

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/23/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155799		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/16/2024	
NAME OF PROVIDER OR SUPPLIER  APERION CARE MARION LLC				STREET ADDRESS, CITY, STATE, ZIP COD 614 WEST 14TH STREET MARION, IN 46953			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00449266, IN00448992, and IN00448904.</p> <p>Complaint IN00449266 - Federal/State deficiencies related to the allegations are cited at F609 and R090.</p> <p>Complaint IN00448992 - Federal/State deficiencies related to the allegations are cited at F812 and R273.</p> <p>Complaint IN00448904 - Federal/State deficiencies related to the allegations are cited at F812 and R273.</p> <p>Survey dates: December 11, 12, 13 and 16, 2024</p> <p>Facility number: 012809 Provider number: 155799 AIM number: 201136580</p> <p>Census Bed Type: SNF: 7 SNF/NF: 52 Residential: 12 Total: 71</p> <p>Census Payor Type Medicare: 7 Medicaid: 40 Other: 12 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 23, 2024.</p>			F 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tamera Shirels

ED

01/10/2025

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 instructions.) Except for nursing homes, the findings stated above are disclosable 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 30 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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F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</p> <p>Based on record review and interview, the facility failed to report a resident to resident altercation to the State Agency. (Resident F and Resident G)</p> <p>Findings include:</p> <p>During an interview on 12/16/24 at 12:31 p.m., Resident F indicated she was hit by another resident in the chest. Resident F indicated she was attempting to enter the dining room and Resident G was blocking the entry way. She asked Resident G to move and the other resident became aggressive. Resident F indicated she had a bruise on her chest as a result of being hit. Resident F indicated she hit Resident G in response and there were staff witnesses to the incident.</p> <p>Resident F's residential clinical record was reviewed on 12/16/24 at 1:16 p.m. The clinical record lacked indication of behavioral concerns.</p> <p>Resident G's nursing home clinical record was reviewed on 12/16/24 at 1:25 p.m. Diagnoses included depression, dementia, anxiety, schizoaffective disorder, and hypertension. The resident had a history of verbally aggressive behaviors.</p> <p>During an interview on 12/16/24 at 2:19 p.m., the Corporate Regional Vice President of Operations indicated the incident was not reported to the State Agency and it should have been.</p> <p>A current policy, dated 12/17/21, titled "Abuse Prevention and Reporting-Indiana," provided by the Corporate Regional Vice President of</p>			F 0609	<p>Tag number: F 609</p> <p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Interviews and investigation with facility staff and residents were conducted related to the following abuse allegations: Resident F and Resident G on or about 10/24/2024. .</p> <p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; Residents appropriate for interview (BIMS 13 or higher) were interviewed regarding abuse by Social Service and or the D.O.N. No allegations of abuse were made.</p> <p>III. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Staff were re-educated on types of abuse and guidelines for immediate reporting of abuse to Administrator.</p> <p>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what quality assurance</p>		01/10/2025

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F 0812 SS=F Bldg. 00	<p>Operations indicated the following: ".... External Reporting Initial Reporting of Allegations: When an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has occurred, the resident's representative and the Department of Public Health shall be informed by electronic reporting into the IDOH Gateway, or if the Gateway is not functioning, will be reported by telephone or fax. Department of Health shall be informed that an occurrence of potential abuse, neglect, exploitation, mistreatment or misappropriation of property has been reported and being investigated. Informing Local Law Enforcement. The facility shall also contact local law enforcement authorities (i.e. telephoning 911 where available) in the following situations: .... Physical abuse involving physical injury inflicted on a resident by another resident except in situations where the behavior is associated with dementia or developmental disability. ...."</p> <p>This citation relates to Complaint IN00449266.</p> <p>3.1-28(c)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary Based on record review and interview and observation, the facility failed to ensure sanitary kitchen food storage and handling conditions. This deficient practice had the potential to effect 59 of 59 facility residents who received their meals from the facility kitchen.</p> <p>Findings include:</p>			F 0812	<p>program will be put into place; Abuse interviews will be conducted by Social Service/designee on at least 5 residents per week x 4 weeks, then 3 residents per week x 4 weeks, then 5 residents per Grievances will be reviewed at least 5 times per week by the IDT to ensure potential abuse allegations are identified and reported to the Administrator and ISDH as appropriate and a thorough investigation is completed.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Tag number: F 812 I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; All food items listed on the 2567 were discarded. During the tour, all areas mentioned in 2567, were cleaned and sanitized.</p>		01/10/2025

