STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(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 The State Agency (SA) conducted an annual re-certification survey at the facility from 08/29/22 to 09/01/22. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation at F677 related to not performing oral care on a resident dependent for oral care and F693 related to not elevating the head of the bed for a resident receiving continuous Percutaneous Endoscopic Gastrostomy as ordered and F812 related to dietary services. The facility was licensed for 120 beds with a census of 91 at the time of the survey.	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 observation, staff interview, record review and facility policy review the facility failed to provide oral care for a resident dependent for activities of daily living (ADL) as evidenced by dry, peeling and cracked lips for one (1) of 91 residents reviewed. Resident # 31 Findings Include: Review of the facility policy titled, "Oral Hygiene" with a revision date of 10/17 revealed under "Purpose: to clean the mouth, teeth and gums and to keep the mouth moist".	F 677	Resident #31 was immediately assessed by Director of Nursing (DON) on August 30, 2022. Oral care was provided immediately and lip moisturizer was applied to lips. Medical Director was notified on August 30, 2022 of residents lips and an order was obtained for Carmex every shift. DON then wrote an order for Charge Nurse (CN) to perform oral care in addition to lip moisturizer to lips every shift and As Needed (PRN) on resident #31. Resident #31 care plan was updated on August 30, 2022 by DON.	10/4/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/20/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(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 677	Continued From page 1 An observation on 08/29/22 at 10:50 AM revealed Resident # 31's lips were dry, cracked, and peeling. An observation on 08/29/22 at 01:51 PM revealed Resident # 31's lips were dry, cracked and peeling. An observation on 8/30/22 at 9:45 AM with Certified Nurse Assistant (CNA) # 1 and CNA # 2 revealed them giving Resident # 31 a bed bath with no oral care given. CNA # 1 and CNA #2 revealed the resident is ordered for nothing by mouth (NPO), so the nurses have to do the resident's oral care and they confirmed her lips were dry and peeling. An interview on 8/30/22 at 9:47 AM with CNA # 1 and CNA #2 revealed the resident is ordered to have Nothing by mouth (NPO) so the nurses have to do the resident's oral care and they confirmed her lips were dry and peeling and needed lip balm. An observation on 8/30/22 at 2:04 PM revealed Resident # 31's lips were peeling with a slit on the left bottom lip that appeared to have started bleeding. An observation and interview on 8/30/22 at 2:07 PM with the Director of Nurses (DON) confirmed the resident's lips were dry, peeling and had a small slit on the bottom left that had started to bleed. The DON revealed it is the responsibility of the nurses to perform Resident # 31's oral care since she is ordered NPO. An interview on 8/30/22 at 3:30 PM with the DON revealed there is no order regarding who is	F 677	All residents who are Nothing By Mouth (NPO) are at risk for this deficient practice. On August 30, 2022 all Licensed nurses were in-serviced on providing oral care on all NPO residents by DON and Staff Development Nurse. On August 30, 2022 facility initiated an emergency Quality Assurance (QA) meeting with Medical Director to review all NPO residents that have a potential to be affected by this deficient practice. Beginning August 30, 2022 DON or Licensed nurses will monitor all NPO residents to ensure that oral care needs are met by evaluating their oral cavity and the lips for dryness, peeling or cracks. All NPO residents had clarification of oral care orders written for CN to perform every shift and PRN. September 13, 2022 the Administrator or DON will report any concerns from the Plan of Correction to the Department Head Meetings weekly for four-weeks and then monthly for three-months and then quarterly until substantial compliance is achieved with F677. Beginning September 15, 2022 all Licensed nurses will be checked off on oral care for NPO residents by Staff Development nurse. The Quality Assurance Committee will begin meeting on October 3, 2022 monthly for three-months and quarterly until substantial compliance is achieved with F677. If any problems or concerns are identified with the current corrective action plan the Quality Assurance Committee will	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(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 677	Continued From page 2 responsible for oral care on the resident. She confirmed there needed to be an order and it needed to be added to the Electronic Treatment Administration Record (ETAR) in order for it to trigger for the nurses to complete that task every shift, but it was a task that was part of general care and should be done. An interview on 8/31/22 at 9:00 AM with Licensed Practical Nurse (LPN) # 1 confirmed Resident # 31's lips were peeling and had to be uncomfortable for the resident. LPN # 1 revealed that oral care with a glycerin swab would probably feel good to the resident since she was NPO. An interview on 8/31/22 at 4:00 PM with the DON confirmed that the resident's lips being in the condition they were of peeling with dry patches of skin had to be uncomfortable for the resident and oral care needed to be performed every shift. Review of the facility in-services revealed the facility had an in-service regarding oral care that was attended by CNA's, LPNs, and Registered Nurses (RN) on staff on the following dates: 8/28/21 1/15/22 5/25/22 Record review revealed that Resident # 31 was admitted to the facility on 2/3/17 with medical diagnoses that included: pneumonitis due to inhalation of food and vomit, encounter for attention to gastrostomy, dysphagia, GERD without esophagitis. Record review of Resident # 31's physicians orders revealed the following order: Order dated 12/3/19-Nothing by Mouth (NPO).	