

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155707		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/01/2013	
NAME OF PROVIDER OR SUPPLIER  SWISS VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711			
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 23, 24, 25, 26, 27, 30, and October 1 and 18, 2013.</p> <p>Facility number: 000280 Provider number: 155707 AIM number: 100274540</p> <p>Survey team: Julie Call, RN, TC Angie Strass RN Virginia Terveer, RN Sue Brooker, RD (September 23, 24, 25, 26, 30 and October 1, 2013)</p> <p>Census bed type: SNF: 35 SNF/NF: 80 Residential: 73 Total: 188</p> <p>Census payor type: Medicare: 11 Medicaid: 42 Other: 135 Total: 188</p> <p>Residential sample: 7</p> <p>These deficiencies also reflect state</p>	F000000					

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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	findings cited in accordance with 410 IAC 16.2.  Quality review completed on October 21, 2013 by Randy Fry RN.				

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F000363 SS=F	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>Based on observation, interview and record review the facility failed to provide an adequate serving of fruit salad, sweet potatoes, carrots, and creamed spinach in 2 of 4 dining rooms potentially affecting 20 of 20 residents who were able to consume regular consistency food in the Alpenrose Place dining room and 27 of 28 residents who were able to consume regular consistency food in the Edelweiss dining room during 3 of 3 meals observed.</p> <p>Findings include:</p> <p>1. During an observation of the Alpenrose Place dining room on 9/23/13 at 12:25 p.m., Certified Nursing Assistant #5 dished up bowls of fruit salad using a shallow bowled slotted serving spoon. When queried, she indicated there was not a guide available in Alpenrose Place which describe which serving utensils should be used to serve each food.</p>	F000363	<p>1. Describe what the facility did to correct the deficient practice for each resident cited in the deficiency.a. The facility provides scoops and spoodles with proper measuring sizes in the main kitchen and each serving kitchenette. A policy was created for proper use of measuring utensils in correspondence with the menu calendar (See form #1).b. Utensils size charts are also posted in the main kitchen and in each kitchenette for Food Service Staff (FSS) to reference (See form #2).c. Daily menu calendars with serving sizes are provided in the main kitchen and in each serving kitchenette (See sample form #3).d. The facility will in-service FSS on how to properly measure the food portions to provide for the nutritional needs of each resident. 2. Describe how the facility reviewed all of the residents in the facility who could be affected by the deficient practice, and state what actions the facility took to correct the deficient practice for any resident</p>	11/16/2013

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	<p>She also indicated the bigger scoops were used for foods like vegetables and mashed potatoes and the smaller scoops were used for foods like gravy. A 1/2 cup spoodle with drainage holes in the bottom was among the serving utensils brought to Alpenrose Place, but was not used.</p> <p>A Menu Calendar Report for the facility for Monday, September 23, 2013, indicated residents were to receive 1/2 cup of fruit salad during the lunch meal.</p> <p>2. During an observation of the Alpenrose Place dining room on 9/24/13 at 12:17 p.m., Dietary Aide #3 started dishing food onto plates for the residents. He was observed to use a shallow bowled slotted spoon to dish up the sweet potatoes. A 1/2 cup spoodle with drainage holes on the bottom was among the serving utensils brought to Alpenrose Place, but was not used.</p> <p>A Menu Calendar Report for the facility for Tuesday, September 24, 2013, indicated residents were to receive 1/2 cup of sweet potatoes.</p> <p>3. During an observation of the Edelweiss Place service kitchen on 9/25/13 at 12:00 p.m., Dietary Cook</p>		<p>the facility identified as being affected.a. Each resident's care planned diet and dining needs will be posted at each serving kitchenette on the hall where the resident eats. (See sample form #4). 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you have made.a. The facility provides scoops and spoodles with proper measuring sizes in the main kitchen and each serving kitchenette. A policy was created for proper use of measuring utensils in correspondence with the menu calendar (See form #1).b. Utensils size charts are also posted in the main kitchen and in each kitchenette for Food Service Staff (FSS) to reference (See form #2).c. Daily menu calendars with serving sizes are provided in the main kitchen and in each serving kitchenette (See sample form #3).d. The facility will in-service FSS on how to properly measure the food portions to provide for the nutritional needs of each resident.e. New Food Service employees will be oriented on the proper use of serving utensils. This has been added to the new employee orientation (See form #5). 4. How the corrective action(s) will be monitored to</p>				

