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{N 000}	Initial Comments On 07/22/2024, with information gathered through 07/25/2024, Surveyor conducted a verification visit at Autumn Winds LLC. Seven deficiencies were identified. Three of the 7 deficiencies were repeat violations (see Statement of Deficiency (SOD) Z7JO11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not administer medications prescribed by a practitioner for 1 of 1 resident. Resident 8 did not receive his/her Fluticasone as prescribed by his/her practitioner. Findings include: On 07/22/2024, at approximately 10:30 AM, Surveyor observed the medication cart and observed an opened box of Fluticasone, with a dispensed date of 01/22/2024, that did not	N 352		

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

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N 352	Continued From page 1	N 352		

contain the bottle of Fluticasone.

On 07/22/2024, Surveyor reviewed Resident 8's record.

Resident 8 moved into the facility on 06/21/2024.

Resident 8's July 2024 MAR documented: "Fluticasone - Spray Instill 2 sprays in each nostril every morning. Scheduled at 8:00 AM"
The MAR documented that the medication had been given daily.

"Each bottle contains a net fill weight of 16 g (grams) and will provide 120 actuations. Each actuation delivers 50 mcg (micrograms) of fluticasone propionate in 100 mg (milligram) of formulation through the nasal adapter. The correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source: National Institute of Health website, Fluticasone Propionate, 12/2022, https://dailymed.nlm.nih.gov/dailymed/fda (retrieval date - July 22, 2024).)
Surveyor noted 120 actuations would last 30 days when utilized as 2 sprays in each nostril every morning.

On 07/22/2024, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated Resident 8 liked to administer his/her own Fluticasone, so the bottle was stored in the kitchen cabinet. Surveyor reviewed the bottle which did not contain Resident 8's name and appeared to be less than 50% full. Administrator A did not know when the bottle was opened. Administrator A stated, "It was already opened when [Resident 8] moved in on 06/21/2024." Administrator A stated, "I should

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N 352	Continued From page 2 have opened one of the other bottles, dated it, and dispensed the opened bottle, so that I could ensure the medication had been stored properly after opening and proper dosage had been administered."	N 352		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 residents' medications that had been changed, discontinued, or expired were removed from the medication cart and disposed	N 406		

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N 406	Continued From page 3	N 406		

of within 30 days.

Resident 2's PRN (as needed) Oxycodone, dispensed 02/02/2023, and Oxycodone, dispensed 02/10/2023, were stored with his/her current scheduled medications.

Resident 6's PRN Lorazepam (psychotropic medication), dispensed 11/01/2022, and PRN Tramadol (pain medication), dispensed 05/31/2022, were stored with his/her current scheduled medications.

Resident 6's scheduled Timolol Maleate (eye drop) had a dispensed date of 03/16/2022.

Findings include:

Example 1: Resident 2

On 07/22/2024, at approximately 10:30 AM, Surveyor observed the medication cart and observed Resident 2's blister card of PRN Oxycodone, with a dispensed date of 02/02/2023, and blister card of PRN Oxycodone, with a dispensed date of 02/10/2023.

On 07/22/2024, Surveyor reviewed Resident 2's record.

Resident 2's July 2024 Medication Administration Record (MAR) did not document an order for Oxycodone.

On 07/22/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated the medication had not been given and s/he would contact Resident 2's physician regarding the medications.

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N 406	Continued From page 4	N 406		

Example 2: Resident 6

On 07/22/2024, at approximately 10:30 AM, Surveyor observed the medication cart and observed Resident 6's blister card of PRN Lorazepam, with a dispensed date of 11/01/2022, and blister card of Tramadol, with a dispensed date of 05/31/2022.

On 07/22/2024, Surveyor reviewed Resident 6's record.

Resident 6's July 2024 MAR documented: "Tramadol - Take 1 tablet by mouth every morning. May also have ½ tablet every 6 hours as needed."
The MAR did not document an order for Lorazepam.

On 07/22/2024, at approximately 12:30 PM, Surveyor observed 6 boxes of Resident 6's Timolol Mal Op Solution which were unopened. The boxes contained labels that stated Dispensed Date: 03/16/2022.

Resident 6's July 2024 MAR documented: "Timolol Maleate - Instill 1 drop into affected eye once a day."

On 07/22/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would contact Resident 6's physician regarding the medications.

