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THE CITADEL AT MYERS PARK, LLC	300 PROVIDENCE ROAD CHARLOTTE, NC 28207

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E 000	Initial Comments An unannounced Recertification survey was conducted from 03/22/201 through 03/26/2021. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1ZR911.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 03/22/2021 to 03/26/2021. Four of the 36 complaint allegations were substantiated resulting in deficiencies. Event ID # 1ZR911.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to provide fingernail care to 1 of 3 sampled residents dependent on staff for assistance with activities of daily living (ADL) (Resident #2). The findings included: Resident #2 was admitted to the facility 1/14/16. Diagnoses included dementia, polyosteoarthritis, and glaucoma, among others. An annual Minimum Data Set (MDS) assessment dated 12/20/20, assessed Resident #2 with clear speech, able to be understood, able to understand others, impaired vision, mildly	F 677	Resident #2□s nails were trimmed to his choice in length (3.26.21). All residents have the potential to be affected by the cited deficient practices. 100% audit of resident□s nail length and cleanliness was completed (3.26.21). Those residents who refused nail care, per their preference, was care planned. To help ensure the deficient practice of not providing fingernail care does not reoccur, nursing staff have been educated on nail care and grooming policies and procedures (4.2.21). New staff or staff	4/23/21

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

Electronically Signed | 04/19/2021

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F 677	Continued From page 1 impaired cognition, adequate hearing and required extensive assistance from 2 staff for ADL, which included personal hygiene. Review of the Care Area Assessment for the annual MDS, revealed Resident #2 required extensive staff assistance with bathing and dressing and identified that he was at risk for decreased ability to perform ADL due to decreased mobility. The plan was to proceed to care plan. Resident #2's care plan, revised 1/06/21, identified a physical functioning deficit related to impaired functional, cognitive and visual abilities. The care plan also identified that Resident #2 refused assistance with ADL at times. Interventions included staff assistance with personal hygiene, attempt interventions before behaviors began, offer a diversion, and attempt to have a trusted staff member perform the ADL tasks. Review of the shower schedule revealed Resident #2 was scheduled for showers, 3 PM - 11 PM shift twice weekly. The facility's CNA (nurse aide) Bath and Skin report dated 3/17/21 recorded, in part, "Fingernails clean/short - No, need podiatrist." The facility's CNA Bath and Skin Report dated 3/23/21 recorded, in part, "Fingernails clean/short - No." and was signed by nurse aide (NA) #1. There was no documentation in the medical record for 3/17/21 - 3/23/21 or on the Bath and Skin reports that Resident #2 refused fingernail care. Resident #2 was observed seated in his wheelchair in his room on 3/22/21 at 1:45 PM. His	F 677	members not present will be educated prior to their next scheduled shift. To help ensure the plan of correction is effective and the specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements, beginning 4.9.21, facility Director of Nursing Services or designee will complete nail care audits five times weekly for four weeks. Thereafter, audits will be completed three times weekly for four weeks, then twice weekly for four weeks. The findings from the audit will be discussed in weekly meetings with the Administrator and Administrative Nursing Staff. Results will be discussed and addressed during the facility□s monthly Quality Assessment and Performance Improvement (QAPI) meeting. The date of completion will be 4.23.21	

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F 677	Continued From page 2	F 677		

fingernails were observed to extend approximately ¼ to ½ inch beyond the fingernail skin line for each fingernail on both hands. When asked if he liked the length of his fingernails, Resident #2 stated "I would like them cut short, they don't do that here, yes, I would like that very much."

Resident #2 was observed on 3/23/21 at 9:48 AM and on 3/25/21 at 1:35 PM in his wheelchair in his room. The length of his fingernails were observed the same as observed on 3/22/21. During both observations, Resident #2 confirmed that he would still like to have his fingernails trimmed.

A phone interview was conducted with NA #1 on 3/25/21 at 3:01 PM. NA #1 stated that she worked with Resident #2 often and that he was no problem, allowed her to give him care, and was cooperative with his care most of time. NA #1 further stated that she had offered Resident #2 fingernail care before with his showers and he said no, but she did not remember when that occurred. NA #1 also stated that she gave Resident #2 a shower on Tuesday, 3/23/21 but she could not remember if she offered to trim his fingernails and if she did offer fingernail care she did not remember if he refused or if she told the nurse. NA #1 further stated that the fingernails of Resident #2 appeared long/thick to her and needed to be trimmed, but that it was his right not to have his fingernails trimmed if he did not want to.

