

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155269	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/12/2013
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NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints #IN00126136 and #IN00130975.</p> <p>Complaint #IN00126136 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint #IN00130975 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: July 7, 8, 9, 10, 11, and 12, 2013.</p> <p>Facility number: 000169 Provider number: 155269 AIM number: 100267100</p> <p>Survey team: Julie Baumgartner RN, TC Shauna Carlson RN Shelly Vice RN (7/07, 7/08, 7/09, 7/10, 7/11, 2013)</p> <p>Census bed type: SNF: 5 SNF/NF: 124 Total: 129</p> <p>Census payor type:</p>	F000000		
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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.

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	<p>Medicare: 17 Medicaid: 92 Other: 20 Total: 129</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on July 19, 2013, by Brenda Meredith, R.N.</p>				

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F000156 SS=A	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>			

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits. Based on record review and interview, the facility failed to provide a Medicare Stop Letter for one of three residents reviewed. (Resident #11)</p> <p>Finding includes:</p> <p>On 7/10/13 at 10:30 A.M., the record for Resident #11 was reviewed for a Medicare Stop Letter. There was nothing in the record to indicate the resident received this notification.</p> <p>On 7-10-2012 at 2:30 P.M., interview with BOM (Business Office Manager) indicated that Resident #11, was discharged to home. No copy of the Medicare Stop Letter was available for review. The BOMB indicated "There is no copy of one and quite honestly, I am not sure we gave them one."</p> <p>3.1-4(f)(3)</p>	F000156	<p><b>F156 – Notice of Rights, Rules, Services, Charges</b></p> <p>It is the practice of this provider to inform the resident both in writing and in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.</p> <p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></b></p> <p><i>Resident #11 – has been discharged from the facility.</i></p> <p><b><i>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:</i></b></p> <p>All residents receiving Skilled Nursing Services have the potential to be affected by this finding. A facility audit will be completed by SSD/designee. This audit will ensure all residents have been given proper and timely notification related to Notice of Medicare Non-Coverage. Any errors or omissions noted during this audit will be clarified and/or corrected</p>	08/11/2013	

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			<p>immediately. Changes in residents receiving Skilled Nursing Services will be tracked through weekly Medicare meetings and end of therapy notifications and will be communicated to all responsible staff during daily meetings.</p> <p><b><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></b></p> <p>The ED/DNS/designee will be responsible for re-educating and in-servicing the SSD and other responsible staff members regarding Medicare Non-Coverage Notifications. This in-servicing will be completed on or before 8/11/13. The ED/DNS/designee will review all residents pending discontinuation of Skilled Services to ensure notification is provided within two days. Changes in residents receiving Skilled Nursing Services will be tracked through weekly Medicare meetings and end of therapy notifications and will be communicated to all responsible staff during daily meetings.</p> <p><b><i>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:</i></b></p> <p>The ED/BOM/designee will be</p>	

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			<p>responsible for completing the CQI Audit Tool titled, "Notice of Medicare Non Coverage Letters" weekly for 3 weeks and monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By whatdate the systemic changes will be completed:</b></p> <p>Compliance Date: 8/11/13.</p>		

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F000241 SS=C	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation and interview, the facility failed ensure staff referred to the residents in a respectful manner, in that, the staff in the Conversation Cafe dining area referred to the resident's as 'Feeders'." This affected 14 of 14 residents using this dining area. (Residents #70, 156, 98, 55, 114, 85, 80, 10, 113, 104, 48, 7, 40, and 122.)</p> <p>Finding includes:</p> <p>On 7/9/13 at 8:00 a.m., an observation was made of the assisted dining room called The Conversation Cafe. Resident #70, #156, #98, #55, #114, #85, #80, #10, #113, #104, #48, #7, #40 and #122 were in the dining room being assisted with their breakfast by Staff # 9, #11, and #12.</p> <p>On 7/9/13 at 8:10 a.m., an interview was conducted with Staff #9 indicating the name of the room being used was, "...for the feeders... the feeders are in this room and the one at the end of hall 600... these are</p>	F000241	<p><b>F241 – Dignity and Respect of Individuality</b></p> <p>It is the practice of this provider to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></b></p> <p><i>Residents #70, 10, 104, and 122 – experienced no negative psychosocial reaction or outcome related to this finding. Identity of Residents #156, 98, 55, 114, 85, 80, 113, 48, 7, and 40 are unable to be determined. All residents will be referred to in a respectful manner.</i></p> <p><b><i>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:</i></b></p>	08/11/2013			

