STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 5/3/21 to 5/6/21. Also reviewed in the course of the survey was complaint intake WY00002993. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide DON- Director of Nursing MDS- Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 641 SS=E	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the facility failed to ensure MDS assessments were accurate for 3 of 18 sample residents (#16, #65, #67). The findings were: 1. Observation of resident #16 on 5/4/21 at 11:30 AM revealed the resident was in bed with a pressure alarm in place. Further observation on 5/4/21 at 1:48 PM revealed the resident was seated in a wheelchair with a Tabs motion alarm in place. Review of the current care plan showed alarms were used in the bed and wheelchair. The following concerns were identified: a. Review of the 2/27/21 quarterly MDS	F 641	1. Residents #16, #65 and #67 were identified as being affected. MDS corrections were made and transmitted for all 3 residents. 2. No other residents were identified as being affected. All residents have the potential to be affected. All resident current MDS□s will be checked for accuracy by the MDS Care Plan team. 3. Inservices were conducted with the MDS Care Plan Team to re-educate them on accuracy of data entered on each MDS assessment. 4. DON and/or designee will review all newly completed MDS□s weekly for the	5/24/21

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

Electronically Signed | 06/04/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 641	Continued From page 1 assessment showed no alarms were used. b. Interview on 5/6/21 at 9:22 AM with the DON revealed the resident had used alarms since March 2020. She stated the February 2021 MDS assessment was inaccurate, and alarms should have been coded. 2. Observation on 5/05/21 at 11:54 AM showed resident #65 was seated in the South secure unit activity lounge in his/her wheelchair and was asleep. The resident had a lap buddy (restraint to prevent rising) secured onto the wheelchair. Review of the physician orders showed the restraint was an active order as of 3/9/21. The order further showed: "Lap buddy in wheelchair while resident is awake to promote independent locomotion [relate to] imbalance during ambulation and frequent falls. [The] resident will be released every two hours and for toileting, meals, and sleeping." The following concerns were identified: a. Review of the 4/17/21 quarterly MDS assessment showed there was no use of any restraint coded. b. Interview with the DON on 5/5/21 at 3:10 PM verified the restraint was used daily and was not coded accurately on the MDS assessment. 3. Review of the progress note dated 4/14/21 at 2:43 PM showed resident #67 "...has had a change in condition and has not been eating well or allowing cares to be performed..." Review of the nutrition risk assessment and the diet profile dated 4/27/21, showed the resident had a body mass index (BMI) of 18.5 indicating the resident was under-weight, and intake was meeting less than 25% of estimated needs. The diet profile showed the interventions to increase calorie intake were to provide a supplement of boosted	F 641	next 60 days to verify accuracy of the assessments. 5. DON and/or designee will report results of reviews to the QAPI Committee monthly for the next 60 days to monitor compliance. The QAPI Committee will evaluate results to determine if the current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 641	Continued From page 2 (higher calorie) milk and sandwiches three times per day between meals. Review of the weight record showed on 3/16/21 the resident's weight was recorded as 103.6 pounds, and on 4/14/21 the resident's weight was down 5.63% to 97.2 pounds. The following concerns were identified: a. Review of the significant change MDS assessment with an assessment reference date of 4/17/21 showed the weight entered in section K was from 4/14/21; however, was entered as 109 pounds. The assessment failed to show the significant weight loss of more than 5% in 30 days. b. Interview by phone with the registered dietitian on 5/06/21 at 9:19 AM revealed the wrong weight had been entered on the MDS assessment; it should have been 97.2 pounds. She confirmed this was an error and a correction was needed to accurately reflect a significant weight loss in 30 days.	F 641		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	F 755		5/24/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 3 §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to have an effective monitoring process to ensure medications and medical supplies were not expired in 1 of 1 medication storage rooms (south unit) and 2 of 3 medication carts (south unit emergency cart and south unit purple medication cart). The findings were: 1. Observation on 5/6/21 at 10:26 AM of the south unit medication storage room showed the following medical supplies were expired: a. Nine light blue top vacutainer tubes (used for blood collection) with an expiration date of 4/30/21. b. Seven purple top vacutainer tubes with an expiration date of 1/31/21. c. Three green/yellow top vacutainer tubes with an expiration date of 4/12/21. d. A box of 100 dark blue top vacutainer tubes with an expiration date of 12/31/20. e. Twelve blood collection sets with an	F 755	1. No residents were identified as being affected. 2. All residents have the potential to be affected. The expired items were immediately removed and carts were checked to verify no other expired items remained. 3. Inservices were conducted with licensed nursing staff and Certified Med Aides regarding checking for and removing any items that are near expiration or at expiration and ensure proper storage in all nursing carts and med rooms. 4. DON and/or designee will audit all nursing carts and medication rooms for any items at or near expiration on a weekly basis for the next 60 days to verify compliance is maintained. 5. DON and/or designee will report results of the audits to the QAPI	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 4 expiration date of 2/29/20. f. One blood collection set with an expiration date of 07/18. g. Three blood collection sets with an expiration date of 8/31/19. 2. Observation of the emergency cart on the south unit showed the following medications and medical supplies were expired: a. One tube of Glutose15 with an expiration date of 02/21. b. Five transparent film dressings 4 inch x 4 3/4 inch with an expiration date of 1/31/21. c. Five BD vacutainer safety lock blood collection sets with an expiration date of 12/31/19. 3. Observation of the south unit purple medication cart showed 11 packets of lubricating jelly with an expiration date of 05/20. 4. Interview on 5/6/21 at 10:26 AM with the DON verified the medications and medical supplies were available for resident use, and were out of date.	F 755	Committee monthly for the next 60 days to monitor compliance. The QAPI Committee will evaluate results to determine if the current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.	
