STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255283	A. BUILDING _____ B. WING _____	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAIDEN COMMUNITY LIVING CENTER	868 MULBERRY STREET VAIDEN, MS 39176

(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 The State Agency (SA) conducted an annual recertification survey along with a complaint investigation (CI MS#26464) at the facility from 10/15/24 through 10/17/24. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F 584 for environment, F 656 for care plan, F 677 for activities of daily living, F 761 for storage of medication, and F 812 for food storage. The SA determined the facility was in compliance with CI MS#26464 for resident neglect and hydration. The census at the time of the survey was 59 with a license for 60 beds.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584		11/13/24

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

Electronically Signed | 10/31/2024

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F 584	Continued From page 1 §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, and facility policy review, the facility failed to create a clean and safe environment, as evidenced by a dirty wheelchair (Resident #27) and an overbed table and bed headboard in disrepair (Resident #34) for two (2) of the 20 residents sampled. Findings Include: A review of the facility policy titled, "Cleaning and Disinfection of Resident-Care Items and Equipment" with a revised date of August 2009 revealed that resident-care equipment, including reusable items and durable medical equipment, will be cleaned ..."	F 584	F584 Safe/Clean/Homelike Environment The identified resident□s wheelchair (resident #27) was cleaned on 10/16/2024 by the Assistant Director of Nursing. The identified resident□s headboard (resident #34) that was in disrepair was repaired on 10/16/2024 by the Maintenance Director. The identified resident□s (resident # 34) over bed table was replaced on 10/16/2024 by the Maintenance Director. On 10/17/2024, a full audit was completed on wheelchairs, headboards, and overbed tables in the facility by the Maintenance Director, Housekeeping Supervisor and Assistant Director of Nursing. All residents have the potential to be affected by the deficient practice.	

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F 584	Continued From page 2 Resident #27 On 10/15/24 at 9:20 AM, an observation revealed Resident #27 was sitting on his bed and his overbed table and headboard were noted to be in disrepair. Resident #27 was not interviewable. His overbed table had the plastic strip edging missing from all four sides and had rough jagged edges exposed. Resident #27's headboard on his bed was unsteady and the upper part of the headboard leaned inward at an eighty-degree angle over his mattress and pillow and revealed that the bed frame and bed was unsteady. On 10/16/24 at 10:39 AM, during an interview with Assistant Director of Nursing (ADON), she confirmed that the headboard on Resident #27's bed and his over bed table were in disrepair and needed attention. She confirmed the rough, jagged edges on his over bed table and revealed that this could cause lots of issues including wood splinters in the skin and skin tears. ADON also confirmed that Resident #27's headboard was unsteady, that it leaned inward over the mattress and needed to be fixed. She revealed that she was not aware of these issues, that no one had reported them to her, and that she would notify maintenance. She revealed that they had a maintenance logbook at the nurses desk and any issues they had, they documented in the book and also reported them verbally to the Maintenance Director. ADON confirmed that Resident #27's headboard nor the bedside table had been recorded in the maintenance logbook prior to her observation. On 10/16/24 at 10:46 AM, an observation and interview with the Maintenance Director in Resident #27's room revealed that he had worked	F 584	The Director of Nursing completed an in-service on 10/17/2024 with nursing staff members regarding the process and expectation for cleaning wheelchairs. The Administrator completed an in-service on 10/17/2024 regarding completing work orders on reporting all furniture that is observed to be in disrepair. The Director of Nursing developed a weekly wheelchair cleaning schedule and posted schedule at the nurses station on 10/17/2024. The Administrator ensured that a work order binder was located at the nurses station on 10/17/2024, so that all staff have access to the binder. The Administrator developed a furniture check log on 10/17/2024 which will be completed by the Maintenance Director. The Director of Nursing will monitor the cleanliness of wheelchairs for 1 time per week for 3 weeks then monthly for 3 months beginning 10/18/2024. The Maintenance Director will monitor the residents furniture 1 time per week for 3 weeks then monthly for 3 months beginning 10/18/2024. All findings will be reported to the monthly Quality Assurance Committee meeting beginning 11/13/2024 and will continue monthly for 3 months then as needed for revision and review.	

