STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWBROOKE COURT SC CTR AT MATTHEWS GLEN	740 PAVILION VIEW DRIVE , MATTHEWS, North Carolina, 28105

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E0000	Initial Comments An unannounced recertification investigation was conducted on 07/07/25 through 07/08/25. The facility was found in compliance with the requirement CFR 483.73. Emergency Preparedness Event ID #EQW111.	E0000		
F0000	INITIAL COMMENTS A recertification survey was conducted from 07/07/25 through 07/08/25. Event ID#EQW111	F0000		
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record reviews and interviews with the resident, staff and Medical Doctor (MD), the facility failed to ensure treatment for a non-pressure related area of skin impairment was completed daily per the standing order for 1 of 1 sampled resident (Resident #5) reviewed for skin conditions. The findings included: Resident #5 was admitted to the facility on 05/17/25 with diagnoses that included hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting the left non-dominant side and Parkinsonism (brain condition that cause slowed movements, stiffness and tremors).	F0684	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusion outlined in the statement of deficiencies. This Plan of Correction is prepared solely as a matter of compliance with the State law. F0864 Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. Identify other residents having the potential to be affected by the same deficient practice. Address how the facility will identify other residents having the potential to be affected by the same practice. Skin Tear On 7/8/2025 the Charge Nurse initiated standing orders for skin tears on resident #5 On 7/9/2025, the DON/Nurse Management team initiated skin audits on current residents on the unit, no new findings. Address what measures will be put into place or systemic changes are made to ensure the deficient practice will not recur. On 7/8/2025, education on skin tear standing orders was initiated by Nurse Supervisor to team member nurses. Education will be provided to new hires upon orientation.	07/25/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0684 SS = D	Continued from page 1 The admission Minimum Data Set (MDS) assessment dated 05/24/25 revealed Resident #5 had intact cognition. He had impairment on one side of the upper and lower extremities, no skin issues and had a pressure-reducing device for the bed. Resident #5 required partial/moderate assistance with standing and bed/chair transfers and supervision or touching assistance with toilet transfers. A review of Resident #5's care plan dated 06/02/25 revealed Resident #5 had potential/actual impairment to skin integrity related to fragile skin. Interventions included to use caution when transferring or moving Resident #5 to prevent striking his arms, legs and hands against any sharp or hard surface. A staff progress note written by Nurse #1 dated 07/01/25 at 9:47 PM revealed Resident #5's family member stated that while assisting Resident #5 to the toilet, he accidentally sustained an abrasion to the right shin (front of the leg below the knee). Nurse #1 assessed Resident #5's shin and noted the area was bleeding from a small skin tear. Nurse #1 noted the area was cleaned with normal saline (sterile solution of salt and water) and dressed with a triple antibiotic ointment and gauze bandage. Review of the facility's Standing Orders for Treatment revealed in part, staff may use the following standing orders for the onset of specified symptoms or condition and the nurse will document the assessment of the symptoms and effectiveness of the measures instituted. The standing orders for treatment of skin tears noted: cleanse with normal saline and 4 x 4 gauze, pat dry with 4 x 4 gauze, approximate with thin adhesive bandages (if applicable) and cover with an adhesive border island dressing (specify size). Apply sterile gauze or self-adherent wrap that secures dressing (as needed). Change daily until healed. May use a triple antibiotic ointment, observe for redness and drainage. Review of Resident #5's Treatment Administration Record (TAR) for the period 07/01/25 through 07/08/25 revealed no treatment order for daily dressing changes to Resident #5's right shin. During an observation and interview on 07/07/25 at 11:14 AM, Resident #5 was sitting in his wheelchair in	F0684	Continued from page 1 Indicate how the facility plans to monitor its performance to make sure that the solutions are substantiated. The DON/Designee will conduct random skin audits three times a week for four weeks, then weekly for two months. The DON/Designee will submit the results of the audits monthly to the Quality Assurance Performance and Improvement (QAPI) Committee for three months. Indicate dates when corrective action will be completed. The completion of the Plan of Correction is 7/25/2025. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. Identify other residents having the potential to be affected by the same deficient practice. Address how the facility will identify other residents having the potential to be affected by the same practice. Transcription of standing order for skin tears On 7/8/2025 the Charge Nurse entered the skin tear standing order for resident #5 in PCC. Address what measures will be put into place or systemic changes are made to ensure the deficient practice will not recur. On 7/8/2025, the DON/Designee initiated education on skin tear standing order entry to nurses. Education will be provided to new hires upon orientation. Indicate how the facility plans to monitor its performance to make sure that the solutions are substantiated. The DON/Designee will conduct random order listing and treatment administration record audits two times a week for three months. The DON/Designee will submit the results of the audits monthly to the Quality Assurance Performance and Improvement (QAPI) Committee for three months. Indicate dates when corrective action will be completed. The completion of the Plan of Correction is 7/25/2025.	

