

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LITTLE CHUTE HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1201 GARFIELD AVE LITTLE CHUTE, WI 54140</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation and staff interview the facility did not ensure food was served under sanitary conditions. This practice had the potential to impact 40 of 40 residents at the facility. Multiple food items were opened with no open or use-by dating practice utilized. Two food items were noted to be expired. Findings include: Wisconsin Food Code 2020 .[DATE].17 Ready-to-Eat, Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking: (A) Except when packaging food using a reduced oxygen packaging method as specified under 3?502.12, and except as specified in (E), (F), and (H) of this section, refrigerated, ready-to-eat, (time/temperature control for safety food) prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature and time combination of 5 degrees C (41 degrees F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Facility's Food Storage policy dated [DATE] states: - Leftover food will be stored in covered containers or wrapped carefully and securely. Each item will be clearly labeled and dated before being refrigerated. Leftover food is used within 3 days. - Refrigerated food storage: All foods should be covered, labeled and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use-by dates, or frozen (where applicable), or discarded. - Frozen Foods: Freezer temperatures should be checked at least two times each day. All foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their safe use-by dates or discarded. On [DATE] 8:30 AM, Surveyor conducted an initial tour of the Facility kitchen and observed the following opened food items in the Facility walk-in cooler, freezer and dry storage areas with no open and/or use-by dating practice utilized:. Freezer Items: 1 bag of French toast 1 bag of bread sticks 1 package of sausage meat Walk-In Cooler Items: 20 cooked hamburgers Dry Storage Items: 1 bag of basic muffin mix 3 tins of graham cracker pie crusts wrapped in cellophane wrap The following opened food items were expired in the dry storage area: 1 bag of chocolate cake mix with a hand-written date on the package of [DATE] 1 box of gluten-free bread and muffin mix without an open date, with a manufacturer expiration date of [DATE] On [DATE] at 8:45 AM, Surveyor interviewed Dietary Manager (DM)-C. DM-C looked at the packages in the dry storage area and the walk-in cooler and confirmed they were without open and/or use-by dates. DM-C stated the cooked hamburgers were left overs and confirmed they were not dated. DM-C also confirmed that the chocolate cake mix was expired and indicated the gluten-free bread and muffin mix was past the use date. DM-C verified that packages removed from their original packaging/box had no expiration date written on them. DM-C indicated it is the Facility expectation that date markings are to be utilized.</p>		
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.