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	<p><b>#4</b> started dishing food onto plates for the residents. She was observed to use a shallow bowled slotted spoons to dish up the carrots and the creamed spinach. One-half cup spoodles with drainage hole on the bottom were among the serving utensils available in the service kitchen, but were not used. When queried, she indicated a sheet was posted in the main kitchen indicating the serving sizes for foods served. She also indicated she did not have a serving guide in the Edelweiss Place service kitchen.</p> <p>A Menu Calendar Report for the facility for Wednesday, September 25, 2013, indicated resident were to received 1/2 cup of carrots and 1/2 cup of creamed spinach.</p> <p>The Certified Dietary Manager was interviewed on 9/26/13 at 1:30 p.m. During the interview he indicated the serving guide was posted in the main kitchen. He also indicated dietary staff should have used 1/2 cup spoodles with the fruit and vegetables to ensure proper serving sizes.</p> <p>The 2011 Indiana Diet Manual indicated "...A diet should provide all the nutrients and energy in appropriate amounts for each</p>		<p>ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place; anda. Compliance will be monitored each shift by the FSS (See form #6).b. Compliance will be monitored weekly in the unit observed by the Consultant Dietitian and reviewed at the quarterly Quality Assurance meeting. (See form #7).</p>		

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	<p>person...A diet should be adequate at all times...Nutrition adequacy of diets must follow general standards and guidelines such as...The Dietary Reference Intakes...The U.S. Dietary Guidelines...."</p> <p>3.1-20(i)(1)</p>			

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F000364 SS=F	<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>Based on observation, interview and record review the facility failed to ensure food was served at the appropriate temperature in 2 of the 4 of the dining rooms potentially affecting 20 of 20 residents who ate their meals on Alpenrose Place and 28 of 28 residents who ate their meals on Edelweiss Place.</p> <p>Findings include:</p> <p>1. During an observation of the lunch meal in Alpenrose Place on 9/23/13 at 12:00 p.m., residents were brought into the dining room and seated at dining tables. A two tiered open cart containing covered steam table pans was brought into the hallway outside the dining room at 12:18 p.m. The steam table pans containing hot food were not placed on any warming units and the serving bowls containing cold foods were not placed in ice to maintain the appropriate temperature. At 12:25 p.m., Certified Nursing Assistant (CNA) #5 began serving</p>	F000364	<p>1. Describe what the facility did to correct the deficient practice for each resident cited in the deficiency.a. The Policy for Taking and Recording Food Temperatures was updated on 09/26/2013 and current FSS were instructed on the proper procedure for taking food temperatures (See form #8).b. Food Service staff (FSS) were trained on the methods for taking food temperatures and recording them in the main kitchen and in the serving kitchenettes prior to each meal. c. Logs for capturing this information are available in the main kitchen and in each kitchenette to record the temperatures and to confirm the procedure is being followed (See forms #9a, b, c). d. The temperature log includes space to note if an item is not the proper temperature and instructions for staff follow up should the food be an improper temperature. 2. Describe how the facility reviewed all of the residents in the facility who could be affected by the deficient practice, and state what actions the facility took to correct the deficient practice for any resident the facility identified as</p>	11/16/2013	

