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	0018172	A. BUILDING: _____ B. WING _____	R-C 11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTES PLACE 2	1515 B HIGHWAY 175 HUBERTUS, WI 53033

(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) COMPLETE DATE
{M 000}	INITIAL COMMENTS On 10/23/2024, with information gathered through 11/04/2024, Surveyors conducted a verification visit at Bettes Place 2. Nine deficiencies were identified. Six of 9 deficiencies were repeat violations (see Statement of Deficiency (SOD) J7KC11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure that the home and its operation complied with all laws governing the home and its operation. This is a repeat deficiency. See Statement of Deficiency (SOD) J7KC11, dated 04/22/2024. Findings include: The provider was licensed, 08/27/2020, to serve 4 residents within the client groups of developmentally disabled, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's, and physically disabled.	{M 216}		

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

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{M 216}	Continued From page 1 On 10/23/2024, with information gathered through 11/04/2024, Surveyors conducted a verification visit at Bettes Place 2. Nine deficiencies, including this one, were identified. M0216 DHS 88.04(2)(a) Responsibilities. This is a repeat deficiency. See Statement of Deficiency (SOD) J7KC11, dated 04/22/2024. M0276 DHS 88.05(3)(a) Home Environment M0278 DHS 88.04(3)(b) Free of Hazards. This is a repeat deficiency. See SOD J7KC11, dated 04/22/2024. M0298 DHS 88.05(3)(g) Windows And Ventilation M0352 DHS 88.05(4)(f) Resident Incapable of Self Evacuation M0408 DHS 88.06(3)(c) Assessment Identify Needs & Abilities. This is a repeat deficiency. See SOD J7KC11, dated 04/22/2024. M0410 DHS 88.06(3)(d) Individual Service Plan. This is a repeat deficiency. See SOD J7KC11, dated 04/22/2024. M0438 DHS 88.07(2)(b) Services Directed to Goals. This is a repeat deficiency. See SOD J7KC11, dated 04/22/2024. M0474 DHS 88.07(4)(c) Food Prepared and Stored Sanitary Way. This is a repeat deficiency. See SOD J7KC11, dated 04/22/2024. On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A wanted to discuss the next steps within the survey process, after the Surveyors leave the home.	{M 216}		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall	M 276		

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M 276	Continued From page 2 provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was safe, clean, well-maintained and provide a homelike environment for 3 of 3 residents. Findings include: On 10/23/2024, from approximately 9:15 AM to 3:15 PM, Surveyors toured the home and observed: Community Room: -Two of 3 chairs displayed 'wear and tear:' The cream colored faux leather of the lounge recliner was pealing on the arms and seat. The red colored faux leather of the lounge recliner had rips in the arms -The carpeting displayed what appeared to be the foot traffic pattern creating black colored markings Resident Bathroom: -Shower chair had what appeared to be dried on feces On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ regarding the home environment. Surveyors did not receive a response or comments to why the home was not properly maintained.	M 276		

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{M 278}	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard 3 of 3 residents from environmental hazards. This is a repeat deficiency. See Statement of Deficiency (SOD) J7KC11, dated 04/22/2024. Toxic chemicals were not securely stored. Findings include: The licensee can provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, advanced aged, physically disabled, emotionally disturbed/mental illness, and developmentally disabled. On 10/23/2024, at approximately 10:10 AM, Surveyor toured the home and observed the following unsecured cleaning compounds: Laundry Room: -22 fluid ounce bottle of latex paint remover -16 fluid ounce bottle of wood furniture polish -Spray can of interior multi-purpose carpet-upholstery-vinyl cleaner -12.5 ounce spray can of multi-surface dusting	{M 278}		

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{M 278}	Continued From page 4 spray -Gallon jug of window cleaner Resident Bathroom: -24 fluid ounce bottle of toilet bowl cleaner Surveyor observed residents ambulating throughout the home and residents of adjoining homes could enter the home. On 10/23/2024, Surveyor reviewed Resident 2's record. Resident 2 moved into the home on 04/22/2021. Resident 2's "Individual Service Plan," dated 06/04/2024, documented: "Requires supervision and monitoring to help manage/redirect destructive/abusive behaviors." "Had bad temper problem." On 10/23/2024, at approximately 2:30 PM, Surveyors discussed the concern with Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A nodded as s/he wrote notes on his/her paper. On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ. Surveyors discussed the concern that toxic substances and cleaning compounds were not secured when there were residents in the home that displayed destructive and abusive behaviors. Surveyors did not receive a response.	{M 278}		
M 298	88.05(3)(g) WINDOWS AND VENTILATION	M 298		

