

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155330	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2015
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NAME OF PROVIDER OR SUPPLIER SALEM CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 200 CONNIE AVE SALEM, IN 47167
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 23, 24, 25, 26, 27 and March 2, 2015</p> <p>Facility number: 000223 Provider number: 155330 AIM number: 100267680</p> <p>Survey Team: Gloria J. Reisert, MSW/TC Jennifer Sartell, RN Joshua Emily, RN</p> <p>Census bed type: SNF/NF: 88 Total: 88</p> <p>Census payor type: Medicare: 22 Medicaid: 57 Other: 09 Total: 88</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 6, 2015, by Janelyn Kulik, RN.</p>	F 000	<p>Please find the enclosed plan of correction for the survey ending March 2, 2015. Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance; feel free to contact me with any questions.</p>	
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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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F 157 SS=D Bldg. 00	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>			
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	<p>Based on interview and record review, the facility failed to notify the physician of a significant weight gain for 1 of 3 resident's reviewed for nutrition. (Resident #6)</p> <p>Finding includes: The Clinical Record for Resident #6 was reviewed on 2/26/16 at 9 a.m. Diagnosis included, but was not limited to, congestive heart failure. The Minimum Data Set assessment, dated 1/5/15, indicated Resident #6 required extensive assist of 2 with bed mobility, transfers and toilet use.</p> <p>Review of the readmission order, dated 12/10/14, included the following: " Daily weight for CHF [congestive heart failure] Special Instructions: Notify MD [medical doctor] of weight gain of greater than 3 lbs [pounds] day or greater than 5 lbs week."</p> <p>December 2014 Weight records for Resident #6 indicated on 12/10/14 she weighed 160 pounds and on 12/15/14, her weight was 165 pounds.</p> <p>Nurses notes, dated 12/15/14 through 12/20/14, lacked documentation of physician/family notification of the 5 pound weight gain.</p>	F 157	<ol style="list-style-type: none"> Resident #6 physician and family notified of any weight changes. All other residents have the potential to be affected. Interdisciplinary team reviewed residents on daily weights and notification is being completed per MD order. Resident Change of Condition Policy and Procedures reviewed with no changes made (See Attachment A). CEC or designee will in-service licensed nursing staff on Resident Change of Condition policy by 3-13-15. Licensed nursing will contact doctor and responsible party based on the parameters of physician's order and/or if the resident has refused daily weights for three consecutive days. DNS or designee will review all residents on daily weights to ensure MD/family notification is being completed per MD order using the Nursing Monitoring Tool (See Attachment B). DNS or designee will complete a Change of Condition CQI (See Attachment C) for all residents on daily weights weekly times 1 month, then monthly times 6 months, then quarterly. The audits will be reviewed during the facility's CQI meetings and issues will be addressed and the above plan will be altered accordingly if the 	03/15/2015	

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	<p>During an interview with the Director of Nursing on 2/26/15 at 10:30 a.m., she indicated there was no documentation of the physician being notified of the 5 pound weight gain.</p> <p>A document titled Resident Change of Condition, dated March 2010, was provided by the Director of Nursing on 2/26/15 at 8:50 a.m. It included, but was not limited to, the following: " POLICY - It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective intervention occurs. PROCEDURE 12. Acute Medical Change a. Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician visit promptly and/or acute care evaluation. The licensed nurse in charge will notify the physician. b. If unable to contact the attending physician or alternate physician in a timely manner, notify the Medical Director for medical intervention. c. The responsible party will be notified that</p>		threshold is not 95% or above.		

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F 241 SS=D Bldg. 00	<p>there has been a change in the resident's condition and what steps are being taken. d. All nursing actions/interventions will be documented in the medical record as soon as possible...."</p> <p>3.1-5(a)(2)</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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. Based on observation and interview, the facility failed to ensure a resident's dignity was maintained related to proper positioning during dining for 1 of 1 resident who ate in the main dining room. (Resident #60) Finding includes: The Clinical Record for Resident #60 was reviewed on 2/26/15 at 1:45 p.m. Diagnoses included, but were not limited to, congestive heart failure and history of cerebral vascular accident with right sided hemiplegia. The Minimum Data Set Quarterly Assessment, dated 1/15/15, indicated Resident #60 was an extensive physical assist of 1 with eating. During the breakfast meal on 2/23/15 at</p>	F 241	<p>1. Resident # 60 dining table was adjusted and resident was repositioned and change of placement at table made to promote highest level of dignity. Resident expressing desire to be placed back into reclining position and at previous location at table. Social Services to continue to provide follow-up as needed. Therapy is trialing options in seating and mobility systems.</p> <p>2. All residents have the potential to be affected. All residents positioning in the dining room was reviewed with no further issues noted by DNS and DM.</p> <p>3. CEC or designee will in-service all staff on Residents Rights (See Attachment D) by 3-13-15. Licensed</p>	03/15/2015			