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	<p>feeder rooms...."</p> <p>On 7/9/13 at 8:11 a.m., an interview was conducted with Staff #11 indicating the name of the room being used was, "...all these are feeders..." in reference to the residents being assisted with their breakfast in the Conversation Cafe assisted dining room.</p> <p>3.1-3(t)</p>		<p>Any resident requiring total assist with ADLs such as eating has the potential to be affected by this finding. Customer Care Rounds will be conducted no less than five times per week by Department Leaders on all units. On the weekend, the Manager on Duty will complete Customer Care Rounds. Any resident dignity issues noted during these Customer Care Rounds will be addressed and corrected immediately. An all staff in-service will be conducted on or before 8/11/13. This in-service will include review of the facility policy related to resident dignity and privacy issues and referring to residents in a respectful manner.</p> <p><b><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></b></p> <p>An all staff in-service will be conducted on or before 8/11/13. This in-service will include review of the facility policy related to resident dignity and privacy issues and referring to residents in a respectful manner. The DNS/designee will be responsible for conducting this in-service. In addition, Customer Care Rounds will be conducted no less than five times per week by Department Leaders on all units. On the weekend, the Manager on</p>	

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			<p>Duty will complete Customer Care Rounds. Any resident dignity issues noted during these Customer Care Rounds will be addressed and corrected immediately.</p> <p><b>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:</b></p> <p>To ensure ongoing compliance with this corrective action, the DNS/SSD/designee will be responsible for completion of the CQI Audit tool titled, "Dignity and Privacy" daily for three weeks and weekly for six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By what date the systemic changes will be completed:</b></p> <p>Compliance Date: 8/11/13.</p>		

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure that unsupervised chemicals were secured behind a locked door. This had the potential to affect 1 out of 23 residents on the 200 hall.</p> <p>Finding includes:</p> <p>On 7-7-13 at 3:15 P.M., the housekeeping closet door on the 200 hall was observed to be unlocked with two containers inside. One container was marked "Natural Floor Cleaner," and the other container was unmarked. The unmarked container was a white plastic gallon container with a handle on the side. The contents of the unmarked container smelled like a bleach solution. The "Natural Floor Cleaner" indicated "Eye and skin irritant" on the label.</p> <p>During an interview, on 7-7-13 at 6:50 P.M., LPN #25 indicated that the housekeeping closet door on 200 hall is always unlocked.</p>	F000323	<p><b>F323 – Free of Accident Hazards/Supervision</b></p> <p>It is the practice of this provider to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistive devices to prevent accidents.</p> <p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></b></p> <p>The unsupervised chemicals noted during the survey have been secured behind locked doors per facility policy.</p> <p><b><i>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:</i></b></p> <p>All residents have the potential to be affected by this finding. All storage closet doors, utility room doors, housekeeping and</p>	08/11/2013			

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	<p>During an interview, on 7-7-13 at 7 P.M., CNA #26 indicated that the housekeeping closet door on 200 hall is always unlocked.</p> <p>During an interview, on 7-7-13 at 7:55 P.M., the DON (Director of Nursing) indicated that housekeeping closet doors are to be locked at all times.</p> <p>Record review, on 7-12-13 at 11:35 A.M., of "Safety" flier, received from the DON at this time, indicated that "All cleaning supplies must be kept in locked storage rooms."</p> <p>3.1-45(a)(1)</p>		<p>maintenance storage doors have been changed to self-locking door knobs. An all staff in-service will be held on or before 8/11/13. The DNS/designee is responsible for conducting this in-service. This in-service will review the facility policy related to storage of hazardous chemicals and the facility policy related to locked storage areas and housekeeping and maintenance closet doors. In addition, the ED/DNS and/or designee will be responsible for environmental inspections no less than five times per week. On the weekend, the Manager on Duty will complete environmental inspections of all storage areas and housekeeping and maintenance closets. Any safety hazards noted during these daily inspections will be corrected immediately.</p> <p><b><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></b></p> <p>All storage closet doors, utility room doors, housekeeping and maintenance storage doors have been changed to self-locking door knobs. A nursing in-service will be held on or before 8/11/13. The DNS/designee is responsible for conducting this in-service. This in-service will review the facility policy related to storage of hazardous chemicals and the</p>		