"Unopened eye drops usually expire 1-2 years following their manufacturing date. Generally, eye drops contain preservatives to help keep them safe to use after opening the bottle. However, you should dispose of any unused eye drops 30 days after you first opened the bottle." (Source: Perry

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N 406	Continued From page 5 & Morgan Eyecare website, Taking Care of Eye Drops, April 18, 2022, https://perryeyecare.com/do-eye-drops-expire (retrieval date - July 25, 2024).) "Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light. Keep from freezing." (Source: Mayo Clinic website, Timolol (Ophthalmic Route), July 01, 2024, https://www.mayoclinic.org/drugs-supplements/timolol-ophthalmic-route (retrieval date - July 25, 2024).)	N 406		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure proper documentation within the Medication Administration Record (MAR) for 2 of 2 resident reviewed.	{N 415}		

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{N 415}	Continued From page 6 Resident 2's scheduled Olopatadine (eye drops) was listed on the MAR as an as-needed (PRN) medication and was not documented as administered. Resident 4's scheduled medication Lactulose was listed on the MAR as a PRN medication and was not documented as administered. Findings include: Example 1: Resident 2 On 07/22/2024, at approximately 10:30 AM, Surveyor observed a closed box of Resident 2's prescribed Olopatadine. The label on the box stated, "Instill one drop into both eyes daily. 8AM." On 07/22/2024, Surveyor reviewed Resident 2's record. Resident 2's July 2024 MAR documented: "Olopatadine - instill one drop in both eyes twice daily as needed." Medication had a handwritten note stating "PRN (as needed)" with no notations of administration. On 07/22/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he made an error when writing in the scheduled administration times. Administrator A stated s/he had the opened bottle of Resident 2's eye drops in his/her pocket because s/he administers it daily when s/he gets resident up in the morning. Example 2: Resident 4 On 07/22/2024, at approximately 10:30 AM,	{N 415}		

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{N 415}	Continued From page 7 Surveyor observed a bottle of Resident 4's prescribed Lactulose which appeared to be 80% full. Surveyor observed another bottle of Resident 4's Lactulose sitting on a shelf in the office where the medication cart was stored that appeared to be 90% full with a 'Fill Date' of 06/26/2024. On 07/22/2024, at approximately 11:00 AM, Surveyor observed a bottle of Resident 4's Lactulose which appeared to be 50% full sitting in an unsecured kitchen cabinet with a 'Fill Date' of 05/31/2024. On 07/22/2024, Surveyor reviewed Resident 4's record. Resident 4's July 2024 MAR documented: "Lactulose 10 gm (gram) / 15 ml (milliliter) Soln (solution) - Give 7.5 ml by gastronomy tube one time daily in morning" Medication had a handwritten note stating "PRN (as needed)" with no notations of administration. On 07/22/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he made an error when writing in the scheduled administration times. Administrator A stated Resident 4 is receiving his/her Lactulose daily. Cross Reference: N0432 DHS 83.38(1)(h) Medication Administration	{N 415}		
{N 417}	83.37(3)(a) Medication storage: original containers. Original containers. The CBRF shall keep medications in the original containers and not	{N 417}		

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{N 417}	Continued From page 8	{N 417}		

transfer medications to another container, unless the CBRF complies with all of the following: 1. Transfer of medications from the original container to another container shall be done by a practitioner, registered nurse, or pharmacist. Transfer of medication to another container may be delegated to other personnel by a practitioner, registered nurse or pharmacist. 2. If a medication is administered by CBRF employees and the medication is transferred from the original container by a registered nurse, or practitioner or other personnel who were delegated the task, the CBRF shall have a legible label on the new container that includes, at a minimum, the resident ' s name, medication name, dose and instructions for use. The CBRF shall maintain the original pharmacy container until the transferred medication is gone.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 1 out of 1 resident (Resident 9) medications that were transferred from their original containers were done so by an appropriate party, were labeled with resident name, medication name and dose, and instructions for use.

This is a repeat deficiency. See Statement of Deficiency (SOD) FFKZ11, dated 11/16/2023.

Findings include:

The provider is licensed to care for 10 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, developmentally disabled, traumatic brain injury, and terminally ill.