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	<p>fruit salad to the residents. No food temperature of the fruit salad had been taken prior to the start of the meal service. At 12:38 p.m. the first plate of hot food was prepared by CNA #5. No food temperatures had been taken prior to the start of the meal service. The last plate of the hot food was served at 1 :00 p.m.</p> <p>2. During an observation of the lunch meal in Alpenrose Place on 9/24/13 at 11:52 a.m., residents were brought into the dining room and seated at dining tables. A two tiered open cart containing covered steam table pans was brought into the hallway outside the dining room at 12:05 p.m. The steam table pans containing hot food were not placed on any warming units and the serving bowls containing cold foods were not placed in ice to maintain the appropriate temperature. At 12:08 p.m., Dietary Supervisor #2 began serving apricots and watermelon to the residents. No food temperatures of the apricots or the watermelon had been taken prior to the start of the meal service. At 12:17 p.m., the first plate of hot food was prepared by Dietary Aide #3. No food temperatures had been taken prior to the start of the meal service.</p>		<p>being affected.a. Testing for food temperatures will be conducted in the main kitchen and at each serving kitchenette prior to each meal for the safety of all residents (See form #9a, b, c). 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you have made.a. The Policy for Taking and Recording Food Temperatures was updated on 09/26/2013 and current FSS were instructed on the proper procedure for taking food temperatures (See form #8).b. Food Service staff (FSS) were trained on the methods for taking food temperatures and recording them in the main kitchen and in the serving kitchenettes prior to each meal. c. Logs for capturing this information are available in the main kitchen and in each kitchenette to record the temperatures and to confirm the procedure is being followed (See forms #9a, b, c). d. The temperature log includes space to note if an item is not the proper temperature and instructions for staff follow up should the food be an improper temperature. e. New Food Service employees will be oriented on the proper temping of foods. This has been added to the new employee orientation (See form #5). 4. How the</p>				

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	<p>3. During an observation of the lunch meal on 9/25/13 at 11:45 a.m., residents were being seated in the Edelweiss Place dining room. In the service kitchen for Edelweiss Place, covered steam table pans of hot food were in the steam table wells and clear bins of cold food were on ice. Dietary Cook #4 explained the food had been brought down from the main kitchen to the service kitchen at approximately 11:20 a.m. She further indicated the covered steam table pans of hot food were placed in the wells of the steam table which had been turned on earlier and the clear bins of cold food had been placed on ice. She also described other steps she took to get ready for the meal service, but did not mention taking the temperature of the food. The steam table pans of hot food were covered with aluminum foil. There were no puncture marks to indicate a thermometer had been used to take the temperature of the food. The foil covering the steam table pans was intact and had not been disturbed. At 11:58 a.m., Dietary Cook #4 started dishing individual bowls of rocky road pudding, ambrosia salad, pears, and coleslaw, and placed them on the counter ready for service. No temperatures of the cold food had</p>		<p>corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place; anda. Compliance will be monitored each shift by the FSS (See form #6).b. Compliance will be monitored weekly in the unit observed by the Consultant Dietician and reviewed at the quarterly Quality Assurance meeting. (See form #7).</p>				

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	<p>been taken prior to the start of meal service. At 12:02 p.m., the first plate of hot food was prepared by Dietary Cook #4. No temperatures of the hot food had been taken prior to the start of meal service.</p> <p>Dietary Cook #4 was interviewed on 9/26/13 at 8:58 a.m. During the interview she indicated temperatures of the food were only done during the evening meal in the Edelweiss Place service kitchen. She also indicated the Certified Dietary Manager did not have the temperatures of the cold and hot food taken prior to service of the breakfast and lunch meal.</p> <p>The Certified Dietary Manager (CDM) was interviewed on 9/26/13 at 1:30 p.m. During the interview he indicated food temperatures were checked in the main kitchen and should be checked again in Alpenrose Place and the service kitchens.</p> <p>A current facility policy "Taking and Recording Food Temperatures", dated 9/26/13 and provided by the CDM on 9/27/13 at 10:53 a.m., indicated "...Dietary Staff in each until (sic) will take the temperatures of all hot and cold foods to ensure that foods are</p>						

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	<p>maintained at appropriate temperatures to ensure the safety of food...Verify that all temperatures are within the critical limits: a. Hot foods are at or above 140 (degree) F b. Cold foods are at or below 41 (degree) F...."</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</p> <p>Based on observation, interview and record review the facility failed to ensure drinking glasses, eating utensils, serving utensils, and nousey cups were transported through hallways to prevent contamination, failed to use tongs to serve slices of watermelon, and failed to wash hands prior to donning disposable gloves, and failed to prevent the contamination of bare hands during meal service in 3 of 4 dining rooms, the Alpenrose Place dining room, Lavendale Place dining room, and the Edelweiss Place service kitchen, during 3 of 3 meal observations.</p> <p>Findings include:</p> <p>1. During an observation in the Alpenrose Place dining room on 9/23/13 at 12:18 p.m., a two tiered open cart was brought from the facility kitchen through 3 sets of double doors and 3 common hallways to Alpenrose Place. A steam table</p>	F000371	<p>1. Describe what the facility did to correct the deficient practice for each resident cited in the deficiency.a. The policy for Transporting Food and Utensils was updated on 09/26/2013 and the Food Service staff (FSS) were in-serviced on the proper transportation of these items (See form # 10).b. The policy for proper hand hygiene was reviewed on 09/26/2013. FSS and meal service staff were all in-serviced on proper hand hygiene and prevention of contamination during meal service (see form #11). 2. Describe how the facility reviewed all of the residents in the facility who could be affected by the deficient practice, and state what actions the facility took to correct the deficient practice for any resident the facility identified as being affected.a. The policies listed in #1 above were implemented for all FSS and meal service staff on all halls to ensure the safety of all residents.3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice</p>	11/16/2013			