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	<p>7:40 a.m., Resident #60 was observed sitting in a reclining geriatric chair, leaning to the left and reclined back at approximately 45 degrees. The right arm rest of the chair was parallel to the table and Resident #60 was facing the kitchen and other residents while the back of the chair faced staff who were assisting other residents' with their meal. Using his right arm, he was observed feeling around on the table, attempting to reach his cereal. While reaching for his cereal, his fork fell off the table to the floor and part of his bacon fell on the table. He was observed to have a moderate amount of food on his clothing protector. Resident #60 was sitting at the table by himself.</p> <p>During the lunch meal on 2/23/15 at 12:30 p.m., Resident #60 was observed sitting in a reclining geriatric chair reclined back at approximately 45 degrees CNA (Certified Nursing Assistant) #1 placed his food on the table.</p> <p>During an interview on 2/23/15 at 12:35 p.m., Resident #60 stated, "I don't know why I have to sit this way. I can't think of a reason why they sit me this way."</p> <p>During an interview on 2/23/15 at 12:39</p>		<p>Nursing will monitor resident's positioning in dining room daily to promote dignity. DNS or designee will observe dining room daily to ensure all residents are positioned appropriately to promote dignity using the Nursing Monitoring Tool (See Attachment B).</p> <p>4. DNS or designee will complete a Dignity and Privacy CQI (See Attachment E) weekly times 1 month, then monthly times 6 months, then quarterly to monitor for proper positioning to promote dignity during dining service. The audits will be reviewed during the facility's CQI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 95% or above.</p>				

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F 246 SS=D Bldg. 00	<p>p.m., CNA #1 indicated Resident #60 had been eating this way since they put him in that chair because his legs set up too high and they would not fit under the table. During the lunch meal on 2/23/15, at 12:45 p.m., the Maintenance Director entered the dining room and adjusted Resident #60's table up. Resident #60 was then reclined straight up with his legs straight down and positioned directly in front and under the table. During an interview on 2/23/15 at 12:50 p.m., Resident #60 indicated he liked eating in this position much better.</p> <p>3.1-3(t)</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on observation, interview, and record review, the facility failed to provide proper positioning for a resident during meal service for 1 of 1 resident reviewed for positioning. (Resident #60) Finding includes: The Clinical Record for Resident #60</p>	F 246	1. Resident # 60 dining table was adjusted and resident was repositioned and change of placement at table made to promote highest level of dignity. Resident expressing desire to be placed back into reclining position and at previous location at table. Social Services to continue to provide follow-up as needed.	03/15/2015

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	<p>was reviewed on 2/26/15 at 1:45 p.m. Diagnoses included, but were not limited to, congestive heart failure and history of cerebral vascular accident with right sided hemiplegia. The Minimum Data Set Quarterly Assessment, dated 1/15/15, indicated Resident #60 was an extensive physical assist of 1 with eating. The physician order, dated 1/15/2015 indicated Resident #60 was receiving Speech Therapy 5 times a week for dysphagia (trouble swallowing). During the breakfast meal on 2/23/15 at 7:40 a.m., Resident #60 was observed sitting in a reclining geriatric chair, leaning to the left and reclined back at approximately 45 degrees. The right arm rest of the chair was parallel to the table and Resident #60 was facing the kitchen and other residents while the back of the chair faced staff who were assisting other residents' with their meal. Using his right arm, he was observed feeling around on the table, attempting to reach his cereal. While reaching for his cereal, his fork fell off the table to the floor and part of his bacon fell on the table. He was observed to have a moderate amount of food on his clothing protector. Resident #60 was</p>		<p>Therapy is trialing options in seating and mobility systems. 2. All residents have the potential to be affected. All residents positioning in the dining room was reviewed with no further issues noted by DNS and DM. 3. CEC or designee will in-service all staff on Residents Rights (See Attachment D) by 3-13-15. Licensed Nursing will monitor resident's positioning in dining room daily to ensure reasonable accommodation of needs/preferences are being met. DNS or designee will observe dining room daily to ensure all residents are positioned appropriately to promote reasonable accommodation of needs/preferences are being met using the Nursing Monitoring Tool (See Attachment B). 4. DNS or designee will complete an Accommodation of Needs CQI (See Attachment F) weekly times 1 month, then monthly times 6 months, then quarterly to monitor for proper positioning to promote dignity during dining service. The audits will be reviewed during the facility's CQI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 95% or above.</p>				