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	<p>During a kitchen tour with Cook 1, on 12/11/24 at 10:10 a.m., the following concerns were observed:</p> <ul style="list-style-type: none"> <li>a. An open bag of sugar in a bin containing unknown particles of and trash in the bottom of the bin.</li> <li>b. Clean cups, bowls, and plates stored upright, exposing the eating surfaces.</li> <li>c. A cart holding clean dishes visibly soiled with dried food and splash stains.</li> <li>d. A bucket with dirty mop water and a mop leaning against the clean dishes rack.</li> <li>e. A cleaning bucket with used cleaning cloths stored under the oven.</li> <li>f. Soiled serving utensils on the preparation table.</li> <li>g. Dried spillage and trash over the surface of the floor.</li> <li>h. An open sleeve of bread on the preparation table with no open date on the packaging.</li> <li>i. An open, uncovered box of cream of wheat with no open date on the packaging.</li> <li>j. The three compartment sink with dried food at the bottom and around the drain.</li> <li>k. A cart with used breakfast dishes standing next to the clean dishes.</li> <li>l. An open and undated bag of stuffing.</li> <li>m. One 32-ounce bottle of concentrated lemon juice, received on 3/19, with no open date in the dry storage area.</li> <li>n. One opened bag of egg noodles received on 10/15, with no open date.</li> <li>o. A one-gallon bottle of syrup with no open date.</li> <li>p. A package of turkey breast lunch meat, dated as received on 12/10, with no open date, wrapped in foil.</li> <li>q. One tub of chopped lettuce with no open date.</li> <li>r. The large floor drain with dried spillage, trash debris, and bits of food.</li> </ul>				<p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents receiving an oral diet have the potential to be affected.</p> <p>III. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; All dietary staff were educated on food storage, labeling, cleaning and sanitation by the consulting firm On-Tray. Cleaning schedules have been updated and assigned to each shift.</p> <p>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place; Kitchen food storage areas will be audited at least 5 times a week by the Dietary Manager/designee x 4 weeks, then 3 times a week by 4 weeks and then weekly until 100% compliance is achieved for 3 consecutive months for dating and labeling food items.</p> <p>The Dietary Manager/designee will</p>		

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	<p>s. The walls, sides of equipment and preparation tables were soiled with dried spillage.</p> <p>t. The trash container placed near the food preparation table with no lid.</p> <p>u. The ceiling vent over the food preparation table with visible dark black/brown matter hanging from vent.</p> <p>During a tour of the main dining room the following was observed:</p> <p>a. Counter tops with visible dried spillage.</p> <p>b. Floor with trash and food.</p> <p>c. Drink machines soiled with dark brown dried substance.</p> <p>d. Walls stained with dried dark brown substance.</p> <p>e. Warming table with dried substance on lids and unknown debris in water.</p> <p>f. Warming table left on and hot to touch.</p> <p>During the tour, Cook 1 indicated the warming tables had not been used since the evening meal the night before. The warming tables should have been turned off after use.</p> <p>During an interview on 12/11/24 at 10:10 a.m., Cook 1 indicated the kitchen should have been cleaned after each shift. The facility did not have a cleaning schedule. Cook 1 indicated staff tried to clean whenever they saw something that needed to be done. Cook 1 did not know the last time the kitchen had been cleaned.</p> <p>During an interview on 12/12/24 at 12:15 p.m., Dietary Aide 2 indicated she tried to wash out the cart if she was working. They just tried to trade off on what needed to be done. Whomever washed the dishes would mop the floor. There was no deep cleaning schedule. There used to be</p>		<p>collect daily cleaning check off sheets/cleaning schedules, to assure that the cleaning and sanitizing is done and complete after each shift, by auditing the areas at least 5 times a week x 4 weeks, then 3 times a week x 4 weeks and then weekly until 100% compliance is achieved for 30 consecutive months.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>				

