Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5711	A. BUILDING _____ B. WING _____	04/11/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA PALO DURO	7808 PALO DURO NE ALBUQUERQUE, NM 87110

(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
A19	7 NMAC 8.2.19 ADMISSIONS 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (6) A written description of the legal rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern. B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following: (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein.	A19	7.8.2.19c 1. Admission/Retention meetings were convened for residents R_1-R_5 on 4/20/07. Meetings were scheduled every half-hour beginning at 1:00pm Each team meeting consisted of but not limited to; the facility director, facility supervisor, resident's agent, Ombudsman, social worker, & hospice RN. Each team made the determination to allow the resident to remain in the facility. Each team approved an Individual Care Plan that meets the specific needs of the resident. Individual Care Plans were signed & dated by all team members. It was determined that each resident's health care needs were being met. 2. It is important to convene a team meeting for any resident or potential resident that may require a greater degree of care. It must be determined that the facility is able to provide quality care for all residents in the	4/20/07

Division of Health Improvement

Susan L. Cheshire
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE RN/DIRECTOR (X6) DATE 4/23/07

RECEIVED
APR 25 2007

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A19	Continued From page 1 (4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold. (5) Any condition requiring either physical or chemical restraints. (6) Nasogastric tubes / gastric tubes. (7) Tracheostomy care. (8) Individuals presenting an imminent physical threat or danger to self or others. (9) Individuals whose physician certifies that placement is no longer appropriate. C. ADMISSION/RETENTION EXCEPTIONS: If a resident requires a greater degree of care than the facility would normally provide, or is permitted to provide, and the resident wishes to be re-admitted or to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must: (1) Convene a team, comprised of: (a) The facility director. (b) The resident. (c) The resident's agent, guardian or surrogate decision maker. (d) The resident's advocate, such as the resident's case manager, Ombudsman, or social worker. (e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable. (f) Other appropriate health care professionals. (2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must: (a) Be based upon a individual service plan which identifies the resident's specific needs	A19 7.8.2.19C cont.	cont. facility and that all their needs are met. The care of other residents could be compromised if the facility retained or admitted a resident who might require a greater degree of care than the facility can provide 3. The facility will convene a team for any resident that requires a greater degree of care than the facility would normally provide. This includes new admits, re-admits, or residents currently residing in the facility. The approved Individual service plan shall be signed and dated by all team members and maintained in the residents chart record. 4. Corrective action was completed on 4/20/07 Individual Service Plans are signed & dated and maintained in residents chart record.	

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A19	Continued From page 2 and addresses the manner that such needs will be met. (b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSES). (c) Be based upon an assessment of the health, safety and well-being of the other facility residents. (d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents. (3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above. [9-24-76, 7-11-86, 1-11-90, 4-7-97;7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.19C. Based on record review and interview, the facility failed to convene admission team meetings (comprised of the facility director, resident, resident ' s agent, resident ' s advocate, treating physician, other appropriate health care professionals) for 2 of 2 residents (100%) receiving hospice services at the time of admission. The findings are: 1. R1 ' s admission agreement revealed that R1 was admitted into the facility on 6/17/05. R1 ' s hospice notes revealed that R1 was receiving hospice services at the time of	A19		

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A19	Continued From page 3 admission. 2. R2 ' s admission agreement revealed that R2 was admitted into the facility on 8/14/06. R2 ' s hospice notes revealed that R2 was receiving hospice services at the time of admission. 3. Review of R1 and R2 ' s resident records revealed no evidence that team meetings had been convened to determine whether the facility was able to provide the greater degree of care needed by R1 and R2 in order to admit them. 4. During the exit-interview with the Facility Administrator and House Manager on 4/10/07 at 2:00 p.m., both parties acknowledged that no team meetings had been convened. 7.8.2.19C. Based on record review and interview, the facility failed to convene retention team meetings (comprised of the facility director, resident, resident ' s agent, resident ' s advocate, treating physician, other appropriate health care professionals) for 3 of 3 residents (100%) receiving hospice services after admission. The findings are: 1. R3 ' s hospice notes revealed that R3 began receiving hospice services on 11/22/05; R4 ' s hospice notes revealed that R4 began receiving hospice services on 9/12/06; R5 ' s hospice notes revealed that R5 began receiving hospice services on 2/28/07. 2. Review of R3, R4, and R5 ' s resident records revealed no evidence that retention team meetings had been convened to determine whether the facility was able to provide the	A19		