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	<p>sitting at the table by himself.</p> <p>During the lunch meal on 2/23/15 at 12:30 p.m., Resident #60 was observed sitting in the same reclining geriatric chair reclined back at approximately 45 degrees. CNA (Certified Nursing Assistant) #1 placed his food on the table.</p> <p>During an interview on 2/23/15 at 12:35 p.m., Resident #60 stated, "I don't know why I have to sit this way. I can't think of a reason why they sit me this way." He also indicated there was not a reason why he could not sit straight up.</p> <p>During an interview on 2/23/15 at 12:39 p.m., CNA #1 indicated Resident #60 had been eating this way since they put him in that chair because his legs set up too high and they would not fit under the table. She indicated he had been in the reclining chair for about 1 month.</p> <p>During the lunch meal on 2/23/15, at 12:45 p.m., the Maintenance Director entered the dining room and adjusted Resident #60's table up. Resident #60 was then reclined straight up with his legs straight down and positioned directly in front of the table.</p> <p>During an interview on 2/23/15 at 12:50</p>			

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F 280 SS=D Bldg. 00	<p>p.m., Resident #60 indicated he liked eating in this position much better.</p> <p>During an interview on 2/26/15 at 2 p.m. with the Speech Language Pathologist, she indicated Resident #60 should never be reclined back while eating or drinking because that would be a safety concern.</p> <p>During an interview with the Restorative Services Manager on 2/27/15 at 9:45 a.m., he indicated Resident #60 had been in the reclining geriatric chair since 2/2/15.</p> <p>3.1-19(w)(5)(B)</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons</p>			

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	<p>after each assessment.</p> <p>Based on interview and record review, the facility failed to revise a care plan for a resident not receiving a diuretic for 1 of 9 resident's reviewed for care plans. (Resident #6)</p> <p>Finding includes:</p> <p>The Clinical Record for Resident #6 was reviewed on 2/26/15 at 9 a.m. Diagnosis included, but was not limited to, congestive heart failure. The Minimum Data Set assessment, dated 1/5/15, indicated Resident #6 required extensive assist of 2 with bed mobility, transfers and toilet use.</p> <p>Review of the admission orders, dated 10/14/14, indicated Resident #6 was not receiving a diuretic. The physician order, dated 10/24/14 indicated the following: "Clarification Admission Orders: ...4 DC [discontinue] Lasix [diuretic] prn [as needed]"</p> <p>Review of the readmission orders, dated 12/10/14, indicated Resident #6 was not on a diuretic.</p> <p>Review of the care plan, dated 10/31/14, included, but was not limited to, the following: " Problem Start Date: 10/31/14 Category: Dehydration/Fluid Maintenance [asterisk] At risk for fluid</p>	F 280	<ol style="list-style-type: none"> Resident #6 care plan was corrected with diuretic approach discontinued. All residents have the potential to be affected. All care plans were reviewed and revised as necessary by Interdisciplinary team to ensure accuracy of care plan per MD order. IDT Care Plan Review Policy and Procedures reviewed with no changes made (See Attachment G). CEC or designee will in-service the Interdisciplinary Team on policy by 3-13-15. IDT Quarterly Care Plan and Resident Review Tool will be completed by IDT during weekly care plan meetings to ensure care plan meets current needs (See Attachment H). DNS or designee will review care plans when residents are readmitted to ensure care plans address any new MD orders using the Nursing Monitoring Tool (See Attachment B). The DNS or designee will complete a Care Plan Updating CQI (See Attachment I) weekly times 1 month, then monthly times 6 months, then quarterly. The audits will be reviewed during the facility's CQI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 95% or above. 	03/15/2015	

