

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155753	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/16/2015
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NAME OF PROVIDER OR SUPPLIER HAMPTON OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 966 N WILSON RD SCOTTSBURG, IN 47170
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: September 9, 10, 11, 14,15, and 16, 2015</p> <p>Facility number: 004902 Provider number: 155753 AIM number: 200813130</p> <p>Census bed type: SNF/NF: 63 Residential: 19 Total: 82</p> <p>Census payor type: Medicare: 18 Medicaid: 36 Other: 9 Total: 63</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>September 16, 2015 Hampton Oaks Health Campus @ 966 North Wilson Road Scottsburg, Indiana 47170 Survey Event ID PVVM11 occurred. The submission of this Plan of Correction does not indicate an admission by Hampton Oaks Health Campus that the findings and allegations contained herein are accurate and true representation of the quality of care and services provided to the residents of Hampton Oaks Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 progrmas). Attached you will find our Plan of Correction for Hampton Oaks Health Campus for our annual survey conducted on September 16, 2015. We initiated immediate interventions when concerns were identified on this date. We respectfully request paper review for this plan of correction. If you need any information or paperwork, please do not hesitate to contact us at (812)752-2694. Sincerely, Brandy Royalty, Executive Director.</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 0176 SS=D Bldg. 00	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. Based on observation, interview and record review, the facility failed to assess the resident's ability to self administer medication for 1 of 5 residents observed during medication pass. (Resident # 124).</p> <p>Findings include:</p> <p>On 09/11/15 at 8:50 a.m., LPN (Licensed Practical Nurse) # 1, was observed to hand the Ipratropium/Albuterol, 5-3 mg inhaled 4 times daily, nebulizer treatment to Resident # 124. She indicated the resident was care planned to self administer the treatment. She also indicated she would not trust any other resident to self administer the nebulizer. The LPN walked out of the room and into the hall to the medication cart, to document on the MAR (Medication Administration Record). She was observed standing at the medication cart,</p>	F 0176	<p>It was observed that a nurse gave resident #124 a nebulizer treatment and then walked away from the bedside with surveyor and walked to medication cart at door of room. Resident was still taking the treatment. The nurse was educated to ensure her understanding of staying with resident the entire time of medication administration. In-service was completed on 9/15/2015. Currently no residents have the order to self administer medications, audit completed by DHS on 9/15/2015. All nurses have been inserviced on the proper administration of breathing treatments and the importance of not leaving a resident until full treatment has been administered,. Inservicing conducted by DHS/ADHS/SDC and will be completed by Oct. 16, 2015. DHS, ADHS, or SDC will do a medication administration check on 3 nurses per week X 2 weeks, 2 nurses X1 week, and 1 nurse X 1 week, then monthly X 3</p>	10/16/2015

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	<p>out of view of the resident, while the resident was administering the nebulizer.</p> <p>During the review of the clinical records for Resident # 124 with LPN #1, on 09/11/15 at 10:00 a.m., LPN # 1, indicated she could not find a care plan, assessment, or physician's order for self administration of the resident's Albuterol nebulizer treatment.</p> <p>On 09/11/15 at 10:05 a.m., the Staff Development Coordinator, provided a copy of the policy and procedure titled, "GUIDELINES FOR SELF ADMINISTRATION OF MEDICATIONS". This document indicated, but was not limited to, the following, "Purpose, to ensure the safe administration of medication for residents who request to self-medicate or when self-mediation is a part of their plan of care. Procedure.... 2. Results of the assessment will be presented to the physician for evaluation and an order for self-medication. a. The order should include the type of medication(s) the resident is able to self-medicate. i.e. all oral meds, oral meds with the exception of, nebulizer treatment only, all medication including injection, oral, inhalers, drops, etc.... 7. A Self-Medication plan of care will be initiated and updated as indicated. 8. The</p>		<p>months. The DHS/ADHS will report findings in QA monthly ongoing and an action plan will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance.</p>	

