STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2225	A. BUILDING: _____ B. WING _____	C 08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF EDGEWOOD II	102 B QUAIL TRAIL EDGEWOOD, NM 87015

(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
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 08/13/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: [redacted] Complaint Intake NM [redacted] and [redacted] were investigated with deficiencies cited.	8 000		
8 021	8 NMAC 370.14.21 Resident Records A. Record contents: A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 8.370.14.20 NMAC; (2) the resident evaluation form, that is to be completed within 15 days prior to admission and updated at a minimum of every six months; (3) the current ISP, that is to be completed within 10 calendar days of admission and updated at a minimum of every six months; (4) the physical examination report; the physical examination report shall have been completed within the past six months, by a primary care physician, a nurse practitioner or a physician's assistant and shall be on file in the resident's record within 10 days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and	8 021		

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8 021	Continued From page 1	8 021		

phone numbers of family members, or surrogate decision makers updated as necessary;
(b) resident's name;
(c) age;
(d) recent photograph;
(e) marital status;
(f) date of birth;
(g) sex;
(h) address prior to admission;
(i) religion (optional);
(j) personal physician;
(k) dentist;
(l) social history;
(m)surrogate decision maker or other emergency contact person;
(n) language spoken and understood;
(o) legal documentation relevant to commitment or guardianship status;
(p) current medications list; and
(q) required diet;
(6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures;
(7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP;
(8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the

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8 021	Continued From page 2	8 021		

original incident or accident report is maintained elsewhere by the facility;
(9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 8.370.14.35 NMAC of this rule;
(10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;
(11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and
(12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.
B. Resident records maintenance:
(1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner.
(2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records.
(3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five years from the date of discharge and readily available within 24 hours of request.
(4) There shall be a policy and procedure in place for record retention in the event of facility closure.
(5) Failure to follow facility policies is grounds for sanctions.
[8.370.14.21 NMAC - N, 7/1/2024]

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8 021	Continued From page 3 This REQUIREMENT is not met as evidenced by: 8.370.14.21 A (1) (2) (3) (5) h Based on record review and interview, the facility failed to ensure for [redacted] (R[redacted] and R[redacted]) of [redacted] (R's [redacted] resident files contained an admission agreement, a listed address prior to admission, an evaluation, and an Individual Service Plan (ISP). This deficient practice has the potential for the facility to overlook the needs of all residents listed on the census and risk not providing each resident with the their specified individualized care. The findings are: A) Record review of R[redacted] physical file revealed the following: 1. R[redacted] date of admission into "Beehive Homes of Edgewood" was on [redacted] 2. An Evaluation was not available. 3. An Individual Service Plan (ISP) was not available. 4. Meeting and progress notes were not available; documenting the decision to move R[redacted] from [redacted] house. B) On 08/13/25 at 10:30am, during an interview, the Facility Owner recalled the following: 1. Making the decision following a [redacted] incident which resulted in a meeting with the Nurse, Administrator, Ombudsman, to address a complaint made by R[redacted] family to move [redacted] from [redacted] house due to an unhealthy relationship that developed with [redacted] 2. R[redacted] family claimed [redacted], but there	8 021	Resident[redacted] and Resident [redacted] have have been discharged from the facility, so their records cannot be updated. A new resident agreement will be completeted for Resident [redacted], t o include location prior to admission. All other current residents' files have been reviewed to ensure that current agreements are on file for them. The administrator has created and will maintain a tracking spreadsheet to note new residents' date admission, prior location, and discharge locations. The administrator will ensure that all service plan and evaluation meetings are documented.	09/25/25

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8 021	Continued From page 4 was no supportive evidence of [redacted] C) On 08/13/25 at 10:42am, during an interview, the Administrator revealed the following: 1. There was no documentation evidence of an Evaluation, Individualize Service Plan, Meeting or Progress Notes of when the decision was made to move [redacted] house. 2. The internal transfer move was done improperly and the facility database was erased. D) Record review of R [redacted] physical file revealed the following: 1. R [redacted] date of admission into "Beehive Homes of Edgewood" was on [redacted] 2. An admission agreement was not in the file. 3. The address where [redacted] resided prior to admission was missing. E) On 08/13/25 at 8:44 am, during an interview, the Administrator confirmed that R [redacted] file did not contain an admission agreement or a prior address. F) On 08/13/25 at 10:42 am, during an interview, the Administrator confirmed that R [redacted] file did not contain an Evaluation meeting, Individual Service Plan, or progress notes documenting the decision to move [redacted] house.	8 021		
8 032	8 NMAC 370.14.32 Reporting of Incidents A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten	8 032		