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F 584	Continued From page 3	F 584		

there since August 2024, and that the staff usually reported to him verbally and logged any concerns or needed repairs on a "Maintenance Work Order" form in the maintenance logbook which he checked every morning. He confirmed that Resident #27's headboard was unsteady and was leaning inward over the mattress and needed to be fixed or replaced. He revealed that no one had reported this concern to him, and that if he didn't know about it, he couldn't fix it.

Record review of the "Maintenance Work Order" form revealed that Resident #27's broken headboard was recorded in the maintenance logbook after the concern was identified on 10/16/24.

Record review of Resident #27's "Admission Record" revealed an admission date of 12/20/22.

Record review of Resident #27's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 09/03/24 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 06 which indicated that he had severe cognitive deficits.

Resident #34

An observation on 10/15/24 at 10:40 AM and again at 3:00 PM revealed Resident #34 sitting in her wheelchair. A thick gray substance was noted on the frame of the wheelchair and on the spokes of the wheels.

An observation and interview on 10/16/24 at 9:25 AM, revealed Resident #34 sitting in her wheelchair, which remained dirty and unchanged from the previous day. Resident #34 revealed

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F 584	Continued From page 4	F 584		

she wasn't sure when they cleaned the wheelchairs, but it was dirty and needed to be cleaned.

In an interview on 10/16/24 at 11:45 AM, Certified Nursing Assistant (CNA) #1 revealed that the night shift CNAs are responsible for cleaning the wheelchairs, but if any of us notice that they are dirty, we can also clean them off.

During an observation and interview on 10/16/24 at 11:55 AM, the Director of Nurses (DON) revealed that the CNAs on the night shift and/or Sundays are responsible for cleaning the wheelchairs. She revealed, "I don't have a check-off list, but the staff are responsible for cleaning them on certain days. I guess I need a check-off list to ensure they are being cleaned." She confirmed that the wheelchair had a gray substance on the frame and wheels and needed to be cleaned.

During an observation and interview on 10/16/24 at 12:05 PM, the Administrator revealed that the wheelchairs are supposed to be cleaned on the night shift. They can take the equipment outside when it's warm or in the shower room when it's cold, but all equipment is to be cleaned. She confirmed Resident #34's wheelchair was not cleaned and stated, "This wheelchair is not clean, and it needs to be cleaned."

A record review of Resident #34's Admission Record revealed the resident was admitted to the facility on 2/15/2022 .

Record review of the MDS with an ARD of 07/18/24, revealed Resident #34 had a BIMS score of 12, which indicated the resident is

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F 584	Continued From page 5 moderately cognitively impaired.	F 584		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to	F 656		11/13/24

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F 656	Continued From page 6 local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on staff interviews, facility policy review, and record review, the facility failed to implement an Activities of Daily Living (ADL) care plan for one (1) of the 22 care plans reviewed. Resident #6. Findings include: A review of the facility policy, titled "Care Plan-Comprehensive," revealed, "It is the policy of this facility to develop comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs." Record review revealed a current care plan for Resident #6 with a focus on ADL self-care performance deficit. Intervention in place revealed that the resident prefers a bed bath and requires extensive to total assistance of one (1) staff member. During observations on 10/15/24 at 11:55 AM and again at 3:30 PM revealed Resident #6 lying in bed with hair oily and disheveled, and a thick white, flaky substance was noted on her scalp. Resident #6 had facial hair approximately one (1)	F 656	F656 Develop/ Implement Comprehensive Care Plan The identified (resident #6) revealed proper Activities of Daily Living Care were not provided on 10/16/2024. Resident # 6 received a thorough bed bath, fingernails were cleaned and trimmed, facial hair was removed on 10/15/2024 by a Certified Nurse□s Assistant. On 10/16/2024 a complete audit was completed on all residents in the facility who have Care Plans that require assistance with Activities of Daily Living by the Minimum Data Set (MDS) Coordinator and the Director of Nursing. All residents have the potential to be affected by the deficient practice. The Director of Nursing completed an in-service on 10/17/ 2024 to educate staff on following resident□s Care Plans. The Director of Nursing included focus on ensuring that any resident who require assistance with Activities of Daily Living should receive nail care, facial grooming, and hair and scalp washed.	

