STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULFPORT CARE CENTER	11240 CANAL ROAD GULFPORT, MS 39503

(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
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI), MS #23919, at the facility from 1/29/24 through 2/1/24. The SA investigated CI MS #23919 related to infection control and there were no deficiencies cited. During the annual recertification survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M225, M500 and M815.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.	M 225		3/13/24

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M 225	Continued From page 1 c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and facility policy review, the facility failed to provide sufficient nursing staff resulting in residents not receiving showers and call lights not answered timely for five (5) of 18 sampled	M 225	*On 2/19/24, resident #25,#35,#60,#4 and #65 were assessed by facility's Assistant Director of Nursing with no adverse findings noted. *All residents have the potential to be affected by this practice. * The facility's Director of Nursing and	

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M 225	Continued From page 2 residents (Resident #25, #35, #60, #4, #65) and had the potential to affect all 72 residents residing in the facility. Findings include: A record review of the facility's "Nursing Services-Staffing" policy, revised 11/17 revealed "1. Staffing - The facility will have sufficient nursing staff twenty-four hours every day to provide nursing and nursing related services to attain or help maintain the highest practicable physical, mental, and psychosocial well-being of each resident...2. The facility will comply with established staffing requirements by the individual state governing agencies ... 6. The facility will actively recruit staff necessary to meet the requirements ..." Record review of the provider's reporting data "Casper Report" revealed the facility triggered excessively low weekend staffing and triggered a one star rating for one quarter dated July 1-September 30, 2023. A record review of the facility's "Facility Assessment", updated 11/06/23 revealed " ... Staffing plan: Staffing plan includes maximizing recruitment and retention of staff consistent with increasing access to higher quality care and supporting caregivers per the President's executive order ... We review our schedule and staffing needs daily based on current census, new admissions, discharges, and any other change in status by our residents. We also ensure that we are meeting at least the minimum requirements set by the State Department of Health ..." The Assessment also included the positions and daily average number for the following: " Licensed Practical Nurse (LPNs) 8,	M 225	Staff development were in serviced on 2/20/24 by the facility Administrator related to □Nursing Services-Staffing.□ The facility's medical director reviewed the policy □Nursing Services-Staffing□ with no recommended changes to the policy on 2/20/24. The facility Quality Assessment and Assurance Committee met on 2/20/24 to review the plan of correction for M tag 225. *Beginning 2/19/24, the facility Director of Nursing will ensure scheduled staff are present, if not an on-call rotation is in place to cover the shift if needed; residents will be interviewed to ensure call lights are answered timely and showers are offered. This will occur 3 times weekly for 4 weeks then monthly for two months to ensure ongoing compliance with F tag 725 and will report to the Quality Assessment and Assurance Committee for three months. The first Quality Assessment and Assurance Committee meeting will be held on 3/12/24.	

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M 225	Continued From page 3 Nurse Aides 12, Registered Nurses (RNs) 2, other staff needed for behavioral healthcare and services 1..." This tag is cross referenced to: F561- Based on interviews, record review and facility policy review, the facility failed to ensure the resident rights were honored by not consistently providing residents with their choice of receiving showers for three (3) of (18) residents reviewed for choices. Resident #25, Resident #35, and Resident #60. Resident #25 During an interview on 01/29/24 at 10:52 AM, Resident #25 complained that he does not get a shower. He explained that he was scheduled to receive a shower on the evening shift, but the facility did not have enough staff to provide showers on evenings and weekends. Record review of the "Completed Care Details", dated 1/1/24 through 1/31/23 revealed Resident #25 did not receive a shower on 1/1/24, 1/3/24, 1/8/24 and 1/12/24. A record review of the "Face Sheet" revealed the facility admitted Resident #25 on 1/16/21 and he had current diagnoses including Chronic Obstructive Pulmonary Disease and Overactive Bladder. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/19/23 revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. Resident #35	M 225		