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	<p>pan of serving utensils needed for the lunch meal was not covered. An un-identified dietary staff was also observed to carry several additional serving utensils through the same common hallways un-covered. At 12:38 p.m. Dietary Supervisor #1 was observed to carry 2 blue nose cups through hallway into the dining room un-covered.</p> <p>2. During an observation in the Alpenrose Place dining room on 9/24/13 at 11:52 a.m., a two tiered open cart was brought from the facility kitchen through 3 sets of double doors and 3 common hallways to Alpenrose Place. A tray containing wrapped silverware was observed resting partially on top of a bin containing drinking glasses. Several of the drinking glasses were not turned over so their rims were exposed during transport. The tray of wrapped silverware was not covered and the napkins surrounding the silverware did not completely cover the tines of the forks. At 12:08 a.m., Dietary Supervisor #2 was observed to don a pair of disposable gloves to serve slices of watermelon to the residents. She was observed to pick up the slices of watermelon with her gloved hands while also serving bowls of apricots. Her gloved hands</p>		<p>does not recur, including any in-services, but this also should include any system changes you have made.a. The policy for Transporting Food and Utensils was updated on 09/26/2013 and the Food Service staff (FSS) were in-serviced on the proper transportation of these items (See form # 10).b. The policy for proper hand hygiene was reviewed on 09/26/2013. FSS and meal service staff were all in-serviced on proper hand hygiene and prevention of contamination during meal service (see form #11). c. All food eating utensils, serving utensils, drinking glasses and/or like items used for meal service will be covered during transport to any of the serving kitchenettes.d. New Food Service employees will be oriented on the proper transportation of food and serving utensils. This has been added to the new employee orientation (See form #5). 4. 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 in place; a. Compliance will be monitored weekly in the unit observed by the Consultant Dietitian and reviewed at the quarterly Quality Assurance meeting. (See form #7). b. Meal service staff will be monitored weekly for 4 weeks, then monthly to ensure proper</p>				

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	<p>were observed to touch soiled items during the handling of the watermelon. She did not use tongs to handle the slices of watermelon which were part of the serving utensils sent from the kitchen. At 12:17 p.m., Dietary Aide #3 was observed to don a pair of disposable gloves without first washing his hands and begin dishing plates for the residents.</p> <p>3. During an observation of the Edelweiss Place service kitchen on 9/25/13 from 11:55 a.m. through 12:08 p.m., Dietary Cook #4 was observed to change her gloves several times after moving from a clean area in the kitchen to a soiled area. She was not observed to wash her hands prior to donning a new pair of disposable gloves.</p> <p>The Certified Dietary Manager (CDM) was interviewed on 9/26/13 at 1:30 p.m. During the interview he indicated anything coming from the kitchen should be covered. He also indicated dietary staff were to wash their hands before donning disposable gloves.</p> <p>4. During the observation of the initial dining service in Lavendale Dining Room on 9/23/12 from 11:54 a.m. to</p>		hand hygiene and prevention of contamination of hands during the meal service (See form #12).		