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	<p>one, but the last manager took it down and never replaced it.</p> <p>During an interview on 12/13/24 at 10:14 a.m., Cook 3 indicated, after each meal, the kitchenette and dining room were wiped down and the floors mopped.</p> <p>During an interview on 12/13/24 at 1:00 p.m., the Corporate Regional Dietary Consultant indicated the kitchen staff needed more education on food handling and cleaning the kitchen. The facility was currently looking for a new food service manager. She did not know the last time the kitchen had been cleaned.</p> <p>A current policy, dated 2020, titled "Handling Leftover Food" was provided by Administrator on 12/12/24 at 1:33 p.m.. The policy indicated the following: "...Guideline: Leftover food will be properly handled, cooled, and stored to ensure food safety minimal waste. .... 4. Leftover foods stored in the refrigerator shall be wrapped, dated, labeled with a use by date that is no more than 72 hours from the time of first use. 5. Refrigerator leftovers stored beyond 72 hours shall be discarded. ...."</p> <p>A current policy, dated 2020, titled "Cleaning Rotation" was provided by Administrator on 12/12/24 at 1:33 p.m.. The policy indicated the following: "Guidelines: Equipment and utensils will be cleaned and sanitized according to the following guidelines, or manufacture's instructions. Procedure: 1. Items cleaned and sanitized after each use: ....Work tables and counters .... 2. Items cleaned daily: stove top...Kitchen and dining room floors ....Mop and mop buckets, Steam table, Hand washing sink, Food carts, Pot and pan sink ....3.</p>						

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R 0000  Bldg. 00	<p>Items cleaned weekly: .... filters, Coffee machine...4. Items cleaned monthly: ....Ingredient bins .... Walls ...."</p> <p>A current policy, dated 2020, titled "Food Storage (Dry, Refrigerated, and Frozen)," provided by Administrator on 12/12/24 at 1:33 p.m., indicated the following: ".... Procedure: 1. General storage guidelines to be followed: a. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded. ...."</p> <p>This citation relates to Complaint IN00448904 and IN00448992.</p> <p>3.1-21(i)(3)</p> <p>This visit was for the Investigation of Complaints IN00449266, IN00448992, and IN00448904.</p> <p>Complaint IN00449266 - Federal/State deficiencies related to the allegations are cited at R090 and F609.</p> <p>Complaint IN00448992 - Federal/State deficiencies related to the allegations are cited at R273 and F812.</p> <p>Complaint IN00448904 - Federal/State deficiencies related to the allegations are cited at R273 and F812.</p> <p>Survey dates: December 11, 12, 13 and 16, 2024</p> <p>Facility number: 012809</p>			R 0000			

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R 0090  Bldg. 00	<p>Residential Census: 12</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed December 23, 2024.</p> <p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency</p> <p>Based on record review and interview, the facility failed to report a resident to resident physical altercation to the State Agency. (Resident F and Resident G)</p> <p>Findings include:</p> <p>During an interview on 12/16/24 at 12:31 p.m., Resident F indicated she was hit by another resident in the chest. Resident F indicated she was attempting to enter the dining room and Resident G was blocking the entry way. She asked Resident G to move and the other resident became aggressive. Resident F indicated she had a bruise on her chest as a result of being hit. Resident F indicated she hit Resident G in response and there were staff witnesses to the incident.</p> <p>Resident F's residential clinical record was reviewed on 12/16/24 at 1:16 p.m. The clinical record lacked indication of behavioral concerns.</p> <p>Resident G's nursing home clinical record was reviewed on 12/16/24 at 1:25 p.m. Diagnoses included depression, dementia, anxiety, schizoaffective disorder, and hypertension. The resident had a history of verbally aggressive behaviors.</p>			R 0090	<p>Tag number: R0090</p> <p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Interviews and investigation with facility staff and residents were conducted related to the following abuse allegations: Resident F and Resident G on or about 10/24/2024. .</p> <p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; Residents appropriate for interview (BIMS 13 or higher) were interviewed regarding abuse by Social Service and or the D.O.N. No allegations of abuse were made.</p> <p>III. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Staff were re-educated on</p>		01/10/2025



