STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315507	A. BUILDING _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARNERT SUBACUTE REHABILITATION CENTER, LLC	680 BROADWAY SUITE 301 PATERSON, NJ 07514

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F 000	INITIAL COMMENTS A Federal Comparative survey was conducted on 4/13/2021 - 4/16/2021 Census: 41 Sample Size: 12 The facility was found to not be in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to: a.) obtain a physician's order for a resident to self-administer medication and, b.) periodically assess the resident's ability to safely self-administer medication. This deficient practice was identified for 1 of 4 residents (Resident # 145) during medication administration observation. This deficient practice was evidenced by: On 04/14/2021 at 9:34 AM during medication pass observation with LPN # 1 surveyor entered Resident's # 145's room with LPN # 1. Surveyor observed Resident # 145 had a medication bottle on [redacted] night stand. While the surveyor was conversing with the resident, the resident stated that, [redacted] keeps that medication bottle at [redacted] bed	F 554		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 554	Continued From page 1	F 554		

side and self-medicate that medicine and she knows it's an [redacted] medication. On the medication bottle it was written as, [redacted] tablet [redacted] MG, one tablet by mouth one time a day for [redacted]

LPN # 1 was interviewed on 04/14/2021 at 9:45 AM who stated, resident self-administer that particular medication and nurses sign the medication administration record (MAR). LPN # 1 further stated that, nurses don't observe resident taking the [redacted] before signing the MAR.

On 04/14/2021 at 11:10 AM., the surveyor reviewed the Physician's Order Sheet (POS), "Active Orders as of: [redacted] revealed an order dated [redacted] for [redacted] Tablet [redacted] MG give 1 tablet by mouth one time a day for [redacted]
The POS review revealed that, the order did not indicated that the resident may self-administer the medication.

On 04/14/2021 at 2:00 PM, the facility Assistant Director of Nursing (ADON) was interviewed who stated, she was the one who wrote the resident's admission medication orders. She further stated that, resident didn't have an order to self-administer any medication. The surveyor requested the ADON to provide any documentation for assessing the resident for medication self-administration.

On 04/14/021 at 11:30 AM, the Facility Director of Nursing (DON) was interviewed who stated that, the resident was never assessed for self-administering medication, she didn't have Physician order to self-medicate and no care plan was initiated. The DON further stated that, teaching the resident about self-administering

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	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 554	Continued From page 2 medication and how to complete a record indicating the administration of medication was never done. On 04/15/2021 at approximately 2:00 p.m., the surveyor asked the DON to provide any further documentation on self-administration of medications including care plan for the resident. The DON provided the facility's Self Administration of Medication Policy which indicated, "In addition to general evaluation of decision-making capacity, the staff and practitioner will perform a more specific skill assessment, including (but not limited to) the resident's: ..., If the resident is able and willing to take responsibility for documenting their self-administration of medications, the resident will be instructed on how to complete a record indicating the administration of the medication. Nursing staff will review the self-administered medication record on each nursing shift, and they will transfer pertinent information to the MAR kept at the nursing station, appropriately noting that the doses were self-administered. The staff and practitioner will periodically re-evaluate a resident's ability to continue to self - administer medications".	F 554		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	F 755		

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	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 755	Continued From page 3 §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to consistently maintain accurate accounting and maintain a detailed record of receipts and accurate reconciliation of controlled medications stored in two of three medication carts reviewed. This deficient practice was evidenced by the following: On 04/14/21 at approximately 1:45 PM, Registered Nurse (RN) #1 informed the surveyor that the facility kept controlled medications for all residents in a double-lock-system box in each resident unit's medication cart. At that time, RN#1 stated the facility routinely performed a daily	F 755		

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	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 755	Continued From page 4	F 755		

shift-to-shift count of controlled medications, and a count was performed between two nurses. RN#1 further stated that the facility used the Controlled Drug Inventory (CDI) sheets kept in a binder to document the shift-to-shift count of controlled medications in the medication carts.

