

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/09/2024
NAME OF PROVIDER OR SUPPLIER LEGACY OF DEFOREST (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 6639 PEDERSON BLV DE FOREST, WI 53532		
(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
{U 000}	INITIAL COMMENTS On 01/08/2024, with information gathered through 01/09/2024, Surveyor conducted a verification visit at The Legacy of DeForest. One deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD) WUKT11 and SOD WUKT12. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 32	{U 000}		
{U 127}	89.23(3)(f) SERVICES SERVICE QUALITY. Meals and snacks served to tenants shall be prepared, stored and served in a safe and sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator that were not dated to avoid serving spoiled foods. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. This is a repeat deficiency. See Statement of Deficiency (SOD) WUKT11, dated 03/29/2023, and WUKT12, dated 08/11/2023. Findings include: On 01/08/2024, at approximately 3:50 PM,	{U 127}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/09/2024
NAME OF PROVIDER OR SUPPLIER LEGACY OF DEFOREST (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 6639 PEDERSON BLV DE FOREST, WI 53532		
(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
{U 127}	Continued From page 1 Surveyor toured facility kitchen where meals were prepared and observed the following: Refrigerator: -A tray of individual containers of what appeared to be applesauce that was covered with saran wrap but were not dated. -A large clear Ziploc bag of what appeared to be bacon that stated, "Please use 12/13/2023 for dinner." -A large plastic Ziploc bag of what appeared to be breakfast sausage links that were not dated. -A cantaloupe that had been cut in half and wrapped with saran wrap that had not been dated. -A clear plastic container of what appeared to be chopped pieces of cucumber that was covered with saran wrap but had not been dated. -A clear plastic container of what appeared to be a spaghetti based hotdish that was covered with saran wrap but had not been dated. -A 5-pound container of chicken salad that was dated 12/23/2023. -A 5-pound container of coleslaw that was dated 12/31/2023. -A 5-pound container of macaroni salad that was dated 12/31/2023. -A clear plastic container of what appeared to be shredded lettuce that had a brownish tint appearance that was covered in saran wrap but was not dated. -A 32-ounce open container of liquid whole eggs that was not dated. -An opened container of ranch pasta salad that was not dated. -A clear container of pumpkin pie filling that was dated 12/22/2023 and a use-by date of 12/28/2023. -An opened 32 ounce package of sliced roast beef that was not dated.	{U 127}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/09/2024
NAME OF PROVIDER OR SUPPLIER LEGACY OF DEFOREST (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 6639 PEDERSON BLV DE FOREST, WI 53532		
(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
{U 127}	Continued From page 2 -An opened bag of mixed salad that was not dated. Freezer: -A clear bag of what appeared to be chicken tenders that was not securely sealed, exposing the food to freezer burn. -A brown package of what appeared to be tater tots that was not sealed, exposing the food to freezer burn. Appliances: -A commercial size griddle that had a significant amount of dried food on the surface. -A commercial sized deep fryer that contained 2 baskets that had a significant amount of dried food on the surface -Refrigerator and Freezers displayed what appeared to be food spillage throughout the door frames. -Microwave displayed what appeared to be food particles burned to the top interior. Countertop: -A glass bowl of what appeared to be ground hamburger covered with saran wrap that was not dated. The hamburger was room temperature to touch. "Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly	{U 127}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/09/2024
NAME OF PROVIDER OR SUPPLIER LEGACY OF DEFOREST (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 6639 PEDERSON BLV DE FOREST, WI 53532		
(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
{U 127}	Continued From page 3 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." (US Food and Drug Administration (FDA) Food Code, 2022, Section 3-501.17) "Proper packaging helps maintain quality and prevent freezer burn. Aluminum foil, freezer paper, plastic containers, and plastic freezer bags will help food maintain optimum quality in the freezer. Plastic wrap alone will not provide enough protection by itself, but can be used to separate foods within another package. When packaging food, press out as much air as possible to prevent freezer burn, and wrap tightly." (Source: USDA (United States Department of Agriculture) website, How should food be packaged for the freezer?, https://ask.usda.gov (retrieval date - January 8, 2024).) On 01/08/2024, at approximately 4:00 PM, Surveyor interviewed Dietary Assistant I. Dietary Assistant I informed Surveyor that all food was to be dated when opened. On 01/08/2024, at approximately 4:10 PM, Surveyor interviewed Culinary Coordinator J. Culinary Coordinator J stated that food was to be dated and removed after 3 days. Culinary Coordinator J stated s/he would discuss the concern with his/her staff. On 01/09/2024 at 2:27 PM, Surveyor received an email from Chief Operating Officer H which stated, "We will touch base with [Culinary Coordinator J] and create additional plans to ensure correction of these issues."	{U 127}		