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R 0273  Bldg. 00	<p>During an interview on 12/16/24 at 2:19 p.m., the Corporate Regional Vice President of Operations indicated the incident was not reported to the State Agency and it should have been.</p> <p>A current policy, dated 12/17/21, titled "Abuse Prevention and Reporting-Indiana," provided by the Corporate Regional Vice President of Operations indicated the following: ".... External Reporting Initial Reporting of Allegations: When an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has occurred, the resident's representative and the Department of Public Health shall be informed by electronic reporting into the IDOH Gateway, or if the Gateway is not functioning, will be reported by telephone or fax. Department of Health shall be informed that an occurrence of potential abuse, neglect, exploitation, mistreatment or misappropriation of property has been reported and being investigated. Informing Local Law Enforcement. The facility shall also contact local law enforcement authorities (i.e. telephoning 911 where available) in the following situations: .... Physical abuse involving physical injury inflicted on a resident by another resident except in situations where the behavior is associated with dementia or developmental disability. ...."</p> <p>This citation relates to Complaint IN00449266.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on record review and interview and</p>			R 0273	<p>types of abuse and guidelines for immediate reporting of abuse to Administrator.</p> <p>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place; Abuse interviews will be conducted by Social Service/designee on at least 5 residents per week x 4 weeks, then 3 residents per week x 4 weeks, then 5 residents per Grievances will be reviewed at least 5 times per week by the IDT to ensure potential abuse allegations are identified and reported to the Administrator and ISDH as appropriate and a thorough investigation is completed.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Tag number: R 0273</p>		01/10/2025

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	<p>observation, the facility failed to ensure sanitary kitchen food storage and handling conditions. This deficient practice had the potential to effect 12 of 12 facility residents who received their meals from the facility kitchen.</p> <p>Findings include:</p> <p>During a kitchen tour with Cook 1, on 12/11/24 at 10:10 a.m., the following concerns were observed:</p> <ul style="list-style-type: none"> <li>a. An open bag of sugar in a bin containing unknown particles of and trash in the bottom of the bin.</li> <li>b. Clean cups, bowls, and plates stored upright, exposing the eating surfaces.</li> <li>c. A cart holding clean dishes visibly soiled with dried food and splash stains.</li> <li>d. A bucket with dirty mop water and a mop leaning against the clean dishes rack.</li> <li>e. A cleaning bucket with used cleaning cloths stored under the oven.</li> <li>f. Soiled serving utensils on the preparation table.</li> <li>g. Dried spillage and trash over the surface of the floor.</li> <li>h. An open sleeve of bread on the preparation table with no open date on the packaging.</li> <li>i. An open, uncovered box of cream of wheat with no open date on the packaging.</li> <li>j. The three compartment sink with dried food at the bottom and around the drain.</li> <li>k. A cart with used breakfast dishes standing next to the clean dishes.</li> <li>l. An open and undated bag of stuffing.</li> <li>m. One 32-ounce bottle of concentrated lemon juice, received on 3/19, with no open date in the dry storage area.</li> <li>n. One opened bag of egg noodles received on 10/15, with no open date.</li> </ul>				<p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; All food items listed on the 2567 were discarded. During the tour, all areas mentioned in 2567, were cleaned and sanitized.</p> <p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents receiving an oral diet have the potential to be affected.</p> <p>III. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; All dietary staff were educated on food storage, labeling, cleaning and sanitation by the consulting firm On-Tray. Cleaning schedules have been updated and assigned to each shift.</p> <p>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place; Kitchen food storage areas will be audited at least 5 times a week by the Dietary</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155799		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/16/2024	
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	<p>o. A one-gallon bottle of syrup with no open date.</p> <p>p. A package of turkey breast lunch meat, dated as received on 12/10, with no open date, wrapped in foil.</p> <p>q. One tub of chopped lettuce with no open date.</p> <p>r. The large floor drain with dried spillage, trash debris, and bits of food.</p> <p>s. The walls, sides of equipment and preparation tables were soiled with dried spillage.</p> <p>t. The trash container placed near the food preparation table with no lid.</p> <p>u. The ceiling vent over the food preparation table with visible dark black/brown matter hanging from vent.</p> <p>During a tour of the main dining room the following was observed:</p> <p>a. Counter tops with visible dried spillage.</p> <p>b. Floor with trash and food.</p> <p>c. Drink machines soiled with dark brown dried substance.</p> <p>d. Walls stained with dried dark brown substance.</p> <p>e. Warming table with dried substance on lids and unknown debris in water.</p> <p>f. Warming table left on and hot to touch.</p> <p>During the tour, Cook 1 indicated the warming tables had not been used since the evening meal the night before. The warming tables should have been turned off after use.</p> <p>During an interview on 12/11/24 at 10:10 a.m., Cook 1 indicated the kitchen should have been cleaned after each shift. The facility did not have a cleaning schedule. Cook 1 indicated staff tried to clean whenever they saw something that needed to be done. Cook 1 did not know the last</p>		<p>Manager/designee x 4 weeks, then 3 times a week by 4 weeks and then weekly until 100% compliance is achieved for 3 consecutive months for dating and labeling food items.</p> <p>The Dietary Manager/designee will collect daily cleaning check off sheets/cleaning schedules, to assure that the cleaning and sanitizing is done and complete after each shift, by auditing the areas at least 5 times a week x 4 weeks, then 3 times a week x 4 weeks and then weekly until 100% compliance is achieved for 30 consecutive months.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>				