An interview with NA #2 occurred on 3/25/21 at 1:38 PM. NA #2 stated that she was assigned to care for Resident #2 that week. NA #2 stated that she had noticed Resident #2's fingernails were long, but that his fingernails were thick and in the

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past his fingernails were hard to cut. NA #2 stated she did not offer fingernail care to Resident #2 that week because she did not want to hurt him. NA #2 continued to say that fingernails were usually trimmed with showers and that Resident #2 received a shower on 3 PM - 11 M shift on Tuesday, 3/23/21 and that fingernail care should have been offered during his shower. During the interview, NA #2 was observed to ask Resident #2 if he wanted his fingernails trimmed and he said "Yes, please."

An interview occurred on 3/25/21 at 1:40 PM with Nurse #1 and revealed she had noticed the length of his nails and that they needed to be trimmed. Nurse #1 stated that Resident #2 was seen by the Podiatrist on 3/12/21 and "I ' m not sure why his fingernails were not trimmed when he saw the podiatrist." Nurse #1 was observed to offer fingernail care to Resident #2, he stated "Yes, I would like that." Nurse #1 also asked Resident #2 if he remembered receiving podiatry services on 3/12/21 and if there was a reason his fingernails were not trimmed by the podiatrist. Resident #2 stated "All I remember is that they said my fingernails needed to be cut." Nurse #1 estimated the length of his thumb nails and the nails of the 4th finger of both hands to extend approximately 2 inches beyond the fingernail skin line. Nurse #1 described the length of the remaining fingernails as long, but not 2 inches long. Nurse #1 stated Resident #2 was "always pleasant, never refused care." Nurse #1 stated that residents should receive nail care during their showers and that Resident #2 received a shower on Tuesday, 3/23/21, 3 PM - 11 PM shift. Nurse #1 stated she was not aware if nail care was offered or refused.

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F 677	Continued From page 4 An interview with Unit Manager #1 (UM #1) occurred on 3/25/21 at 1:47 PM. The UM #1 observed the length of the fingernails for Resident #2 and then offered to have his fingernails trimmed, Resident #2 responded "Yes." UM #1 stated that the fingernails of Resident #2 were thick, long and discolored. She was not sure if this represented some other nail concern, but stated that his most recent labs results were normal. UM #1 stated he was referred for podiatry services and seen on 3/12/21, so she was not sure why his fingernails were not also trimmed when he was seen by the podiatrist. UM #1 then stated that if fingernails were not trimmed by the podiatrist, nursing would need to provide the care. A follow up interview with UM #1 on 3/26/21 at 2:03 PM revealed that she spoke to the podiatry service provider who confirmed that fingernail care was not a routine service provided by the podiatrist without a physician referral. UM #1 then stated that nursing staff should have provided fingernail care to Resident #2. An interview with the interim Director of Nursing (DON) on 3/25/21 at 3:23 PM revealed she was not familiar with podiatry services including fingernail care, unless the resident was referred by the physician. Otherwise she expected nursing services to include fingernail care for a resident who was not a diabetic. The Interim DON stated that if a resident declined nursing care, nursing should continue to offer the care and document the resident's refusals.	F 677		
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides-	F 804		4/23/21

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F 804	Continued From page 5 §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on 2 of 2 observations of meal preparation and lunch meal tray lines, a lunch meal test tray, January 2021 Resident Council Meeting minutes, March 2021 Food Committee Meeting minutes, resident interviews (#54, #53, #52, #50, #49 and #26), staff interviews, and record review, the facility failed to provide foods that met resident preferences for taste and temperature and prepared foods to prevent the loss of nutrients. This was evidenced by resident complaints of cold foods during the January 2021 Resident Council meeting, foods prepared that did not include ingredients per the recipe (powdered garlic, Worcestershire sauce, soy sauce, heavy cream, carrots, cheddar cheese and sour cream) and hot foods held on the steam table for up to 2 hours prior to the tray line (mashed potatoes, mixed vegetables, and steamed rice). The findings included: 1a. Resident #54 was admitted to the facility 1/22/18. Diagnoses included cognitive communication deficit, diabetes mellitus type 2, hypertension, anemia, and gastro-esophageal reflux disease, among others. A quarterly Minimum Data Set (MDS) dated 2/28/21 assessed Resident #54 with clear speech, adequate hearing/vision, usually able to	F 804	All menu items in the current menu cycle have been audited to ensure the necessary ingredients are available (3.29.21). All Ingredients not available have been either purchased or ordered to ensure availability prior to serving. The practice of placing food items for all scheduled meals in the facility steam table more than 30 minutes prior to serving has been eliminated. All residents have the potential to be affected by the cited deficient practices. To help ensure the deficient practice of not following menu recipes does not reoccur, the Dietary Manager has educated all dietary staff on following menu recipes and ensuring ingredients are available and served (3.31.21). New staff or staff members not present will be educated prior to their next scheduled shift. Additionally, prior to serving the next day□s scheduled meals, the designated cook will review all menu item recipes to ensure ingredients are available. If unavailable items are discovered, the designated cook will notify the Dietary Manager for order or purchase. To ensure the deficient practice of placing	