On 07/22/2024, at approximately 10:30 AM,

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{N 417}	Continued From page 9 Surveyor observed the medication cart and located a glass med cup sitting on a shelf above the med cart with the resident first name (Resident 9) written on it and medications were dispensed into the cup. Surveyor reviewed Resident 9's July 2024 Medication Administration Records (MAR) and resident medication blister cards to determine what medications had been dispensed: Amlodipine (high blood pressure medication), Amoxicillin (antibiotic), and Eliquis (Apixaban) (anticoagulant medication). On 07/22/2024, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated Resident 9 usually slept in late and s/he had dispensed his/her medications so they would be readily available when Resident 9 awoke. Administrator A stated s/he understood that medications should not be dispensed prior to administration. "Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light. Keep from freezing." (Source: Mayo Clinic website, Apixaban (Oral Route), July 01, 2024, https://www.mayoclinic.org/drugs-supplements/apixaban-oral-route/proper-use/drg-20060729 (retrieval date - July 25, 2024).) Cross Reference: N0419 DHS 83.37(3)(c) Medication Storage: Locked Cabinet	{N 417}		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF.	N 419		

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This Rule is not met as evidenced by:
Based on observation, record review and interview, not all medications administered by the provider were securely stored. Resident 2's, Resident 4's and Resident 8's medications were stored in an unsecured kitchen cabinet.

This is a repeat deficiency. See Statement of Deficiency (SOD) FFKZ11, dated 11/16/2023.

Findings include:

The provider is licensed to care for 10 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, developmentally disabled, traumatic brain injury, and terminally ill.

On 07/22/2024, at approximately 12:15 PM, Surveyor and Administrator A observed Resident 2's, Resident 4's and Resident 6's medications stored in an unsecured kitchen cabinet. During this observation, Surveyor noted the following:

Example 1: Resident 2

There was a glass med cup with Resident 2's first name written on it. Inside the med cup was a pink pill. Surveyor reviewed Resident 2's July 2024 medication administration record (MAR) and determined it was his/her prescribed Morphine that was scheduled for 2:00 PM.

Example 2: Resident 4

There was an open bottle of Resident 4's Lactulose with a 'Fill Date' of 05/31/2024.

Example 3: Resident 8

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N 419	Continued From page 11 There was a bottle of Fluticasone Propionate which did not have a label on it that determined who the resident was and the dosage requirements. Administrator A stated the Fluticasone belonged to Resident 8 because s/he liked to administer it him/herself. On 07/22/2024, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he understood that all medications should be securely stored. Administrator A stated when s/he is working alone s/he had predispensed the residents medications. Cross Reference: N0417 DHS 83.37(3)(a) Medication Storage: Original Containers Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication	N 419		
N 425	83.38(1)(a) Personal care. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence.	N 425		

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N 425	Continued From page 12	N 425		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 1 of 1 resident received assistance with personal cares.

Resident 8's bed was not stripped down when the bed displayed signs of incontinence.

Findings include:

On 07/22/2024, at approximately 10:10 AM, Surveyor arrived at the facility. When Surveyor entered the facility, s/he detected a strong odor that appeared to be urine.

On 07/22/2024, at approximately 10:30 AM, Surveyor observed Resident 8's unmade bed. The bed sheets had a brown substance covering portions of the bedsheet. Surveyor bent down and determined the substance was feces based on scent. Surveyor walked into Resident 8's bathroom, which smelled strongly of what appeared to be urine and feces. The bathroom floor had a substance smeared on the floor that appeared to be feces. The toilet seat had a brown substance smeared on the rim that appeared to be feces.

On 07/22/2024, at approximately 1:00 PM, Surveyor observed Resident 8's room. Resident 8's bed had been made. Surveyor removed the bed covering to observe the sheets still contained the dried-on feces. Surveyor observed the bathroom and noted the feces was still on the floor and the toilet seat.

On 07/22/2024, at approximately 1:15 PM, Surveyor interviewed Administrator A. Surveyor and Administrator A walked into Resident 8's

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N 425	Continued From page 13 room and Surveyor showed Administrator A Resident 8's bedsheets. Administrator A stated, "[Resident 8] did not tell me [s/he] had an accident. I just made the bed quick as I was walking by." Surveyor showed Administrator A Resident 8's bathroom. Administrator A stated s/he would address that concern.	N 425		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 3 of 3 residents received prescribed medications in the proper dosage and administration times and prior to expiration dates. Resident 2's Fluticasone (nasal spray) was administered after the expiration date, and his/her bottle of Olopatadine (eye drop) was not dated when opened, to ensure an expired medication was not administered. Resident 6's Timolol Mal (maleate) Op (ophthalmic) Solution (eye drops) was	N 432		

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administered after the expiration date.

