STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. BUILDING _____ B. WING _____	11/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNOX CENTER FOR LONG TERM CARE	6 WHITE STREET ROCKLAND, ME 04841

(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 From 10/30/23 through 11/1/23, on-site visits were conducted at Breakwater Commons for the purpose of conducting the annual Long Term Care Survey Process and investigating complaints #ME00045068 and #ME00045073. It was determined that Breakwater Commons was not in substantial compliance with 42 CFR 483, Subpart B-Requirements for Long Term Care Facilities.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	F 584		

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

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F 584	Continued From page 1 §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition for 2 of 3 units(East Wing-100s and South Wing-200s) for 1 of 1 environmental tour. Findings: On 11/1/23 from 1:20 p.m. to 2:10 p.m., during a tour of the facility/resident rooms with the Environmental Services Director and the Maintenance Assistant, the following findings were observed: East Wing-100s > Resident Room 102 - There was a bedpan on the floor in the bathroom. > Resident Room 106 - There were two (2) commode buckets on the floor in the bathroom. > Resident Room 108 - There was a wash basin on the floor under the sink in the bathroom. > The sit-to-stand patient lift, in the hallway by	F 584		

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F 584	Continued From page 2 room 110, had debris and dirt in the base area and the arm pads and frame were dusty/dirty. > Resident Room 111 - There were two (2) commode buckets on the floor in the bathroom. > Resident Room 114 - There was a wash basin and commode bucket on the floor under the sink in the bathroom. South Wing-200s > The patient lift, in the hallway between rooms 220 and 221, had hair wrapped around wheels and had chipped/missing paint on the frame creating an uncleanable surface. > The two(2) sit-to-stand patient lifts, located in the hallway, had dirt/debris in the foot base area and had chipped/missing paint on the base and legs creating uncleanable surfaces. On 11/01/23 at 2:10 p.m., in an interview, the Environmental Services Director and the Maintenance Assistant confirmed the findings.	F 584		
F 623 SS=B	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and	F 623		

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F 623	Continued From page 3 (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in	F 623		

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F 623	Continued From page 4 completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at §	F 623		

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F 623	Continued From page 5 483.70(l). This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to issue a written transfer/discharge notice, which included information regarding appeal rights and the name and address of the Office of the State Long-Term Care Ombudsman, to residents or their representatives for 2 of 3 sampled residents transferred/discharged by the facility to an acute care hospital (Residents #99 and #256). Findings: 1. Documentation in Resident 99's clinical record indicated that the resident was transferred was transferred to an acute care facility on 9/25/23 and 10/6/23. The clinical record lacked evidence that the facility had provided a transfer/discharge notices to the resident and his/her representative. On 11/1/23 at 11:25 a.m., in an interview with a surveyor, the facility's Social Worker confirmed that a Transfer/Discharge Notice was not given to the resident or resident representative upon transfer to an acute care facility for either transfer. 2. Documentation in Resident 256's clinical record indicated that the resident was transferred to an acute care facility on 10/3/23. The clinical record lacked evidence that the facility had provided a transfer/discharge notice to the resident and his/her representative. On 11/1/23 at 9:25 a.m., in an interview with a surveyor, the facility's Social Worker confirmed that a Transfer/Discharge Notice was not given to	F 623		

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F 623	Continued From page 6 the resident or resident representative upon transfer to an acute care facility. In addition, it was confirmed that the facility was not providing notice of resident transfers/discharges to the Office of the State Long-Term Care Ombudsman.	F 623		
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:	F 625		

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F 625	Continued From page 7	F 625		

Based on record reviews and interviews, the facility failed to issue a bed hold notice in writing, or within 24 hours, to residents or their legal representatives, for 3 of 3 residents transferred to an acute care facility (#99, #202 and #256).

Findings:

1. Documentation in Resident 99's clinical record indicated that the resident was transferred to an acute care facility on 9/25/23 and 10/6/23. The clinical record lacked evidence that the facility had provided a bed hold notices to the resident or his/her representative.

On 11/01/23 at 2:15 p.m., in an interview with the surveyor, the social worker confirmed that bed hold notices were not provided for Resident #99's transfer to the hospital on 9/26/23 and 10/06/23.