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8 032	Continued From page 5 the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.32 A (1) B Based on record review and interview, the facility failed to ensure for [redacted] (R [redacted]) of [redacted] (R #s [redacted]) residents whose incident reports were reviewed for compliance that an incident of unusual occurrence (resident to resident injury) was: 1. Reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend. 2. Submitted a follow-up investigation report	8 032		

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8 032	Continued From page 6 to the Licensing Authority within 5 business days from the date the incident occurred. These deficient practices could likely result in residents being at risk of further injuries and the lack of intervention if there is no oversight by the Licensing Authority. The findings are: A. Record review of R [redacted] Nursing Assessment documents dated [redacted] /24, revealed R [redacted] admission date as [redacted], with a diagnosis of [redacted] B. Record review of R [redacted] Face Sheet revealed an admission date of [redacted] and a [redacted] date of [redacted], with a diagnosis of [redacted] C. Record review of R [redacted] s internal incident report dated 02/19/23 at 07:15 pm, revealed an encounter between [redacted] and [redacted] dated [redacted] in which [redacted] squeezed the [redacted] or [redacted] 1 until [redacted]. The narrative section of the internal incident report revealed the POA for [redacted] was contacted regarding the injury. D. Record review of [redacted] shift change notes dated [redacted] at 07:58 pm, revealed that the House Manager (HM) was notified of the incident between [redacted] and [redacted] and began the internal investigation. E. Record review of R [redacted] shift change notes dated [redacted] at 09:28 pm, revealed the residents [redacted] were kissing and asked several times by staff to cease and separate. R [redacted] took hold of the [redacted] refusing to let it go. [redacted] asked [redacted] let go of [redacted] in	8 032	Resident [redacted] was discharged from the facility on [redacted] Any incident or unusual occurrence which has or could threaten the safety or well-being of a resident will be reported to the Department of Health within 24 hours or the next business day, and will be investigated internally and followed up with another report within 5 business days. The Administrator will maintain a log of all such initial and follow up reports to demonstrate compliance with this requirement. The Administrator will review all resident incidents monthly to ensure they are documented appropriately and reported as necessary.	09/30/25

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8 032	Continued From page 7 which [redacted], resulting in the staff having to physically remove [redacted] from the grasp of [redacted] causing [redacted] F. On 08/13/25 at 10:20 am, during an interview, administrator #2 stated the facility contacted the [redacted] who came to the facility, accessed the [redacted] injury of R [redacted] and deemed the injury not to have met the severity for R [redacted] to go to the hospital. G. On 08/12/25 at 10:30 am, during an interview with the administrator, she confirmed the incident of unusual occurrence [redacted] injury to R [redacted] on [redacted] was not reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend. The Administrator also confirmed that the facility did not submit a follow-up investigation report to the Licensing Authority within 5 business days of the date the incident occurred.	8 032	[redacted]	
8 035	8 NMAC 370.14.35 Medication Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals.	8 035		

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8 035	Continued From page 8 B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication: (1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident.	8 035	Type text here	

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8 035	Continued From page 9 G. Medication assistance record (MAR): For residents who are not independent and require assistance with self-administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication;	8 035		

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8 035	Continued From page 10 (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled	8 035		

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8 035	Continued From page 11 medications kept in the facility in accordance with 16.19.11.10 NMAC. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: NMAC 8.370.14.35 (G) 19 Based on record review and interview, the facility failed to ensure for [redacted] (R [redacted]) of [redacted] (R #s [redacted]) residents whose medications were reviewed for compliance that the medications ordered by the physician was available at the facility to be administered to resident. These deficient practices could likely result in the residents to be at risk of harm if they are not given medications as ordered by the physician. The findings are: R #1: A. Record review of a physician's order dated [redacted] revealed R [redacted] was prescribed [redacted], was documented as "Medication Unavailable" on [redacted] at 8:00 am, [redacted] at 8:00 am, [redacted] at 8:00 am, and [redacted] at 8:00 am. B. Record review of a physician's order dated [redacted], revealed R [redacted] was prescribed [redacted] was documented as "Medication Unavailable" on [redacted] at 6:00 pm, [redacted] at 6:00 pm, [redacted] at 6:00 pm, [redacted] at 6:00 pm, and [redacted] at 6:00 pm. C. Record review of a physician's order dated [redacted], revealed R [redacted] was prescribed [redacted]	8 035	Facility staff made several calls to the POA for Resident [redacted] to obtain refills for these medications, but did not document these attempts. For any resident needing a medication refilled, staff will contact any or all of: the resident's POA or other responsible person, the resident's physician, or the resident's pharmacy. Such contacts will begin 7 days before the medication runs out and will be documented in the resident's record. If appropriate, a discontinue order will be obtained from the attending physician. The administrator will review medication records monthly to verify all ordered medications are available.	09/30/25