Resident 9's Eliquis (Apixaban) (anticoagulant medication) was not administered at approximately the same time every day and 12 hours apart.

Findings include:

Example 1: Resident 2

On 07/22/2024, at approximately 10:30 AM, Surveyor observed the medication cart and observed Resident 2's Fluticasone (nasal spray) which had a dispensed date of 02/02/2023 and a discard date of 02/02/2024; and a sealed box of his/her Olopatadine (eye drop), which had a dispensed date of 05/02/2024.

On 07/22/2024, Surveyor reviewed Resident 2's record.

Resident 2's July 2024 Medication Administration Record (MAR), dated 07/01/2024 to 07/21/2024, documented:
"Fluticasone Nasal Spray - Instill two sprays into each nostril every morning for allergies. Scheduled at 8:00 AM. Start Date: 02/01/2023."
Surveyor noted the medication had been documented as administered each day.
"Olopatadine - Instill one drop in both eyes daily as needed."
Surveyor noted the label on the box of Olopatadine stated, "Instill one drop into both eyes daily."

On 07/22/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he did not know when s/he opened Resident 2's bottle of Olopatadine,

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N 432	Continued From page 15	N 432		

which were in his/her pocket, but did administer it daily when Resident 2 woke in the morning. Administrator A stated s/he did not know when s/he opened Resident 2's Fluticasone. Administrator A stated, "The pharmacy sends too much of the medications at one time."

"Discard each bottle of Patanol (Olopatadine hydrochloride) Eye Drops 4 weeks after it has been opened. Write the date the bottle was opened on the label to remind you when to discard the bottle. Patanol Eye Drops contain a preservative which helps prevent germs growing in the solution for the first four weeks after opening the bottle. After this time, there is a greater risk that the drops may become contaminated and cause an eye infection. A new bottle should then be used." (Source: News Medical website, Patanol, October 2023, https://www.news-medical.net/drugs/Patanol (retrieval date - July 25, 2024).)

Example 2: Resident 6

On 07/22/2024, at approximately 12:30 PM, Surveyor observed 6 boxes of Resident 6's Timolol Mal Op Solution which were unopened. The boxes contained labels that stated Dispensed Date: 03/16/2022.

On 07/22/2024, Surveyor reviewed Resident 6's record.

Resident 6's July 2024 MAR documented: "Timolol Maleate - Instill 1 drop into affected eye once a day."
The MAR documented that the medication had been dispensed daily at 8:00 AM.

On 07/22/2024, at approximately 1:00 PM,

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Surveyor interviewed Administrator A. Administrator A stated, "The pharmacy sends too much of the medication at one time." Administrator A stated s/he would contact Resident 6's physician to get new medications. "Unopened eye drops usually expire 1-2 years following their manufacturing date. Generally, eye drops contain preservatives to help keep them safe to use after opening the bottle. However, you should dispose of any unused eye drops 30 days after you first opened the bottle." (Source: Perry & Morgan Eyecare website, Taking Care of Eye Drops, April 18, 2022, https://perryeyecare.com/do-eye-drops-expire (retrieval date - July 25, 2024).)

"Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light. Keep from freezing." (Source: Mayo Clinic website, Timolol (Ophthalmic Route), July 01, 2024, https://www.mayoclinic.org/drugs-supplements/timolol-ophthalmic-route (retrieval date - July 25, 2024).)

Example 3: Resident 9

On 07/22/2024, at approximately 10:30 AM, Surveyor observed the medication cart and located a glass med cup sitting on a shelf above the med cart with the resident first name (Resident 9) written on it and medications were dispensed into the cup. Surveyor reviewed Resident 9's July 2024 Medication Administration Records (MAR) and resident medication blister cards to determine that one of the medications was his/her prescribed Eliquis.

On 07/22/2024, at approximately 1:30 PM, Surveyor interviewed Administrator A.

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Administrator A stated Resident 9 usually slept in late, and s/he had dispensed his/her medications so they would be readily available when Resident 9 awoke. Surveyor noted Resident 9 still had not received his scheduled 8:00 AM medications.

On 07/22/2024, Surveyor reviewed Resident 9's record.

Resident 9's July 2024 MAR documented: "Eliquis 2.5 MG (milligram) - Take one tablet by mouth twice daily. Scheduled at 8:00 AM and 8:00 PM. Start Date: 01/30/2024."
The MAR documented that the medication was administered daily at 8:00 AM and 8:00 PM.

