

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Callaway Good Life Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 West Kimball Street Callaway, NE 68825	

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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to report allegations of abuse and misappropriation of resident property within the regulated time period. This affected one resident (Resident 1). The facility census was 28.</p> <p>Findings are:</p> <p>Record review of the Abuse and Neglect Reporting policy 05/15/2025 revealed that the facility will not condone resident abuse or neglect, misappropriation of property or exploitation by anyone. If alleged abuse, neglect, misappropriation of property or exploitation does occur, the facility will take appropriate action to intervene, document incidents, investigate, take measures to prevent further occurrences and report it to the proper authorities. Under the subheading Policy interpretation and Implementation revealed 1.) All staff, residents, visitors, etc. are required to immediately report any incidents or suspected incidents of resident mistreatment, abuse, or neglect, exploitation, including injuries of unknown source and misappropriation of property. Such reports may be made without fear of retaliation from the facility or its staff. The definitions of abuse included</p> <p>d.) mental abuse; verbal or non verbal which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. Examples include, but are not limited to; mocking, isolation, humiliation, harassment, and threats of punishment or deprivation.</p> <p>g.) misappropriation of resident property; to take a resident's personal belongings or financial resources either with or without the resident's knowledge for one's own use or a use not in the best interest of the resident. Also defined deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without he resident's informed consent.</p> <p>Procedure revealed 1.) any alleged violations involving mistreatment, exploitation, abuse or neglect - including injuries or an unknown source and misappropriation of resident property - must be reported. 6.) when an alleged or suspected case of mistreatment, exploitation, misappropriation of resident's property, abuse or neglect is reported, the Director of Nursing or Administrator or designee will notify the following persons or agencies of such incident:</p> <p>1.</p> <p>Within 24 hours:</p> <p>a.</p> <p>(continued on next page)</p>

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.

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: 285200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Callaway Good Life Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 West Kimball Street Callaway, NE 68825	

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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>APS 24 hour hotline. Report allegations of abuse, neglect or exploitation immediately. Within 2 hours of allegation, if a suspicion of abuse, neglect or exploitation results in bodily injury or harm.</p> <p>b.</p> <p>Law Enforcement Agency; when there us serious physical injury, incidents of theft .law enforcement should be notified within 2 hours.</p> <p>9. An internal investigation will be completed by the facility within 5 working days of the notification of allegations.</p> <p>10. The facility manager or administrator will send via fax a copy of the completed internal investigation including facility conclusions/follow through within five working days.</p> <p>Record review of the grievance form dated 5/15/2025 revealed Resident 1 had filed a grievance with the Director of Nursing and reported mail being opened by staff, missing clothing, staff taking personal items that Resident 1 had been told were not allowed in the facility, staff not cleaning this resident's side of the room in a double occupancy room, a missing welcome sign, and feeling picked on by the Administrator and feeling like (gender) was unable to speak to the Administrator honestly.</p> <p>Record review of the grievance form dated 5/16/2025 and signed by the Social Services Director (SSD) stated that the facility had called the state ombudsman. The social services director had then communicated the situation with the Administrator who stated he did not want to report the situation, and that the Administrator knew where the wax melt was but would not say who took it. Furthermore, on 5/16/2025 during the morning management meeting, the Environmental Services Supervisor admitted to taking Resident 1's wax melt. The wax melt (candle warmer) was given to the SSD who went to Resident 1 and explained that due to the fire hazard the item cannot be kept in the facility and that it could be put into storage instead.</p> <p>Interview on 5/19/2025 at 12:47 PM with Resident 1 who stated (facility staff) have opened my mail and they have gone through the things in my room. They always think I am smoking. The facility staff stole my wax melting burner twice. I found it the first time. Then they took it again. I had a welcome sign that was on my door that someone took it. After I complained someone put it back on my door. They stopped cleaning my side of the room too. The Administrator (ADM) and the head of housekeeping (DM) don't like me. I have talked to the ADM about this and the ADM doesn't believe me when I say people are stealing my things. I also talked to the Director of Nursing (DON)about it and filed a grievance.