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F 656	Continued From page 7	F 656	The Director of Nursing will monitor Care plans for residents requiring assistance with Activities of Daily Living 1 time per week for 3 weeks then monthly for 3 months beginning 10/18/2024. All findings will be reported to the monthly Quality Assurance Committee meeting beginning 11/13/2024 and will continue monthly for 3 months then as needed for revision and review.	

inch long to her chin and sporadic areas around her mouth. Her bilateral fingernails were approximately one (1) inch long with a brown substance noted under them.

On 10/16/24 at 10:05 AM, during an observation and interview Certified Nursing Assistant (CNA) #2 stated that the resident's "Hair looks wet and greasy, she has a lot of dandruff, her facial hair hasn't been shaved in quite some time, and her fingernails are long and dirty. It looks like it's been more than a week or so since she's been really cleaned up." CNA #2 revealed the CNA's are responsible for bathing her, which included washing her hair, trimming her facial hair, and doing her nail care since she is not diabetic."

An interview on 10/16/24 at 10:45 AM, the Minimum Data Set (MDS) Coordinator revealed she is responsible for developing the care plans and revealed the purpose of the care plan is to guide and direct all staff to the individualized care needed for each resident. She confirmed according to Resident #6's care plan, she needs extensive to total assistance with her hygiene needs, and if she was not clean, her plan of care was not being followed. She confirmed that there was no documentation of refusal of care under the ADL care plan.

Record review of Resident #6's Admission Record revealed the resident was admitted to the facility on 01/25/2017 with medical diagnoses that included Peripheral vascular disease, Lack of coordination, and Hemiplegia and Hemiparesis following cerebral infarction affecting the right dominant side.

Record review of Resident #6's Minimum Data

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F 656	Continued From page 8 Set (MDS) with an Assessment Reference Date (ARD) of 10/02/24, revealed a Brief Interview for Mental Status (BIMS) score of 05, which indicated the resident is severely cognitively impaired.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and facility policy review, the facility failed to provide personal hygiene, as evidenced by long facial hair, unkempt hair, and long nails with a brown substance under them for one (1) of 20 residents sampled. Resident #6 Findings include: Review of the facility policy titled "A.M. Care (Day Tour of Duty) dated August 25, 2014, revealed under "Purpose: 1. To refresh the resident. 2. To provide cleanliness, comfort, and neatness..." An observation on 10/15/24 at 11:55 AM and again at 3:30 PM revealed Resident #6 lying in bed. Her hair appeared oily and disheveled, and a thick white, flaky substance was noted on her scalp. Resident #6 had facial hair approximately one (1) inch long to her chin and sporadic areas around her mouth. Her bilateral fingernails were approximately one (1) inch long with a brown substance noted under them.	F 677	F677 ADL Care provided for Dependent Residents The identified resident #6 was provided a bed bath to include cleansing of her hair and scalp, trimming and cleaning her fingernails, and the removal of facial hair on 10/16/2024 by a Certified Nurses Assistance. On 10/16/2024 a complete audit was completed on all residents in the facility who were dependent residents that require assistance with Activities of Daily Living by the Minimum Data Set (MDS) Coordinator and the Director of Nursing. All dependent residents have the potential to be affected by this deficient practice. The Director of Nursing completed an in-service on 10/17/2024 to educate staff on providing Activities of Daily Living care to dependent residents. The Director of Nursing included focus on ensuring that any resident who is dependent on	11/13/24