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F 282 SS=D Bldg. 00	<p>imbalance due to: diuretic use"</p> <p>During an interview with the Director of Nursing on 2/26/15 at 9:45 a.m., she indicated the care plan was put in place because, when the resident was admitted, she was on a diuretic.</p> <p>During an interview with the Director of Nursing on 2/26/15 at 9:48 a.m., she indicated she did not have an answer as the why Resident #6 had the care plan for diuretic use.</p> <p>3.1-35(d)(2)(B)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to follow physician orders for weight monitoring for 1 of 1 resident reviewed for physician orders. (Resident #6)</p> <p>Finding includes: The Clinical Record for Resident #6 was reviewed on 2/26/15 at 9:00 a.m.</p> <p>Diagnosis included, but was not limited to, congestive heart failure. The Minimum Data Set assessment, dated 1/5/15, indicated extensive assist of 2</p>	F 282	<p>1. Resident #6 order previously discontinued. Resident #6 is on weekly weights and MD is being notified per current orders.</p> <p>2. All residents have the potential to be affected. Nurse Managers reviewed all physicians' orders for weekly and daily weights and the orders are currently being followed. IDT amended eMAR orders of daily weights for licensed nurses to document daily weight results in eMAR. Weights are obtained and documented in the</p>	03/15/2015			

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F 371 SS=F Bldg. 00	<p>with bed mobility, toileting and transfers. Review of the physician order, dated 12/10/14, indicated to weigh Resident #6 daily for CHF (congestive heart failure). The physician order, dated 1/5/15, indicated the following: "D/C [discontinue] daily wts [weights] D/T [due to] [zero with line through it] currently recing [sic] [receiving] diuretic tx [treatment].</p> <p>Review of the weight record indicated, between 12/10/14 and 1/5/15, Resident #6 was weighed only 9 of 27 days. During an interview with the Director of Nursing on 2/26/15, at 9:30 a.m., she indicated the weights were documented on the MAR (Medication Administration Record).</p> <p>Review of the MAR from 12/10/14 to 1/5/15 lacked documentation of Resident #6's weight. 3.1-35(g)(2)</p> <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</p>		<p>eMAR.</p> <p>3. Charge Nurse Position Description reviewed with no changes made (See Attachment J). CEC or designee will in-service the licensed nursing staff on the above position description by 3-13-15. Nurse's will follow physician's orders daily and/or communicate to the physician changes that may arise. DNS or designee will review all residents on daily weights to ensure MD/family notification is being completed per MD order using the Nursing Monitoring Tool (See Attachment B).</p> <p>4. The DNS or designee will generate an eMAR Administration Compliance Report from Matrix software weekly times 1 month, then monthly times 6 months, then quarterly to review compliance of physician's orders being followed by licensed personnel. The audits will be reviewed during the facility's CQI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 95% or above.</p>				

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	<p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>A. Based on observation, record review and interview, the facility failed to ensure staff did not touch their face and residents' food with bare hands while serving during 2 of 4 dining room observations.</p> <p>Based on observation, interview, and record review, the facility staff failed to use proper hand washing hygiene, failed to ensure staff did not touch their face and residents' food with bare hands while serving during 2 of 4 dining rooms. The facility also failed to label open and not completely used food products stored in the freezer, touched food being prepared with bare hands, failed to ensure males in the kitchen with facial hair wore protective coverings and anyone entering the kitchen wore hair coverings which kept their hair totally covered to prevent food contamination, store residents serving cart and drinks to be served to residents in a location to prevent cross contamination, and the facility failed to ensure bowls were not picked up with bare hands on the food contact areas when serving food to the residents. This deficient practice had the potential to affect 88 of 88 residents receiving meals from the kitchen. (Main Dining Room and Dementia Unit)</p>	F 371	<p>1. All residents received food prepared in sanitary conditions. Expired foods were properly discarded. Vendor has educated employees of facility hair net policy. The dietary employee was educated on food storage, general food preparation and handling, sanitation of kitchen, hand washing, and infection control by the Dietary Manager. The service cart was moved away from the hand washing station. Items in the freezer were checked by the DM and all other items were labeled appropriately.</p> <p>2. All residents have the potential to be affected. Residents are receiving food that is prepared and distributed in a sanitary manner. The Dietary Manager/CEC or designee will in-service all dietary employees, nursing, and activity employees of the Food Storage Policy, General Food Preparation and Handling Policy, Sanitation of Kitchen Policy, Hand Washing Policy, and Infection Control Policy by 3-13-15.</p> <p>3. Food Storage Policy, General Food Preparation and Handling Policy, Sanitation of Kitchen Policy, Hand Washing Policy, and Infection Control Policy reviewed with no changes made (See Attachment K, L, M, N, and O). The Dietary</p>	03/15/2015