</p> <p>Interview on 5/19/2025 at 1:15 PM with the Director of Nursing (DON) who revealed that Resident 1 had reported to the DON on 05/15/2025 that Resident 1 had a candle warmer, and it had been taken from the resident's room. Resident 1 found it on a staff member's desk. Resident 1 took it back to (gender) room. Later a staff member went back to the room of Resident 1 and took the Candle warmer again without telling Resident 1. This time I believe it was hidden under the desk of another staff member. Staff members found the candle warmer in the room of Resident 1 and didn't tell the resident they were taking it from the room the first time. The second time they took it out of the room when the resident was gone too. Nobody told this resident they were taking it. Resident 1 got very angry when found out the candle warmer was missing again. Other staff members stated she was yelling at staff because (gender) things had been taken from Resident 1's room. Resident 1 felt that her things had been stolen. When Resident 1 came to me about what was occurring, I started my own investigation into</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Callaway Good Life Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 West Kimball Street Callaway, NE 68825	
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)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the matter on 5/15/2025, but I did not report this to the state. The Environmental Services staff are not cleaning Resident 1's side of the room daily as they do all the other Resident rooms because they are afraid of being accused of stealing items. The staff don't want Resident 1 in the room when they are cleaning. I think if they cleaned the room while Resident 1 was in the room, Resident 1 would see that nobody is stealing anything. The Business Office Manager (BOM) did open Resident 1's mail, but stated that was an accident. Resident 1 is still angry about that too. the DON Confirmed this had not been reported to the state and was going to send in a report.</p> <p>Interview on 5/19/2025 at 1:40 PM with Registered Nurse (RN) C who stated that nobody from Environmental Services wants to clean the side of the room that belongs to Resident 1 (This is a double occupancy room.). Last Thursday, 5/15/2025, Resident 1 was yelling at the ADM about items being stolen from (gender) room. Resident 1 stated that her candle wax burner had been taken from her room twice and nobody told her. It seems like some of the staff pick on Resident 1. She has a lot of stuff in her room. I believe someone stole the Welcome sign she had on her door because it was brought to the attention of staff during a meeting and the sign just magically reappeared on the door of Resident 1. I feel that if administration or environmental services are going to take things from the room of a resident, that residents [NAME] to be told and not just have things taken from the room.</p> <p>Interview on 05/19/2025 at 3:05 PM with the head of environmental services (DM) who revealed that we clean all the rooms the same way each day. We use a check off sheet as we go from room to room. Families will bring in items that are all supposed to have the name written on it and added to inventory lists. Sometimes families bring stuff in and we aren't here and things don't get labeled. But we do try to keep everything labeled with Resident names. We don't purposefully snoop or look for things in resident rooms, but when we find things that are not supposed to be there or can be or are a hazard, we will remove those things from the room. We removed a candle warmer from the room of Resident 1. We didn't tell the resident at the time. We removed it because it is not allowed. Resident 1 is kind of a hoarder and hasn't let us inventory much of (gender) stuff that has been brought in because (gender) didn't want us looking though the belongings. We haven't cleaned Resident 1's side of the room since Friday (4 days ago). Resident 1 called me a lot of names. Then Resident 1 got upset because we hadn't cleaned Resident 1's side of the room as we had only cleaned the roommate's side. We aren't supposed to move anything in the room that belongs to Resident 1, who is a hoarder, so cleaning is difficult. At first I was the only one accused of taking the candle warmer from the room and now Resident 1 is blaming everyone from Environmental Services. We probably need to take a mediator to the room when we clean the room because we are all afraid of being accused of stealing.</p> <p>Interview on 5/19/2025 at 3;15 with the facility ADM who stated that if contraband is found in a resident's room, we will take it immediately especially if it is a potential hazard to all residents. The candle warmer is a fire hazard and so that was removed from the room of Resident 1. We did not tell Resident 1 we took either the first or the second time it was removed from the room. ADM confirmed this incident was not reported to the state as the ADM did not feel there was a reason to turn this in.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Callaway Good Life Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 West Kimball Street Callaway, NE 68825	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Licensure Reference Number 175NAC 12-006.11(E)</p> <p>Based on record review, observation and interviews, the facility failed to ensure that food was stored and prepared in a manner to prevent food borne illnesses. This had the potential to affect all residents eating food prepared in the kitchen. The facility census was 28.