At that time, in the presence of RN#1, the surveyor reviewed the [redacted] CDI sheet for [redacted] Unit - Medication cart #1. The surveyor identified that the nurse signatures were not documented as follows: [redacted] (7-3 shift - out)); [redacted] (7-3 shift - in and out, 3-11 shift - in and out); [redacted] (3-11 shift - out); [redacted] (7-3 shift - out). RN#1 confirmed the findings and was not able to provide further information. RN#1 stated that the expectation was to have the nurses complete the narcotic count, sign, and document on the CDI sheet.

On 04/14/21 at approximately 2:00 PM, in the presence of RN#1, the surveyor reviewed the following "Controlled Substance Administration Record" (CSAR) (a narcotic medication sheet used to document the date medication was used, the nurse's signature, and a declining count of the medication) for the Controlled Medications kept in the medication carts:

- Resident #140 CSAR for sixty tablets of [redacted] mg (milligram) (a medication to treat [redacted] The sheet revealed the "Amount Received" and "Signature" on the upper right-hand corner was blank.
- Resident #195 CSAR for fourteen tablets of [redacted] mg, a medication to treat [redacted]. The sheet revealed the "Date Issued," "Amount Received," Date Received," and "Signature" on the upper right-hand corner were blank.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 755	Continued From page 5	F 755		

At that time, the surveyor interviewed RN#1, confirmed the missing documentation, and further stated that it should have been completed.

On 04/14/21 at approximately 3:00 PM, during the medication cart review in the [redacted] Unit, Licensed Practical Nurse (LPN) #2 informed the surveyor that controlled medications for all residents were kept in a locked box in the unit's medication cart. At that time, LPN#2 stated that a daily shift-to-shift count of controlled medications was performed between two nurses. LPN#2 confirmed that Controlled Drug Inventory (CDI) sheets were used to document the shift-to-shift count of controlled medications in the medication cart.

At that time, in the presence of LPN#2, the surveyor reviewed the [redacted] CDI sheet for the [redacted] Unit - Medication cart. The surveyor identified that the nurse signatures were not documented as follows: [redacted] (7-3 shift - out); [redacted] (7-3 shift - out); [redacted] (3-11 shift - in and out); [redacted] (7-3 shift - in and out); [redacted] (7-3 shift - out); 03/30/21 (7-3 shift - in); [redacted] (7-3 shift - in and out).

At that time, LPN#2 confirmed the findings and stated that
nurses had to complete the narcotic count, sign, and document on the CDI sheet.

On 04/14/21 at approximately 3:15 PM, in the presence of LPN#2, the surveyor reviewed the following Controlled Substance Administration Record (CSAR) for the Controlled Medications kept in the Spectrum unit medication cart:

- Resident #07 CSAR for thirty tablets of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 755	Continued From page 6	F 755		

[redacted] mg (a medication used to treat [redacted]. The sheet revealed the "Date Issued," "Amount Received," Date Received," and "Signature" on the upper right-hand corner were blank.
- Resident #40 CSAR for thirty tablets of [redacted] mg (a medication used to treat [redacted] The sheet revealed the "Date Issued," "Amount Received," Date Received," and "Signature" on the upper right-hand corner were blank.
- Resident #40 CSAR for thirty tablets of [redacted] mg (a medication used to treat [redacted] The sheet revealed the "Date Issued," "Amount Received," Date Received," and "Signature" on the upper right-hand corner were blank.
- Resident #40 CSAR for thirty tablets of [redacted] mg (a medication used to treat [redacted] The sheet revealed the "Date Issued," "Amount Received," Date Received," and "Signature" on the upper right-hand corner were blank.

At that time, the surveyor interviewed LPN#2 and confirmed the missing documentation, and stated that it should have been completed.

On 04/16/21 at 12:35 PM, the surveyor interviewed the facility's Administrator and the Director of Nursing (DON). The DON confirmed the findings and stated that nurses should document and sign in the CDI sheets daily during shift change. The DON confirmed that nurses should account and document in the residents' CDAR sheets for all controlled medications received from the pharmacy.