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			<p>facility policy related to locked storage areas and housekeeping closets. In addition, the ED/DNS and/or designee will be responsible for environmental inspections no less than five times per week. On the weekend, the Manager on Duty will complete environmental inspections of all storage areas and housekeeping and maintenance closets. Any safety hazards noted during these daily inspections will be corrected immediately.</p> <p><b>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:</b></p> <p>To ensure compliance with these corrective actions, the ED/DNS and/or designee will complete the CQI Audit Tool titled, "Environmental Safety" daily for three weeks, weekly for six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By what date the systemic changes will be completed:</b></p> <p>Compliance Date: 8/11/13.</p>	

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F000364 SS=D	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>1. Based on observation and interview, the facility failed to provide cold foods cold for resident preferences upon leaving the kitchen for resident consumption. This potentially affected 4 of 51 residents receiving thickened milk. (Resident #92, #48, #70 and #72)</p> <p>2. Based on observation, record review and interview, the facility failed to provide Resident #173 with food that was palatable. This affected 1 of 10 residents sampled on the Augusta Cottage Unit.</p> <p>Findings included:</p> <p>1. On 7/7/13 at 2:55 p.m., an observation was made of the upright holding refrigerator located by the kitchen serving window leading into the main dining room indicating the internal temperature to be noted on a digital thermometer, "51 degrees." Stored within this unit was thickened milk from a carton which had been poured into individual glasses.</p>	F000364	<p><b>F364 – Nutritive Value/Appear, Palatable/Prefer Temp</b></p> <p>It is the practice of this provider that each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></b></p> <p><i>Resident #92, and #70</i> have been receiving thickened liquids at appropriate temperatures. These residents experienced no negative outcome as a result of this finding. Identity of Residents #48 and #72 are unable to be determined.</p> <p><i>Resident #173</i> has been receiving food that is palatable and appropriate for her diet. The resident and her family have expressed no further concerns related to her meals. The</p>	08/11/2013

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NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514		
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	<p>On 7/7/13 at 5:40 p.m., an interview was conducted with the CDM,"... they (the dietary staff) just poured these (the individual servings found in the upright holding refrigerator)... we (dietary kitchen) do not refrigerate that (thickened reduced fat milk)... it comes to us in a carton and we only refrigerate it because it's stored over there with the other drinks...we serve it at room temperature...." The glass of thickened reduced fat milk was felt and was room temperature to the touch.</p> <p>On 7/7/13 at 5:45 p.m., an observation was made of the thickened reduced fat milk carton indicating,"...Refrigerate before using... refrigerate after opening... discard unused portions after 3 days...."</p> <p>On 7/7/13 at 5:55 p.m., an observation was made of Staff # 8, #7 and #6 to prepare residents trays for food serving to include the fluids that had been located in the incorrectly temped upright holding refrigerator.</p> <p>On 7/7/13 at 6:43 p.m., an interview was conducted with Resident #92 indicating,"... no... I don't want that.... it's terrible..." in reference to the</p>		<p>residents' tray card has been updated to indicate residents' preferences. This resident is receiving a more varied diet per her preferences.</p> <p><b>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:</b></p> <p>Any resident receiving an altered consistency pureed diet or thickened liquids has the potential to be affected by this finding. The food and nutritional needs of all residents will be met in accordance with Recommended Dietary Allowances of the Food and Nutrition Board. Regular and therapeutic menus are written to provide a variety of foods served on different days of the week, adjusted for seasonal changes and in adequate amounts at each meal to satisfy recommended dietary allowances. The CDM/designee will complete a food temperature check on all prepared foods prior to each meal service. Any food temperatures noted out of acceptable range will be addressed/corrected prior to meal service. In addition, the CDM/designee will review all residents with orders for altered consistency/pureed diets to determine individual preferences. Resident Tray Cards will be updated to reflect each of these resident's current food</p>		

