STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175383	A. BUILDING _____ B. WING _____	11/21/2022

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WESLEY TOWERS INC	700 MONTEREY PL HUTCHINSON, KS 67502

(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 following citations represent the findings of a Health Resurvey and Complaint Investigation #KS00171798. This 2567 was electronically sent to the facility on 11/22/22.	F 000		
F 636 SS=F	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications.	F 636		

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

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 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.

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(xv) Special treatments and procedures.
(xvi) Discharge planning.
(xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS).
(xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.

§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs.
(i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.)
(iii)Not less than once every 12 months.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 32 residents with 12 residents selected in the sample. The facility identified 32 residents that lacked a "Care Area Assessment" (CAA) and analysis findings of the triggered care areas. Based on interview and record review, the facility failed to complete the CAAs for the comprehensive assessments for the residents that resided in the facility. The deficient

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practice of failure to complete the care area assessment and analysis of findings of the care areas also included Resident (R) 4, R6, R8, R9, R11, and R14.

Findings included:

- Review of the "Physician Orders", dated 10/10/22 for Resident R4 indicated major depressive disorder (a major mood disorder).

The annual "Minimum Data Set" (MDS) dated 01/12/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 13, indicating intact cognition. R4 displayed physical and verbal behavioral symptoms directed towards others between one and three days out of seven during the look back period.

Review of the "Care Area Assessment" (CAA) dated 01/12/22 lacked analysis completion by staff.

Interview on 11/16/22 at 11:35 AM with Administrative Nurse B, reported the MDS coordinator did not follow the "Resident Assessment Instrument"(RAI) on providing the information as indicated for care planning.

Interview on 11/17/22 at 01:04 PM with Administrative Nurse C, reported she lacked training on how to complete the CAA's. Administrative Nurse C confirmed she had not completed the CAA areas for over a year on all 32 residents in the facility.

The "Resident Assessment Instrument," (R.A.I.) Manual, Section 2.7 titled "The Care Area Assessment (CAA) Process and Care Plan

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Completion," dated 2019, documentation included ". . . Federal statute and regulations require nursing homes to conduct initial and periodic assessments for all their residents. The assessment information is used to develop, review, and revise the resident's plans of care that will be used to provide services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The RAI process, which includes the Federally mandated MDS, is the basis for an accurate assessment of nursing home residents. The MDS information and the CAA process provide the foundation upon which the care plan is formulated. There are 20 problem-oriented CAAs, each of which includes MDS-based "trigger" conditions that signal the need for additional assessment and review of the triggered care area. Detailed information regarding each care area and the CAA process, including definitions and triggers, appear in Chapter 4 of the manual. Chapter 4 also contains detailed information on care planning development utilizing the RAI and CAA process. CAA(s) completion is required for comprehensive assessments.

The facility failed to complete the "Care Area Assessment" (CAA analysis of findings) related to the comprehensive assessment for this resident, as required.

- Review of the "Physician Orders", dated 10/10/22, for Resident R11 indicated anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) spinal stenosis (stiffness and severe back pain).

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The annual "Minimum Data Set" (MDS) dated 10/02/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, indicating intact cognition. R11 displayed the use of medication for seven days during the look back period of seven days the use of antianxiety and opioid medication.

Review of the "Care Area Assessment" (CAA) dated 01/12/22 lacked analysis completion by staff.

Interview on 11/16/22 at 11:35 AM with Administrative Nurse B, reported the MDS coordinator did not follow the "Resident Assessment Instrument"(RAI) on providing the information as indicated for care planning.

Interview on 11/17/22 at 01:04 PM with Administrative Nurse C, reported she lacked training on how to complete the CAA's. Administrative Nurse C confirmed she had not completed the CAA areas for over a year on all 32 residents in the facility.