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F 804	Continued From page 6 understand and be understood, moderately impaired cognition, and required limited staff assistance with eating. During an interview on 3/23/21 at 10:41 AM Resident #54 stated that some days the food was good and some days it wasn't. He stated this concern was primarily with the lunch and dinner meals. 1b. Resident #53 was admitted to the facility 2/8/19. Diagnoses included diabetes mellitus type 2, hypertension, hyperlipidemia, among others. A quarterly MDS dated 2/27/21 assessed Resident #53 with clear speech, adequate hearing/vision, able to be understood, understands others, intact cognition and fed herself but required supervision and set up assistance with meals. Resident #53 attended the 1/27/21 and 3/24/21 Food Committee Meetings (FCM). Resident #53 was interviewed on 3/22/21 at 12:54 PM and stated she did not like the taste of the food which she expressed during FCM. 1c. Resident #52 was admitted to the facility 8/9/19. Diagnoses included Alzheimer's dementia, hyperlipidemia, coronary artery disease, hypertension, and gastro-esophageal reflux disease, among others. A quarterly MDS dated 2/25/21 assessed Resident #52 with adequate hearing/vision, clear speech, understood by others, understands others, severely impaired cognition, and required limited staff assistance from one person with	F 804	food items in the steam table more than thirty minutes prior to serving, the Dietary Manager has educated all dietary staff on not placing menu items in the steam table more than 30 minutes prior to serving (3.31.21). New staff or staff members not present will be educated prior to their next scheduled shift. Additionally, the designated cook will document the time menu items are transferred to the steam table daily. To help ensure the plan of correction is effective and the specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements, beginning 4.19.21, the facility Dietary Manager will audit menus and meals five times weekly for four weeks to ensure ingredients are available and menus are followed. Thereafter, audits will be completed three times weekly for four weeks, then twice weekly for four weeks. The Dietary Manager will also audit the time items are placed in the steam table five times weekly for four weeks to ensure items have not been placed in the steam table more than thirty minutes prior to serving beginning 4.19.21. Thereafter, audits will be completed three times weekly for four weeks, then twice weekly for four weeks. Findings will be reviewed weekly with the Administrator. Results will be discussed and addressed during the facility□s monthly Quality Assessment and Performance Improvement (QAPI) meeting.	

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F 804	Continued From page 7 eating. Resident #52 was observed in his room on 3/22/21 at 1:39 PM with his lunch meal tray on his over bed table. He had eaten approximately 50% of a frozen nutritional supplement but had not eaten his lunch meal. When asked why he did not eat his lunch meal, he replied "I didn't eat that food because it tastes like (profanity)." In an interview with Nurse #1 on 3/22/21 at 2:29 PM, she described Resident #52 as alert with confusion, ate well when he wanted to, but that if he did not like the food, he would not eat it. 1d. Resident #50 was admitted to the facility 11/12/20. Diagnoses included vitamin D deficiency, gastro-esophageal reflux disease, hypo-osmolality, and hyponatremia, among others. A quarterly MDS dated 2/19/21 assessed Resident #50 with intact cognition, clear speech, able to understand, able to be understood, adequate hearing/vision, and required supervision and set up assistance with eating. Resident #50 attended the 3/24/21 FCM. An interview with Resident #50 on 3/23/21 at 9:56 AM revealed she was not a fan of the food and stated that the food did not taste good most of the time. During a follow up interview with Resident #50 on 3/25/21 at 9:05 AM she stated that she felt that over all the food did not taste good and that there was not enough variety. Resident #50 stated that she attended the FCM held 3/24/21 and she along with 3 other residents expressed that the food could be better and could improve.	F 804	The date of completion will be 4.23.21	

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1e. Resident #49 was admitted to the facility 8/11/20. Diagnoses included end stage renal disease, diabetes mellitus type 2, and hypertension, among others.