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M 298	Continued From page 5 The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all windows were screened for ventilation. Two of 3 resident bedroom windows did not have a screen on the window. Findings include: On 10/23/2024, at approximately 12:25 PM, Surveyors toured the provider's home. Surveyor observed Resident 3 and Resident 8's bedroom windows did not have a screen on the windows. On 10/23/2024, at approximately 3:00 PM, Surveyors interviewed Administrator A. Administrator A acknowledged s/he was unaware the windows in 2 of 3 resident bedrooms did not have screens on the windows. Administrator A confirmed s/he will address the missing screens. On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ. Surveyors did not receive a response.	M 298		
M 352	88.05(4)(f) RESIDENT INCAPABLE OF SELF EVACUATION	M 352		

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M 352	Continued From page 6	M 352		

resident incapable of self evacuation.
If a resident who is incapable of self-evacuation in an emergency is present in the home, the licensee or service provider shall be in the home.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure there was adequate staff to evacuate 1 of 1 resident (Resident 8).

Findings include:

The provider is licensed to care up to 4 residents in the client groups irreversible dementia/Alzheimer's, advanced aged, physically disabled, emotionally disturbed/mental illness, and developmentally disabled.

On 10/23/2024, from approximately 9:30 AM to 3:00 PM, Surveyors toured the home and observed Resident 8 in his/her hospital bed. The home was staffed by one caregiver. Surveyor noted the home was connected to two adjoining adult family homes.

On 10/23/2024, Surveyors reviewed Resident 8's record.

Resident 8 admitted to the home 07/03/2024, with diagnoses including Parkinson's disease with dyskinesia, dystonia, muscle weakness, muscle spasm, and depression.

Resident 8's "Individual Service Plan," dated 10/23/2024, documented:
"Transferring: Provide full assistance with transferring to/from wheelchair, chair, bed, standing position, etc. Staff to use Hoyer when

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transferring resident at all times for safety as resident is non weight bearing."
"Evacuation - Supervise/Assist: Needs supervision/assistance to evacuate building. Provide verbal cues and physical assistance as necessary. Staff to know emergency plans in place."
Surveyors did not observe a wheelchair or a Hoyer lift in Resident 8's room.

Resident 8's "Evacuation Assessment" dated 07/06/2024, documented:
"Impaired Mobility: Needs Full Assistance or Very Slow - means the resident may require physical assistance from a staff member during most of the evacuation or the total time required for staff assistance and for the resident to evacuate the facility, is greater than the required evacuation time for the facility."
"Need For Extra Staff: Needs Limited Assistance from TWO STAFF means the resident requires some initial or brief assistance from two persons but will otherwise need help from no more than one person."

On 10/23/2024, Surveyors reviewed the provider's 2024 fire drills. The fire drills had not been conducted after Resident 8 moved into the home.

On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Administrator A stated Resident 8 does not want to get out of bed, so his/her wheelchair and Hoyer lift are stored in the garage. Administrator A stated if there was an emergency, staff could pull Resident 8 through his/her bedroom window or drag him/her out of his/her room. Senior Manager QQ stated that the home

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M 352	Continued From page 8 is staffed with one caregiver, but there is always an additional person on staff as there is a manager assigned to every shift.	M 352		
{M 408}	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident was assessed to identify his/her needs in the areas of activities of daily living and health in the home. This is as repeat deficiency. See Statement of Deficiency (SOD) J7KC11, dated 04/22/2024. Resident 8's assigned room was not conducive to his/her non-ambulatory status. Resident 8 had 1/2-size side rails up on both sides of his/her bed. The provider had used these potentially dangerous devices without any assessment of the need or purpose, the potential for injury, whether the devices meet the definition of a restraint, and no exploration of alternatives to the side rails. In addition, the provider had not	{M 408}		