The "Resident Assessment Instrument," (R.A.I.) Manual, Section 2.7 titled "The Care Area Assessment (CAA) Process and Care Plan Completion," dated 2019, documentation included ". . . Federal statute and regulations require nursing homes to conduct initial and periodic assessments for all their residents. The assessment information is used to develop, review, and revise the resident's plans of care that will be used to provide services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The RAI process, which includes the Federally mandated MDS, is the basis for an accurate

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assessment of nursing home residents. The MDS information and the CAA process provide the foundation upon which the care plan is formulated. There are 20 problem-oriented CAAs, each of which includes MDS-based "trigger" conditions that signal the need for additional assessment and review of the triggered care area. Detailed information regarding each care area and the CAA process, including definitions and triggers, appear in Chapter 4 of the manual. Chapter 4 also contains detailed information on care planning development utilizing the RAI and CAA process. CAA(s) completion is required for comprehensive assessments.

The facility failed to complete the "Care Area Assessment" (CAA analysis of findings) related to the comprehensive assessment for this resident, as required.

- Review of the "Physician Orders", dated 10/10/22 for Resident R9 indicated dementia (progressive mental disorder characterized by failing memory, confusion) major depressive disorder (a major mood disorder)

The annual "Minimum Data Set" (MDS) dated 11/10/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 10, indicating moderate impaired cognition. R9 displayed the use of medication for seven days during the look back period of seven days the use of antianxiety and antipsychotics were received on a routine basis medication.

Review of the "Care Area Assessment" (CAA) dated 01/12/22 lacked analysis completion by staff that included Cognitive Loss/ Dementia,

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Mood state, and Psychotropic Drug Use.

Interview on 11/16/22 at 11:35 AM with Administrative Nurse B, reported the MDS coordinator did not follow the "Resident Assessment Instrument"(RAI) on providing the information as indicated for care planning.

Interview on 11/17/22 at 01:04 PM with Administrative Nurse C, reported she lacked training on how to complete the CAA's. Administrative Nurse C confirmed she had not completed the CAA areas for over a year on all 32 residents in the facility.

The "Resident Assessment Instrument," (R.A.I.) Manual, Section 2.7 titled "The Care Area Assessment (CAA) Process and Care Plan Completion," dated 2019, documentation included ". . . Federal statute and regulations require nursing homes to conduct initial and periodic assessments for all their residents. The assessment information is used to develop, review, and revise the resident's plans of care that will be used to provide services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The RAI process, which includes the Federally mandated MDS, is the basis for an accurate assessment of nursing home residents. The MDS information and the CAA process provide the foundation upon which the care plan is formulated. There are 20 problem-oriented CAAs, each of which includes MDS-based "trigger" conditions that signal the need for additional assessment and review of the triggered care area. Detailed information regarding each care area and the CAA process, including definitions and triggers, appear in Chapter 4 of the manual.

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Chapter 4 also contains detailed information on care planning development utilizing the RAI and CAA process. CAA(s) completion is required for comprehensive assessments.

The facility failed to complete the "Care Area Assessment" (CAA analysis of findings) related to the comprehensive assessment for this resident, as required.

- Review of Resident (R) 8's "Electronic Health Record" (EHR), documented the following diagnosis: major depressive disorder (major mood disorder,) type II diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and essential hypertension (elevated blood pressure).

The 09/30/22 "Admission Minimum Data Set" (MDS) documented a "Brief Interview for Mental Status" (BIMS) score of 15, indicating intact cognition. The Care Area Assessment (CAA) documented the ADL Function/Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Falls, Dental Care, Pressure Ulcer/Injury, and Psychotropic Drug Use areas all triggered.

The 09/30/22 "Care Area Assessment" (CAA) for R8 lacked analysis completion by staff.

Interview on 11/16/22 at 11:35 AM with Administrative Nurse B, reported the MDS coordinator did not follow the "Resident Assessment Instrument"(RAI) on providing the information as indicated for care planning.

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Interview on 11/17/22 at 01:04 PM with Administrative Nurse C, reported she lacked training on how to complete the CAA's. Administrative Nurse C confirmed she had not completed the CAA areas for over a year on all the residents in the facility.