An observation of Resident #49 eating her lunch meal on 3/22/21 at 12:56 PM revealed she received mixed vegetables for lunch but did not eat them. Resident #49 indicated no and shook her head back and forth when asked if she had a desire to eat her mixed vegetables.

1f. Resident #26 was admitted to the facility on 8/15/2018. Diagnoses included, in part, congestive heart failure, hypertension, diabetes mellitus 2, and hyperkalemia, among others.

A quarterly MDS assessment dated 1/14/21 assessed Resident #26 with clear speech, adequate hearing/vision, able to understand, understood by others, intact cognition, and fed herself but required supervision and set up assistance with eating.

Resident #26 attended the 1/27/21 and 3/24/21 FCM.

During an interview with Resident #26 on 3/22/21 at approximately 2:30 PM she stated that she received repetitious meals which she expressed during FCM. The example she provided was that her lunch that day, 3/22/21, was the same as the meal she received Friday, 3/19/21 for dinner. A follow up interview with Resident #26 occurred on 3/22/21 at 4:15 PM and revealed that she did not eat her mixed vegetables for lunch because they were not usually seasoned well. She further stated that the dinner meals were usually

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received at temperatures less than room temperature.

2. Review of Resident Council Meeting (RCM) minutes dated 1/6/21, revealed 8 residents expressed that the food was cold coming from the kitchen. The follow up was to discuss further in the next FCM.

Review of FCM minutes dated 1/27/21 revealed that 3 of the residents who attended the 1/6/21 RCM with complaints of cold food did not attend. The FCM minutes documented that the 5 residents who attended had no complaints of cold foods. There was no follow up to the complaints of cold food documented in the 1/6/21 RCM.

Review of the FCM minutes dated 3/24/21 revealed the food comments given by Resident #50 were not documented.

During an interview with the Certified Dietary Manager (CDM) on 3/26/21 at 9:46 AM she stated there were no other comments about the food during the FCM that occurred on 3/24/21. The CDM stated that since the residents who attended the 3/24/21 FCM were complimentary of the food, there was no further follow up to the concerns expressed regarding cold foods during the 1/6/21 RCM. After further discussion the CDM stated that Resident #50 did mention that she did not like the taste of some of the food during the 3/24/21 FCM, but because most of the residents were complimentary, the CDM did not document her comments. The CDM stated that instead, she addressed the food concerns with Resident #50 individually by giving her suggestions on how she could season her food to taste.

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3. Review of the 3/22/21 and 3/24/21 lunch meal corporate menus and recipes revealed the 3/22/21 lunch menu included creamy mashed potatoes with gravy and roasted turkey. The 3/24/21 lunch meal corporate menu included beef tips and scalloped corn. Corn casserole was substituted for the scalloped corn. The corporate recipes recorded the following ingredients, which were not used:

· Creamy Mashed Potatoes - heavy cream
· Roasted Turkey with Gravy - chopped carrots
· Beef tips - garlic powder, Worcestershire sauce, and soy sauce
· Corn casserole - sour cream and shredded cheddar cheese

An observation on 3/22/21 at 11:00 AM of the cook's prep area, the steam table and lunch meal preparation, revealed mixed vegetables, observed with a dry wrinkled appearance and mashed potatoes were observed stored covered with a lid on the steam table. Roast turkey was observed cooking in the oven. The steam table temperature was set to its highest setting (10). Carrots were not observed as an ingredient included with the roast turkey. An observation of the walk-in refrigerator occurred on 3/22/21 at 11:20 AM and revealed heavy cream was not available. An observation on 3/22/21 at 11:35 AM of the freezer revealed frozen diced carrots were available. Cook #1 stated during this observation that she began lunch preparation about 8:30 AM and that she placed the mixed vegetables and mashed potatoes on the steam table about 10:00 AM. She stated that the lunch meal tray line would begin about 12:00 PM.

