The following is a description of the deficiencies.</p>	N 000		
N 110 SS=F	<p>400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review, review of facility's policies and procedures, and staff interview, the facility failed to maintain a clean and sanitary environment in the kitchen and 2 of 2 nourishment rooms observed.</p> <p>The findings included:</p> <p>Review of the facility's policy titled Cleaning and of Environmental Surfaces, last updated _____ indicated under 10. Environmental surfaces will be _____ (or cleaned) on a _____</p>	N 110	<p>1. All identified areas (kitchen floor, behind/under equipment, walk-in refrigerator, and nourishment rooms) were immediately addressed and cleaned on _____. Deep cleaning on all the affected areas conducted _____ through _____. The leaking triple sink pipe was repaired on _____, and the area sanitized. Debris and residue in both nourishment rooms were cleaned and sanitized using EPA-registered _____. Bleach wipes or appropriate sanitizing _____</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X8) DATE  /25
---	-------	----------------------

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>81401B</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESOTO HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 NURSING HOME DR ARCADIA, FL 34266</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 110	Continued From page 1  regular basis (e.g. daily, three times per week) and when these surfaces are visibly soiled.  On from 9:00 a.m., to 10:30 a.m., the following observations were made during a tour of the kitchen and nourishment rooms:  On at 9:10 a.m., and 10:21 a.m., a milky, brown liquid with solid particles was observed on the floor behind the ice machine in the kitchen. "Photographic evidence obtained"  On at 9:11 a.m., and 10:22 a.m., the floor under the dry storage shelf near the bathroom door in the kitchen was dirty with debris. "Photographic evidence obtained"  On at 9:12 a.m. and 10: 23 a.m., a green film was observed in the top corner of walk-in refrigerator in the kitchen. "Photographic evidence obtained"  On at 9:13 a.m., and 10:24 a.m., the pipes under the three compartment sink in the kitchen were dirty and actively leaking. A bucket with grey water was observed on the floor under the leaking pipes. "Photographic evidence obtained"  On at 9:15 a.m. and 10:25 a.m., food like debris and white film were observed on the fryer basket. "Photographic evidence obtained"  On at 9:16 a.m. and 10:25 a.m., a thick grease-like coating and dust-like substance was observed on the pipes and valves behind the stove. "Photographic evidence obtained"	N 110	agents were made available in nourishment rooms for as-needed cleaning.  2. A comprehensive inspection of the kitchen and all nourishment rooms was conducted on by DON, Environmental Services and the Dietary Manager. No evidence of foodborne illness or resident harm was identified. All other high-risk food prep and storage areas were assessed for cleanliness and sanitation.  3. A detailed cleaning checklist was created and implemented for daily and weekly tasks in both kitchen and nourishment areas. It includes behind/under equipment, baseboards, and cabinet surfaces. A Deep Cleaning Schedule was established for all food service and nourishment areas and posted in each department. TELS electronic work order system was re-trained with staff to ensure all maintenance issues (e.g., leaks) are reported immediately. Daily sanitation logs are now completed by dietary and housekeeping and reviewed by the Department Heads. The Dietary Manager and Environmental Services must perform and document weekly walk-throughs using a standardized sanitation audit tool. Housekeeping and dietary staff received re-education on: - Facility policy "Cleaning and of Environmental Surfaces"		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>81401B</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESOTO HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 NURSING HOME DR ARCADIA, FL 34266</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 110	<p>Continued From page 2</p> <p>On at 9:20 a.m., coffee ground sized debris were observed on the counter behind the microwave in the nourishment room in patient care area. Dried food like residue was observed stuck to the baseboard and cabinet. "Photographic evidence obtained"</p> <p>On at 9:25 a.m. and 9:40 a.m., black and green debris were observed under the sink in the memory care unit nourishment room. "Photographic evidence obtained"</p> <p>On at 9:40 a.m., in an interview, the Maintenance Director stated, "The housekeeping staff should be cleaning behind the microwave and on the cabinets if there is food debris. This is part of daily cleaning." The maintenance director was unable to identify the brown coffee ground sized debris behind the microwave. The Maintenance Director said the housekeeping staff should be cleaning under cabinets and could not say what the debris under the cabinets were. She said the staff does daily cleaning and should also be doing an assigned deep cleaning.</p> <p>Review of the cleaning record for the nourishment room of the Memory Care Unit revealed the most recent deep cleaning was done on .</p> <p>On at 9:30 a.m., in an interview, the Maintenance Director said the leaking pipes under the three compartment sink were fixed before and she was not aware they were leaking again. She said staff should have put the leaking pipes in the TELS (electronic work order) system.</p> <p>On at 9:42 a.m., in an interview the Director of Nursing (DON) was unable to identify the brown coffee ground sized debris behind the</p>	N 110	<p>- Proper cleaning procedures, frequencies, and escalation of maintenance issues</p> <p>- control standards for food service areas</p> <p>4. The QA Committee will review sanitation reports monthly for 4 months and adjust procedures as needed. Random monthly audits will be conducted by the Preventionist or Designee using the sanitation audit tool. Any issues found will trigger immediate re-cleaning, retraining, and documentation. Continued compliance will be tracked and reported quarterly during QA&amp;A meetings.</p>		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>81401B</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DESOTO HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 NURSING HOME DR ARCADIA, FL 34266</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

N 110	<p>Continued From page 3</p> <p>microwave of the nourishment room. The DON then brought some bleach wipes and stated, "I need to clean this."</p> <p>On at 10:21 a.m., in an interview the Dietary Manager stated, "The kitchen staff will mop the whole kitchen at the end of their shift." She said she could see the debris under the shelving but did not know what it was. She again said it was the dietary department's job to clean it. She said they had to let go of the person who did the deep cleaning. She also verified there was green film in the walk in refrigerator and could not say what it was. She acknowledged the triple sink pipe was actively leaking but had not put in a work order to have it repaired. She said she has been employed at the facility since , and had identified concerns. She was slowly trying to "get this place together."</p> <p>On at 11:13 a.m., in an interview with Housekeeping Staff A said, "Part of my daily clean for a nourishment room, if I am assigned to them, is to wipe down sinks, remove the trash and wipe the outside of cabinets. The inside of the cabinet is part of the deep clean day. There is not a checklist for what exactly needs to be done in each area".</p> <p>Class III</p>	N 110		
-------	---	-------	--	--