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F 0371 SS=E Bldg. 00	<p>Assessment will be reviewed quarterly, and PRN with change of condition. 9. The assessment will be placed in the medical record."</p> <p>During an interview on 09/15/15 at 3:08 p.m., the DON (Director of Nursing) indicated before the self administration of a medication, the facility would perform an evaluation on the resident. If the resident and the MD (medical doctor) desire or agree on self administration, an order would be written.</p> <p>3.1-11(a)</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 (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review, the facility failed to ensure food was stored and prepared under sanitary conditions, in that food items in the refrigerator and freezer were left open to air and not labeled with an open date;</p>	F 0371	All dietary staff have been educated on the policy of dating all open packages in the reffridgerators and freezer by DFS dated completed 9/30/2015. The DFS, ADFS, Cook, or ED will make rounds 3 times daily to verify all refrigerators and freezers	10/16/2015

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	<p>cooking surfaces had a heavy coating of a black crusty substance; 1 of 3 ice machines had a moderate amount of a black substance on the ice chute inside the machine, and hair coverings were not worn appropriately during food preparation on 4 of 5 survey days. This deficient practice affected 61 of 63 residents who received meals from the facility kitchen.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen with the Assistant Food Service Director (AFSD) on 9/9/15 between 9:45 a.m. and 10: 30 a.m., the following was observed:</p> <ol style="list-style-type: none"> 1. In the walk-in refrigerator - 1 bag of ham cubes (in a box with other sealed bags) was rolled shut but had no open date on it. 2. In the walk-in freezer - 1 bag of breaded fish (in a box with other sealed bags) was open to the air without an open date. No frost was observed on the fish. <p>On the outside doors of both the walk-in refrigerator and freezer, were signs posted, that indicated all food items placed inside were to be sealed and dated when opened.</p>		<p>items have been opened and have a date and all packages/boxes have been closed properly. Results will be reported in the daily CCM/standup meeting for 3 months. In addition the DFS/ADFS will report findings in QA monthly ongoing and an action plan will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance.</p> <p>The stove was identified as having heavy amount of black crusty debris to cooking surface, the mixer was identified as having large area of dried whitish-yellow substance on metal black-splash, charbroil grates noted with heavy coating of a black crusty substance. All surfaces have been thoroughly cleaned by dietary by October 3, 2015. All surfaces are on the cleaning assignments to be cleaned daily. All dietary employees have been educated on proper cleaning of all surfaces by DFS/ADFS/dietary support/ED. Inservice completed by October 16, 2015. The DFS, ADFS, cook, or ED will review the surfaces daily to ensure proper cleaning and debris have been removed from surfaces. Results of the daily audit will be reported in the daily CCM/standup meeting for 3 months to verify</p>	

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	<p>3. The stove had a heavy amount of black crusty debris on top of the cooking surface and on the burners.</p> <p>4. The AFSD was observed during the tour to have a moderate growth of facial hair with no covering. Chef #1 was noted with mild growth of facial hair, also not covered, and was preparing salads and other food items for lunch.</p> <p>5. The large mixer, which was covered with a plastic bag, was observed to have a large area of dried whitish-yellow substance on the metal backsplash. The AFSD indicated at this time, that the bag over the machine meant it was clean.</p> <p>During a kitchen observation on 9/10/15 between 10:00 a.m. and 10:30 a.m., the following was observed:</p> <p>6. The AFSD was observed moving from area to area throughout the kitchen without a covering over his facial hair.</p> <p>7. The Food Service Director (FSD) was observed to be moving throughout different areas of the kitchen with her hair hanging out of the hairnet on her forehead. Food was being prepared for lunch at this time.</p> <p>During a kitchen observation on 9/14/15</p>		<p>ongoing compliance. The DFS/ADFS will report findings in QA monthly ongoing and an action will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance</p> <p>Pantry room ice machine was identified with moderate build up of a black substance on the white plastic chute. Ice machine cleaned by October 6, 2015. DPO has been educated on cleaning of all ice machine's in campus. Inservice completed Oct. 1, 2015. Ice machines are to be cleaned monthly. This will be logged on the dietary cleaning assignment and monitored by DFS, ADFS, DPO, ED. The DFS/ADFS will report findings in QA monthly ongoing and an action plan will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance</p> <p>It was identified that the males in the dietary department had facial hair that was not covered by a beard net and the DFS did not have entire hair contained in hair net. All</p>	