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{M 408}	Continued From page 9 applied for a waiver of the code prohibiting the use of a restraint. Findings include: Example 1: Room layout On 10/23/2024, at approximately 9:20 AM, Surveyors toured the home. Surveyors observed Resident 8 lying in his/her hospital bed. Surveyors observed a metal pole bolted to the floor near his/her bed. The pole was stationery and was a load-bearing support for the staircase on the other side of the room. The staircase created the slant ceiling in Resident 8's bedroom. The bed was positioned vertically, with the head (front) portion of the bed against the slanted ceiling, which had a head clearance of approximately 5 feet in height, on the other side of the pole. The bed was approximately 36 inches across. The space between the wall and the pole was approximately 6 feet, leaving approximately 18 inches on either side of the bed and at the foot of the bed. On 10/23/2024, Surveyor reviewed Resident 8's record. Resident 8 admitted to the home, 07/03/2024, with diagnoses including Parkinson's disease with dyskinesia, dystonia, muscle weakness, muscle spasm, and depression. Resident 8's "Individual Service Plan," dated 10/23/2024, documented: "Transferring: Provide full assistance with transferring to/from wheelchair, chair, bed, standing position, etc. Staff to use Hoyer when transferring resident at all times for safety as resident is non weight bearing."	{M 408}		

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{M 408}	Continued From page 10 Surveyors did not observe a wheelchair or a Hoyer lift in Resident 8's room. On 10/23/2024, at approximately 12:30 PM, Surveyor interviewed Caregiver TT. Caregiver TT explained that Resident 8's Hoyer lift and wheelchair are not usually stored in his/her room due to the layout of the room. Caregiver TT stated, "The Hoyer doesn't really fit in the room. We have to move the bed, either against the wall or up against the pole, and slide the Hoyer between the pole/wall and [his/her] bed. [S/he] doesn't get out of bed often." On 10/23/2024, at approximately 1:00 PM, Surveyors interviewed managed care organization (MCO) Care Manager (CM) QQ, who was onsite. CM QQ explained that s/he had evaluated Resident 8 to determine MCO services. CM QQ stated s/he did not observe a wheelchair or a Hoyer lift in Resident 8's room and stated the room was not large enough to maneuver a wheelchair and/or a Hoyer lift. CM QQ stated Resident 8 commented that s/he would like to get out of bed occasionally. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Surveyor asked if Resident 8's care needs had been assessed prior to moving him/her into a room that had potential obstacles for a non-ambulatory resident. Administrator A stated Resident 8 was moved into the room when s/he could no longer afford the suite at the sister facility. Administrator A stated Resident 8 does not want to get out of bed, so his/her wheelchair and Hoyer lift are stored in the garage. Example 2: Bedrails	{M 408}		

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{M 408}	Continued From page 11 On 10/23/2024, at approximately 9:20 AM, Surveyors toured the home. Surveyors observed Resident 8's room and noticed that s/he had ½ size side rails up on both sides of his/her bed. Surveyor observed Resident 8 lying in his/her bed and had a frail like appearance. "Potential Risks of Bed Rails 1. Create a source of known morbidity and mortality such as: Strangling, suffocation, serious bodily injury, or death when patients or parts of their bodies are caught between rails, the openings of the rails, or between the bed rails and mattress. 2. Impede patients from safely getting out of bed: Patients crawl over rails and fall from greater heights increasing the risk for serious injury. Patients attempt to get out of bed over the foot board. 3. Restrain patients in many circumstances: Hinder patients from independently getting out of bed thereby confining them to their beds. Create a barrier to performing routine activities such as going to the bathroom. 4. Can create negative psychological effects: Create undignified personal image. Alter patient self-esteem. Contribute to patient isolation. Confinement can cause patients to be incontinent. The potential risks can be exacerbated by: Improper match of the bed rail to bed frame. Improper installation. Objects such as holders or supports that remain when the bed rail is removed." (Source: DHS website, Assisted Living and Adult Day Care Centers: Standards of Practice Resources, April 2003, https://www.dhs.wisconsin.gov/regulations/assisted-living/standards.htm (retrieval date - October 30, 2024).) On 10/23/2024, Surveyor reviewed Resident 8's record.	{M 408}		

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{M 408}	Continued From page 12 Resident 8 admitted to the home, 07/03/2024, with diagnoses including Parkinson's disease with dyskinesia, dystonia, muscle weakness, muscle spasm, and depression. Resident 8 had lived in the adjoining sister facility. Resident 8's pre-admission paperwork documented: 10/20/2023 - Rehab Progress Notes - Patient states s/he is unable to move when s/he wakes up in the morning due to stiff muscles over bilateral lower and upper extremities. Resident 8's "Observations" documented: Resident 8's hospice "Medical Practitioner's Orders," dated 12/14/2023, documented: "Pt (patient) is having difficulty with expressing needs cannot reach call light or bed adjustment." Resident 8's "6 Month Assessment," dated 07/03/2024 did not document any assessments completed for bedrails. Resident 8's "Individual Service Plan," dated 10/23/2024, documented: "Supervision: Needs some supervision." "Capacity for Self Care: Needs some assistance." "Capacity for Self Direction: Makes needs known." "Self Abusive: Provide supervision and monitoring to help manage/redirect self-abusive behavior." "Suicidal Tendencies: Provide supervision and monitoring to help prevent/redirect suicidal thoughts or behaviors." "Destructive/Abusive: Provide supervision and monitoring to help manage/redirect abusive or	{M 408}		