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F0684 SS = D	Continued from page 2 his room watching TV. On the upper right shin was a 4 x 4 bordered gauze bandage with Nurse #2's name and the date of 07/05/25 written in red ink. Resident #5 stated he was not sure exactly how the injury happened but it wasn't painful and staff had been very good to provide treatment and change the bandage. During an observation on 07/08/25 at 9:57 AM, Resident #5 was in his room sleeping soundly while seated in his wheelchair. On the upper right shin was a 4 x 4 bordered gauze bandage with Nurse #2's name and the date of 07/05/25 written in red ink. During interviews on 07/08/25 at 9:13 AM and 10:10 AM, Nurse #3 revealed she had noticed the bandage on Resident #5's shin but when she reviewed his TAR, there were no orders for treatment. She confirmed the bandage on Resident #5's shin was dated 07/05/25. Nurse #3 explained that when initiating standing orders, the nurse was supposed to enter the treatment orders on the resident's TAR to be completed daily until healed and the orders were usually entered to be completed on the evening shift (3:00 PM to 11:00 PM). During a phone interview on 07/08/25 at 10:48 AM, Nurse #1 revealed on 07/01/25 she was informed by the Nurse Aide that Resident #5's family member had reported the wheelchair had scraped Resident #5's shin when the family member had assisted Resident #5 to the bathroom. Nurse #1 stated upon assessment, the area had some bleeding but was not an open wound so she initiated the standing orders for skin tears. Nurse #1 stated once the standing orders where initiated, the nurse was responsible for entering the order on the resident's TAR so that treatments would be completed daily until the area was healed. Nurse #1 stated she thought she had entered the treatment order on Resident #5's TAR and it was an oversight. An unsuccessful telephone attempt was made for an interview with Nurse #2 on 07/08/25 at 10:43 AM. During an interview on 07/08/25 at 11:38 AM with the Director of Nursing present, the Registered Nurse (RN) Supervisor explained once standing orders were initiated for Resident #5, the nurse should have entered the treatment orders on the TAR so that nurses would know to check/change the dressing daily until healed.	F0684		

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F0684 SS = D	Continued from page 3 During an interview on 07/08/25 at 2:07 PM, the Administrator stated she would expect for nurses to follow the standing orders for treatment and enter the orders on the resident's TAR when initiated so that nurses could document that the treatment was being done. During a phone interview on 07/08/25 at 3:54 PM, the Medical Doctor (MD) stated he was not sure of the facility's protocol but would have expected for staff to follow the standing order.	F0684		
F0732 SS = C	Posted Nurse Staffing Information CFR(s): 483.35(i)(1)-(4) §483.35(i) Nurse Staffing Information. §483.35(i)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(i)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (i)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format.	F0732	F0732 Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. Identify other residents having the potential to be affected by the same deficient practice. Address how the facility will identify other residents having the potential to be affected by the same practice. Daily Staffing Sheet On 7/8/2025 the daily staffing sheet was updated by the Health Service Coordinator (HSC). Address what measures will be put into place or systemic changes are made to ensure the deficient practice will not recur. On 7/8/25 the DON/Designee initiated education on the Daily Staffing Sheet for the nursing team members. Education will be provided to new hires upon orientation. Indicate how the facility plans to monitor its performance to make sure that the solutions are substantiated. The daily staffing sheets will be reviewed daily for accuracy by HSC/Designee for current residents to be aware of the disciplines caring for them on the unit. The daily staffing sheets will be reviewed and reported daily during morning meetings by the Health Service Coordinator. Random audits of the daily staffing sheet will be conducted twice a week for four weeks by Nurse Supervisor/Designee, then weekly for two months.	07/25/2025