The "Resident Assessment Instrument," (R.A.I.) Manual, Section 2.7 titled "The Care Area Assessment (CAA) Process and Care Plan Completion," dated 2019, documentation included ". . . Federal statute and regulations require nursing homes to conduct initial and periodic assessments for all their residents. The assessment information is used to develop, review, and revise the resident's plans of care that will be used to provide services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The RAI process, which includes the Federally mandated MDS, is the basis for an accurate assessment of nursing home residents. The MDS information and the CAA process provide the foundation upon which the care plan is formulated. There are 20 problem-oriented CAAs, each of which includes MDS-based "trigger" conditions that signal the need for additional assessment and review of the triggered care area. Detailed information regarding each care area and the CAA process, including definitions and triggers, appear in Chapter 4 of the manual. Chapter 4 also contains detailed information on care planning development utilizing the RAI and CAA process. CAA(s) completion is required for comprehensive assessments.

The facility failed to complete the "Care Area Assessment" (CAA analysis of findings) related to

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the comprehensive assessment for this resident, as required.

- Review of Resident (R) 6's "Electronic Health Record" (EHR), documented the following diagnosis: major depressive disorder (major mood disorder,) type II diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and essential hypertension (elevated blood pressure).

The 05/25/22 "Annual Minimum Data Set" (MDS) documented a "Brief Interview for Mental Status" (BIMS) score of nine, indicating moderately impaired cognition. The Care Area Assessment (CAA) documented the Cognitive Loss/Dementia, ADL Function/Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Falls, Dehydration/Fluid Maintenance, Pressure Ulcer/Injury, and Psychotropic Drug Use areas all triggered.

The 05/25/22 "Care Area Assessment" (CAA) for R6 lacked analysis completion by staff.

Interview on 11/16/22 at 11:35 AM with Administrative Nurse B, reported the MDS coordinator did not follow the "Resident Assessment Instrument"(RAI) on providing the information as indicated for care planning.

Interview on 11/17/22 at 01:04 PM with Administrative Nurse C, reported she lacked training on how to complete the CAA's. Administrative Nurse C confirmed she had not completed the CAA areas for over a year on all the residents in the facility.

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The "Resident Assessment Instrument," (R.A.I.) Manual, Section 2.7 titled "The Care Area Assessment (CAA) Process and Care Plan Completion," dated 2019, documentation included ". . . Federal statute and regulations require nursing homes to conduct initial and periodic assessments for all their residents. The assessment information is used to develop, review, and revise the resident's plans of care that will be used to provide services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The RAI process, which includes the Federally mandated MDS, is the basis for an accurate assessment of nursing home residents. The MDS information and the CAA process provide the foundation upon which the care plan is formulated. There are 20 problem-oriented CAAs, each of which includes MDS-based "trigger" conditions that signal the need for additional assessment and review of the triggered care area. Detailed information regarding each care area and the CAA process, including definitions and triggers, appear in Chapter 4 of the manual. Chapter 4 also contains detailed information on care planning development utilizing the RAI and CAA process. CAA(s) completion is required for comprehensive assessments.

The facility failed to complete the "Care Area Assessment" (CAA analysis of findings) related to the comprehensive assessment for this resident, as required.

- Review of Resident (R) 14's "Electronic Health Record" (EHR), documented the following diagnosis: dementia (progressive mental disorder

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characterized by failing memory, confusion,) major depressive disorder (major mood disorder,) type II diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).

The 08/03/22 "Annual Minimum Data Set" (MDS), documented R14 had a "Brief Interview for Mental Status" (BIMS) score of 15, indicating intact cognition. The Care Area Assessment (CAA) documented the ADL Function/Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Falls, Nutritional Status, Pressure Ulcer/Injury, and Psychotropic Drug Use areas all triggered.

The 08/03/22 "Care Area Assessment" (CAA) for R14 lacked analysis completion by staff.

Interview on 11/16/22 at 11:35 AM with Administrative Nurse B, reported the MDS coordinator did not follow the "Resident Assessment Instrument"(RAI) on providing the information as indicated for care planning.