An observation of the walk-in refrigerator

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F 804	Continued From page 11	F 804		

occurred on 3/24/21 at 8:29 AM and revealed sour cream and cheddar cheese were available. An observation on 3/24/21 at 10:45 AM of the cook's prep area and lunch meal preparation, revealed beef tips and canned corn kernels were boiling on a gas stove and steamed rice was stored on the steam table covered with a lid. The steam table temperature was set to its highest setting (10). The spice rack did not include garlic powder, Worcestershire sauce or soy sauce. Cook #1 stated she began cooking for lunch at about 8:30 AM and had just placed the cooked rice on the steam table.

A test tray was requested on 3/24/21 at 12:03 PM for a regular lunch meal tray. The corn casserole was observed served without sour cream or cheddar cheese. Cook #1 plated steamed rice, stew beef, corn casserole, and a roll. Iced tea and baked apples were added to the tray by dietary staff. The CDM left the kitchen at 12:32 PM with the test tray and arrived on the 2nd floor at 12:35 PM via the elevator. All residents on the 2nd floor were served by 12:49 PM and the test tray was sampled. The CDM and surveyor observed the following: the rice and stew beef were without visible steam and the butter remained congealed when added. The butter melted on the corn casserole when added and there was visible steam. The CDM stated the foods tasted good but that the missing ingredients could have enhanced the flavor.

During an interview on 3/24/21 at 1:51 PM and a follow up phone interview on 3/26/21 at 9:46 AM, Cook #1 stated that she routinely placed food on the steam table for hot holding within 2 hours of the meal service when the steamer and convection oven were both in use. Cook #1

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stated she did this because she thought that foods could be on the steam table for up to 2 hours. Cook #1 also stated that she removed the steamed rice from the steamer and put it on the steam table for hot holding because she did not want to overcook the rice. She stated she was unaware that corporate recipes were available for use online, so she used the internet to find recipes. During a review of the corporate recipes Cook #1 stated that she did not follow the corporate recipes because she did not have all the ingredients. She stated that heavy cream was not available for the mashed potatoes, so she used milk instead. She stated that did not include the sour cream or cheddar cheese for the corn casserole because she thought the ingredients were not available. She stated that she did not have garlic powder, soy or Worcestershire sauce for use when she prepared the beef tips, so although it did not include garlic powder or either sauce, she used Italian seasoning and beef base instead to help the beef tips taste better. Cook #1 stated that in the past she informed her supervisor when ingredients were not available, but she was told the ingredients were not available due to the budget, so she stated, "I just stopped saying anything."

The CDM stated in an interview on 3/24/21 at 1:31 PM and on 3/26/21 at 9:46 AM that she coordinated monthly FCM with the residents to provide them with an opportunity to discuss food concerns. The CDM stated that overall, residents were complimentary of food so there had not been food concerns that required follow up. The CDM stated that some ingredients were unavailable (heavy cream and sour cream) so she advised the cook to use milk instead of heavy cream when making potatoes, sour cream was

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F 804	Continued From page 13 not used for the corn casserole and garlic powder was stored in a filing cabinet in her office by the cooks. She was unsure why garlic powder was not used to season the beef tips because she thought the cooks were aware of where it was stored. The CDM further stated that she was in/out of the kitchen due to her role as CDM and Housekeeping/Laundry Director and had not noticed that cooks used the steam table for holding hot foods prior to the start of the tray line which could contribute to concerns with food quality. An interview with the Regional Nutrition Consultant occurred on 3/24/21 at 1:21 PM and revealed she expected residents to receive foods that were palatable and that the steam table should not be used for hot holding to prevent the loss of nutrients. The Administrator stated in an interview on 3/26/21 at 12:36 PM that residents should receive foods served at acceptable taste/temperatures.	F 804		
F 812 SS=E	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	F 812		4/23/21