2. Documentation in Resident 202's clinical record indicated that the resident was transferred to an acute care facility on 10/16/23. The clinical record contained a progress note indicating the bed hold notice was provided on 10/23/23 to Resident #202's representative.

On 10/31/23 at 3:31 p.m., in an interview with a surveyor, the social worker confirmed that the bed hold notice was not provided until 7 days after Resident #202's hospital admission. The social worker stated there is no process to ensure a resident's transfer to a hospital is communicated by nursing staff to social services staff.

On 10/31/23 at 3:45 p.m., the surveyor discussed with the Administrator that nursing and social services staff do not have a process to ensure

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F 625	Continued From page 8 residents and family representatives receive bed hold notices within 24 hours of transfer to a hospital. 3. Documentation in Resident 256's clinical record indicated that the resident was transferred to an acute care facility on 10/3/23. The clinical record lacked evidence that the facility had provided a bed hold notice to the resident or his/her representative. On 11/1/23 at 9:25 a.m., in an interview with a surveyor, the facility's Social Worker confirmed that a bed hold notice was not given to the resident or resident representative in writing upon transfer to an acute care facility.	F 625		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of the Safety Data Sheets, the facility failed to ensure that the resident environment remained free from the potential risk of accidents when they failed to ensure that two chemicals were properly secured during 1 of 3 days of survey (10/30/23). Findings:	F 689		

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F 689	Continued From page 9	F 689		

1. On 10/21/23 at 9:30 a.m., a surveyor observed a 19-ounce spray can of Lysol Disinfectant Spray and a jar of pumpkin spice scent crystal beads sitting on Resident #20's bedside table.

The Safety Data Sheet for the Lysol Disinfectant Spray noted:
Section 2. Hazards identification:
Keep out of reach of children.
Section 4. First Aid Measures:
Eye Contact: Immediately flush with plenty of water, occasionally lifting the upper and lower eyelids. Check for and remove any contact lenses. Continue to rinse for at least 10 minutes. Get medical attention if irritation occurs.

Inhalation: Remove victim to fresh air and keep at rest in a position comfortable for breathing. If not breathing, if breathing is irregular or if respiratory arrest occurs, provide artificial respiration or oxygen by trained personnel. It may be dangerous to the person providing aid to give mouth-to mouth resuscitation. Get medical attention if adverse health effects persist or are severe. If unconscious, place in recovery position and get medica attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt, or waistband.

Skin Contact: Flush contaminated skin with plenty of water. Remove contaminated clothing and shoes. Get medical attention if symptoms occur. Wash clothing before reuse. Clean shoes thoroughly before reuse.

Ingestion: Wash out mouth with water. Remove dentures if any. Remove victim to fresh air and keep at rest in a position comfortable for breathing. If material has been swallowed and

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F 689	Continued From page 10	F 689		

the exposed person is conscious, give small quantities of water to drink. Stop if the exposed person feels sick as vomiting maybe be dangerous. Do not induce vomiting unless directed to do so by medical personnel. If vomiting occurs, the head should be kept low so that vomit does not enter the lungs. Get medical attention if adverse health effects persist or are severe. Never give anything by mouth to an unconscious person. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt, or waistband.

The Safety Data Sheet for the jar of pumpkin spice scent crystal beads noted:

Section 4. First aid measures:

Eye Contact: Rinse thoroughly with plenty of water, also under the eyelids. If symptoms persist, call a physician.

Skin Contact: Wash with soap and water.

Inhalation: Remove to fresh air/

Ingestion: Rinse mouth immediately and drink plenty of water. Never give anything by mouth to an unconscious person.

Self-protection of the first aider: Remove all sources of ignition. Ensure that medical personnel are aware of the material(s) involved, take precautions to protect themselves and prevent sprea of contamination. Use personal protective equipment as required. Wear personal protective equipment.