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	<p>observation between 10:00 a.m. and 10:25 a.m., the following was observed:</p> <p>8. The FSD was observed preparing and plating a pink dessert with her hair hanging out of the hairnet on her forehead. The AFSD and Chef #1 were also observed involved in various stages of meal preparation (pouring drinks and making salads). Both men did not have their facial hair covered.</p> <p>During an interview with the FSD at this time, she indicated that at a certain length of growth - facial hair was supposed to be covered.</p> <p>9. The stove top was observed with a heavy coating of black crusty substance on the surface and around the burners, as previously identified on 9/9/15 at 9:45 a.m.</p> <p>10. The charbroiler grates were observed to have a heavy coating of a black crusty substance.</p> <p>11. In the walk-in freezer - a box which contained a bag of breaded fish filets, a box which contained a bag of chicken tenderloins and a box which contained a bag of beef patties were observed on the shelf open to the air. No frost was observed on the open food items.</p>		<p>dietary employees have been educated to the dress code policy for the campus and the importance of covering hair to prevent contamination of food items. Inservicing was completed on September 30, 2015 by ED. DFS, ADFS, Cook, or ED will monitor proper covering of hair and facial hair daily. Results will be reported in the daily CCM/standup meeting for 3 months to ensure ongoing compliance. The DFS/ADFS will report findings in QA monthly ongoing and an action plan will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance</p> <p>It was identified that 1 bag of fish in the freezer had been left open to air. Box was closed as soon as findings were identified to DFS immediately. All dietary employees were educated on policy of keeping items sealed in freezer as well as refridgerators. Inservice was conducted on September 30, 2015. Employees are being educated to bring boxes to prep table this will help prevent boxes from being left un-open in freezer or refrigerators. Education will be completed by Oct. 16, 2015. This will prevent leaving unopen boxes in refridgerator or</p>	

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	<p>During an interview with Chef #1 at the time of this observation, he indicated he did not use any of these items observed open, for today's lunch meal.</p> <p>12. The cabinet below the coffee and juice machine in the dining room was observed to have 6 packets of butter in it. Two of the six were opened.</p> <p>During a kitchen observation on 9/15/15 at 8:45 and 9:15 a.m., the following was observed:</p> <p>13. Chef #1 was observed preparing food items for lunch at the stove and the prep table with no covering over his facial hair.</p> <p>14. At 10:00 a.m., the Pantry room ice machine was observed with a moderate build up of a black substance on the white plastic chute where the ice came down in the ice machine. The black substance was able to be scraped off with a paper towel.</p> <p>On 9/14/15 at 10:25 a.m., the AFSD presented a copy of the daily cleaning schedule which indicated both pieces of equipment - stove and charbroiler - were marked as having been cleaned the day before on 9/13/15 and were also marked</p>		<p>freezer. DFS, ADFS, Cook, or ED will monitor and record this process daily on both shifts. Results will be reported in the daily CCM/standup meeting for 3 months to ensure ongoing compliance. The DFS/ADFS will report findings in QA monthly ongoing and an action plan will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance</p>	

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R 0000 Bldg. 00	<p>as having been cleaned on a daily basis.</p> <p>On 9/14/15 at 11:10 a.m., the FSD presented a copy of the facility's current dress code for dietary employees and indicated that the dress code requiring hair coverings did also include covering facial hair.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential census: 19 Sample: 5</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p>	R 0000	<p>September 16, 2015 Hampton Oaks Health Campus @ 966 North Wilson Road Scottsburg, Indiana 47170 Survey Event ID PVVM11 occurred. The submission of this Plan of Correction does not indicate an admission by Hampton Oaks Health Campus that the findings and allegations contained herein are accurate and true representation of the quality of care and services provided to the residents of Hampton Oaks Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and</p>	