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A19	Continued From page 4 greater degree of care needed by R3, R4, and R5 in order to retain them. 3. During the exit-interview with the Facility Administrator and House Manager on 4/10/07 at 2:00 p.m., both parties acknowledged that no team meetings had been convened.	A19		
A23	7 NMAC 8.2.23 FAC. REPORTS,RECS.,P & PS & RULES 7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES: A. REPORTS AND RECORDS: Each facility must keep the following reports, records, and policy and procedures on file at the facility and make them available for review upon request of the Licensing Authority: (1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports. (2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints. (3) Copy of the latest survey from Environmental Health Authority (if applicable) regarding kitchen and food management and, if private sewage disposal, and private waste disposal. EXCEPTIONS: Adult residential care facilities with three (3) or fewer residents are not required to be inspected by Environmental Health Authority. Facilities exempted by the Environmental Health Authority having jurisdiction, are not required to have a survey on file provided the exemption letter is on file. (4) TB test results of staff or any of their family members living in the facility. (5) One (1) month of menus planned	A23	7.8.2.234(8) 1. A copy of the Licensing Regulations shall be kept on file at the facility. 4/11/07 2. The Licensing Regulations should be kept on file at all times so that residents or family members and staff will have access upon request. These Requirements for Adult Residential Care Facilities will serve as resource material to ensure that the facility is providing care according to the standards outlined by the regulations. 3. The facility will include a copy of the Licensing Regulations along with	

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A23	Continued From page 5 and as served. (6) Record of fire drills: A record of all fire drills conducted at the facility. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to hold or record fire drills. (7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel. (8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC). (9) Custodial Drug Permit: A valid Custodial Drug Permit issued by the State Board of Pharmacy for those facilities licensed pursuant to these regulations. EXCEPTION: Adult residential care facilities with only one (1) resident are not required to have a custodial drug permit. (10) Vaccination of pets in the facility. (11) Staff training. (a) At orientation and on-going. (b) Appropriate to staff responsibilities. (Assistance with medications, dietary, environmental...) (c) Fire safety. (d) First aid. (e) Safe food handling practices. (f) Confidentiality of records and resident information. (g) Infection control (including universal precautions and linen handling). (h) Resident rights. (i) Providing Quality Resident care based on current resident need. (j) Reporting requirements for Abuse, Neglect or Exploitation.	A23 7.8.2.23A (8) cont.	Cont. other required reports and records. The copy will be clearly marked as "Facility Copy" Do NOT Remove from Facility." 4. Labeled and placed on file 4/11/07 7.8.2.23A (13) 1. An Employment Application was completed and included in personnel records for Susan Cheshire RN, Facility Director & owner 2. Available on file for review 3. Application completed and included with existing records on file. 4. Application completed and filed on 4/18/07	4/18/07

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A23	Continued From page 6 (12) A copy of License. (13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions. (14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority. (15) A copy of the floor plans as approved for licensure. B. RULES: Prior to placement in or admission to a facility, a prospective resident or his/her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to but not limited to the following: (1) The use of tobacco and alcohol. (2) The use of the telephone. (3) Operation of television, radio, and stereo. (5) Use and safekeeping of personal property. (6) Meals. (7) Use of common areas. (8) Electric blankets or appliances used by residents. C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas: (1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...). (2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets). (3) The handling or resident's funds, if the facility provides such services. (4) Reporting of incidents, including abuse, neglect, and exploitation. (5) Handling of complaints. (6) Staff and resident fire and safety training.	A23		