</p> <p>Findings are:</p> <p>Record review of the Policy and Procedure Manual for Long Term Care operation manual revised December 2014 sub-section refrigerators and freezer on page 24 revealed;</p> <p>2.) monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures.</p> <p>4.) food service managers and designated employees will check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening.</p> <p>7.) all food shall be appropriately dated to ensure proper rotation by expiration dates.</p> <p>8.) supervisors will be responsible for ensuring food items in the pantry, refrigerators, and freezers are not expired or past the perish dates.</p> <p>Record review of the menu for the noon meal revealed the kitchen staff were to prepare and serve bacon, lettuce and tomato sandwiches, French fries, and Jello. There were no recipes being followed nor were there any instructions denoting serving sizes</p> <p>Record review of the temperature logs from the refrigerators and freezer revealed that there were many open spaces on the temperature logs for the month of May. The following dates did not have temperatures recorded during the time period of 05/01/2025 to 05/19/2025;</p> <p>The walk-in refrigerator, walk-in freezer and kitchen refrigerator log revealed the following dates had no temperatures recorded on the temperature log.</p> <p>-May 2; AM and PM temperatures are blank</p> <p>-May 3; AM temperature is blank</p> <p>-May 4; AM and PM temperatures are blank</p> <p>-May 5; AM temperature is blank</p> <p>-May 6; AM and PM temperatures are blank</p> <p>-May 7; PM temperature is blank</p> <p>-May 8; PM temperature is blank</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Callaway Good Life Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 West Kimball Street Callaway, NE 68825	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-May 9; PM temperature is blank</p> <p>-May 10; PM temperature is blank</p> <p>-May 13; AM and PM temperatures are blank</p> <p>-May 14; AM and PM temperatures are blank</p> <p>-May 15; AM and PM temperatures are blank</p> <p>-May 16; AM and PM temperatures are blank</p> <p>- May 17; AM temperature is blank</p> <p>-May 19; AM temperature is blank</p> <p>Record review of the food temperature record for the month of May 2025 revealed that temperatures were taken sporadically. The temperatures are as follows:</p> <p>May 1; Breakfast; cereal 163.7 and meat entree 168.3.</p> <p>-</p> <p>Noon meal; Meat dish 159.9 and starch (FF) 162.0</p> <p>-</p> <p>Evening meal: no temperatures recorded</p> <p>May 2; No temperatures recorded</p> <p>May 3; Breakfast; no temperatures recorded</p> <p>-</p> <p>Noon meal; Meat dish was 165 and starch was 145.</p> <p>-</p> <p>Evening meal; no temperatures recorded</p> <p>May 4; no temperatures recorded</p> <p>May 5; no temperatures recorded</p> <p>May 6; Breakfast no temperatures recorded</p> <p>-</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Callaway Good Life Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 West Kimball Street Callaway, NE 68825	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Noon meal; starch was recorded as 280.</p> <p>-</p> <p>Evening meal; Milk was recorded as 165.</p> <p>May 7; no temperatures recorded</p> <p>May 8; no temperatures recorded</p> <p>May 9; no temperatures recorded</p> <p>May 10; no temperatures recorded</p> <p>May 11; no temperatures recorded</p> <p>May 12; no temperatures recorded</p> <p>May 13; Breakfast; eggs 165</p> <p>-</p> <p>Noon meal; Meat regular - 145 Meat ground 145</p> <p>-</p> <p>Evening meal; Meat dish 189, puree vegetables 208</p> <p>May 14: Breakfast - eggs 165 and cereal 155</p> <p>-</p> <p>Noon meal- ground main dish 198</p> <p>-</p> <p>Evening meal - no temperatures recorded</p> <p>May 15; no temperatures recorded</p> <p>May 16; no temperatures recorded</p> <p>May 17; no temperatures recorded</p> <p>May 18; no temperatures recorded</p> <p>May 19; Breakfast milk 178 and eggs 148</p> <p>-</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Callaway Good Life Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 West Kimball Street Callaway, NE 68825	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Noon meal; 250 milk, 160 ground Meat/main dish and 165 Vegetables.</p> <p>Observation on 05/19/2025 at 9:30 AM in the small refrigerator revealed one clear, plastic, quart sized container of nacho cheese that did not have a label and was not dated, 6 small plastic containers of nacho cheese that were not labeled or dated, and turkey that was not labeled or dated in a plastic zip lock baggie.</p> <p>Observation on 05/19/2025 at 9:35 in the walk-in refrigerator revealed a tray of filled dessert cups was covered with plastic wrap but not labeled or dated.</p> <p>Interview on 05/19/2025 at 9:43 AM with Cook-A who stated not knowing when the nacho cheese was used and why it wasn't labeled. Cook-A revealed that the dessert cups were for the noon meal and had just been prepared for the noon meal but had not been dated or labeled.</p> <p>Observation on 05/20/2025 at 9:43 AM as Cook-A removed the nacho cheeses and turkey during the interview.</p> <p>Interview on 05/19/2025 at 9:45 AM with [NAME] A confirmed [NAME] A had not recorded the temperatures of the refrigerators or freezers for the morning. [NAME] A also revealed that there was a menu for the day, but there was no recipe being followed in creating the noon meal. [NAME] A stated I just have a menu that I go by today and we are serving BLTs and Fries.