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{M 408}	Continued From page 13 destructive behavior." On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ. Surveyors commented that Resident 8's record did not contain a bedrail assessment. Surveyors did not receive a response.	{M 408}		
{M 410}	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individual service plan (ISP) was updated to reflect the change in needs for 3 of 3 residents reviewed. This is a repeat deficiency. See Statement of Deficiency (SOD) J7KC11, dated 04/22/2024. Resident 1's, Resident 2's, and Resident 8's ISP were not updated to reflect care guidelines for his/her fall risk interventions. Findings include: On 10/23/2024, Surveyors reviewed Resident 1's, Resident 2's and Resident 8's record. Example 1: Resident 1	{M 410}		

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{M 410}	Continued From page 14 Resident 1 moved into the home 02/14/2023. Resident 1's ISP, dated 08/08/2024, documented: "Fall: Resident is Fall Risk - See care instructions." "Physical Disabilities: Residents left leg does not bend." On 10/28/2024 at 8:22 AM, Surveyor emailed county sheriff department to determine if any lift assists had been provided at the home in October. On 10/28/2024 at 11:44 AM, county sheriff department emailed Surveyor an incident report, dated 10/06/2024, that documented: "10/06/2024 17:24:08 (5:24 PM) - Resident fell no pain or injuries requesting lit assist. Resident 1's "Observations" documented: 09/14/2024 - Sent to ER (emergency room) for evaluation due to a fall today. 09/17/2024 - Resident had a fall in the bathroom. 09/28/2024 - Slid down to the floor from [his/her] bed. On 10/28/2024 at 4:23 PM, Surveyor emailed Administrator A and Administration C requesting Resident 1's care instructions. On 10/30/2024 at 10:14 AM, Administrator A faxed Surveyor a copy of Resident 1's ISP, dated 08/08/2024. Example 2: Resident 2 Resident 2 moved into the home 04/22/2021. Resident 2's ISP, dated 06/04/2024, documented: "Mobility & Walking - Monitor that they are	{M 410}		

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{M 410}	Continued From page 15	{M 410}		

walking properly and comfortably. Given resident verbal prompting and encouragement as needed."
"Fall - Resident is Fall Risk - See care instructions."

On 10/28/2024 at 4:23 PM, Surveyor emailed Administrator A and Administration C requesting Resident 2's care instructions.

On 10/30/2024 at 10:14 AM, Administrator A faxed Surveyor a copy of Resident 2's ISP, undated, which stated s/he was not a fall risk.

Example 3: Resident 8

Resident 8 moved into the home 07/03/2024.

Resident 8's "6 Month Assessment," dated 07/03/2024, documented:
"Mobility & Transferring: Full Assistance - Provide full assistance with transferring to/from wheelchair, chair, bed, standing position, etc."
"Fall Risk - Is the resident a fall risk?"

Resident 8's ISP, dated 10/23/2024, documented:
"Fall - Resident is Fall Risk - See care instructions."
"Wandering Risk - Provider supervision and redirection to avoid and prevent wandering episodes. If wandering occurs, determine follow-up plan."

On 11/04/2024, at approximately 3:30 PM, Surveyors discussed what guidelines were not outlined in Resident 1's, Resident 2's, and Resident 8's ISPs with Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ. Surveyors did not receive a response regarding who or how the

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{M 410}	Continued From page 16 ISPs would be individualized.	{M 410}		
{M 438}	88.07(2)(b) SERVICES DIRECTED TO GOALS Services shall be directed to the goal of assisting, teaching and supporting the resident to promote his or her health, well-being, self-esteem, independence and quality of life. The services shall include but are not limited to: This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not provide services identified by 1 of 1 resident health care professional. This is a repeat deficiency. See Statement of Deficiency (SOD) J7KC11, dated 04/22/2024. Resident 1, who suffered from edema, was required to utilize leg pumps which were not identified on his/her care plan. Provider was unable to show that Resident 1 received this care daily. Findings include: On 10/23/2024, at approximately 9:50 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he was supposed to use his/her leg pumps, but they did not work. Surveyor observed the leg pumps in a pile on the floor at the foot of his/her bed, under the television. Surveyor observed a sign on Resident 1's closet door that read, "09/25/2024 - Wound Care Progress Checklist - ... Leg Pumps!"	{M 438}		