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	<p>time the kitchen had been cleaned.</p> <p>During an interview on 12/12/24 at 12:15 p.m., Dietary Aide 2 indicated she tried to wash out the cart if she was working. They just tried to trade off on what needed to be done. Whomever washed the dishes would mop the floor. There was no deep cleaning schedule. There used to be one, but the last manager took it down and never replaced it.</p> <p>During an interview on 12/13/24 at 10:14 a.m., Cook 3 indicated, after each meal, the kitchenette and dining room were wiped down and the floors mopped.</p> <p>During an interview on 12/13/24 at 1:00 p.m., the Corporate Regional Dietary Consultant indicated the kitchen staff needed more education on food handling and cleaning the kitchen. The facility was currently looking for a new food service manager. She did not know the last time the kitchen had been cleaned.</p> <p>A current policy, dated 2020, titled "Handling Leftover Food" was provided by Administrator on 12/12/24 at 1:33 p.m.. The policy indicated the following: "...Guideline: Leftover food will be properly handled, cooled, and stored to ensure food safety minimal waste. .... 4. Leftover foods stored in the refrigerator shall be wrapped, dated, labeled with a use by date that is no more than 72 hours from the time of first use. 5. Refrigerator leftovers stored beyond 72 hours shall be discarded. ...."</p> <p>A current policy, dated 2020, titled "Cleaning Rotation" was provided by Administrator on 12/12/24 at 1:33 p.m.. The policy indicated the following:</p>						

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	<p>"Guidelines: Equipment and utensils will be cleaned and sanitized according to the following guidelines, or manufacture's instructions. Procedure: 1. Items cleaned and sanitized after each use: ....Work tables and counters .... 2. Items cleaned daily: stove top...Kitchen and dining room floors ....Mop and mop buckets, Steam table, Hand washing sink, Food carts, Pot and pan sink ....3. Items cleaned weekly: .... filters, Coffee machine...4. Items cleaned monthly: ....Ingredient bins .... Walls ...."</p> <p>A current policy, dated 2020, titled "Food Storage (Dry, Refrigerated, and Frozen)," provided by Administrator on 12/12/24 at 1:33 p.m., indicated the following: ".... Procedure: 1. General storage guidelines to be followed: a. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded. ...."</p> <p>This citation relates to Complaint IN00448904 and IN00448992.</p>						