</p> <p>Observation on 05/19/2025 at 9:55 AM of Dietary Aide (DA) B cleaning in the dining room area following breakfast service. DA B brought a broom and a dustpan to the dining room area and began sweeping the floor. DA B stopped at one point, leaned the broom and the long handled dustpan against the counter, took the old coffee filter and grounds from the coffee pot, then replaced with a new coffee filter and grounds, and started the coffee maker then started sweeping again.</p> <p>Interview on 05/19/2025 at 10:00 AM with DA B who confirmed to not washing hands with soap and water after handling the broom and dustpan before making the new pot of coffee.</p> <p>Observation on 05/20/2025 at 10:10 AM of [NAME] A cutting up tomatoes for the noon meal. [NAME] A retrieved a box of tomatoes from the walk-in refrigerator. [NAME] A donned gloves, took a tomato from the box, sliced the tomato, then placed it in a clean metal serving pan. This action was repeated 3 times. At that time, [NAME] A removed and discarded gloves, reached for a different knife, and donned a new pair of gloves, reached for another tomato, sliced this tomato and added the slices to the metal serving container. Two more tomatoes were sliced and then [NAME] A removed and discarded the gloves, reached for plastic wrap, covered the metal container with plastic wrap, and covered the sliced tomatoes. [NAME] A dated and labeled the sliced tomatoes and took them to the refrigerator. [NAME] A then returned the box of tomatoes to the walk-in refrigerator.</p> <p>Interview on 05/19/2025 at 10:15 with [NAME] A who confirmed that the tomatoes had not been washed prior to slicing the tomatoes. Confirmed not washing hands between glove changes.</p> <p>Observation on 05/19/2025 at 10:20 AM as [NAME] A recorded temperatures of the walk-in freezer and refrigerators.</p> <p>Interview with [NAME] A on 05/19/2025 at 10:23 AM who confirmed [NAME] A did not wash hands with soap and water between gloves changes. [NAME] A confirmed that the tomatoes had been removed from the</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Callaway Good Life Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 600 West Kimball Street Callaway, NE 68825	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>box and not washed prior to slicing the tomatoes.</p> <p>Observation on 05/19/2025 at 10:45 AM. [NAME] A and DA B looked though the kitchen drawers trying to find a food thermometer. Staff finally found a thermometer in the dining room area drawers near the coffee maker. Once found, [NAME] A cleaned the thermometer prior to testing the bacon that was being removed from the oven for the Bacon/Lettuce/Tomato sandwiches that were on the noon meal menu.</p> <p>Observation on 5/19/2025 at 12:15 AM of the temperature check of the oven baked French fries prior to serving; French fries temperature were 135 degrees Fahrenheit and seated in a pan in the steam table. COOK-A did not recheck the temperature of the bacon in the steam table prior to serving.</p> <p>Record review of the Food Temperature record for the month of May 2025 revealed that the noon meal had the following temperatures recorded; Noon meal; 160 degrees for ground Meat/main dish and 165 degrees for Vegetables.</p> <p>Observation on 05/19/2025 at 12:22 PM revealed the only foods served from the steam table were Bacon, Lettuce, Tomato sandwiches and oven baked French fries. Coffee, juices, water, and milk were served cold at the resident tables in the dining room in drinking glasses. There was no hot milk served.</p> <p>Interview 05/19/2025 at 12:47 PM with Resident 1 who stated that the meals are ok, but the hot foods are not always very hot, especially if the foods are delivered to my room. If my food comes on a tray, it is usually not very warm at all.</p> <p>Interview on 05/19/2025 at 1:15 PM with the facility Dietary Manager (DM) confirmed the temperatures on the food temperature record log for the month of May 2025 were not complete. DM Confirmed the refrigerator and freezer temperatures were not recorded twice daily. DM did not know why the temperatures had not been recorded.</p> <p>Observation on 05/19/2025 of meal tray served at 1:20 PM revealed the oven-baked French fries was 128 degrees. Oven baked French fries were not warm and no longer crunchy.</p> <p>Interview on 05/19/2025 at 2:55 PM of Resident 2 who stated the food served is usually pretty good. Sometimes the hot food could be a little warmer though. But overall, the food is pretty good.</p> <p>Interview on 05/19/2025 at 2:55 PM of Resident 3 who stated the food served is usually pretty good. Sometimes the hot food could be a little warmer and it isn't like I used to make it. But I really don't have any complaints.</p> <p>Interview on 05/19/2025 at 3:05 PM with the facility DM revealed DM had only been in the position as Dietary Manager since March. DM is also the Environmental Services Supervisor and had taken on the role when the former Dietary Manager left the facility. DM had not taken the Serve Safe class nor had anyone else in the dietary department. One person was starting that class on 05/20/2025. DM revealed (gender) was a school cook prior to coming to work at the facility. DM felt overwhelmed with all of the responsibilities for which DM was responsible because DM also worked in environmental services and housekeeping. DM was not sure how everything was supposed to work in the dietary department. DM was excited to have one of the cooks starting the Serve Safe class the following day.</p>		