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{M 438}	Continued From page 17 On 10/23/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the home, 02/14/2023, with diagnosis including edema. Resident 1's "Care Plan," dated 08/08/2024, documented: "Nursing Procedures: [Wound Care] comes in twice weekly for wound care to lower extremities due to open areas to lower legs." Resident 1's "Active Cares" documented: "Chronic Illnesses: Has chronic illness(es) that require proper treatment and management. Both legs are swollen and needs to put on compression socks in the morning. Remove them at night and handwash them. Currently has PT (physical therapy) and wound care RN (registered nurse) visit 2x per week." "Nursing Procedures: [Wound Care] comes on Tuesday and Friday to do wound care on lower extremities both legs. Wraps are to stay on at all times that the wound nurse applies unless instructed otherwise. Resident is only allowed to bed bath at this time to prevent leg wraps from being removed." The "Active Cares" did not document that staff were to utilize Resident 1's leg pumps. Resident 1's "Observations," dated 09/25/2024 to 10/23/2024, documented: 10/01 - Resident was seen by PT today ... visit for lymphedema treatment to his/her lower extremities. ... Place compression pump on LLE (lower left extremity) daily for 1 hour left leg propped up on his/her bed. 10/07 - Machine was place on his/her leg for 1 hour	{M 438}		

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{M 438}	Continued From page 18 10/08 - Resident was seen by [Wound Care]. ... Resident had PT today for Lymphedema treatment to his/her both lower extremities. Staff instructions to apply compression pumps daily to lower legs elevate his/her let leg upon his/her bed when pump is on. On 11/04/2024, at approximately 12:20 PM, Surveyor interviewed wound care Representative RR. Representative RR stated they had contacted the representative that provided Resident 1's leg pump, Representative SS. Representative SS informed Representative RR that Resident 1's leg pump was in working condition as of 09/23/2024. On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ. Surveyors asked for clarification regarding Resident 1's leg pumps and why Resident 1 stated the leg pumps were not working. Senior Manager QQ stated the leg pumps worked, and they were to be utilized daily. Surveyors did not receive additional guidance on whether staff were completing the task.	{M 438}		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions.	{M 474}		

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{M 474}	Continued From page 19 Surveyor found food items in the refrigerator and pantry that were not properly sealed to avoid contamination and food items in the freezer that were not properly sealed to avoid freezer burn. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. This is a repeat deficiency. See Statement of Deficiency (SOD) J7KC11, dated 04/22/2024. Findings include: The licensee can provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, advanced aged, physically disabled, emotionally disturbed/mental illness, and developmentally disabled. On 10/23/2024, at approximately 10:20 AM, Surveyor toured the kitchen and observed the following: Refrigerator: -A package of raw brats, with the label partially torn off, that had a handwritten date of 09/23 written on it. -A 22 ounce container of cottage cheese that had a handwritten date of 09/06 written on it. -A package of hotdogs, inside a plastic bag, that had a handwritten date of 09/05 written on it. -A 32 ounce opened package of sliced honey ham with Resident 5's name written on it with no open date written on it. -A 22 ounce opened package of sliced ham that had a handwritten date of 09/29 written on it. -A gallon of orange juice that did not have an opened date written on it. -A 2.5 pound bag of polish sausages that were placed in a plastic bag that did not have an open date written on it.	{M 474}		

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{M 474}	Continued From page 20 -A 7 ounce package of hot smoked sausage that was placed in a plastic bag that did not have an open date written on it. -A package of pork sausage patties that were not sealed and had a handwritten date of 09/10 written on it. -A 32 ounce container of vanilla yogurt with a handwritten date of 09/16 written on it. Surveyor observed a sign on the refrigerator door that read "Please discard anything cooked after 3 day Store Properly." "Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2022, Section 3-501.17) "Ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower. The count begins on the day the food was prepared or a commercial container was open. TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and	{M 474}		

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{M 474}	Continued From page 21 sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables." (ServSafe Coursebook, 7th edition, 2017, p. 1-7, p. 1-8, and p. 7-3). On 10/23/2024, at approximately 2:30 PM, Surveyors discussed the concerns with Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A nodded as s/he wrote notes on his/her paper.	{M 474}		