Interview on 11/17/22 at 01:04 PM with Administrative Nurse C, reported she lacked training on how to complete the CAA's. Administrative Nurse C confirmed she had not completed the CAA areas for over a year on all the residents in the facility.

The "Resident Assessment Instrument," (R.A.I.) Manual, Section 2.7 titled "The Care Area Assessment (CAA) Process and Care Plan Completion," dated 2019, documentation included ". . . Federal statute and regulations require

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F 636	Continued From page 12 nursing homes to conduct initial and periodic assessments for all their residents. The assessment information is used to develop, review, and revise the resident's plans of care that will be used to provide services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The RAI process, which includes the Federally mandated MDS, is the basis for an accurate assessment of nursing home residents. The MDS information and the CAA process provide the foundation upon which the care plan is formulated. There are 20 problem-oriented CAAs, each of which includes MDS-based "trigger" conditions that signal the need for additional assessment and review of the triggered care area. Detailed information regarding each care area and the CAA process, including definitions and triggers, appear in Chapter 4 of the manual. Chapter 4 also contains detailed information on care planning development utilizing the RAI and CAA process. CAA(s) completion is required for comprehensive assessments. The facility failed to complete the "Care Area Assessment" (CAA analysis of findings) related to the comprehensive assessment for R14, as required.	F 636		
F 641 SS=D	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: The facility reported a census of 32 residents, with 12 sampled, including one for accuracy of	F 641		

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assessments in the Minimum Data Set (MDS). Based on interview and record review, the facility failed to document resident (R) 14 regarding hospice or comfort care (palliative and supportive treatment for patients who are suffering from a terminal illness).

Findings included:

- Review of the quarterly "Minimum Data Set" (MDS), dated 11/10/21, documented R14 did not receive special treatments or procedures. The MDS lacked documentation that the resident received hospice services.

Review of the quarterly MDS, dated 02/14/22, lacked documentation the resident received hospice services.

Review of the quarterly MDS, dated 05/13/22, lacked documentation the resident received hospice services.

Review of the annual MDS, dated 08/03/22, lacked documentation the resident received hospice services.

Review of the quarterly MDS, dated 11/02/22, lacked documentation the resident received hospice services.

The Physician's orders included to admit the resident to hospice on 10/06/21.

On 11/21/22 at 01:56 PM, Administrative Nurse B verified staff should document comfort care/ hospices services on the MDS for accuracy of the MDS.

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WESLEY TOWERS INC	700 MONTEREY PL HUTCHINSON, KS 67502

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F 641	Continued From page 14 The facility used the Resident Assessment Instrument (RAI) manual for guidance in completing the MDS's. The facility failed to accurately code the MDS for this resident that received hospice services.	F 641		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's	F 690		

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F 690	Continued From page 15	F 690		

comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 32 residents with 12 residents selected for review included 2 residents sampled for Bowel/Bladder/Catheter or Incontinence Care. Based on observation, interview, and record review, the facility failed to provide appropriate care of Resident (R)6's perineum (area of the body including genitals and anus) during incontinence care.

Findings included:

- Review of R6's diagnoses from the 09/05/22 "Physicians Orders" in the Electronic Health Record (EHR) revealed the following diagnoses: neuromuscular dysfunction of the bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system), cerebral palsy ([CP], a progressive disorder of movement, muscle tone or posture caused by injury or abnormal development in the immature brain, most often before birth) and intellectual disabilities (a neurodevelopmental condition that develops in childhood can affect the ability to learn and perform self-care tasks such as feeding and hygiene).

The quarterly "Minimum Data Set" (MDS) dated 08/05/22, revealed a Brief Interview for Mental Status (BIMS) score of 8, indicating moderately impaired cognition. The resident required extensive one-person assistance with personal hygiene and had an indwelling urinary catheter

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F 690	Continued From page 16	F 690		

(insertion of a catheter into the bladder to drain the urine into a collection bag).

The annual MDS dated 05/25/22, revealed a BIMS of 9, indicating moderately impaired cognition. The resident required extensive one-person assistance with personal hygiene and had an indwelling urinary catheter.