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M 225	Continued From page 4 During an interview on 01/29/24 at 11:00 AM, with Resident # 35, he revealed the facility had only one Certified Nursing Assistant (CNA) on his hall on weekends and evenings, and the CNA does not give him showers. The resident said the staff are documenting that he is receiving his showers, but they are not giving them. Record review of the "Completed Care Details" revealed Resident #35 did not receive a shower on 1/03/24, 1/08/24, 1/22/24 and 1/26/24. A record review of the "Face sheet" revealed the facility admitted Resident #35 on 1/25/23 and he had current diagnoses including Chronic Kidney Disease Stage 3, Atrial Fibrillation, and a need for assistance with personal care. A record review of the Quarterly MDS with an ARD of 12/05/23 revealed Resident #35 had a BIMS score of 15, which indicated he was cognitively intact. Resident #60 During an interview on 01/29/24 at 10:55 AM with Resident # 60 revealed the facility does not have enough staff on the weekends and evenings to provide showers. Record review of the "Completed Care Details" revealed Resident #60 did not receive a shower on 1/3/24, 1/8/24, 1/17/24, 1/22/24, 1/26/24 and 1/31/24. A record review of the "Face Sheet" revealed the facility admitted Resident #60 on 9/16/21 and she had current diagnoses including Hypertension, Diabetes Mellitus, and Vitamin D Deficiency. A record review of the Quarterly MDS with an	M 225		

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M 225	Continued From page 5 ARD of 1/12/24 revealed Resident #60 had a BIMS score of 14, which indicated she was cognitively intact. During a phone interview on 2/1/24 at 1:36 PM, with CNA #4, she confirmed she worked the 200 Hall on the 7:00 PM to 7:00 AM (7PM-7AM) shift. CNA #4 explained that she had worked on the hall for several days without any other staff assistance. CNA #4 confirmed she was unable to give the residents showers because several of the residents required two (2) staff members to transfer them or to use the mechanical lifts and she could not do it without help. During a phone interview on 2/1/24 at 1:48 PM, with CNA #5, she confirmed she worked on the 200 Halls on the 7PM -7AM shift. CNA #5 confirmed she gave the residents bed baths because she could not provide showers to the residents without assistance from another staff member. CNA #5 said most of the residents on the hall used mechanical lifts to be transferred and she could not complete transfers without help. During a phone interview 2/1/24 at 2:00 PM, with CNA #6, she confirmed she worked the 7PM - 7AM shift on the 200 Hall. CNA #6 explained that she was unable to provide showers for the residents because they required two (2) to three (3) people to assist due to having to use mechanical lifts. CNA #6 said she tried to keep the residents as clean and dry as possible and would only give the residents bed baths when she worked the hall alone for their safety. CNA #6 said she had complained to the Director of Nursing (DON) and the Staff Development Nurse and was told that they have try to provide those showers. CNA #6 said she did not want to cause	M 225		

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M 225	Continued From page 6	M 225		

an accident with the residents or lose her certification, so she gave bed baths.

During an interview on 02/01/24 at 2:37 PM, with Registered Nurse (RN) #1, she confirmed the facility failed to document resident showers. RN #1 said she has in-serviced the staff to document and the importance of residents receiving their showers. RN #1 said she notified the DON that the showers were not being documented.

During an interview on 2/1/23 at 3:00 PM, with the Administrator, she confirmed the facility failed to document showers for several nights during the month of January. The Administrator said she expected the staff to provide showers on the days they were scheduled and for staff to ask for assistance to provide care for the residents.

Resident #4

On 01/29/24 at 11:18 AM, during an interview and observation with Resident #4, she complained staffing was low especially on the weekends. She reported the facility used a lot of agency staff and the agency staff did not know the residents. She also complained the nurses gave medications at different times and she had to go find the nurse for her medications. Resident #4 said that staffing being low happened on all shifts.