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F 812	Continued From page 14 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to follow USDA guidelines to refreeze a potentially hazardous food, follow USDA guidelines to store hot foods to prevent the growth of bacteria, discard expired produce with signs of spoilage, and date opened food. A pork roast that thawed under cold running water was refrozen, tomatoes were stored for use discolored and with signs of spoilage, and one half bag of sausage patties were undated. This occurred for 1 of 1 walk-in refrigerators and 1 of 1 walk-in freezers. The findings included: USDA guidance for Safe Thawing, found at https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/meat/fresh-pork-farm-table, gave the following guidance. Pork thawed in the refrigerator will remain safe in the refrigerator 3 to 5 days before cooking. During this time, if you decide not to use the pork, you can safely refreeze it without cooking it first. Foods defrosted by the cold-water method should be cooked before refreezing because they potentially may have been held at temperatures above 40 degrees Fahrenheit. Review of the facility's policy "Refreezing Meat Properly" dated January 10, 2021 recorded in	F 812	The pork roast was discarded (3.23.21). The tomatoes were discarded (3.23.21). The undated sausage was properly dated and labeled (3.23.21). An audit of the kitchen and its storage areas was conducted to discard any other meats being improperly thawed or that had been refrozen (3.25.21). An audit was also conducted to identify any food items with compromised integrity or improperly stored (3.25.21). Identified food items were discarded. Additionally, and audit of all food items was conducted to ensure foods and food items were properly labeled and dated. Items found not to be properly labeled, dated, or out of date have were discarded (3.25.21). To help ensure the deficient practice of improperly refreezing meat does not reoccur, all dietary staff have been educated on how to properly thaw and refreeze meat (3.31.21). New staff or staff members not present will be educated prior to their next scheduled shift. As a practice, all meat products will thaw in the refrigerator. The Dietary Manager has educated dietary staff on properly storing inspecting food items prior use. As a	

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F 812	Continued From page 15 part, meat may be refrozen as long as it was stored properly in the refrigerator while it thawed. Meat was not left out of the refrigerator for more than 2 hours. Meat did not spend more than 1 hour in temperatures above 90 degrees. During the initial tour of the kitchen on 3/22/21 from 10:48 AM to 11:32 AM the following items were observed and available for use. 1a- Walk-in refrigerator - A sheet pan with a 10-pound roast identified as beef by the Certified Dietary Manager (CDM), unopened, and greyish red in color dated 3/22/21. A box of tomatoes with a date of 3/19/21 written in marker which revealed 16 of the 25 tomatoes had fuzzy black and white hair-like growth, soft bruised areas, and holes present. 1b- Walk-in freezer - One half bag of sausage patties in a plastic bag undated. During an interview with the CDM on 3/22/21 at 11:20 AM it was revealed the beef roast was removed from the freezer by her on Sunday after 1 PM, placed under cold running water to thaw until 6 PM, and then placed in the walk-in refrigerator. The CDM stated the roast was still frozen in the middle when she placed it in the walk-in refrigerator, and it was dated 3/22/21 to represent the date it was thawed completely. It was further revealed by the CDM the box of tomatoes should have been dated 3/18/21 because that was the date they were received. The CDM stated her Dietary Aide (DA) #1 was the person who checked products when delivered, but she had been off for a few days. The CDM also stated she had cooked at the facility over the weekend but had not used the tomatoes, so she did not check them for storage issues.	F 812	practice, the designated cook will inspect all incoming food deliveries to ensure integrity and proper storage (3.31.21). Additionally, the Dietary Manager has educated dietary staff on labeling and dating food items. and properly dating food items (3.31.21). New staff or staff members not present will be educated prior to their next scheduled shift. As a practice, the designated cook will inspect all opened and leftover items to ensure proper dating and labeling has been done. Items not properly dated or labeled will be discarded. To help ensure the plan of correction is effective and the specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements, beginning 4.19.21, the facility Dietary Manager will audit menus five times weekly for four weeks to ensure meats are properly thawed. Thereafter, audits will be completed three times weekly for four weeks, then twice weekly for four weeks. Beginning 4.19.21 the Dietary Manager will also audit all stored food five times weekly for four weeks to ensure integrity and proper storage. Thereafter, audits will be completed three times weekly for four weeks, then twice weekly for four weeks. Additionally beginning 4.19.21, the Dietary Manager will audit stored food five times weekly for four weeks to ensure food items are properly labeled and dated. Thereafter, audits will be completed three times weekly for four weeks, then twice weekly for four weeks.	