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	<p>honey thickened nectar cup of milk. Upon observation of Resident #92's mealtime it was noted that she did not drink any of the milk.</p> <p>2. On 7/8/13 at 4:00 p.m., a family interview with Resident #173's family was conducted indicating, "...the only problem we are having is with the dietary department. My mom is on a pureed diet and I understand that this can be a challenge, and I've talked about this till I'm talked out, but there is only so much mashed potatoes she can eat...the pureed diet is just too repetitive. There are times my mom has 2 offerings of mashed potatoes in a day several days a week.... I bring in canned soups for her now, the staff make a can for her then put the remainder in a plastic container with her name on it in their refrigerator and then, mom can eat the second helping later that day... I don't bring in a larger can, because the plastic wear I've brought in comes up missing... I've spoken to the dietary manger and the ED about this and I just don't understand... she (Resident #173) seldom gets fruit or desert... she gets vanilla or chocolate pudding... fruit and desert can be pureed if done correctly... the kitchen says they can't do that... she uses a lot of ketchup to make the food palatable... it doesn't</p>		<p>preferences. Palatability and temperatures of foods that have altered consistencies is monitored by the CDM/designee daily.</p> <p><b><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></b></p> <p>A Dietary Staff in-service will be held on or before 8/11/13. This in-service will be conducted by the CDM/RD/designee. This in-service will include review of the dietary policies related to monitoring food temperatures, honoring resident food preferences for all modified consistencies and providing appetizing, palatable food at all meals. In addition, the CDM/designee will review all residents with orders for altered consistency/pureed diets to determine individual preferences. Resident Tray Cards will be updated to reflect each of these resident's current food preferences. Palatability and temperatures of foods that have altered consistencies is monitored by the CDM/designee daily at each meal. CDM/designee will monitor updated tray cards to ensure residents preferences are followed at each meal.</p> <p><b><i>How the corrective action(s)</i></b></p>				

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	<p>look good and mom hasn't lost weight here, but she's determined to eat as best she can regardless so she doesn't get into problems with weight loss...."</p> <p>On 7/7/13 at 5:30 p.m. an observation was made in the kitchen of Staff #4 preparing instant mashed potatoes for the evening meal. This was served for the pureed and regular diets.</p> <p>On 7/8/13 at 12:30 p.m., an observation was made of Resident #92's pureed diet in the main dining room indicating it to include: pureed meat mixed with potatoes and a separate serving of mashed potatoes with gravy. Resident #92 indicated the meal did not taste good to her and only 2 bites had been taken. Resident #92 indicated she was finished with her lunch.</p> <p>On 7/9/13 at 3:00 p.m., a record review was conducted of the facility menus. The following was noted: "Spring/Summer 2013. Week Three. Sunday. Breakfast... potato coins...Dinner...Whipped potatoes... Monday... Lunch... Wedge fries...Dinner...noodles... Tuesday...Dinner...Cheese potatoes... Wednesday...Lunch...noodles...Dinne</p>		<p><b>will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b></p> <p>The ED/CDM/designee will be responsible for completing the "Food Temperature Logs" for each meal. In addition, the CDM/RD/designee will be responsible for CQI Audit Tool titled, "Meal Observation" three times per week x four weeks and weekly x six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By whatdate the systemic changes will be completed:</b></p> <p>Compliance Date: 8/11/13.</p>		

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	<p>r...Hashbrown potatoes... Thursday... Lunch...potato chips... Dinner...oven browned potatoes... Friday...Lunch...sweet potato... Saturday...Lunch spaghetti... Dinner...whipped potatoes...."</p> <p>On 7/10/13 at 4:00 p.m., an interview was conducted with the Certified Dietary Manager and the Registered Dietician. The CDM indicated that the facility served a lot of potatoes because the, "...residents like them..." and it was indicated that often in the residential council meetings that this is a topic of discussion.</p> <p>3.1-21(a)(2)</p>				

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F000371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and interview, the facility failed to keep food storage areas, equipment and units clean. This potentially affected 51 of 51 residents.</p> <p>Findings included:</p> <p>1. On 7/7/13 at 2:50 p.m. to 3:20 p.m., an observation was made of the kitchen in the facility alongside Staff #2. The following were observations made during this timeframe:</p> <p>The walk in refrigerator unit had dirty dishes, trash littered on the floors e.g. single serving butter and pieces of paper, a floor wet-caution sign to be lying on the floor under a shelving unit, dried,used, packing tape strips, empty boxes, a baggie of chocolate candies, a sugar cookie inside a baggie, an empty milk carton on the top shelf behind food items.</p> <p>The dry food storage room connected to the clean storage room had two</p>	F000371	<p><b>F371 – Food, Procure, Store/Prepare/Serve – Sanitary</b></p> <p>It is the intent of this provider to procure food from sources approved or considered satisfactory by Federal, State or local authorities and to store, prepare, distribute and serve food under sanitary conditions.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>The walk in refrigerator has been thoroughly cleaned and is free of debris on the floor. The dry food storage rooms, walk in freezer, soiled dish area, food prep area and kitchen floors have been thoroughly cleaned and sanitized. The fan has been moved away from the sink; trash cans have been emptied and air conditioning unit was cleaned. There were no residents negatively affected by this finding.</p> <p><b>How other residents having the</b></p>	08/11/2013			