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F0732 SS = C	Continued from page 4 (B) In a prominent place readily accessible to residents, staff, and visitors. §483.35(i)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(i)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to ensure daily nurse staffing sheets accurately reflected the nursing staff who worked for 32 of 72 days reviewed (01/01/25, 01/02/25, 01/03/25, 01/04/25, 01/05/25, 01/07/25, 01/08/25, 01/10/25, 01/12/25, 01/18/25, 01/21/25, 01/26/25, 02/07/25, 02/09/25, 02/15/25, 02/20/25, 02/21/25, 02/24/25, 02/25/25, 02/27/25, 02/28/25, 03/01/25, 03/03/25, 03/05/25, 03/06/25, 03/07/25, 03/09/25, 03/14/25, 03/15/25, 03/21/25, 03/24/25, and 03/29/25). Findings included: Review of the facility's daily nurse staffing sheet revealed spaces to indicate the name of the unit, resident census each shift, and the number of staff and hours worked for Registered Nurse (RN), Licensed Practical Nurse (LPN) and Certified Nursing Assistant (CNA) for each 8-hour shift: day shift (7:00 AM to 3:00 PM), evening shift (3:00 PM to 11:00 PM) and night shift (11:00 PM to 7:00 AM). The facility's 24-hour day started on the night shift. a. The nursing staff time clock report revealed a LPN clocked in at 3:22 PM on 12/31/25 and clocked out on 8:03 AM on 01/01/25. The daily nurse staffing sheets dated 01/01/25 and 01/02/25 revealed there was no LPN on the night shifts. b. The nursing staff time clock report revealed a LPN clocked in at 3:05 PM on 01/02/25 and clocked out on 8:04 AM on 01/03/25. The daily nurse staffing sheets dated 01/02/25 and 01/03/25 revealed there was no LPN	F0732	Continued from page 4 The HSC/Designee will submit the results of the audits monthly to the Quality Assurance Performance and Improvement (QAPI) Committee for three months. Indicate dates when corrective action will be completed. The completion of the Plan of Correction is 7/25/2025.	

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F0732 SS = C	Continued from page 5 on the night shifts. c. The nursing staff time clock report revealed a LPN clocked in at 3:00 PM on 01/03/25 and clocked out at 7:35 AM on 01/04/25. The daily nurse staffing sheets dated 01/03/25 and 01/04/25 revealed there was no LPN on the night shifts. d. The nursing staff time clock reports revealed one RN clocked in at 3:15 PM on 01/04/25 and clocked out at 12:01 AM on 01/05/25 and one RN clocked in at 3:54 PM on 01/04/25 and clocked out at 7:44 AM on 01/05/25. The daily nurse staffing sheet dated 01/04/25 revealed there was only one RN on the evening shift. e. The nursing staff time clock reports revealed one LPN clocked in at 2:06 PM on 01/07/25 and clocked out at 8:06 AM on 01/08/25. The daily nursing staffing sheets dated 01/07/25 and 01/08/25 revealed there was no LPN on the night shifts. f. The nursing staff time clock reports revealed one CNA clocked in at 2:53 PM and clocked out at 11:15 PM on 01/10/25 and one CNA clocked in at 2:53 PM on 01/10/25 and clocked out at 7:37 AM on 01/11/25. The daily nursing staffing sheet dated 01/10/25 revealed there was only one CNA on the evening shift. g. The nursing staff time clock reports revealed one RN clocked in at 6:40 AM and clocked out at 11:45 PM on 01/12/25 and one RN clocked in at 7:06 PM on 01/12/25 and clocked out at 7:26 AM on 01/13/25. The daily nursing staffing sheet for 01/12/25 revealed there was only one RN on the evening shift. h. The nursing staff time clock reports revealed on 01/18/25 one CNA clocked in at 7:31 AM and clocked out at 3:13 PM and one CNA clocked in at 7:11 AM and clocked out at 1:12 PM. The daily nursing staffing sheet for 01/18/25 revealed there was only one CNA on the day shift. i. The nursing staff time clock reports revealed one RN clocked in at 2:40 PM on 01/18/25 and clocked out at 12:21 AM on 01/19/25 and one RN clocked in at 2:52 PM on 01/18/25 and clocked out at 8:46 AM on 01/19/25. The daily nursing staffing sheet for 01/18/25 revealed	F0732		