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F 812	Continued From page 16 During an interview with Cook #1 on 3/22/21 at 11:35 AM it was revealed she had opened the bag of sausage patties that morning and forgot to label with the date of storage. An interview with the CDM on 3/22/21 at 5:01 PM revealed the roast in the walk-in refrigerator was pork, not beef. The CDM stated she placed the pork roast back in the walk-in freezer 3/22/21 around 12:30 PM or 1 PM when Cook #1 told her it was the wrong meat needed for the lunch meal on Tuesday. During an interview with the CDM on 3/24/21 at 8:21 AM she referred to the facility policy "Refreezing Meat Properly" and stated she thought the 2 hour rule was not to leave the meat on the counter for 2 hours, she did not understand the policy referred to the meat being out of refrigeration for more than 2 hours, even if it was being thawed under running water. The CDM stated she had discarded the meat. The interview with the DA #1 on 3/24/21 at 8:29 AM revealed she did recall receiving the tomatoes on 3/18/21 but did not open the box to look at them. The DA stated she checks off what has been received but does not open boxes or packages to see what is inside. An interview with the Regional Nutrition Consultant on 3/24/21 at 1:21 PM revealed she had reviewed the policy for refreezing meats and agreed with that practice for refreezing foods which included using meats thawed under cold water and meats thawed by refrigeration. On 3/26/21 at 12:36 PM an interview with the Administrator revealed it was his expectation food	F 812	Findings will be reviewed weekly with the Administrator. Results will be discussed and addressed during the facility□s monthly Quality Assessment and Performance Improvement (QAPI) meeting. The date of completion will be 4.23.21	

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F 812	Continued From page 17 would be properly checked and stored, and if anything was found to be unacceptable it would be discarded.	F 812		
F 908 SS=D	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain the conventional oven in safe operating condition. The findings included: An observation on 3/24/21 at 10:40 AM was made of the conventional oven in the kitchen, empty and not in use. During an interview on 3/24/21 at 1:51 PM, Cook #1 stated she was not comfortable using the conventional oven because when she turned the temperature dial to its lowest setting, the temperature of the conventional oven seemed to be really hot. Additionally, when she turned the temperature dial on the conventional oven to its highest setting, the temperature of the conventional oven seemed to be cooler. Cook #1 stated she shared this concern with the Certified Dietary Manager (CDM) and the maintenance director when the conventional oven was installed about 3 months ago, but it had not been repaired yet. An interview the CDM on 3/24/21 at 1:31 PM revealed that she and Cook #1 had concerns with	F 908	The facility conventional oven has been repaired (4.15.21). An audit of all kitchen and patient care equipment was conducted to ensure equipment was properly functioned and was in safe operation condition (4.16.21). Equipment found not be properly functioning and in safe operating condition has been repaired or removed from service. To help ensure the deficient practice of facility equipment is properly functioning and in unsafe operating condition, the Director of Maintenance Services educated all staff, including nursing, therapy, dietary, housekeeping, environmental services, administrative services, activities and social work on notifying the Director of Maintenance or Maintenance Assistant on of equipment found not to be properly functioning or in an unsafe operating condition 4.20.21). If equipment in a patient care area is found to be improperly working on in an unsafe operating condition, facility staff are to	4/23/21

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F 908	Continued From page 18 the temperature of the conventional oven and that Cook #1 stated she would tell the maintenance director so it could be repaired. An interview with the Maintenance Director on 3/24/21 at 2:21 PM revealed he was not made aware that the conventional oven was not working. He stated he had looked at it and determined the wires were crossed. The wire for the low heating was actually high and the wire for high heating was actually low. The Maintenance Director further stated the conventional oven was still under warranty so he had called Hobart and they would come to the facility to make the repair.	F 908	discontinue using the equipment, remove the equipment from circulation, label the equipment and not working, and notify the Director of Maintenance or Maintenance Assistant. If equipment found in non-patient care areas is found not to be properly functioning or in unsafe operating condition, staff should discontinue use of the equipment label the equipment as not working and notify the Director of Maintenance or Maintenance Assistant. The Maintenance Director will also inquire during morning meetings if there has been any equipment identified to be not properly working or in unsafe operating condition. The Maintenance Assistant will also inquire with all departments daily to identify any equipment found to not be properly working or in unsafe operating condition. To help ensure the plan of correction is effective and the specific deficiency cited remain corrected and/or in compliance with the regulatory requirements, beginning 4.20.21, the Director of Maintenance will audit all departments three times weekly for four weeks to identify if there is any equipment found to not be properly working or in unsafe operating condition. Thereafter, audits will be completed twice weekly for four weeks, then weekly for four weeks. Findings will be reviewed weekly with the Administrator. Results will be discussed and addressed during the facility□s monthly Quality Assessment and Performance Improvement (QAPI)	

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F 908	Continued From page 19	F 908	meeting. The date of completion will be 4.23.21	