A review of the facility's policy titled "Controlled drug Policy" with a reviewed date of March 2021 revealed that Controlled substances that are

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 755	Continued From page 7 delivered must be signed for on the Controlled Drug (Substance) Administration Record. The information must be recorded on the Controlled Drug Administration Record legibly as follows: a) Date Received - the Date the delivery was received, b) receiving Nurse ... and e) Quantity Received.	F 755		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.	F 756		

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	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 756	Continued From page 8 §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to address the recommendations made by the Consultant Pharmacist (CP) in a timely manner. This deficient practice was identified for one (1) of six (6) residents reviewed for unnecessary medications (Resident#7). This deficient practice was evidenced by: On 04/15/2021 at 11:00 AM, the surveyor reviewed the medical records for Resident#7. A review of the resident's face sheet (admission summary) revealed that Resident#7 was admitted to the facility on 4/1/2021 with diagnoses that included orthopedic aftercare following surgical amputation, surgical aftercare following surgery on the skin and tissue, and right ankle and foot osteomyelitis (infection of the bone). A review of the [redacted] Physician Order Sheet (POS) revealed the following physician orders (PO) dated [redacted] tablet [redacted] mg (milligram) to be given one tablet by mouth two times a day for [redacted] and a [redacted] tablet to be given by mouth one time a day for [redacted] Further review of the POS revealed the following PO dated [redacted] tablet [redacted] mg to be given by mouth one time a day for [redacted] one	F 756		

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	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 756	Continued From page 9 time a day, and a stop order for the [redacted] tablet one time a day with an original order date of [redacted]. According to the Electronic Pharmacist Information Consultant (EPIC) "form," the CP on [redacted] reviewed the medications ordered for Resident#7. The CP had nursing recommendations that [redacted] should be administered one hour before or four hours after [redacted] and [redacted]. Further review of the form revealed that a Registered Nurse noted the recommendation on [redacted] at 7:00 PM. A review of Resident #7's Interdisciplinary Progress Notes from [redacted] to [redacted] did not reveal documentation that the [redacted] EPIC / CP recommendation was reviewed and addressed. A review of Resident#7's [redacted] Medication Administration Record (MAR) revealed that the resident received the [redacted] mg tablet from [redacted] to [redacted] at 9:00 AM. The MAR further revealed a documented administration of [redacted] tablet from [redacted] to [redacted] at 9:00 AM. The resident also received [redacted] mg tablet and [redacted]) tablet from [redacted] to [redacted] at 9:00 AM. On 04/15/2021 at 2:45 PM, the CP was interviewed and confirmed the EPIC recommendation regarding [redacted]. The CP explained that products containing [redacted] like [redacted] should be administered one hour before or four hours after because these products bind with [redacted]	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315507	A. BUILDING _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 756	Continued From page 10 preventing the body from fully absorbing the medication. On 04/15/2021, at approximately 1:15 PM, the Director of Nursing (DON) was interviewed and confirmed the findings mentioned above. The DON further stated that the CP's recommendation should have been addressed when received. At that time, the surveyor requested the facility's Medication Regimen Review policy that the DON could not provide. On 04/16/2021 at approximately 1:00 PM, the survey team informed the facility's Administrator and DON about the identified concern, which they acknowledged.	F 756		
F 761 SS=E	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	F 761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315507	A. BUILDING _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 761	Continued From page 11	F 761		

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, interview, and record review, it was determined that the facility failed to ensure a.) medications were properly stored and labeled, b.) medication carts did not contain items not related to medication administration, c.) medications for three discharged residents were disposed of, and d.) expired medication and supplement were removed from the active inventory, in three of three medication carts, and one of one medication storage room reviewed.

These deficient practices were evidenced by the following:

On 04/14/2021 approximately 11:15 AM 2 medication carts were inspected in the [redacted] unit. Inspection of [redacted] unit medication cart revealed , a clear plastic open cup was filled with mini cookies [redacted]) in the drawer among resident medications. The nurse was asked if food was allowed to keep among medications and she acknowledged that food items should not be in the medication drawer and immediately discarded them.