A record review of the "Face Sheet" revealed the facility admitted Resident #4 on 03/10/20 with current diagnoses including Atrial Fibrillation.

A record review of the Quarterly MDS with an ARD of 11/30/23 revealed Resident #4 had a BIMS score of 15, which indicated she was cognitively intact.

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M 225	Continued From page 7 Resident #65 On 01/29/24 at 9:58 AM, during an interview with Resident #65, she reported staff would answer call lights and would say they would be right back and not come back for two (2) hours. She stated that this occurred on all shifts. A record review of the "Face Sheet" revealed the facility admitted Resident #65 on 01/02/24 with current diagnoses including Other Specified Fracture of Right Pubis. A record review of the Admission MDS with an ARD of 01/09/24 revealed Resident #65 had a BIMS score of 8, which indicated her cognition was moderately impaired. On 01/30/24 at 1:30 PM, in a Resident Council meeting, the council members revealed that throughout the week on the night shift, they may wait hours for a response to the call light. The residents stated the night shift CNAs would sometimes come in the room, turn off the call light, tell the resident they will be right back, and never return. The residents stated they feel the facility is often short-staffed. On 01/31/24 at 3:00 PM, during an interview with the Director of Nursing (DON), she explained she has 4 (four) full-time nurses. She explained the facility currently used an agency and contracted nursing staff, but she planned on phasing out the use of the agency. She reported the acuity of residents that were admitted to the facility was much higher than was previously admitted. On 01/31/23 at 4:30 PM, during an interview with the Administrator, she explained she expected staffing to meet the requirements and needs of residents.	M 225		

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M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and	M 500		3/13/24

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M 500	Continued From page 9 understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline	M 500		

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M 500	Continued From page 10 or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);	M 500		

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M 500	Continued From page 11 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on interviews, record reviews, and facility policy review, the facility failed to ensure residents had access to their personal fund accounts on weekends for nine (9) of 18 sampled residents with the potential of affecting 40 residents with personal funds. (Residents #2, 4, 19, 35, 37, 42, 46, 48, and 55) Findings include: A record review of the facility's policy "General Resident Trust Fund Policies", revised 1/20, revealed " ...Residents have the right to manage their financial affairs ...The law and regulations are intended to assure that residents have access to cash funds within a reasonable period of	M 500	*On 2/6/24, the facility administrator met with resident council committee and informed them of the process to access to personal fund accounts on weekends beginning the weekend of 2/10/24. On 2/23/24, the Administrator informed residents #2,4,19,35,37,42,46,48,55 were informed how to access personal funds on weekends. *All residents with personal fund accounts have the potential to be affected by this practice. *On 2/2/24, the facility administrator in serviced the business office staff as well as the facility's weekend supervisor regarding □General Resident Trust Fund Policies.□ The facility's medical director reviewed the policy □General Resident	

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M 500	Continued From page 12 time..." On 1/29/24 at 11:05 AM, during an interview, Resident #19 complained about not getting personal funds on the weekends. She explained she must plan on requesting money on Friday if she wanted money on the weekend because there was no staff at the facility to distribute funds on the weekend. She stated she could get money on the weekend by the Business Office Manager (BOM). On 1/30/24 at 1:30 PM, during the facility's resident council meeting, all the residents stated they were only able to get money from their personal trust fund accounts Monday through Friday. The residents confirmed if they wanted money for Saturday and Sunday, they would have to get it before Friday at 5:00 PM. On 2/01/24 at 12:10 PM, during an interview with the Administrator, she explained an activity staff member was responsible for handing out personal funds on the weekend, but she had quit last week, and the Administrator had not designated any other staff member to take on that responsibility. She was not aware residents were complaining about not having personal funds available on the weekend and she planned on meeting with the resident counsel later this month and discuss personal funds availability. At 12:25 PM on 2/01/24, during an interview with Activity #1, she explained she had been at the facility for two (2) years, and she or any other activity staff have never had access to residents' personal funds. At 12:35 PM on 2/01/24, during a phone interview with Activity #2, the previous activity staff member	M 500	Trust Fund Policies with no recommended changes to the policy. The facility Quality Assessment and Assurance Committee met on 2/20/24 to review the plan of correction for M tag 500. *Beginning 2/21/24, the facility Administrator will monitor the Trust Fund program twice weekly for 4 weeks and then monthly for two months to ensure ongoing compliance with M tag 500 and will report to the Quality Assessment and Assurance Committee for three months. The first Quality Assessment and Assurance Committee meeting will be held on 3/12/24.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 500	Continued From page 13	M 500		