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F0732 SS = C	Continued from page 6 there was only one RN on the evening shift. j. The nursing staff time clock reports revealed one RN clocked in at 8:33 AM and clocked out at 11:44 PM on 01/21/25 and one RN clocked in at 2:57 PM on 01/21/25 and clocked out at 7:29 AM on 01/22/25. The daily nursing staffing sheet for 01/21/25 revealed there was only one RN on the evening shift. k. The nursing staff time clock reports revealed one CNA clocked in at 6:53 AM and clocked out at 11:03 PM on 01/26/25 and one CNA clocked in at 2:54 PM on 01/26/25 and clocked out at 7:27 AM on 01/27/25. The daily nursing staffing sheet for 01/26/25 revealed there was only one CNA on the evening shift. l. The nursing staff time clock report revealed on 02/07/25 a LPN clocked in at 7:09 AM and clocked out at 3:23 PM. The daily nursing staffing sheet for 02/07/25 revealed there was one RN and no LPN on the day shift. m. The nursing staff time clock reports revealed one CNA clocked in at 6:52 AM and clocked out at 3:25 PM on 02/09/25 and one CNA clocked in at 2:56 PM on 02/09/25 and clocked out at 7:22 AM on 02/10/25. The daily nursing staffing sheet for 02/09/25 revealed there were 1.5 CNAs on the day shift and 1.5 CNAs on the evening shift. n. The nursing staff time clock reports revealed one RN clocked in at 3:01 PM and clocked out at 11:01 PM on 02/15/25 and one RN clocked in at 3:07 PM on 02/15/25 and clocked out at 7:45 AM on 02/16/25. The daily nursing staffing sheet for 02/15/25 revealed there was only on RN on the evening shift. o. The nursing staff time clock reports revealed on 02/20/25 one CNA clocked in at 7:30 AM and clocked out at 3:10 PM and one CNA clocked in at 7:03 AM and clocked out at 3:03 PM. The daily nursing staffing sheet for 02/20/25 revealed there were 1.5 CNAs on the day shift. p. The nursing staff time clock reports revealed one CNA clocked in at 3:16 PM and clocked out at 11:35 PM on 02/21/25 and one CNA clocked in at 2:56 PM on 02/21/25 and clocked out at 7:06 AM on 02/22/25. The	F0732		

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F0732 SS = C	Continued from page 7 daily nursing staffing sheet for 02/21/25 revealed there was only one CNA on the evening shift. q. The nursing staff time clock reports revealed one CNA clocked in at 2:51 PM and clocked out at 11:50 PM on 02/24/25 and one CNA clocked in at 2:55 PM on 02/24/25 and clocked out at 7:10 AM on 02/25/25. The daily nursing staffing sheet for 02/24/25 revealed there was only one CNA on the evening shift. r. The nursing staff time clock reports revealed on 02/25/25 one CNA clocked in at 7:24 AM and clocked out at 3:08 PM and one CNA clocked in at 6:47 AM and clocked out at 3:12 PM. The daily nursing staffing sheet for 02/25/25 revealed there was only one CNA on the day shift. s. The nursing staff time clock reports revealed on 02/27/25 one RN clocked in at 7:00 AM and clocked out at 11:31 PM and one RN clocked in at 2:54 PM and clocked out at 11:38 PM. The daily nursing staffing sheet for 02/27/25 revealed there was only one RN on the evening shift. t. The nursing staff time clock reports revealed one CNA clocked in at 6:55 AM and clocked out at 3:21 PM on 02/28/25, one CNA clocked in at 7:16 AM and clocked out at 3:30 PM on 02/28/25, one CNA clocked in at 3:56 PM and clocked out at 8:09 PM on 02/28/25, and one CNA clocked in at 2:56 PM on 02/28/25 and clocked out at 7:22 AM on 03/01/25. The daily nursing staffing sheet for 02/28/25 revealed there were 1.5 CNAs on the day shift and 1.5 CNAs on the evening shift. u. The nursing staff time clock reports revealed on 03/01/25 one CNA clocked in at 7:07 AM and clocked out at 3:24 PM, one CNA clocked in at 7:20 AM and clocked out at 3:18 PM, and one CNA clocked in at 7:00 AM and clocked out at 8:08 PM. The nursing staff time clock reports also revealed one RN clocked in at 3:08 PM on 03/01/25 and clocked out at 12:01 AM on 03/02/25 and one RN clocked in at 3:00 PM on 03/01/25 and clocked out at 7:30 AM on 03/02/25. The daily nursing staffing sheet for 03/01/25 revealed there were only 1.5 CNAs on the day shift and one RN on the evening shift. v. The nursing staff time clock reports revealed on 03/03/25 one CNA clocked in at 6:53 AM and clocked out	F0732		