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F 689	Continued From page 11 On 10/20/23 at 2:53 p.m., a surveyor confirmed with the Administrator that a bottle of Lysol and jar of scented beads were stored incorrectly on the resident's bed side table and should not have been stored there.	F 689		
F 732 SS=B	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to	F 732		

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F 732	Continued From page 12 exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post the current daily nurse staffing information that includes the facility name, and a breakdown of the number of hours of registered and unlicensed nursing staff responsible for direct resident care in a prominent place readily accessible to residents and visitors for 3 of 3 survey days. (10/30/23, 10/31/23 & 11/1/23) Findings: On 10/30/23 at 10:00 a.m., during a facility tour, a surveyor observed that the nurse staffing information was not posted in a prominent place readily accessible to residents and visitors. On 10/31/23 at 9:30 a.m., during a facility tour, a surveyor observed that the nurse staffing information was not posted in a prominent place readily accessible to residents and visitors. On 10/31/23 at 10:41 a.m., in an interview, with the Administrator stated that the daily nurse staffing hours are not posted in the building since the facility opened on 7/19/23. On 11/1/23 at 4:45 p.m., during an exit interview, the above findings were discussed with the Administrator.	F 732		

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F 812	Continued From page 13	F 812		
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 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 observations, interview, and the facility's Food Storage and Leftover Food Storage policy, Daily High-Temp Ware Wash checklist Policy, Daily High-Temp Ware Wash checklist Policy, and Refrigerator and Freezer Temperatures checklist Policy, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for a food slicer and ceiling vents; failed to ensure all staff were wearing facial hair protectors; failed to ensure foods were labeled and/or in the dry storage room, reach-in refrigerator, the reach-in freezer, the walk-in refrigerator and the walk-in freezer for 1of 1 kitchen tour on 1 of 3 days of survey. (10/30/23). Additionally, the facility failed to ensure	F 812		

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	205124	A. BUILDING _____ B. WING _____	11/01/2023

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temperatures were monitored for the dish machine and the refrigerators/freezers for dates in August, September and October 2023.

Findings:

The facility's Food Storage and Leftover Food Storage policy noted:
Procedure:
4. All containers must be legible and accurately labeled and dated.
7. c. Food should be dated as it is placed on the shelves if required by state regulation.
d. Date marking to indicate the date or day by which a ready to eat, time/temperature control for safety food should be consumed, sold, or discarded will be visible on all high risk food.
13. Leftover food will be stored in covered containers or wrapped carefully and securely. Each item will be clearly labeled and dated before being refrigerated.
14. b. Foods must be maintained at or below 41 degrees Fahrenheit unless otherwise specified by law periodic law. Periodically take temperatures of refrigerated foods to assure temperatures are maintained at or below 41 degrees Fahrenheit thermometer should be checked at least two times each day. Quotation C sample freezer and refrigerator temperature forms quotation.
d. Each nursing unit with a refrigerator/freezer unit will be supplied with thermometers and monitored for appropriate temperatures.
15. c. All frozen foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their safe used by dates or discarded.
Leftover food policy procedure: a period leftovers will be securely covered, labeled and clearly dated with the date the item was prepared and

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the use by date.

The facility's Daily High-Temp Ware Wash checklist Policy noted at the bottom of the page:
Notify food service director if there are any standards that are out of compliance (i.e. Wash temperatures that are less than 150 degrees or rinse temperatures that are less than 180 degrees. Follow manufacturers recommendations for temps)

The facility's refrigerator and freezer temperatures checklist Policy noted at the bottom of the page:
Please record the temperatures twice a day. If two consecutive readings for the refrigerator ever exceeds 42 degrees, and if two consecutive readings for the freezer ever exceeds 5 degrees, notify the highest ranking person in the kitchen.

On 10/30/23 from 9:15 a.m. to 10:00 a.m., a kitchen tour was conducted with the with Food Service Director in which the following findings were observed:

1. > One(1) male worker with facial hair was cooking at the stove and was not wearing facial hair protection.
> The food slicer had dried food particles on the blade, the blade shroud and the base.
> There were two(2) ceiling vents that were heavily soiled with dust/dirt.
> The dry storage room had one(1) large package of prunes that was unlabeled and undated, four(4) unlabeled and undated bags of cereal with one of the bags ripped open, and three(3) bags of chips that were unlabeled and undated.
> The reach-in milk cooler had a one gallon

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container of chocolate milk that had an expiration date of 10/28/23.
> The reach-in refrigerator had one(1) unlabeled bag of bacon, three(3) unlabeled packages of cheese, one(1) undated and unlabeled package of baked cookies, and two(2) undated and unlabeled metal containers of sauces.
> The reach-in freezer had one(1) unlabeled package of steaks, one(1) unlabeled package of chicken tenders, one(1) unlabeled package of veggie burgers, and two(2) unlabeled packages of chicken nuggets.
> The walk-in refrigerator had three(3) undated and unlabeled plates of cakes, and one(1) unlabeled package of cut up meat.
> The walk-in freezer had two(2) undated and unlabeled metal containers of cupcakes, and three(3) undated and unlabeled pies.