Review of the 05/25/22 "Urinary Incontinence and Indwelling Catheter Care Area Assessment" (CAA), lacked documentation related to perineal care.

Review of 09/05/22 care plan revealed instructions for staff to provide perineal care as needed.

Observation of R6 on 11/21/22 at 10:34 AM, revealed Certified Nurse Aide (CNA) J and CNA K provided resident cares. CNA J used warm soapy washcloths to perform catheter and perineal care. CNA J used the same washcloth for two swipes on the urinary catheter. The edge of the wet washcloth became soiled after the washcloth came in direct contact with the resident's skin between the first and second swipe of the same washcloth during the catheter care. CNA J then utilized a single washcloth to clean R6's groin folds (the crease where the thighs join the trunk) and used the same washcloth on the resident's perineum.

Interview on 11/21/22 at 10:40 AM with CNA J reported the same cloth or wipe could be used more than one swipe if a clean portion of the cloth or wipe used for an additional swipe.

Interview on 11/21/22 at 10:42 AM with Licensed

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F 690	Continued From page 17 Nurse (LN) E and LN F reported that normal procedure for cleansing is to use "One swipe per wipe" when performing incontinence care, catheter care or perineal care. Interview on 11/21/22 at 10:50 AM with Administrative Nurse B, revealed that all staff received training related to incontinence and perineum care during a "Skills fair" event the previous month. Administrative Nurse B stated that it was the individual preference of the caregiver to use "One swipe per wipe" or to fold the wipe and use a clean area for an additional swipe. The facility's policy for "Perineal Care", dated 07/2017, revealed staff should perform female perineal care and wipe from front to back, and use one swipe per wipe. The facility failed to provide appropriate care of R6's perineum during incontinence care, increasing her risk for developing urinary tract infections.	F 690		
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	F 812		

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F 812	Continued From page 18	F 812		

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:
The facility reported a census of 32 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food under sanitary conditions for the residents of the facility.

Findings included:

- Observation of the Thorne satellite kitchen, on 11/14/22 at 04:37 PM, with Dietary Staff AA, revealed the following areas of concern:

1. In the stand-alone freezer; six plastic baggies that contained pre-cooked bacon, open and undated.

2. In the dry storage area was one bag of potato chips, resealed with plastic-wrap and lacked an opened date.

In addition, observation of the main kitchen on 11/14/22 at 04:55 PM with Dietary Staff AA, revealed the following concerns:

1. The walk-in freezer contained a clear plastic container of discolored lima beans resealed with plastic wrap with a "Use-by" date obscured and unreadable.

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2. A vegetable washing sink drain lacked a two-inch air gap between the discharge line and the floor drain.

3. An ice machine lacked two-inch air gap between the discharge line and the floor drain.

On 11/14/22 at 04:55 PM, Dietary Staff AA verified all opened food items should be in a closed container and labeled with a "use by" date. Staff should discard foods by the "use by" date of seven days from the date the food opened if the food remained in the original packaging, or 72 hours if food not stored in the original container. Frozen foods that have been opened should be thoroughly wrapped or packaged to ensure product was not compromised.

On 11/21/22 at 02:40 PM, with Dietary Staff AA, Administrator A and Administrative Nurse B revealed that the drains for the vegetable sink and ice machine should have gaps between the discharge lines and the floor drains.

The facility's policy for "Labeling of Food Items" dated 11/2022 revealed all opened food items would be labeled with the day and the date the product opened. If food was perishable, the container would be labeled with an expiration date of 72 hour from opening the package. After an item had been opened, staff were to use the manufacturer expiration date, or seven days from opening, whichever came first. Frozen foods that were opened would be packaged in a manner to avoid compromising the contents.

In addition, the facility's policy "Food Preparation and Handling Policy" dated 03/2021, documented Food with an abnormal appearance would be

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F 812	Continued From page 20 discarded immediately. All food items would be checked by the cook daily for expiration dates or "use by" dates. The facility failed to store, prepare, and serve food under sanitary conditions for the residents in the facility.	F 812		