for the weekend, she explained she never had access to the residents' personal funds on the weekend and had never been made aware of any information regarding personal funds on the weekend.

A record review of the "Trial Balance", dated 2/1/24, revealed Residents #2, #4, #19, #35, #37, #42, #46, #48, and #55 had a personal trust fund account at the facility.

Resident #2

A record review of the "Face Sheet" revealed the facility admitted Resident #2 on 08/22/14 with current diagnoses including Cerebral Palsy.

A record review of the Minimum Data Set with an Assessment Reference Date (ARD) of 12/11/23 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.

Resident #4

A record review of the "Face Sheet" revealed the facility admitted Resident #4 on the 03/10/20 with current diagnoses including Atrial Fibrillation.

A record review of the Quarterly MDS with an ARD of 11/30/23 revealed Resident #4 had a BIMS score of 15, which indicated she was cognitively intact.

Resident #19

A record review of the "Face Sheet" revealed the facility admitted Resident #19 on 04/06/23 with current diagnoses including Chronic Obstructive Pulmonary Disease.

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M 500	Continued From page 14 A record review of the Quarterly MDS with an ARD of 01/09/24 revealed Resident #19 had a BIMS score of 15, which indicated she was cognitively intact. Resident # 35 A record review of the "Face Sheet" revealed the facility admitted Resident #35 on 1/25/23 with current diagnoses of including Chronic Kidney Disease Stage 3 and Atrial Fibrillation. A record review of the Quarterly MDS with an ARD of 12/05/23 revealed Resident #35 had a BIMS score of 15, which indicated he was cognitively intact. Resident #37 A record review of the "Face Sheet" revealed the facility admitted Resident #37 on 11/17/22 with current diagnoses including Encounter for Surgical Aftercare Following Surgery on the Digestive System. A record review of the Quarterly MDS with an ARD of 11/7/23 revealed Resident #37 had a BIMS score of 15, which indicated she was cognitively intact. Resident #42 A record review of the "Face Sheet" revealed the facility admitted Resident #42 on 07/20/21 with current diagnoses including Atrial Fibrillation. A record review of the Quarterly MDS with an ARD of 01/15/24 revealed Resident #42 had a BIMS score of 15, which indicated she was	M 500		

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M 500	Continued From page 15 cognitively intact. Resident #46 A record review of the "Face Sheet" revealed the facility admitted Resident #46 on 09/06/23 with current diagnoses including Periprosthetic Fracture Around Internal Prosthetic Hip Joint. A record review of the Quarterly MDS with an ARD of 01/05/24 revealed Resident #46 had a BIMS score of 15, which indicated she was cognitively intact. Resident #48 A record review of the "Face Sheet" revealed the facility admitted Resident #48 on 02/10/21 with current diagnoses including Chronic Kidney Disease. A record review of the Annual MDS with an ARD of 12/07/23 revealed Resident #48 had a BIMS score of 12, which indicated her cognition was moderately impaired. Resident #55 A record review of the "Face Sheet" revealed the facility admitted Resident #55 on 02/17/23 with current diagnoses including Encephalopathy. A record review of the Quarterly MDS with an ARD of 11/17/23 revealed Resident #55 had a BIMS score of 15, which indicated she was cognitively intact.	M 500		
M 815	45.29.1 Safe Food Handling Procedures	M 815		3/13/24