In addition, a bottle of [redacted]) was observed among resident medications to be administered by mouth. The nurse acknowledged that the [redacted] should not be stored among these medications.

Inspection of [redacted] Unit - medication cart revealed a medication bottle whose label had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 761	Continued From page 12	F 761		

been partially torn and unable to read. The bottle had approximately 10 gel - filled capsules. The nurse was asked did she know what the capsules were. The nurse stated, "no but I know I wouldn't give it." Further inspection of the medication bottle revealed the words, [redacted] written in black marker . The nurse removed the the above mentioned bottle from the medication cart immediately.

During an interview with the facility's Consultant Pharmacist (CP) the CP stated, all the medications in the medication cart should be properly labeled. The CP further stated that, there should not be any food kept in the medication carts.

On 04/14/2021 at 1:25 PM, in the presence of Registered Nurse (RN) #1, the surveyor inspected the medication storage room in the [redacted] Unit and identified:

- In the medication refrigerator, One (1) - [redacted] for Resident#196. RN#1 confirmed that the resident had been discharged from the facility.
- [redacted] ml) for Resident#197. At that time, the RN confirmed that the resident was discharged from the facility.
- [redacted] liquid (a medication to treat [redacted] 16 fluid ounces with an expiration date of 03/2021.
- [redacted] with an expiration date of 04/01/2021.

At that time, RN#1 confirmed the findings and stated the medications of discharged residents should have been discarded or returned to the pharmacy. RN#1 further stated that expired

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BARNERT SUBACUTE REHABILITATION CENTER, LLC	680 BROADWAY SUITE 301 PATERSON, NJ 07514

(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 761	Continued From page 13 medications should be discarded. On 04/14/2021 at 3:00 PM, in the presence of Licensed Practical Nurse (LPN) #2, the surveyor inspected the medication cart in the [redacted] Unit and identified: - One (1) - [redacted] for Resident#198. LPN#2 confirmed the resident had been discharged from the facility, and the medication should have been removed from the cart and discarded. On 04/16/21 at 12:35 PM, during an interview with the facility's Administrator and the Director of Nursing (DON). The DON stated that expired medications and medications of discharged residents should be removed from the medication carts and medication storage room's active inventory and be discarded or returned to the pharmacy when applicable.	F 761		
F 812 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 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.	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 812	Continued From page 14	F 812		

§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, and interviews with dietary staff and the Food Service Director, (FSD), it was determined that dietary staff failed to label and date certain foods in the walk-in refrigerator in a manner that would enable staff to determine the use by date of each item stored in a multiple storage container, whereby a date was listed on the outside of a storage bin instead of each individual item in the bin.

Staff would not be able to determine when each food item would be considered no longer safe, and when they should be discarded. These food items were not in their original packaging when placed in the storage bin.

This was made evident by the following:

On 04/13/21 at 10:20 AM, during the initial tour of the kitchen accompanied by the dietary supervisor the following was observed. One brown storage crate, a date of 04/02/21 written on a white paper pasted outside of the storage crate, inside the storage crate where the multiple individual items listed below:

A clear bag of 26 breakfast Sausage patties, no label, no date.
A clear plastic bag of 10 breakfast Sausage patties, no label, no date.
A 15 sausage patties wrapped in a clear plastic, no label, no date.
20 pieces of Eggplant parmesan no label, no date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315507	A. BUILDING _____ B. WING _____	04/16/2021

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F 812	Continued From page 15 A pack of 23 Jumbo Hot Dog, with a use by expired date of 02/06/21 A pack of Hot dog, with expired date of 02/22/21 Sausage pack with use by date of 04/06/21, sticker dated of 02/26/21 04/14/21 at 12:05 PM, interview was conducted with the FSD, she stated that the individual items inside the storage crate should have been labeled and the expired items should have been discarded. Review of the dietary Policy, Purpose and Procedures revised: October 2020 titled Labeling and Dating, Refrigerated and Freezer Food Items: All food products shall be dated upon receipt or when they are prepared and when they are opened. Label it with common name. In addition, review of the facility's policy regarding use by dates for these food items was unclear.	F 812		