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	<p>rodent traps on the floor, littered trash and a pool of liquid resembling chocolate milk, a dry storage plastic container open to air holding cracker crumbs, a half-bag of powdered sugar opened and wrapped in cellophane, a cheese and chili sauce mix opened and wrapped in cellophane, empty boxes with a staff-persons name written on them, an empty chocolate syrup bottle, and two large water cooler containers filled with water lying on their side on a storage shelf..</p> <p>The walk in freezer was observed indicating dirty, trash littered floors, empty used boxes, a staffs' frozen-food dinner.</p> <p>The dirty dish area was observed to include a 3-sink cleaning and disinfectant system, the first two sinks were filled with very dirty looking water and the third sink was being used by Staff #2. The trash was full and spilling over onto the floor. The floors were dirty, wet and slick to walk upon. There was a handwashing sink area in the dirty dish area but did not have paper towels and had an air blower located in front of the handwashing sink on the floor blowing air onto the dirty dish floor. This fan was perched on top of two plastic dish covers and blocked the</p>		<p><b><i>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</i></b></p> <p>All residents have the potential to be affected by this finding. Facility meals are being distributed and served to all residents using sanitary conditions per facility policy. A Dietary Staff In-service will be held on or before 8/11/13. This in-service will be conducted by the CDM/RD or designee. This in-service will include review of the policy related to kitchen sanitation and the facility policy related to kitchen cleanliness and routine cleaning assignments. All staff will be re-educated on the importance of storing, preparing, portioning, distributing and serving food in a sanitary manner.</p> <p><b><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></b></p> <p>A Dietary Staff In-service will be held on or before 8/11/13. This in-service will be conducted by the CDM/RD or designee. This in-service will include review of the policy related to kitchen sanitation and the facility policy related to kitchen cleanliness and routine cleaning assignments. All staff will be re-educated on the</p>		

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	<p><b>accessibility to the handwashing sink.</b></p> <p>An observation was made of the food prep area at dinner time of the cold food holding refrigerator that held a bowl of fruit cobbler with a dirty spoon and an uncovered pie.</p> <p>An observation was made of a wall air conditioner located on a wall by the serving line approximately 6 feet above the floor. The air conditioner was dirty and not on. Staff indicated that the air conditioner was used.</p> <p>An observation was made of the kitchen floor to be found dirty throughout. Several areas had crushed cracker crumbs, trash e.g. plastic food lids, littered pieces of paper and floors were sticky underfoot.</p> <p>On 7/7/2013 at 2:45 p.m., an interview was conducted with the DNS (Director of Nursing Service) indicating, "...yes, all of the residents here (at the facility) in one way or another use the kitchen services."</p> <p>On 7/7/2013 from 2:50 p.m. to 3:20 p.m., an interview was conducted with Staff #2 during the observation of the kitchen. Staff #2 indicated, regarding the trash from single carton milk</p>		<p>importance of storing, preparing, portioning, distributing and serving food in a sanitary manner. CDM/designee will inspect the kitchen area before and after each meal to ensure the kitchen is clean and sanitary. CDM/designee will monitor to ensure cleaning assignments are completed and that staff do not eat in unauthorized areas.</p> <p><b>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:</b></p> <p>To ensure ongoing compliance with this corrective action, the CDM/RD/designee will be responsible for completion of the CQI Audit Tool titled, "Kitchen Sanitation/Environmental Review" daily for three weeks and then three times weekly thereafter for at least six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By what date the systemic changes will be completed:</b></p> <p>Compliance Date: 8/11/13.</p>				

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	<p>cartons, "...we've (the facility) have had problems with the chocolate milk in here... they (staff of the facility) come in here, eat, leave dishes and just leave the trash behind...." Staff #2 indicated, regarding the dry food storage room, "...we (the facility) didn't know we had to put dry goods in a sealed container when they were stored...those boxes are (name of staff), I think they're moving and asked us to save those for them...(in reference to the empty chocolate syrup bottle) that shouldn't be in here...."</p> <p>During this time, Staff #2 further indicated, "...I have no idea how long that fan has been there on the floor... yes, we, the staff, are expected to wear hairnets and beard guards when in the kitchen...." Staff #2 also indicated, when a spoon was found in a bowl of fruit cobbler located in the cold food-prep refrigerator, "... oh, that's mine... I was going to eat that today...."</p> <p>3.1-21(i)(2)</p>			

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