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	<p>Findings include:</p> <p>1. During a dining observation in the Main Dining Room On 2/23/15 between 8:00 a.m. and 8:30 a.m., LPN #1 was observed to rub her nose and eye, lean on her bare hand and touch her face several times while feeding a resident . No hand washing was performed during this observation.</p> <p>2. During a dining observation on the Dementia Unit on 2/23/15 between 12:15 p.m. and 1:00 p.m., the Activities Director was observed to pick up 5 different residents' corn muffins, cut, butter and then give them back to the residents. She also picked up a resident's sandwich out of the plastic baggie and then handed it to the resident. All activities were with her bare hands.</p> <p>During an interview with the Activities Director at 1:00 p.m. on 2/23/15 after the meal was served, she indicated "I thought it was okay to touch the items since I washed my hands."</p> <p>On 2/26/15 at 8:50 a.m., the Director of Nursing presented a copy of the facility's current policy titled "Food Handling". Review of this policy at this time included, but was not limited to: "Policy:</p>		<p>Manager/CEC or designee will in-service all dietary employees, nursing, and activity employees of the above policies by 3-13-15. Dietary employees will store, prepare, and handle foods per the above stated policies. Dietary employees will ensure vendors needing to enter the kitchen have proper hair nets in place. All staff will follow proper food handling and hand washing procedures. DM or designee will observe staff during meals to ensure proper hand washing occurs, proper food handling occurs, proper protective coverings of the hair are worn, proper storage of food cart occurs, and proper dishware handling occurs using the Dietary Monitoring Tool (See Attachment P). The DM or designee will review items in freezer daily to ensure proper labeling using the Dietary Monitoring Tool (See Attachment P). DNS or designee will observe staff in dining room to ensure proper hand washing occurs, food handling occurs, and dishware handling occurs using the Nursing Monitoring Tool (See Attachment B).</p> <p>4. Dietary Manager or designee will complete a Kitchen Sanitation/Environmental Review (See Attachment Q) weekly times 1 month, then monthly times 6 months, then quarterly. The DNS or designee will complete a Meal Observation CQI (See Attachment R) weekly times 1 month, then monthly</p>		

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	<p>Employees will minimize the potential for food contamination. Any employee who makes contact with resident's food will wash hands prior to assisting and will use suitable utensils (...fork, knife...) to avoid bare hand contact with food.</p> <p>Procedure: 1. Food employees (any individual working with food, food equipment or utensils,...) will clean their hands and exposed portions of their arms:...b) After touching bare human body parts other than clean hands and clean, exposed portions of arms;...g) After engaging in other activities that contaminate the hands (i.e. touching resident, hair,or uniform)..."</p> <p>3. During the Kitchen Sanitation Tour, with the Dietary Manager, on 2/24/15 at 9:51 a.m., the following was observed:</p> <p>A. Observed in the freezer was a bag of opened French fries and a bag of opened French toast both undated.</p> <p>B. A male contractor working on the oven was observed to have an uncovered full facial beard and an uncovered full head of hair.</p> <p>C. Directly underneath the paper towel dispenser at the hand washing station, was a serving cart with a ice filled bucket on the top of the cart. The bucket contained four, one gallon jugs of various</p>		<p>times 6 months, then quarterly. The audits will be reviewed during the facility's CQI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 95% or above.</p>		