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F0732 SS = C	Continued from page 8 at 3:11 PM and one CNA clocked in at 7:25 AM and clocked out at 3:11 PM. The daily nursing staffing sheet for 03/03/25 revealed there were only 1.5 CNAs on the day shift. w. The nursing staff time clock reports revealed on 03/05/25 one CNA clocked in at 6:53 AM and clocked out at 8:00 PM and one CNA clocked in at 7:00 AM and clocked out at 3:15 PM. The daily nursing staffing sheet for 03/05/25 revealed there were only 1.5 CNAs on the day shift. x. The nursing staff time clock reports revealed one CNA clocked in at 3:33 PM and clocked out at 11:40 PM on 03/06/25, one CNA clocked in at 4:17 PM and clocked out at 11:02 PM on 03/06/25, and one CNA clocked in at 3:02 PM on 03/06/25 and clocked out at 7:01 AM on 03/07/25. The daily nursing staffing sheet for 03/06/25 there was only one CNA on the evening shift. y. The nursing staff time clock reports revealed one CNA clocked in at 3:17 PM and clocked out at 11:38 PM on 03/07/25 and one CNA clocked in at 2:56 PM on 03/07/25 and clocked out at 7:10 AM on 03/08/25. The daily nursing staffing sheet for 03/07/25 revealed there was only one CNA on the evening shift. z. The nursing staff time clock reports revealed one CNA clocked in at 6:52 AM and clocked out at 10:28 PM on 03/09/25 and one CNA clocked in at 2:56 PM on 03/09/25 and clocked out at 7:15 AM on 03/10/25. The daily staffing sheet for 03/09/25 revealed there was only one CNA on the evening shift. aa. The nursing staff time clock reports revealed one LPN clocked in at 3:14 PM on 03/14/25 and clocked out at 7:58 AM on 03/15/25 and one RN clocked in at 10:51 PM on 03/14/25 and clocked out at 7:21 AM on 03/15/25. The daily nursing staffing sheets for 03/14/25 and 03/15/25 revealed there was only one RN and no LPN on the night shifts. bb. The nursing staff time clock reports revealed one CNA clocked in at 3:08 PM and clocked out at 11:13 PM on 03/21/25 and one CNA clocked in at 2:55 PM on 03/21/25 and clocked out at 7:13 AM on 03/22/25. The daily nursing staffing sheet for 03/21/25 revealed there was only one CNA on the evening shift.	F0732		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0732 SS = C	Continued from page 9 cc. The nursing staff time clock reports revealed one CNA clocked in at 2:58 PM and clocked out at 11:13 PM on 03/24/25 and one CNA clocked in at 2:54 PM on 03/24/25 and clocked out at 7:13 AM on 03/25/25. The daily nursing staffing sheet for 03/24/25 revealed there was only one CNA on the evening shift. dd. The nursing staff time clock reports revealed one CNA clocked in at 2:57 PM and clocked out at 11:10 PM on 03/29/25 and one CNA clocked in at 3:02 PM on 03/29/25 and clocked out at 7:11 AM on 03/30/25. The daily nursing staffing sheet for 03/29/25 revealed there was only one CNA on the evening shift. During an interview on 07/08/25 at 2:49 PM, the Health Services Coordinator revealed the daily nursing staffing sheets were filled out and posted by the evening shift nurse. The Health Services Coordinator explained around the first part of the year (2025) the former receptionist was updating the daily nursing staffing sheets as needed but currently she (Health Services Coordinator) was the person responsible for updating the nurse staffing sheets when they were collected daily. During an interview on 07/08/25 at 3:32 PM, the Administrator revealed the Administrative Assistant who works along side the Health Services Coordinator will be the person responsible for updating the daily nursing staffing sheets but she was currently learning the process. The Administrator stated the daily nursing staffing sheets should be updated as needed to reflect the actual nursing staff that worked each shift.	F0732		
F0812 SS = E	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	F0812	F0812 Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. Identify other residents having the potential to be affected by the same deficient practice. Address how the facility will identify other residents having the potential to be affected by the same practice. On 7/7/2025 the Lead Chef removed the expired milk from the walking refrigerator. On 7/7/ 2025 an audit was completed on both walk in refrigerators in the main kitchen to ensure no other	07/25/2025

