PRINTED: 04/20/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	MULTIPLE CONSTRUCTION SUILDING	COMPLETE	(X3) DATE SURVEY COMPLETED C		
		235729		VING	02/08/			
NAME OF PROVIDER OR SUPPLIER  MICHIGAN VETERAN HOMES AT GRAND RAPIDS			'	2950 MONROE NE	STREET ADDRESS, CITY, STATE, ZIP CODE  2950 MONROE NE GRAND RAPIDS, MI 49505			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F000	INITIAL COMMENTS		F000					
	surveyed for a R - 2/8/2023.	n Home of Grand Rapids was eccertification survey from 2/6/23 4212, MI00134213, 00134217.						
F812 SS=F	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  483.60(i) Food safety requirements. The facility must -		F812	Element 1: All food items identified use by dates, or no date removed from the refrigi	es have been	3/16/23		
				discarded upon discove food borne illness has b	discarded upon discovery. No evidence of food borne illness has been observed due to the deficient practice.			
	approved or con state or local aut (i) This may inclu from local produ- and local laws or (ii) This provision facilities from us gardens, subject safe growing and (iii) This provisio from consuming facility.	ude food items obtained directly cers, subject to applicable State regulations. In does not prohibit or preventing produce grown in facility to compliance with applicable d food-handling practices. In does not preclude residents foods not procured by the		Element 2: Residents that currently facility have the potentia this practice. A daily aud completed from 2/21/23 Culinary Supervisor or compliance with the 201 section3-501.18. After a review of the fact dating process, it was done to the food dating grovided were confusing provided were confusing the section of the fact dating grovided were confusing provided were confusing the section of the food dating grovided were confusing the section of the	al to be affected by dit will be to 2/28/23, by the designee, to ensure 17 FDA Food Code wility's food label and etermined that the ent practice was uidance tools g to the dietary staff			
	serve food in acc	ore, prepare, distribute and cordance with professional od service safety.		and did not encompass food items.	all the identified			
	by:	MENT is not met as evidenced vation, interview, and record		Element 3: All dietary staff will be re February 22, 2023, on the Code section 3-501.18 a storing, preparing, distri	he 2017 FDA Food as it relates to			
	review the facility and discard food	y failed to properly date mark I product. These conditions		food in accordance with standards for food servi	professional ce safety. The			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DAT								

Electronically Signed 02/16/2023

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		235729	B. W	B. WING		C 02/08/2023	
NAME OF PROVIDER OR SUPPLIER  MICHIGAN VETERAN HOMES AT GRAND RAPIDS				STREET ADDRESS, CITY, STATE, ZIP CODE  2950 MONROE NE  GRAND RAPIDS, MI 49505			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F812	Continued From resulted in an inc foods and an inc that affected all r from the kitchen.  Findings Include  During the starting at 9:18 A Culinary Supervipotentially hazard preparation date Observation of the opened bag of leteral 2/4/23.  During a tour of the refrigeration unit on 2/6/23, it was and shakes were dated. When ask they arrive and grefrigeration upon product information shakes found that days under refrigeration upon product information it was delivered on 1/15 with no date to in During a tour of the 10:08 AM on 2/6 orange nutritional shakes were four refrigeration unit, and the supervision of the 10:08 AM on 2/6 orange nutritional shakes were four refrigeration unit, and the supervision of the 10:08 AM on 2/6 orange nutrition and shakes were four refrigeration unit, and the supervision of the 10:08 AM on 2/6 orange nutrition and shakes were four refrigeration unit, and the supervision of the 10:08 AM on 2/6 orange nutrition and the supervision of the 10:08 AM on 1/15 orange nutrition and 1	page 1 creased risk of contaminated reased risk of food borne illness esidents who consume food  the initial tour of the kitchen, all on 2/6/23, an interview with sor (CS) "D", found that dous foods are labeled with a to keep track of date marking. He walk-in cooler found an	F812			ating and or drink se with this signee will d storage 21/23 to with all food rator or y audit x 4, areas and abel and DA Food ults of these QAPI and iscontinued achieved. e for	
		2/6/23, it was observed that 10					

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Facility ID: 416020

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		235729	B. WING		C 02/08/2023		
NAME OF PROVIDER OR SUPPLIER  MICHIGAN VETERAN HOMES AT GRAND RAPIDS				STREET ADDRESS, CITY, STATE, ZIP CODE  2950 MONROE NE  GRAND RAPIDS, MI 49505			
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F812	During a tour of the at 10:25 AM on 2 eight nutritional sthickened water indicate proper of thickened water under refrigeration.  During a tour of the at 10:35 AM on 2 nutritional juices no dates in the subservation of the dated 1/29, sliced dated 1/5, and an acranberry dated.  During a tour of the 10:50 AM on 2/6 nutritional shake indicate discard.  During a tour of the 10:55 AM on 2/6 nutritional juices with no date to in the 3-501.17 Ready-Control for Safet Except when PAREDUCED OXY specified under specified in (E) are frigerated, REATIME/TEMPERASAFETY FOOD	shand three nutritional juices lated.  The Lake Michigan front kitchen, 2/6/23, it was observed that shakes and an open container of were found with no date to liscard. A review of the stated it was good for ten days on once opened.  The Downtown kitchen, starting 2/6/23, it was observed that 17 and six shakes were found with ingle door unit. Further e unit found a bag of sliced ham d turkey dated 1/23, applesauce on open container of thickened 1/26.  The Grand River front kitchen, at 1/23, it was observed that three is were found with no date to the Skyline front kitchen, at 1/23, it was observed that five and two shakes were found indicate discard.  2017 FDA Food Code section to-Eat, Time/Temperature y Food, Date Marking. "(A) CKAGING FOOD using a GEN PACKAGING method as 3-502.12, and except as and (F) of this section,	F812				

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F812	which the FOOD PREMISES, sold temperature of 5 of 7 days. The discounted as Day (E) -(G) of this see EAT TIME/TEMF SAFETY FOOD FOOD PROCES marked, at the time opened in a FOOF FOOD is held for the date or day be consumed on the discarded, based combinations speand: (1) The day in the FOOD ES counted as Day marked by the Front exceed a manufacturer de on FOOD safety  According to the 3-501.18 Ready-Control for Safet FOOD specified discarded if it: (1 time combination except time that container or PAC date or day; or (3 a date or day that	d to indicate the date or day by shall be consumed on the d, or discarded when held at a C (41F) or less for a maximum ay of preparation shall be 1. (B) Except as specified in ection, refrigerated, READY-TO-PERATURE CONTROL FOR prepared and PACKAGED by a SING PLANT shall be clearly me the original container is DD ESTABLISHMENT and if the remore than 24 hours, to indicate by which the FOOD shall be PREMISES, sold, or d on the temperature and time ecified in (A) of this section the original container is opened TABLISHMENT shall be 1; and (2) The day or date OOD ESTABLISHMENT may nufacturer's use-by date if the termined the use-by date based	F812				