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	<p>drinks, a one gallon milk jug in the bucket did not have a lid and was open. Observed on the lower part of the cart were salt and pepper packets that were to be used during the meal service. The staff were using the paper towel dispenser while washing their hands. Their hands were wet and dripping onto the serving cart.</p> <p>4. During a follow up observation in the kitchen on 2/24/2015 beginning at 11:45 a.m., the following was observed:</p> <p>A. At 12:04 p.m., Cook #1 was observed to wash her hands for twelve seconds, and then began testing the temperature of the fruit to be served at the lunch time meal service.</p> <p>B. At 12:06 p.m., Dietary Aid #1 was observed to wash her hands for ten seconds, and then began helping plate the food for the lunch time meal service.</p> <p>C. At 12:30 p.m., Dietary Aid #1 was observed to drop a plastic plate lid cover onto the ground and place the lid onto the food preparation table. The lid was then placed on top of the plastic wrap box. The end of the plastic wrap was observed to be protruding outside of the box and the plastic plate lid cover was touching the exposed plastic wrap. Dietary Aid #1</p>				

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	<p>was observed to not wash her hands after picking up the plastic plate lid cover and then continued to help plate food for the lunch time meal service.</p> <p>D. At 12:31 p.m., the Dietary consultant was observed to drop the lid of the tomato soup can into the bowl she was pouring it into to be stored. The Dietary Consultant was then observed to reach into the bowl and remove the lid from the bowl with her ungloved, bare hand. The Dietary Consultant was then observed to remove the plastic plate lid cover from the top of the plastic wrap box, and then used the plastic wrap that was touching the plastic plate lid cover that fell to the ground, to seal the bowl that the tomato soup was being stored in.</p> <p>E. During the entire meal service, the Dietary Aid #1 was observed to place an ungloved thumb on the inside of bowls while picking up the fruit bowls, the thumb was touching the food-contact area of the bowls, then immediately after the bowls were picked up in this manner, food was placed in the bowls where her ungloved thumb had touched the bowls. Twenty six bowls were observed to be affected in this way.</p> <p>An interview on 2/27/15 at 12:04 p.m., with the Dietary Manager, confirmed all</p>			

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	<p>the above issues. The Dietary Manager indicated the serving tray and the one gallon jugs of various drink should not be stored under the towel dispenser at the hand washing station in the kitchen. She indicated that all food opened and kept for later use should have an open date on the package. She indicated that once a dietary employee removes something from the ground, the dietary employee should wash their hands. She indicated proper hand washing should be for twenty seconds. She indicated that no food should be touched with bare, ungloved hands. She indicated that the plastic plate lid cover should not have been placed on the preparation table after being dropped on the ground. She indicated that everyone that enters the kitchen should wear hair net covers. She indicated that outside contractors should cover all exposed head and facial hair while in the kitchen. She also indicated that the food contact area of bowls should not be touched with ungloved, bare hands.</p> <p>A policy, dated 07/2013 and titled "Food Storage", was provided by the Dietary Manager on 2/27/2014 at 12:15 p.m., and was identified as current. The policy indicated, food that is stored in the freezer after being opened should be</p>			

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	<p>dated.</p> <p>A policy, dated 01/2014 and titled "General Food Preparation and Handling", was provided by the Dietary Manager on 2/27/2014 at 12:15 p.m., and was identified as current. The policy indicated, leftover or opened packages of food stored in the freezer should be dated. The policy indicated dietary staff should avoid bare hand contact of prepared foods. The policy indicated dishes or bowls should be handled in such a way as to avoid touching surfaces with which food or drink will come into contact. The policy indicated to wash hands after the following activities, including, but not limited to: sneezing, coughing, touching door knobs, touching work surfaces, and after touching anything that may contaminate your hands.</p> <p>A policy, dated 11/2014 and titled "Hand Washing", was provided by the Dietary Manager on 2/27/2014 at 12:15 p.m., and was identified as current. The policy indicated, dietary staff should scrub well with soap and additional water as needed, scrubbing all areas thoroughly with a minimum of 20 seconds of friction. The</p>			

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	<p>policy indicated to wash hands after the following activities, including, but not limited to: sneezing, coughing, after handling soiled surfaces, after handling soiled equipment, or after handling soiled utensils.</p> <p>A policy, dated 01/2014 and titled "Infection Control", was provided by the Dietary Manager on 2/27/2014 at 12:15 p.m., and was identified as current. The policy indicated, all staff will wear hair restraints that will cover all hair while in the kitchen.</p> <p>3.1-21(i)(3)</p>			