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F 677	Continued From page 9 An observation on 10/16/24 at 8:45 AM, revealed Resident #6 lying in bed, with no change in the observation of appearance from the previous day. During an observation and interview on 10/16/24 at 10:05 AM, Certified Nurse Aide (CNA) #2 stated that Resident #6's "hair looks wet and greasy, she has a lot of dandruff, her facial hair hasn't been shaved in quite some time, and her fingernails are long and dirty." CNA #2 revealed, "It looks like it's been more than a week or so since she's been really cleaned up." CNA #2 revealed the CNA's are responsible for bathing her, which includes washing her hair, trimming her facial hair, and doing her nail care since she is not diabetic." CNA #2 stated, "I was off work yesterday, but she still should have been cleaned up." During an observation and interview on 10/16/24 at 10:35 AM, the Director of Nurses (DON) confirmed that Resident #6's hair was greasy, with thick white dandruff on her scalp. The DON stated that she's a "little hairy" when referencing the resident's facial hair and confirmed that her fingernails were long and not clean. Record review of Resident #6's Admission Record revealed the resident was admitted to the facility on 01/25/2017 with medical diagnoses that included Peripheral vascular disease, Lack of coordination, and Hemiplegia and Hemiparesis following cerebral infarction affecting the right dominant side. Record review of Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/02/24, revealed a Brief Interview for Mental Status (BIMS) score of 05, which	F 677	assistance with Activities of Daily Living will receive necessary services to maintain good nutrition, grooming, and personal and oral care. The Assistant Director of Nursing will make rounds to include observations of resident's grooming and hygiene such as facial hair, body odors, unkept hair, fingernail cleanliness on Dependent residents requiring assistance with Activities of Daily Living beginning 10/18/2024 1 time per week for 3 weeks then monthly for 3 months. All findings will be reported to the monthly Quality Assurance Committee meeting beginning 11/13/2024 and will continue monthly for 3 months then as needed for revision and review.	

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F 677	Continued From page 10 indicated the resident is severely cognitively impaired.	F 677		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to ensure the proper storage of treatment medications and disinfectant wipes on the treatment cart as evidenced by an unlocked treatment cart in the residents' hallway for one (1) of three (3) survey	F 761	F761 Label/Storage Drugs and Biologicals All contents (including treatment medications, disinfecting wipes, and all treatment supplies) of the faulty treatment cart were removed and secured in a	11/13/24

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F 761	Continued From page 11 days. Findings include: Record review of facility policy titled, "Medications, Individual Medication Storage Cabinets", dated 8/25/14, revealed, "Medication administration utilizing individual medication storage cabinets will meet the same criteria for timeliness, infection control, and medication safety as standard medication administration... 4. The medication storage cabinet will remain locked when not in use..." During an interview and observation of a treatment with Licensed Practical Nurse (LPN) #1 on 10/16/24 at 10:05 AM, the treatment cart was left in the hallway while the treatment was being done in the resident's room. Upon the exit of the resident's room, the cart was observed unlocked and unattended in the hallway. LPN #1 stated the lock on the cart had been broken for approximately a month so she was unable to secure the items in the cart. She verified that the cart was locked in the office when not being used, but confirmed when treatments were being done, the unlocked cart was in the hall and not within sight since the resident's door was closed during care. She stated this was a safety concern since a resident could gain access to the treatment items/medications/disinfectant wipes on the cart. An observation of the cart revealed drawers that contained topical medications, creams, treatment medication items such as collagen, xeroform dressings and other supplies as well as disinfectant wipes. She confirmed these treatment medications should be secured in a locked cart to ensure no one had access to these items.	F 761	properly functioning cart on 10/16/2024 by the Assistant Director of Nursing. The faulty cart was taken out of service on 10/16/2024 by the Director of Nursing. On 10/16/2024 all carts in the facility were inspected for proper locking and function. by the Director of Nursing and Assistant Director of Nursing. All residents have the potential to be affected by the deficient practice. An in-service was conducted on 10/17/2024 by the Director of Nursing to educate staff on policy titled Label/Storage Drugs and Biologicals. Beginning on 10/18/2024, the Director of Nursing and Assistant Director of Nursing will observe and monitor all carts located in the facility 1 time per week for 3 weeks then monthly for 3 months. All findings will be reported to the monthly Quality Assurance Committee meeting beginning 11/13/2024 and will continue monthly for 3 months then as needed for revision and review.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255283	A. BUILDING _____ B. WING _____	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 761	Continued From page 12 An observation and interview with the Assistant Director of Nursing (ADON) on 10/16/24 at 10:30 AM, revealed the cart would lock but it was difficult to position the lock handle into the locked position and it had to be "jiggled and twisted" until it went into the place where the lock could be secured. She demonstrated the process that was necessary to lock the cart, which consisted of several seconds of twisting and adjusting the handle and finally getting it into the appropriate spot to lock. She confirmed that not all of the staff that used this cart were notified of how to securely lock this since it had been damaged and not easily locked. During an interview on 10/16/24 at 10:30 AM, the Administrator confirmed the cart was left unlocked and unattended in the hallway during a treatment and medications used for residents' treatments were on the cart. She confirmed the facility failed to secure medications and disinfectant wipes in a locked room or locked cart to ensure no one had access to those supplies which could affect resident safety.	F 761		
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	F 812		11/13/24