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R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure food was stored and prepared under sanitary conditions, in that food items in the refrigerator and freezer were left open to air and not labeled with an open date; cooking surfaces had a heavy coating of a black crusty substance; 1 of 3 ice machines had a moderate amount of a black substance on the ice chute inside the machine, and hair coverings were not</p>	R 0273	<p>efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 progrmas). Attached you will find our Plan of Correction for Hampton Oaks Health Campus for our annual survey conducted on September 16, 2015. We initiated immediate interventions when concerns were identified on this date. We respectfully request paper review for this plan of correction. If you need any information or paperwork, please do not hesitate to contact us at (812)752-2694. Sincerly, Brandy Royalty, Executive Director.</p> <p>All dietary staff have been educated on the policy of dating all open packages in the refridgerators and freezer by DFS dated completed 9/30/2015. The DFS, ADFS, Cook, or ED will make rounds 3 times daily to verify all refrigerators and freezers items have been opened and have a date and all packages/boxes have been closed properly. Results will be reported in the daily CCM/standup meeting for 3 months. In addition the DFS/ADFS will report findings in</p>	10/16/2015

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	<p>worn appropriately during food preparation on 4 of 5 survey days. This deficient practice affected 19 of 19 residents who received meals from the facility kitchen.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen with the Assistant Food Service Director (AFSD) on 9/9/15 between 9:45 a.m. and 10: 30 a.m., the following was observed:</p> <ol style="list-style-type: none"> 1. In the walk-in refrigerator - 1 bag of ham cubes (in a box with other sealed bags) was rolled shut but had no open date on it. 2. In the walk-in freezer - 1 bag of breaded fish (in a box with other sealed bags) was open to the air without an open date. No frost was observed on the fish. <p>On the outside doors of both the walk-in refrigerator and freezer, were signs posted, that indicated all food items placed inside were to be sealed and dated when opened.</p> <ol style="list-style-type: none"> 3. The stove had a heavy amount of black crusty debris on top of the cooking surface and on the burners. 4. The AFSD was observed during the 		<p>QA monthly ongoing and an action plan will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance.</p> <p>The stove was identified as having heavy amount of black crusty debris to cooking surface, the mixer was identified as having large area of dried whitish-yellow substance on metal black-splash, charbroil grates noted with heavy coating of a black crusty substance. All surfaces have been thoroughly cleaned by dietary by October 3, 2015. All surfaces are on the cleaning assignments to be cleaned daily. All dietary employees have been educated on proper cleaning of all surfaces by DFS/ADFS/dietary support/ED. Inservice completed by October 16, 2015. The DFS, ADFS, cook, or ED will review the surfaces daily to ensure proper cleaning and debris have been removed from surfaces. Results of the daily audit will be reported in the daily CCM/standup meeting for 3 months to verify ongoing compliance. The DFS/ADFS will report findings in QA monthly ongoing and an action will be developed for issues if not in substantial compliance. These action plans will be ongoing until</p>	

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	<p>tour to have a moderate growth of facial hair with no covering. Chef #1 was noted with mild growth of facial hair, also not covered, and was preparing salads and other food items for lunch.</p> <p>5. The large mixer, which was covered with a plastic bag, was observed to have a large area of dried whitish-yellow substance on the metal backsplash. The AFSD indicated at this time, that the bag over the machine meant it was clean.</p> <p>During a kitchen observation on 9/10/15 between 10:00 a.m. and 10:30 a.m., the following was observed:</p> <p>6. The AFSD was observed moving from area to area throughout the kitchen without a covering over his facial hair.</p> <p>7. The Food Service Director (FSD) was observed to be moving throughout different areas of the kitchen with her hair hanging out of the hairnet on her forehead. Food was being prepared for lunch at this time.</p> <p>During a kitchen observation on 9/14/15 observation between 10:00 a.m. and 10:25 a.m., the following was observed:</p> <p>8. The FSD was observed preparing and plating a pink dessert with her hair</p>		<p>substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance</p> <p>Pantry room ice machine was identified with moderate build up of a black substance on the white plastic chute. Ice machine cleaned by October 6, 2015. DPO has been educated on cleaning of all ice machine's in campus. Inservice completed Oct. 1, 2015. Ice machines are to be cleaned monthly. This will be logged on the dietary cleaning assignment and monitored by DFS, ADFS, DPO, ED. The DFS/ADFS will report findings in QA monthly ongoing and an action plan will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance</p> <p>It was identified that the males in the dietary department had facial hair that was not covered by a beard net and the DFS did not have entire hair contained in hair net. All dietary employees have been educated to the dress code policy for the campus and the importance of covering hair to prevent contamination of food items. Inservicing was completed on</p>	