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8 035	Continued From page 12 breakfast, was documented as "Medication Unavailable" from [redacted]. D. Record review of a physician's order dated [redacted] revealed R [redacted] was prescribed [redacted], was documented as "Medication Unavailable" from [redacted] E. Record review of text messages between R #[redacted] Power of Attorney (POA) and House Manager reveal the POA resupplied [redacted] and asking the House Manager if there are any other refills needed before leaving on [redacted] from [redacted] but the House Manager indicated "good on R [redacted] medications." F. On 08/12/25 at 11:03 am, during an interview, the House Manager confirmed that "Not Available" marked in the Medication Administration Record (MAR) means the medication ran out, prescription was not filled out, or the facility is waiting for the prescription to be filled. G. On 08/12/25 at 11:14 am, during an interview, the Administrator confirmed the medication refills and orders are the House Manager's responsibility.	8 035		
8 036	8 NMAC 370.14.36 Nutrition The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the "recommended daily dietary allowance" of the American dietetic association,	8 036		

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BEE HIVE HOMES OF EDGEWOOD II	102 B QUAIL TRAIL EDGEWOOD, NM 87015

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8 036	Continued From page 13 the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the "2005 USDA dietary guidelines for Americans." Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures: The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service: The facility shall: (a) serve at least three meals or their equivalent each day at regular times with no more than 16 hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one week cycle; (e) have special menus or meal items following guidelines from the resident's physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and	8 036		

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8 036	Continued From page 14 (h) contact the resident's PCP within 48 hours if a resident consistently refuses to eat. (2) Staff in-service training: The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control. B. Dietary records: The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for 30 calendar days. C. Clean and sanitary conditions: All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation: (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not	8 036	[redacted]	

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8 036	Continued From page 15 readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware: (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented. (d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner. (5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority.	8 036	[redacted]	

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8 036	Continued From page 16 Disposable gloves shall be used in accordance with the local health authority. D. Food management: The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction. (1) The facility shall ensure that a minimum of a three calendar day supply of perishables and a five calendar day supply of non-perishables or canned foods is available for the residents. (2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read. (a) The temperature of the refrigerator shall be 35 - 41 degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of 140 degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used. (6) Canned or preserved foods shall be procured	8 036		

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8 036	Continued From page 17 from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than 41 degrees fahrenheit; (b) the temperature for all hot foods is maintained at 140 degrees fahrenheit; and (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk: (1) Raw milk shall not be used. (2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as "additives" in cooked food preparation but shall not be substituted or served to residents in place of milk. F. Collateral requirements: Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [8.370.14.36 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by:	8 036		

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8 036	Continued From page 18 8.140.370.36 A (1) (d), B (4), C (5), D(3), Based on observation and interview, the facility failed to ensure for the health and wellbeing of [redacted] (R[redacted] - R[redacted]) of [redacted] (R[redacted]1 - R[redacted] residents living in the facility, that: 1. Cooks and food handlers wear hair nets or caps at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. 2. A weekly alternative meals menu, including snacks were posted and available to be viewed by residents and families in the facility. 3. Produce stored in refrigerators were discarded after signs of decay were present. 4. Refrigerator temperatures were taken daily and the associated temperature logs were kept up to date. These deficient practices could likely result in residents being at risk of: 1. Food contamination due to food handling without a hair net or cap, resulting in illness from consuming foods or beverages contaminated with harmful pathogens (bacteria, viruses, and fungi) or their toxins. 2. The resident's dietary needs not being met and their families not knowing what weekly alternative meals or snacks would be served to the residents. 3. Foodborn illness caused by the resident's consuming expired foods or beverages containing harmful pathogens. 4. The resident's being exposed to foods that are not safe to consume if they are stored in refrigerator temperatures outside of the safe range, without the facility's knowledge. The findings are:	8 036		

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8 036	Continued From page 19 A. On 08/11/25, at 10:38 am, during an observation of the kitchen, Direct Care Staff (DCS #3) was in the process of meal preparation without a hair net or cap. The regular weekly menu posted did not have an alternative meals menu or snack menu included. B. On 08/11/25 at 10:58 am, during observation of the kitchen, a head of lettuce planned to be used for the residents' dinner was found to be decayed. C. On 08/11/25, at 11:35 am, during an observation of the kitchen, the freezer and refrigerator temperature log sheet revealed temperatures for the freezer and refrigerator prefilled by 5 days, up to date 8/16/25. D. On 08/11/25 at 12:10 pm, during an interview with the administrator, she confirmed the regular weekly menu posted did not have an alternative meal menu or snack menu included. As well, the temperature log sheets for the freezer and refrigerator was incorrectly prefilled up to the date 08/16/2025.	8 036		