"You should try to take Apixaban (Eliquis) at the same time each day, and approximately 12 hours apart. The tablet should be swallowed whole with water." (Source: Plymouth Hospitals website, Apixaban, December 2022, https://www.plymouthhospitals.nhs.uk/display-pil/pil-apixaban (retrieval date - July 25, 2024).)

On 07/24/2024 at 11:23 AM, Surveyor emailed Administrator A asking for clarification on when Resident 9 received his/her scheduled Eliquis.

On 07/24/2024 at 3:53 PM, Administrator A emailed Surveyor and stated, "[Resident 9] is up around 1 would like to eat some before [his/her] meds and will take [his/her] pm around 10 [s/he] goes to bed around 2/3am."
Surveyor noted this schedule did not allow for 12 hours between doses.

Cross Reference: N0417 DHS 83.37(3)(a) Medication Storage: Original Containers

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N 452	Continued From page 18	N 452		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that food was stored in a safe and sanitary manner. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. Findings include: The provider is licensed to care for 10 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, developmentally disabled, traumatic brain injury, and terminally ill.	N 452		

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N 452	Continued From page 19 On 07/22/2024, at approximately 10:45 AM, Surveyor toured the kitchen and observed in the refrigerator the following: -(2) clear plastic containers with blue lids that contained a leftover food that was not dated. -A food item wrapped up in aluminum foil that was not dated. -A small clear plastic container with a blue lid that contained a thick purple colored mixture that was not dated. -A small clear plastic container with a blue lid that contained a thick brown colored mixture that was not dated. The lid contained what appeared to be dried on food particles. -A solid blue container with a blue lid that contained a leftover food that was not dated. -A clear plastic container with a pink lid that contained what appeared to be a noodle soup that was not dated. -A plastic baggie that contained what appeared to be 2 cooked chicken breasts that were not dated. -A clear plastic container with a red lid that contained a label stating 'gravy' that was not dated. -A clear plastic baggie that contained what appeared to be cut up pancake pieces that was not dated. -(2) clear plastic containers of what appeared to be cooked white rice that were not dated. -A clear plastic container with a blue lid that had what appeared to be mixed vegetables that was not dated. -A white bowl covered with saran wrap that had what appeared to be cooked macaroni and cheese that was not dated. -An opened jar of alfredo pasta sauce that was not dated. -A baggie of sliced tomatoes that was not dated.	N 452		

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N 452	Continued From page 20 On 07/22/2024, at approximately 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated s/he understood that refrigerated foods were to be dated when opened. According to the 2017 FDA (US Food and Drug Administration) Food Code, refrigerated, ready to eat (RTE), Time/Temperature Controlled for Safety (TCS) food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of seven days. The day of preparation shall be counted as Day 1. Refrigerated, RTE/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded. The "Servsafe Coursebook - 7th Edition, documented ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower." TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables.	N 452		

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{N 499}	Continued From page 21	{N 499}		
{N 499}	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secured area. Surveyor observed cleaning compounds unsecure in the bathroom, laundry room and kitchen area. This is a repeat deficiency. See Statement of Deficiency (SOD) FFKZ11, dated 11/16/2023. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF (community based residential facility) able to serve up to 10 residents within the client groups of advanced age, terminally ill, physically disabled, developmentally disabled, traumatic brain injury, and irreversible dementia/Alzheimer's. On 07/22/2024, from approximately 10:15 AM to 1:30 PM, Surveyor conducted a tour of the facility and observed the following unsecured cleaning compounds: Resident Bathroom: 24 fluid ounce bottle of toilet bowl cleaner Resident 8's Bedroom/Bathroom: 32 fluid ounce bottle of carpet cleaner 24 fluid ounce bottle of toilet bowl cleaner	{N 499}		

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{N 499}	Continued From page 22 Common Area: 16 ounce spray can of outdoor fogger for mosquitoes Various cans of house paint Kitchen cabinet: 80 fluid ounce jug of sink clog remover (2) boxes of 5 count washing machine cleaner tablets 48 fluid ounce jug of carpet cleaner On 07/22/2024, at approximately 1:15 PM, Surveyor interviewed Administrator A. Administrator A stated s/he was obtaining new locking devices for storage of the cleaning compounds.	{N 499}		