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A23	Continued From page 7 (7) Smoking. (8) The facility's bed hold policy. (9) Admission agreement. (10) Admission records. (11) Resident records. (12) Program Narrative. (13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (14) Personnel policies. (15) Identifying and safeguarding resident possessions. (16) Securing medical assistance if a resident's own physician is not available. (17) NOTE FOR MATERNITY SHELTERS ONLY: In addition to the required policy and procedure topics listed above, Maternity Shelters shall have written policies and procedures regarding infant formula, feeding and equipment, and laundering of infant linen and diapers. (18) Staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles. (19) Staff training for employees who operate motor vehicles to transport residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.23 NMAC - Rn & A 7 NMAC 8.2.23, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.23A.(8) Based on observation and interview, the facility failed to maintain a copy of the Requirements for Adult Residential Care Facilities (NM licensing rules) on file at the facility. The findings are: 1. A tour of the facility on 4/10/07 at 11:00 am	A23		

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A23	Continued From page 8 revealed no evidence that the Requirements for Adult Residential Care Facilities 7.8.2 NMAC were on file at the facility. 2. During the exit-interview with the Facility Administrator and House Manager on 4/10/07 at 2:00 p.m., both parties acknowledged that the Requirements for Adult Residential Care Facilities 7.8.2 NMAC were not on file at the facility. 7.8.2.23 A.(13) Based on record review and interview, the facility failed to maintain complete employee personnel records for the Facility Administrator on file at the facility. The findings are: 1. Review of the Facility Administrator ' s onsite personnel file revealed no evidence of an employment application. 2. During an interview with the House Manager on 4/10/07 at 10:15 a.m., the House Manager acknowledged that the Facility Administrator ' s employment application was not present in her onsite personnel file.	A23		
A35	7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT 7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit. A. PROCUREMENT, LABELING, AND	A35	7.8.2.35 A(2) 1. Boxed tube of Hydrocortisone Cream was placed in sealed plastic bag, labeled "External use" and Separated from oral medications. 2. It is necessary to store internal medications	

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A35	Continued From page 9 STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws. (1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee. (2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms. (3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator. (4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names. (5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes	A35	7.8.2.35 A (2) cont. Separate from external medications for the safety of the resident. This will ensure that medication is the given safely and by the correct route. This will also prevent potential leakage. 3. A staff memo was generated to review proper storage of internal and external medications. A Medication Safety Audit will be completed on each shift to ensure that Internal / External medications are properly stored separate from each other. 4. Memo posted in facility 4/20/07 - Medication Audit Procedure initiated 4/23/07.	4/20/07 4/23/07

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A35	Continued From page 10 must comply with National Fire Protection Association (NFPA) 99. B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following: (1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation is provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. [7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.35A.(2) Based on observation and interview, the facility failed to maintain separate storage for internal and external medication for 1 of 5 residents (20%) receiving hospice services. The findings are: 1. Observation of R1 ' s medication box on 4/10/07 at 1:30 p.m. revealed a boxed and unsealed tube of hydrocortisone cream (topical medication) stored with R1 ' s internal (oral) medications.	A35		

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A35	Continued From page 11 2. During the exit-interview with the Facility Administrator and House Manager on 4/10/07 at 2:00 p.m., both parties acknowledged that R1 ' s hydrocortisone cream was not stored separately from R1 ' s internal medications.	A35		
A36	7 NMAC 8.2.36 MEDICATIONS 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications. B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications. C. 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 by the physician and entry into the resident's record. D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects. E. Medications prescribed for one resident shall not be used for another resident.	A36	7.8.2.36 1. The procedure for assistance with medications, which includes proper documentation by initialing medication log and correct subtraction of dosage, was reviewed with S11 and corrected on the MAR on 4/11/07. A staff memo was generated reviewing this deficiency as well as an explanation of Medication Audit Sheet. 2. Accurate documentation on the MAR, which includes correct medication count, is very important for the safety of the	

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(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
A36	Continued From page 12 F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include: (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form. (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is discontinued or changed. (10) The name and initials of all staff administering medications. G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting. H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions: (1) The resident is capable of determining when the medication is needed. (2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include: (a) Symptoms that might indicate the use of the medication. (b) Exact dosage to be used. (c) The exact amount of medication to be used in a 24 hour period. (d) Directions as to what to do if the symptoms persist.	A36 7.8.2.36 cont.	cont. residents. This ensures that the residents receive the correct medication, the correct dose, at the correct time and an accurate record for medication remaining. Signature or initials provided by the staff is necessary documentation to ensure that resident receives his/her medications as directed by the physician. This promotes safety and compliance with medication assistance. 3. The facility will monitor this corrective action by using a medication Audit Procedure. The audit will be completed on each shift. This will ensure that controlled Drugs sheets are signed and that the count is accurate for medication remaining. 4. Corrective action was completed on 4/23/07	4/23/07