0n 10/30/23 at 10:00 a.m., in an interview, the Food Service Direct confirmed the findings.

2. The facility's high temperature dish washing machines did not have the temperatures monitored on the following dates:
August 2023
Main Kitchen:
Lunch - 8/6/23, 8/16/23, 8/19/23, 8/30/23
Supper - 8/1/23, 8/2/23, 8/4/23, 8/8/23, 8/9/23, 8/11/23-8/16/23, 8/19/23, 8/21/23, 8/23/23, 8/25/23, 8/27/23- 8/29/23, and 8/31/23.

East Wing-100s:
Lunch - 8/6/23, 8/7/23, 8/21/23, and 8/27/23
Supper - 8/1/23, 8/4/23, 8/8/23, 8/11/23, 8/13/23, 8/20/23-8/23/23, 8/25/23, 8/26/23, and 8/30/23.

South Wing- 200s:
Breakfast - 8/12/23

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F 812	Continued From page 17 Lunch - 8/4/23, 8/5/23, 8/12/23 and 8/16/23 Supper - 8/2/23, 8/3/23, 8/5/23, 8/7/23, 8/9/23, 8/12/23, 8/15/23-8/19/23, 8/21/23, 8/23/23, 8/25/23-8/28/23, 8/30/23 and 8/31/23. West Wing-300s: Breakfast - 8/1/23, 8/13/23 and 8/27/23 Lunch - 8/1/23, 8/13/23, 8/26/23, 8/27/23 and 8/30/23 Supper - 8/1/23, 8/2/23, 8/5/23- 8/7/23, 8/13/23, 8/14/23, 8/18/23, 8/21/23, 8/23/23, 8/25/23, 8/27/23, 8/28/23 and 8/30/23. September 2023 Main Kitchen: Breakfast - 9/13/23, 9/23/23 and 9/24/23 Lunch - 9/13/23, 9/23/23, 9/24/23, 9/26/23 and 9/27/23 Supper - 9/1/23, 9/8/23, 9/9/23, 9/11/23-9/13/23, 9/18/23, 9/22/23-9/26/23, 9/28/23 and 9/29/23 East Wing-100s: Breakfast - 9/7/23, 9/13/23, 9/14/23, 9/16/23, 9/20/23, 9/22/23 and 9/27/23 Lunch - 9/7/23, 9/9/23, 9/13/23, 9/16/23, 9/20/23, 9/22/23 and 9/27/23 Supper - 9/5/23, 9/9/23, 9/10/23, 9/16/23, 9/18/23, 9/22/23-9/24/23 and 9/28/23 South Wing- 200s: Breakfast - 9/15/23, 9/20/23 and 9/23/23 Lunch - 9/11/23, 9/20/23, 9/21/23 and 9/23/23 Supper - 9/1/23, 9/4/23-9/6/23, 9/9/23, 9/11/23, 9/13/23-9/15/23, 9/18/23-9/20/23, 9/23/23, 9/24/23 and 9/27/23-9/29/23 West Wing-300s: Breakfast - 9/6/23 and 9/29/23 Lunch - 9/6/23, 9/9/23, 9/16/23, 9/17/23 and	F 812		