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F0812 SS = E	Continued from page 10 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 observations and staff interviews, the facility failed to discard expired food and milk available for use in 1 of 2 walk-in refrigerators (produce refrigerator) in the main kitchen and 1 of 2 nourishment refrigerators. This practice had the potential to affect the food served to residents. The findings included: 1. During the initial tour of the main kitchen on 7/7/25 from 10:20 AM to 10:45 AM with the Lead Chef, an observation of the walk-in produce refrigerator revealed a box of red and green bell peppers. There were four red bell peppers and three green bell peppers inside the box. Three of the four red bell peppers were covered with gray and white fuzz. There was no date on the box. The Lead Chef went through the box and discarded three of the red bell peppers that had fuzz. An interview with the Lead Chef on 7/7/25 at 10:45 AM revealed the shelf life of the bell peppers varied and depended on when they received it from their supplier. He stated that he couldn't say for sure how long they lasted because he wasn't the one who received the bell peppers, but they must have been in the produce refrigerator for at least a week. The Lead Chef stated that he saw one red bell pepper that had fuzz this morning, and he had to cut around the bell pepper to serve for the breakfast meal. He said he didn't see the other red bell peppers with fuzz, but they should have been discarded. An interview with the Dietary Manager on 7/8/25 at 1:18	F0812	Continued from page 10 food or drink items were expired. Address what measures will be put into place or systemic changes are made to ensure the deficient practice will not recur. On 7/7/25 the Executive Chef initiated education for kitchen and dining room team members on checking expiration dates on food and drink items to ensure there is no expired food served and that proper food safety and quality standards are maintained. Indicate how the facility plans to monitor its performance to make sure that the solutions are substantiated. The Certified Dietary Manager (CDM)/Designee will conduct food and drink audits to ensure items are within date three times a week for four weeks, then weekly for two months. The CDM/Designee will submit the results of the audits monthly to the Quality Assurance Performance and Improvement (QAPI) Committee for three months. Indicate dates when corrective action will be completed. The completion of the Plan of Correction is 7/25/2025.	

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F0812 SS = E	Continued from page 11 PM revealed the bell peppers should have been inspected for fuzz whenever they received them from the suppliers, and daily by the chef before starting service. An interview with the Administrator on 7/8/25 at 4:15 PM revealed she was not sure how the expired bell peppers were left in the produce refrigerator, but that she would have expected them to be discarded. 2. An observation of one of the nourishment refrigerators with the Lead Chef on 7/7/25 at 11:15 AM revealed a gallon of regular milk with a "best if used by date" of 7/3/25. The gallon had about ¾ of milk left in the bottle. The Lead Chef removed the expired gallon of milk and brought it to the attention of Dietary Aide #1. An interview with the Lead Chef on 7/7/25 at 11:15 AM revealed both nursing and the dietary aides were responsible for checking the nourishment refrigerators for expired food and drink items. The Lead Chef stated the nurse aides more frequently used the nourishment refrigerators if residents needed snacks or drinks. During an interview with Dietary Aide #1 on 7/7/25 at 11:18 AM, she stated that she had looked in the nourishment refrigerator, but she didn't really check the expiration dates on the food and drink items inside. She further stated that she had just came in at 10:00 AM, and that the nourishment refrigerator was supposed to be checked by Dietary Aide #2 who came in at 7:00 AM. An interview with Dietary Aide #2 on 7/7/25 at 11:20 AM revealed she cleaned the nourishment station every morning before breakfast service, and she tried to check the food and drink items in the nourishment refrigerators as well. She stated that she didn't notice the expired gallon of milk inside the nourishment refrigerator, but she didn't think it got served to the residents this morning because they normally got the individual packs of milk. An interview with Nurse Aide #1 on 7/7/25 at 12:03 PM revealed the dietary aides normally gave them a heads up if any of the food and drink items in the nourishment refrigerators were expiring. She stated	F0812		

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F0812 SS = E	Continued from page 12 that she didn't look at the expiration date on the jug of milk before she poured some on a bowl of cereal and served it to one of the residents this morning. An interview with the Dietary Manager on 7/8/25 at 1:18 PM revealed both the dietary aides and nursing were supposed to check the nourishment refrigerators for expired food and drink items. An interview with the Administrator on 7/8/25 at 4:15 PM revealed she was not sure how the expired milk was left in the nourishment refrigerator, but it should have been discarded.	F0812		