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M 815	Continued From page 16 Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and facility policy review, the facility failed to store food in accordance with professional standards for food service safety related to food items not dated with a use-by-date, food items without an identifying label, and food items opened and exposed for one (1) of three (3) kitchen observations. Findings Include: A review of the facility's policy "Food Storage Labeling", revised 5/18, revealed "POLICY: The facility will ensure the safety and quality of food by following good storage and labeling procedures. Procedure: 1. Labeling a. All foods in the facility will be labeled. Information included on the label: Name of the Food ... Date of storage... 3. Rotations ...b. Foods stored in storage units will be surveyed routinely to identify and discard foods that have passed its manufactured use-by date or expiration date ... 4. Monitoring storage temperatures ...d. Product Placement Food is stored in containers that are ...tightly sealed or covered ..." On 01/29/24 at 09:11 AM, an observation of the kitchen and interview with the Dietary Manager (DM) revealed: 1. Refrigerator #1 contained an opened package of cheddar cheese slices, loosely	M 815	*On 1/29/24, all unlabeled / undated food was discarded by the temporary Dietary Manager. *All residents have the potential to be affected by this practice. *The facility's dietary staff were in serviced on 2/20/24 and 2/21/24 by the facility's administrator related to □Food Storage Labeling.□ The facility's medical director reviewed the policy □Food Storage Labeling□ with no recommended changes to the policy on 2/20/24. The facility Quality Assessment and Assurance Committee met on 2/20/24 to review the plan of correction for M tag 815. *Beginning 2/21/24, the facility administrator will monitor the kitchen for unlabeled / undated food three times weekly for 4 weeks and then monthly for two months to ensure ongoing compliance with M tag 815 and will report to the Quality Assessment and Assurance Committee for three months. The first Quality Assessment and Assurance Committee meeting will be held on 3/12/24.	

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M 815	Continued From page 17 wrapped, with the cheese slices exposed with no opened by or use by date noted; 14 portioned glasses of milk on a tray undated and unlabeled, eight (8) portioned glasses of what the DM identified as "orange juice", unlabeled and undated, (3) portioned glasses of what the DM identified as "apple juice", unlabeled and undated. 2. Refrigerator #2 contained (1) opened and portioned, single serving cup of what the DM identified as "pudding" with no label and no date; seven (7) portioned cups of minimally processed cut strawberries with no date. 3. Freezer #1 contained (1) opened and loosely wrapped package of what the DM identified as "mango bars", with no date or label, two (2) unopened packages of what the DM identified as "collard greens" with no label or date, (1) opened package of what the DM described as "diced onions" with no label or date, (1) opened package of submarine rolls, containing six (6) rolls, with visible white markings on the rolls indicative of freezer burn, with a best if used by date of May 07/2023. 4. The spice rack contained 4 containers of spices with the lids opened leaving the spices exposed. 5. The Dietary Manager acknowledged the food items were inadequately stored, outdated, exposed, undated, and unlabeled during the initial kitchen observation. The DM stated going forward he intends to conduct one on one in-services and to visibly follow up with staff for labeling and food storage. The DM stated it is the responsibility of the staff who opens the food item to label and date the item and the kitchen aides are responsible for dating and labeling foods as	M 815		

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M 815	Continued From page 18 they are unloaded from the delivery truck. On 01/30/24 at 10:58 AM, an interview with the Cook revealed it is the responsibility of the person who opens a food item to date and label the item. The cook stated it is the responsibility of the managers to label and date foods off the truck. On 02/01/24 at 11:03 AM, in an interview with the Kitchen Aide (KA) revealed the KAs are responsible for labeling and dating foods as they are unloaded from the truck. The KA revealed it is the responsibility of the person who opens the food item to label and date the item.	M 815		