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F 812	Continued From page 18 9/29/23 Supper - 9/3/23, 9/4/23, 9/6/23, 9/8/23, 9/10/23, 9/11/23, 9/17/23, 9/25/23- 9/27/23, 9/20/23, 9/23/23, 9/24/23 and 9/27/23-9/29/23 October 2023: Main Kitchen: 10/1/23-10/31/23 no documentation provided for breakfast, lunch or supper. East Wing-100s: Breakfast - 10/21/23 and 10/29/23- 10/31/23 Lunch - 10/3/23, 10/11/23-10/13/23, 10/21/23 and 10/28/23-10/31/23 Supper - 10/7/23-10/10/23, 10/12/23, 10/21/23, 10/22/23, 10/30/23 and 10/31/23 South Wing- 200s: Breakfast - 10/16/23, 10/26/23 and 10/31/23 Lunch - 10/3/23, 10/6/23, 10/7/23, 10/11/23-10/13/23, 10/16/23-10/26/23 and 10/28/23-10/31/23 Supper - 10/2/23-10/4/23, 10/6/23-10/8/23, 10/11/23-10/13/23, 10/15/23-10/26/23 and 10/28/23-10/31/23 West Wing-300s: Breakfast - 10/8/23, 10/9/23, 10/22/23, 10/23/23 and 10/31/23 Lunch - 10/7/23-10/9/23, 10/22/23, 10/23/23, 10/30/23 and 10/31/23 Supper - 10/11/23, 10/17/23, 10/18/23, 10/22/23-10/25/23, 10/27/23, 10/28/23, 10/30/23 and 10/31/23 3. The facility's refrigerators/freezers did not have the temperatures monitored on the following dates: August 2023 Main Kitchen: 8/1/23-8/31/23 - No documentation	F 812		

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F 812	Continued From page 19 provided for walk-in refrigerator, walk-in freezer, reach-in refrigerator, reach-in freezer, and reach-in dairy juice cooler. East Wing-100s: Reach-in refrigerator- 8/1/23(pm), 8/2/23(pm), 8/13/23(pm), 8/21/23(pm) and 8/22/23(pm), Reach-in freezer - 8/1/23(pm), 8/2/23(pm), 8/13/23(pm), 8/21/23-8/23/23(pm) and 8/26/23(pm) South Wing-200s: Reach-in refrigerator- 8/4/23(pm), 8/12/23(am), 8/23/23(pm) and 8/28/23(pm) Reach-in freezer - 8/4/23(pm), 8/11/23(pm), 8/15/23(pm) and 8/28/23(pm) West Wing-300s: Reach-in refrigerator- 8/5/23(pm), 8/6/23(pm), 8/8/23(pm), 8/18/23(pm), 8/27/23(am), 8/28/23(pm) and 8/27/23(pm) Reach-in freezer - 8/5/23(pm), 8/6/23(pm), 8/8/23(pm), 8/18/23(pm), 8/27/23(am), 8/28/23(pm) and 8/27/23(pm) September 2023 Main Kitchen: Walk-in refrigerator- 9/1/23(pm), 9/2/23(pm), 9/4/23-9/7/23(pm), 9/9/23-9/13/23(pm), 9/16/23(pm), 9/17/23(pm), 9/19/23-9/21/23(pm) and 9/24/23(pm) Walk-in freezer- 9/1/23(pm), 9/2/23(pm), 9/4/23-9/7/23(pm), 9/9/23-9/13/23(pm), 9/16/23(pm), 9/17/23(pm), 9/19/23-9/21/23(pm), 9/24/23(pm) and 9/25/23(pm) Reach-in refrigerator- 9/1/23(pm), 9/2/23(pm), 9/4/23(pm), 9/6/23(pm), 9/7/23(pm), 9/9/23-9/13/23(pm), 9/16/23(pm), 9/17/23(pm),	F 812		