F 801 SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)	F 801		6/25/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 801	Continued From page 5 This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who- (i) For designations prior to November 28, 2016,	F 801		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 801	Continued From page 6 meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on staff interview and review of enrollment information, the facility failed to ensure qualifications were met for the dietary manager. The census was 69. The findings were: Interview with the dietary manager on 5/3/21 at 3:52 PM revealed she did not have a food service manager certification; however, was enrolled in the University of North Dakota (UND) Nutrition and Food Service Professional Training Program. Review of the enrollment information showed an expected completion date of 11/25/21. Interview on 5/5/21 at 11:40 AM with the dietary manager further revealed another member of the kitchen staff (cook #1) had completed the course, but was not in an active manager role. Review of the	F 801	1. No residents were identified as being affected. 2. All residents have the potential to be affected. Reviews of weight committee notes revealed no residents with weight loss related to the DM not being certified. 3. On 6/2/21, the Dietary Manager was enrolled in a different course through the International Food Service Executives Association that allows her to complete courses and get her CDM certification more timely than her current course through UND with a target date of on or before 6/25/21. 4. The Administrator and/or designee will monitor the DM□s progress to ensure she	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 801	Continued From page 7 course completion certificate showed cook #1 completed the UND course on September 4, 2014. The cook had completed the education; however, had not taken the certification exam.	F 801	receives her CDM certification by the target date. 5. The Administrator and/or designee will report the DM□s progress to the QAPI Committee weekly until certification is obtained. The QAPI Committee will evaluate progress to determine if the current plan of correction is effective or if additional interventions are needed and will revise the plan as necessary to ensure compliance.	
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of professional food safety standards, the facility failed to ensure appropriate food storage of raw	F 812	1. No residents were identified as being affected. 2. All residents have the potential to be	5/24/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 8 and ready to eat foods, and failed to ensure proper cooling techniques were followed in 1 of 1 kitchens (the main kitchen). The census was 69. The findings were: 1. Observation on 5/3/21 at 3:52 PM showed an area designated to store raw meat in the walk-in-cooler. There were packages of raw ground beef thawing on a pan located above a package of ready to eat polish sausage and a box of fully cooked fajita strips. Interview with the dietary manager on 5/3/21 at 3:54 PM verified these were not the correct locations in which to store these items due to the possibility of cross-contamination. 2. Observation on 5/5/21 at 10:55 AM showed there was a large pan approximately 20 inches long by 12 inches wide and 6 inches deep with a label of "goulash" in the walk-in-cooler. There was water in the pan surrounding a plastic bag which contained a beef macaroni and tomato mixture. The mixture filled approximately half of the pan. There were also 2 plastic bags containing ice wands embedded into the food. Interview with the dietary manager on 5/5/21 at 10:55 AM revealed the food was left over from the evening meal on 5/4/21 and had been put into the cooler after that meal. The water surrounding the food had been ice. When asked about the temperature tracking method used to ensure the food had cooled safely, the dietary manager stated there was a log used to record the temperatures. The following concerns were identified: a. Review of the log showed food was to be cooled down to 70 degrees Fahrenheit (F) within 2 hours and then to 41 degrees F within an additional 4 hours. The document did not include	F 812	affected. The referenced items were immediately removed and other items were checked to verify proper food storage was maintained. 3. Inservices were conducted with dietary staff regarding rountinely checking for and removing any items that are near expiration or at expiration and that all other items are properly stored, including proper cooling processes and temperatures for storing of leftover food items. 4. The DM and/or designee will audit all food storage areas for any items at or near expiration and for proper storage and that leftover food is cooled properly to correct temperatures at least 2 times weekly for the next 60 days to verify compliance. 5. The DM and/or designee will report results of the audits to the QAPI Committee monthly for the next 60 days to monitor compliance. The QAPI Committee will evaluate results to determine if the current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	C 05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	**890 US HWY 20 SOUTH BASIN, WY 82410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 9 any entries. b. The dietary manager verified there was no information to show the temperatures during the cooling process or if the food had cooled in the appropriate time frame. The manager discarded the food due to lack of information. 3. According to Food Code 2017, U.S. Public Health Service: 3-302.11 "(A) FOOD shall be protected from cross contamination by: (1) Except as specified in (1)(d) below, separating raw animal FOODS during storage, preparation, holding, and display from: (a) Raw READY-TO-EAT FOOD including other raw animal FOOD such as FISH for sushi or MOLLUSCAN SHELLFISH, or other raw READY-TO-EAT FOOD such as fruits and vegetables, (b) Cooked READY-TO-EAT FOOD, and..." 4. According to Food Code 2017, U.S. Public Health Service: 3-501.14 Cooling. "(A) Cooked TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled: (1) Within 2 hours from 57ºC (135ºF) to 21ºC (70°F); and (2) Within a total of 6 hours from 57ºC (135ºF) to 5ºC (41°F) or less."	F 812		