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NAME OF PROVIDER OR SUPPLIER HAMPTON OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 966 N WILSON RD SCOTTSBURG, IN 47170
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	<p>hanging out of the hairnet on her forehead. The AFSD and Chef #1 were also observed involved in various stages of meal preparation (pouring drinks and making salads). Both men did not have their facial hair covered.</p> <p>During an interview with the FSD at this time, she indicated that at a certain length of growth - facial hair was supposed to be covered.</p> <p>9. The stove top was observed with a heavy coating of black crusty substance on the surface and around the burners, as previously identified on 9/9/15 at 9:45 a.m.</p> <p>10. The charbroiler grates were observed to have a heavy coating of a black crusty substance.</p> <p>11. In the walk-in freezer - a box which contained a bag of breaded fish filets, a box which contained a bag of chicken tenderloins and a box which contained a bag of beef patties were observed on the shelf open to the air. No frost was observed on the open food items.</p> <p>During an interview with Chef #1 at the time of this observation, he indicated he did not use any of these items observed open, for today's lunch meal.</p>		<p>September 30, 2015 by ED. DFS, ADFS, Cook, or ED will monitor proper covering of hair and facial hair daily. Results will be reported in the daily CCM/standup meeting for 3 months to ensure ongoing compliance. The DFS/ADFS will report findings in QA monthly ongoing and an action plan will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance</p> <p>It was identified that 1 bag of fish in the freezer had been left open to air. Box was closed as soon as findings were identified to DFS immediately. All dietary employees were educated on policy of keeping items sealed in freezer as well as refridgerators. Inservice was conducted on September 30, 2015. Employees are being educated to bring boxes to prep table this will help prevent boxes from being left un-open in freezer or refrigerators. Education will be completed by Oct. 16, 2015. This will prevent leaving unopen boxes in refridgerator or freezer. DFS, ADFS, Cook, or ED will monitor and record this process daily on both shifts. Results will be reported in the daily CCM/standup meeting for 3 months to ensure ongoing compliance. The DFS/ADFS</p>	

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	<p>12. The cabinet below the coffee and juice machine in the dining room was observed to have 6 packets of butter in it. Two of the six were opened.</p> <p>During a kitchen observation on 9/15/15 at 8:45 and 9:15 a.m., the following was observed:</p> <p>13. Chef #1 was observed preparing food items for lunch at the stove and the prep table with no covering over his facial hair.</p> <p>14. At 10:00 a.m., the Pantry room ice machine was observed with a moderate build up of a black substance on the white plastic chute where the ice came down in the ice machine. The black substance was able to be scraped off with a paper towel.</p> <p>On 9/14/15 at 10:25 a.m., the AFSD presented a copy of the daily cleaning schedule which indicated both pieces of equipment - stove and charbroiler - were marked as having been cleaned the day before on 9/13/15 and were also marked as having been cleaned on a daily basis.</p> <p>On 9/14/15 at 11:10 a.m., the FSD presented a copy of the facility's current dress code for dietary employees and</p>		<p>will report findings in QA monthly ongoing and an action plan will be developed for issues if not in substantial compliance. These action plans will be ongoing until substantial compliance is achieved. Peer review is conducted every 6 months by home office support and this will serve as an additional monitoring process to ensure compliance</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	indicated that the dress code requiring hair coverings did also include covering facial hair.				