F 677	meet immediately and resolve or revise the corrective action plan as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(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 677	Continued From page 3 Resident recieves a water flush of 30 cc before and after medication administrations and awater bolus of 225 milliliters every four hours per physicians order dated 03/09/20. Record review of Resident # 31's completed care revealed the resident had oral care on the following dates/times: 8/29/22 @ 6 AM 8/28/22 @ 6 AM 8/27/22 @ 2 pm 8/26/22 @ 2 PM 8/26/22 @ 6 am 8/23/22 @ 2 PM 8/23/22 @ 6 AM 8/22/22@ 2 PM 8/22/22 @ 6 AM 8/21/22 @ 2 PM 8/17/22 @ 6 AM which indicated the resident did not get oral care for 5 days out of the last 13 days and 5 of the days she received oral care only one time per day. Record review of Resident # 31's Minimum Data Set (MDS) with and Assessment Reference Date (ARD) of 7/7/22 revealed a Brief Interview of Mental Status (BIMS) of 99, which indicates the resident is severely cognitively impaired.	F 677		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must	F 693		10/4/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(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 693	Continued From page 4 ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review the facility failed to prevent the likelihood of aspiration in a resident receiving continuous Percutaneous Endoscopic Gastrostomy (PEG) as evidenced by the head of the bed (HOB) being below 30 degrees for one (1) of six (6) PEG tube feeding residents reviewed. Resident # 31 Findings Include: Record review of the facility policy titled, "Tube Feedings" with a revision date of 12/15 revealed under "# 3. Procedures for administering tube feedings are in place and address: a. Positioning the resident and # 4 A resident who is fed by nasogastric, jejunostomy or gastrostomy tubes will receive appropriate treatment and services to prevent aspiration pneumonia". An observation on 08/30/22 at 09:02 AM revealed	F 693	Resident #31 was immediately assessed by Director of Nursing (DON) on August 30, 2022 to ensure that the head of the bed was elevated to thirty degrees. Registered Nurse #1 assessed resident with no signs or symptoms of aspiration noted on August 30, 2022. Medical Director was notified on August 30, 2022 that Resident #31 head of the bed was down while Gastrostomy (PEG) tube feeding was running. New order for chest-x ray was obtained on August 30, 2022. September 1, 2022 x-ray was reviewed per Medical Director with no acute findings. On August 30, 2022 the DON assessed all residents with Gastrostomy Tubes to ensure that their head of the bed was at thirty degrees and no deficient practice was identified. All residents with Gastrostomy Tubes	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(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 693	Continued From page 5 that Resident # 31's head of the bed was below 30 degrees elevation. An observation and interview on 8/30/22 at 9:05 AM with Licensed Practical Nurse (LPN) # 1 confirmed the resident's head of the bed was too low and needed to be raised and kept at 45 degrees due to her continuous tube feeding. An observation on 8/30/22 at 1:50 PM revealed Resident # 31's head of bed was below 30 degrees elevation. An observation and interview on 8/30/22 at 1:52 PM with Certified Nurse Assistant (CNA) #3 confirmed the resident's head of her bed was too low and needed to be higher due to her continuous tube feeding. An interview on 8/30/22 at 2:03 PM with LPN # 1 and the Director of Nurses (DON) confirmed that Resident # 31's head of the bed needs to be around 45 degrees elevated at all times and the staff have been made aware of that. An interview on 8/31/22 at 4:10 PM with the DON confirmed that the Resident # 31 being left with her HOB at less than 30 degrees could have caused the resident to aspirate. Record review revealed Resident # 31 was admitted to the facility on 2/3/17 with medical diagnoses that included Dysphagia, flaccid hemiplegia affecting right dominant side, Gastro-esophageal reflux disease, cerebral infarction, and encounter for attention to gastrostomy. Record review of the Resident # 31's physician's	F 693	have the potential to be affected by this deficient practice. On August 30, 2022 an in-service was initiated with all Licensed nurses and Certified Nursing Assistants on positioning of Gastrostomy (PEG) tube patients. On August 30, 2022 facility initiated an emergency Quality Assurance (QA) meeting with Medical Director to review all residents with a Gastrostomy Tube and positioning while in the bed that have a potential to be affected by this deficient practice. Beginning September 13, 2022 the Administrator or DON will report any concerns from the Plan of Correction to the Department Head Meetings weekly for four-weeks and then monthly for three-months and then quarterly until substantial compliance is achieved with F693. On August 30, 2022 DON or Licensed nurses started monitoring all residents with Gastrostomy Tubes