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F 812	Continued From page 20 9/19/23-9/21/23(pm), 9/24/23(pm) and 9/25/23(pm) Reach-in freezer - 9/1/23(pm), 9/2/23(pm), 9/4/23(pm), 9/6/23(pm), 9/7/23(pm), 9/9/23-9/13/23(pm), 9/16/23(pm), 9/17/23(pm), 9/19/23-9/21/23(pm), 9/24/23(pm) and 9/25/23(pm) Reach-in dairy juice cooler- 9/1/23(pm), 9/2/23(pm), 9/4/23(pm), 9/6/23(pm), 9/7/23(pm), 9/9/23-9/13/23(pm), 9/16/23(pm), 9/17/23(pm), 9/19/23-9/21/23(pm), 9/24/23(pm) and 9/25/23(pm) East Wing-100s: Reach-in refrigerator- 9/7/23(am), 9/13/23(pm), 9/14/23(pm), 9/20/23(am), 9/22/23(am/pm), 9/23/23(pm), 9/24/23(pm), 9/27/23(am) and 9/28/23(pm) Reach-in freezer - 9/14/23(pm), 9/20/23(am), 9/22/23(am/pm), 9/23/23(pm) and 9/27/23(am) South Wing-200s: Reach-in refrigerator- 9/1/23(pm), 9/21/23(am), 9/22/23(pm), 9/23/23(pm), 9/25/23(pm), 9/28/23(pm) and 9/29/23(pm) Reach-in freezer - 9/1/23(pm), 9/21/23(am), 9/22/23(pm), 9/23/23(pm), 9/28/23(pm) and 9/29/23(pm) West Wing-300s: Reach-in refrigerator- 9/3/23(pm), 9/10/23(pm), 9/20/23(pm), Reach-in freezer - 9/3/23(pm), 9/10/23(pm), 9/20/23(pm), October 2023: Main Kitchen: Walk-in refrigerator- 10/6/23(pm), 10/9/23(pm), 10/13/23-10/15/23(pm), 10/20/23(pm),	F 812		

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F 812	Continued From page 21 10/22/23(pm), 10/23/23(pm), 10/28/23-10/30/23(pm) and 10/31/23(am/pm) Walk-in freezer- 10/6/23(pm), 10/9/23(pm), 10/13/23-10/15/23(pm), 10/20/23(pm), 10/22/23(pm), 10/23/23(pm), 10/28/23-10/30/23(pm) and 10/31/23(am/pm) Reach-in refrigerator- 10/6/23(pm), 10/9/23(pm), 10/13/23-10/15/23(pm), 10/20/23(pm), 10/22/23(pm), 10/23/23(pm), 10/28/23-10/30/23(pm) and 10/31/23(am/pm) Reach-in freezer - 10/6/23(pm), 10/9/23(pm), 10/13/23-10/15/23(pm), 10/20/23(pm), 10/22/23(pm), 10/23/23(pm), 10/28/23-10/30/23(pm) and 10/31/23(am/pm) Reach-in dairy juice cooler- 10/6/23(pm), 10/9/23(pm), 10/13/23(pm), 10/22/23(pm), 10/23/23(pm), 10/28/23-10/30/23(pm) and 10/31/23(am/pm) East Wing-100s: Reach-in refrigerator- 10/1/23(am), 10/4/23(am), 10/7/23-10/10/23(pm), 10/11/23(am), 10/12/23(am), 10/15/23(am), 10/17/23(am), 10/21/23(am/pm), 10/29/23(am), 10/30/23(am/pm) and 10/31/23(am/pm) Reach-in freezer- 10/1/23(am), 10/3/23(pm), 10/7/23-10/10/23(pm), 10/11/23(am), 10/12/23(am), 10/15/23(am), 10/17/23(am), 10/19/23(am), 10/21/23(pm), 10/29/23(am), 10/30/23(am/pm) and 10/31/23(am/pm) South Wing-200s: Reach-in refrigerator- 10/6/23(am), 10/24/23(pm), 10/28/23-10/30/23(pm), 10/31/23(am/pm) Reach-in freezer- 10/6/23(am), 10/24/23(pm), 10/28/23-10/30/23(pm), 10/31/23(am/pm) West Wing-300s: Reach-in refrigerator- 10/8/23(am), 10/9/23(am),	F 812		

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F 812	Continued From page 22 10/17/23(pm), 10/22/23(pm), 10/23/23(am/pm), 10/24/23(pm), 10/27/23(pm), 10/28/23(pm), 10/30/23(pm), 10/30/23(pm) and 10/31/23(am/pm) Reach-in freezer- 10/8/23(am), 10/9/23(am), 10/17/23(pm), 10/22/23(pm), 10/23/23(am/pm), 10/24/23(pm), 10/27/23(pm), 10/28/23(pm), 10/30/23(pm), 10/30/23(pm) and 10/31/23(am/pm) 0n 10/30/23 at 3:00 p.m., the surveyor discussed the findings with the facility Administrator.	F 812		