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	<p>12:30 p.m., CNA #6 touched her face or hair 8 different times. She was not observed to wash her hands following contamination and continued to serve lunch to the residents.</p> <p>A current facility policy "Transporting of Food", dated 9/26/13 and provided by the CDM on 9/27/13 at 10:53 a.m., indicated "...Dietary Staff will transport food in a manner to ensure its quality and safety..."</p> <p>A current facility policy "Handwashing", dated 9/26/13 and provided by the CDM on 9/27/13 at 10:53 a.m., indicated "...All Food Service Employees will follow proper hand washing practices to ensure the safety of food by preventing cross-contamination and prevent the spread of communicable disease...Food Service Employees shall clean their hands and exposed portions of their arms immediately...after touching bare human body parts other than clean hands and clean exposed portions of the arms...After handling soiled surfaces, equipment or utensils...Before touching food or food-contact surfaces...Before placing gloves on hands...."</p>				

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	<p>A current facility policy "Glove Use", dated 9/26/13 and provided by the CDM on 9/27/13 at 10:53 a.m., indicated "...All Food Service Employees will follow proper hand washing and glove use practices to ensure the safety of food by preventing cross-contamination...Properly wash hands before applying gloves...Gloves are not to be used in place of handwashing...Gloves will be changed whenever the (sic) become soiled, before beginning a different task, any time food safety may be compromised due to contamination...."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>						

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R000273	<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 the Dietary Aide #1 washed their hands prior to donning disposable food handler gloves and failed to use tongs to serve garlic bread and pickles in 1 of 2 dining rooms in Blumengarten which potentially affected 14 of 14 residents served in the lower level dining room.</p> <p>During an observation on 9-30-2013 from 12:00 pm to 12:30 p.m. in the lower level dining room in Blumgarten, the following was observed:</p> <p>1. Dietary Aide #1 was observed to don disposable food handler gloves and changed them 8 times when the gloves became soiled or contaminated. The Dietary Aide #1 was not observed to wash her hands prior to donning the clean gloves.</p> <p>2. Dietary Aide #1 was observed to place the garlic bread and a whole pickle with her gloved hand on the plate without the use of tongs.</p>	R000273	<p>1. Describe what the facility did to correct the deficient practice for each resident cited in the deficiency. a. The policy for proper hand hygiene and was reviewed on 09/26/2013. FSS and meal service staff were all in-serviced on proper hand hygiene and prevention of contamination during meal service (See form #11). 2. Describe how the facility reviewed all of the residents in the facility who could be affected by the deficient practice, and state what actions the facility took to correct the deficient practice for any resident the facility identified as being affected.a. The hand hygiene policy and the glove use policy were reviewed with all Food Service staff (FSS) and meal service staff (See form #11 and form #13). 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you have made.a. The policy for proper hand-washing and was reviewed on 09/26/2013. FSS and meal service staff were all in-serviced on proper</p>	11/16/2013	

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	<p>An interview with Dietary Aide #1 on 10-1-2013 at 10:23 a.m., indicated she usually did not wash her hands when food handler gloves were changed. The Dietary Aide #1 indicated she did not know she was to wash her hands when food handler gloves were changed. The Dietary Aide #1 indicated she did not use tongs when serving the pickles or the garlic bread.</p> <p>An interview with the CDM on 10-1-2013 at 10:45 a.m., indicated the dietary staff who prepared the plates should wash their hands before donning gloves. The CDM indicated the garlic bread should be placed on the plate with tongs.</p> <p>A policy "Glove Use" dated 9-26-2013 and provided by the CDM on 9-27-2013 at 10:53 a.m., indicated "all Food Service Employees will follow proper hand washing and glove use practices to ensure the safety of food by preventing cross contamination...properly wash hands before applying gloves...gloves are not to be used in place of handwashing...."</p> <p>A policy "Handwashing" dated 9-26-2013 and provided by the CDM</p>		<p>hand-washing and prevention of contamination during meal service (See form #11). b. New Food Service employees and meal service staff will be oriented on the proper hand hygiene and glove use. This has been added to the new employee orientation (See form #5). 4. 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 in place; and a. Compliance will be monitored weekly in the unit observed by the Consultant Dietitian and reviewed at the quarterly Quality Assurance meeting. (See form #7). b. Meal service staff will be monitored weekly for 4 weeks, then monthly to ensure proper hand hygiene and prevention of contamination of hands during the meal service (See form #12).</p>		

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	on 9-27-2013 at 10:53 a.m., indicated "Food Service Employees shall clean their hands and exposed portions of their arms immediately before placing gloves on hands...."			