positioning to ensure the head of the bed is elevated to thirty degrees daily for three weeks and then three times weekly for three weeks and then weekly indefinitely. The Quality Assurance Committee will begin meeting on October 3, 2022 monthly for three-months and quarterly until substantial compliance is achieved with F693. If any problems or concerns are identified with the current corrective action plan the Quality Assurance Committee will meet immediately and resolve or revise the corrective action plan as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(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 693	Continued From page 6 orders revealed the following orders: Order dated 4/4/22- Tube Feeding Tasks: Elevate HOB 30 degrees or order; Visual check of tube and tube site Tube placement checked prior to administering meds/feedings. Check residual; notify MD if > 100ml. DiabetaSource AC at 62cc/hr continously for 20 hours a day. Record review of Resident # 31's Minimum Data Set (MDS) with and Assessment Reference Date (ARD) of 7/7/22 revealed a Brief Interview of Mental Status (BIMS) of 99, which indicates the resident is severely cognitively impaired and Section K revealed the resident was receiving tube feeding via PEG.	F 693		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812		10/4/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 7 by: Based on observation, staff interview, record and facility policy review the facility failed to prevent the likelihood of a foodborne illness as evidenced by a black substance on the inside door of the ice machine that was used for all residents on one (1) of four (4) kitchen tours. Findings Include. Record review of the facility policy titled "Cleaning Instructions Ice Maker and Dispenser, Section VI-Sanitation & Infection Control" with originated date of 09/2004 and most recent revision date of 05/2018, revealed in the policy statement, "Equipment shall be maintained in a clean and sanitary condition." Also, under "Procedure" of Ice Making System, the policy revealed, "Clean the ice storage compartment every month", "Every three months, disconnect machine for maintenance checks", and "Document on form (AD-133) Maintenance Form." On 08/29/22 at 10:25 AM, an observation of the ice machine, revealed that there were approximately twenty-five (25) black spots which were the size of a pencil eraser located on the inner door panel of the ice machine. On 08/29/22 at 10:35 AM, an observation and interview with Dietary #2 confirmed that there were approximately 25 black spots on the inner door panel of the ice machine. She revealed that the black substance in the ice machine looked like mold and could make the residents to be sick. She also revealed that the ice machine may need to be cleaned more than one time a month. On 08/29/22 at 10:40 AM, an interview with	F 812	The Director of Dietary on August 29, 2022 immediately cleaned the Dietary ice machine and eliminated all the black spots on the inner door panel of the ice machine. Residents who use ice have the potential to be at risk for this deficient practice. On August 29, 2022 the Director of Dietary immediately in-serviced the Dietary Staff on the cleaning schedule for the Dietary Ice Machine. The Maintenance Director did inspect Side 2 Ice Machine and did not identify any black spots or areas of concern on August 29, 2022. Side 2 Ice Machine was cleaned on August 29, 2022 by the Maintenance Director. On August 29, 2022 Administrator held one on one in-service with Dietary Director and Maintenance Director on the cleaning of the ice machine located in Dietary Department and Side 2 ice machine. Beginning August 29, 2022 the Maintenance Director and or Dietary Director will monitor both ice machines daily for any black spots or areas of concern for four weeks then weekly for four weeks and then monthly per policy . The Ice Machines will be cleaned immediately if any concerns are identified. The Quality Assurance Committee will begin meeting on October 3, 2022 monthly for three-months and quarterly until substantial compliance is achieved	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 8 Dietary #1 confirmed that there were black spots on the inner door of the ice machine. He revealed he thought that the black substance in the ice machine looked like dirt and that it could cause the residents to become sick if the ice machine is not kept clean. On 08/29/22 at 11:15 AM, an interview with the Administrator, revealed that the black substance in the ice machine is unacceptable and that she is aware of what it could cause in the facility. She verified that the initials on the weekly cleaning schedule dated for 08/22/22 were Dietary Manager (DM). She confirmed that the ice machine located in the kitchen supplies ice to all residents in the building during meals. On 09/01/22 at 09:00 AM, an interview with the Maintenance Director (Maintenance #1) revealed that he cleans the inside of the ice machine once a month and both inside and out every three months, but he hasn't been documenting the cleaning every three months on a cleaning log. On 09/01/22 at 09:30 AM, an interview with Dietary #1 revealed that they were between maintenance workers earlier in the year and he honestly just cleaned the machine monthly because he wasn't aware that there needed to be a three-month cleaning log kept.	F 812	with F812. If any problems or concerns are identified with the current corrective action plan the Quality Assurance Committee will meet immediately and resolve or revise the corrective action plan as needed.	