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F 812	Continued From page 13 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 interviews, and facility policy review, the facility failed to ensure food items in the kitchen refrigerator, freezer, and dry storage room were dated and labeled for one (1) of two (2) kitchen tours completed. Findings Include: Review of the facility policy titled, "Food Storage" dated August 18, 2011, revealed "...8. All foods stored in refrigerators and freezers that have been opened, will be covered and labeled with the date and name of food if appropriate, and will be discarded within the appropriate time frame. 9. All leftover foods are to be stored in covered containers, dated, & labeled..." On 10/15/24 at 9:45 AM, an observation during the initial kitchen tour with the Dietary Manager (DM), revealed multiple unlabeled and undated food items in the refrigerator and freezer. The unlabeled and undated foods included one-half of a five pound bag of frozen chicken strips, one-fourth of a two pound bag of frozen French fries, and one-half of a five pound bag of chicken fried steak. There was also a large bag of frozen ground beef in the freezer that had been opened and was undated and unlabeled.	F 812	F812 Food Procurement, Store/Prepare/Serve-sanitary On 10/15/2024 the identified unlabeled food (chicken strips French fries, ground beef, and chicken fried steak) found in the freezer and refrigerator were properly labeled and dated by the Dietary Manager. On 10/15/2024, the identified unlabeled food (vanilla wafers, cornmeal and cake mix) found in the dry storage were not properly labeled and dated by the Dietary Manager. On 10/18/2024 a complete audit of refrigerated, frozen and dry foods was conducted by the Dietary Manager. All residents have the potential to be affected by the deficient practice. The Administrator completed an in-service with all dietary staff on the policy titled Food Procurement, Store/Prepare/Serve-sanitary. The Administrator created a label and date log for all refrigerators, freezers and dry storage room on 10/18/2024 to be completed by the Dietary Manager. The Administrator will ensure that logs are completed and current on a weekly basis, beginning 10/18/2024.	

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F 812	Continued From page 14 On 10/15/24 at 9:50 AM, an interview with DM revealed that she had worked there since September 2024, and the Dietary Department had been a mess. She revealed that it was everyone's responsibility to ensure opened food items were labeled and dated to make sure they "didn't go over" past the dates to be used. She revealed that the person who opened the food item was responsible for dating, labeling, and proper storage of the item. DM revealed that if they didn't date and label the food items when opened, they would not know how long it had been in the refrigerator or freezer and could become freezer burned or expired. DM revealed that they were supposed to use or dispose of leftover food items in the refrigerator three days after it was opened and that opened food items in the freezer were supposed to be used within six months. On 10/15/24 at 9:55 AM, during the initial tour of the dry storage room revealed a bag of opened vanilla wafers that were unlabeled and undated. There were approximately 30 vanilla wafers left in the bag, and it was folded down and was not sealed. There was a twenty-five pound (lb.) bag of white corn meal with the sack torn near the top and it was open to air and setting on top of an empty dry storage container. There was also an undated and opened and unsealed 5 lb. bag of yellow cake mix with approximately one and one-half cups left in the bag. On 10/15/24 at 9:58 AM, an interview with Dietary Cook revealed that the bag of corn meal was supposed to be closed and inside an air proof container. She also confirmed that the bag of corn meal, cake mix, and vanilla wafers were	F 812	The Dietary Manager will monitor the dating and labeling of food in all refrigerators, freezers, and dry storage room weekly 1 time per week for 3 weeks beginning 10/18/2024 then monthly for 3 months. All findings will be reported to the monthly Quality Assurance Committee meeting beginning 11/13/2024 and will continue monthly for 3 months then as needed for revision and review.	

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F 812	Continued From page 15 exposed, open to air, and were not dated or labeled. Dietary Cook revealed that they were supposed to make sure that any opened food items such as the cake mix, vanilla wafers, and corn meal were wrapped up in plastic and covered to help prevent contamination and prevent bugs and pests from getting inside the packages. Dietary Cook also confirmed that all opened food items were supposed to be dated and labeled.	F 812		