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	5711	A. BUILDING _____ B. WING _____	04/11/2007

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A36	Continued From page 13 (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.36 Based on record review and interview, the facility failed to document staff assistance with medications in accordance with state and federal laws for 2 of 5 residents (40%) receiving hospice services. The findings are: 1. Review of the Controlled Substances Log for R3 revealed that S11 did not document staff assistance with medication (Lorazepam) by initialing the log and subtracting the dosage on 4/4/07. 2. Review of the Controlled Substances Log for R1 revealed that S11 did not document staff assistance with medication (Lorazepam) by initialing the log and subtracting the dosage on 4/11/07. 3. During the exit-interview with the Facility Administrator and House Manager on 4/10/07 at 2:00 p.m., both parties acknowledged that S11 did not document staff assistance with medication (Lorazepam) on the Controlled Substances Logs for R3 and R1 on 4/4/07 and	A36		

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A36	Continued From page 14 4/11/07 respectively.	A36		
A38	7 NMAC 8.2.38 FOOD MANAGEMENT 7.8.2.38 FOOD MANAGEMENT: Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations, if applicable. A. Each facility shall ensure a minimum of a three (3) day supply of perishable and a five (5) day supply of non-perishable or canned food is provided for the residents. B. All milk, to include dry milk products, shall be Grade A pasteurized. C. Potentially hazardous food such as meat, milk, and custard shall be kept at 45 degrees F or below or at 140 degrees F or above. D. Each refrigerator and freezer shall be provided with an indicating thermometer accurate to plus or minus 3 degrees F, located in the warmest section of the refrigeration facility and must be of such type and so situated that the thermometer can be easily read. Thermostats shall not be relied upon to maintain temperatures at correct levels in the absence of thermometers. The temperature of the refrigerator shall be 35 degrees F- 45 degrees F. Freezer temperatures shall be maintained at 0 degrees F or below. E. Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Food stored in refrigerators/freezers shall be covered, dated, and labeled. Unused leftover food shall be discarded after three days. F. Medication, biological, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications may be stored in the refrigerator with food, if they are labeled and	A38	7.8.2.38 E 1. All foods that have been removed from original prekaging were placed in Zyplor bags, dated and labeled. Unused food-expired was discarded 2. Foods must be stored properly so as to preserve the integrity of the food and ensure that there is not a potential for contamination. Food left in refrigerator after 3 days could potentially harm the residents and cause food borne illness. 3. A daily safety Audit will be completed to ensure safe food storage. This will ensure	

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A38	Continued From page 15 locked in a container marked specifically for medication. G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions. H. All garbage and rubbish shall be stored in containers which are waterproof, easily cleaned and have tight fitting lids. Food waste containers shall be kept in good repair, and shall be kept covered except during use. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.38E. Based on observation, the facility failed to label and date all opened food stored in refrigerators/freezers. Additionally, the facility failed to discard leftover food after three days. The findings are: 1. Observation of refrigerator 1 on 4/10/07 at 11:15 a.m. revealed that lettuce, celery, carrots, cheese, and sausage had been removed from their original packaging and stored in unlabeled and undated plastic bags. 2. Observation of refrigerator 2 on 4/10/07 at 11:15 a.m. revealed that a package of tortillas had been removed from its original container and stored in an unlabeled and undated plastic bag. 3. Observation of freezer 2 on 4/10/07 at 11:15 a.m. revealed that a bag of taquitos and a bag of egg rolls had been opened but were unlabeled and undated.	A38 7.8.2.38E Cont.	Cont. that foods are labeled and dated and food is discarded after 3 days. 4. Foods were properly stored, labeled and dated. on 4/12/07 - Daily Safety Audit initiated on 4/23/07	4/23/07

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A38	Continued From page 16 4. Observation of refrigerator 2 on 4/10/07 at 11:15 a.m. revealed that a container of leftover spaghetti sauce, dated 3/25/07 (16 days old), had not been discarded.	A38		