

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155628	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2016
NAME OF PROVIDER OR SUPPLIER BRIARWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N CENTRAL AVE INDIANAPOLIS, IN 46205	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00213042 and IN00213762.</p> <p>Complaint IN00213042 - Substantiated. Federal/State deficiencies related to the allegations are cited at F311.</p> <p>Complaint IN00213762 - Substantiated. Federal/State deficiencies related to the allegations are cited at F371.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: November 1, 2, 3, and 4, 2016</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Census bed type: SNF/NF: 63 Total: 63</p> <p>Census payor type: Medicare: 3 Medicaid: 54 Other: 6 Total: 63</p>		F 0000	

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 0311 SS=D Bldg. 00	<p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on November 14, 2016</p> <p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on observation, interview and record review, the facility failed to provide residents assistance with their restorative programs, for 3 of 3 residents reviewed for restorative programs. (Resident A, B, and C)</p> <p>Findings include:</p> <p>1. Resident A's record was reviewed on 11/3/16 at 11:50 a.m. Her diagnoses documented on her November 2016 physician's recapitulation orders included but were not limited to Alzheimer's</p>		F 0311	<p>F311</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of</i></p>	12/04/2016

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	<p>disease, abnormalities of gait and mobility, muscle weakness, and difficulty in walking.</p> <p>Resident A's annual Minimum Data Set (MDS) assessment dated 10/8/16, indicated she usually understood and had the ability to usually understand others. She was severely impaired in her cognitive ability for daily decision making skills. She required extensive assistance of 1 person for bed mobility and toileting. She required extensive assistance of 1 person for bed mobility, walking in her bedroom and the corridor, dressing, and personal hygiene. She utilized a wheelchair for mobility.</p> <p>A plan of care for Resident A initiated 12/17/15, indicated she needed to walk to keep her endurance and balance, which had been affected by generalized weakness. Her goal, with a goal target date of 1/18/17, was to walk 20 to 100 foot with a front wheeled walker and contact guard assistance. An intervention for Resident A was she would be assisted to walk to the dining room with her walker for each meal.</p> <p>A plan of care for Resident A initiated 9/9/16, indicated she needed to improve/maintain her transfer ability which had been affected by dementia.</p>			<p><i>this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident A, B and C screened per therapy to ensure no adverse effect noted related to alleged deficient practice.</p> <p>2) How the facility identified other residents:</p> <p>All residents requiring assistance with their restorative programs to maintain or improve their abilities have the potential to be affected.</p> <p>3) Measures put into place/ System changes:</p>

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	<p>Her goal, with a goal target date of 1/18/17, was she would actively participate in her balance exercises daily. Her interventions included but were not limited to, being offered various exercises to work on her transfer ability. She would receive verbal instructions/cueing with her transfer exercises. She would be allowed extended time to process her need to stand and cueing to push up from her wheelchair. It was preferred she use a walker to transfer to and from her bed. She may require a sit-to-stand lift at times.</p> <p>A Physical Therapy Discharge Summary for Resident A dated 10/26/16, indicated her prognosis to maintain her current level of function was excellent with participation in a restorative nursing program. Recommendations for Resident A included a restorative ambulation program. Staff were educated to use a gait belt and follow with her wheelchair. If she was unable to ambulate on a particular day, the Restorative Nursing Aide could work with her on transfers.</p> <p>Resident A's restorative participation documentation indicated not applicable for her restorative program on 10/30/16, 11/1/16, or 11/2/16.</p>			<p>All residents requiring assistance with their restorative programs screened per therapy screen to ensure that no adverse effect was noted, plan of care updated as indicated.</p> <p>Nursing assistants currently employed at the facility have been trained on providing treatment and services to maintain or improve residents' abilities, including providing assistance with completion of their restorative programs as indicated.</p> <p>On-going restorative program training will be completed upon hire and a minimum of annually thereafter.</p> <p>An audit will be conducted 2x a week, on varying days and shifts to ensure that residents are receiving treatment and services to maintain or improve their abilities, including providing assistance with completion with their restorative programs as indicated.</p> <p>DON/designee will be responsible for oversight.</p>

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	<p>On 11/2/16 at 12:15 p.m., Resident A was observed being propelled to the dining room for lunch by CNA #1.</p> <p>On 11/2/16 at 1:30 p.m., Resident A was observed being transferred from her wheelchair to her bed with assistance from CNA #1 and CNA #2 and the use of a stand-up lift. Resident A was able to stand in the lift and hold onto the hand grips during the transfer.</p> <p>On 11/3/16 at 12:03 p.m., Resident A was observed being transferred from her bed to her wheelchair with assistance from CNA #1 and CNA #3 and the use of a stand-up lift. Resident A was able to stand in the lift and hold onto the hand grips during the transfer. Resident A was transported to the dining room for lunch in her wheelchair by CNA #1.</p> <p>An interview with Restorative Aide #4 on 11/3/16 at 2:00 p.m., indicated Resident A was on a transfer and ambulation restorative program. The restorative program was to be completed with Resident A daily 6 days a week. Restorative Aide #4 hadn't worked with Resident A 2 days that week because she had been pulled from her Restorative duties to work the floor as a CNA.</p> <p>An interview with the Director of</p>			<p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed weekly times 4, monthly x 2 then quarterly x 1. Further monitoring will be determined by Quality Assurance.</p> <p>5) Date of compliance: 12/4/2016</p>

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	<p>Nursing (DON) on 11/4/16 at 11:25 a.m., indicated Resident A should be walked to meals as she was able as documented on her restorative care plan.</p> <p>2. Resident B's record was reviewed on 11/4/16 at 12:33 p.m. His diagnoses documented on his November 2016 physician's recapitulation orders included but were not limited to, hemiplegia and hemiparesis following cerebrovascular disease, muscle weakness, and abnormalities of gait and mobility.</p> <p>Resident B's quarterly MDS assessment dated 8/16/16, indicated he was understood and had the ability to understand others. He was cognitively intact in his daily decision making skills. He required supervision of 1 person for transfer, bed mobility, toileting, and personal hygiene. He required limited assistance of 1 person to walk in his bedroom and the corridor, and to dress. He had limited range of motion in both of his lower extremities. He utilized a wheelchair for mobility.</p> <p>A Physical Therapy Discharge Summary for Resident B dated 10/7/16, indicated his prognosis to maintain his current level of function was excellent with participation in a restorative nursing program. His discharge</p>			

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	<p>recommendations included a restorative exercise group and ambulation with a front wheeled walker.</p> <p>Resident B's restorative participation documentation indicated not applicable for his restorative program on 10/13/16, 10/14/16, 10/17/16, 11/1/16. 11/2/16 documentation was left blank.</p> <p>On 11/2/16 at 1:00 p.m., Resident B was observed seated upright on the side of his bed eating his lunch independently from his bedside table. He indicated he exercised "up front." and walked around the building with his walker for his exercise program.</p> <p>An interview with Restorative Aide #4 on 11/3/16 at 2:10 p.m., indicated Resident B was in an AROM restorative program to all extremities. She indicated he had excellent participation. She had been pulled from her Restorative duties on November 1st, and 2nd, to work the floor as a CNA and none of her residents had received their restorative on those days.</p> <p>On 11/4/16 at 2:20 p.m., Resident B was observed being propelled in his wheelchair by Restorative Aide #4. She indicated Resident B had just finished walking.</p>			

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	<p>3. Resident C's record was reviewed on 11/4/16 at 2:45 p.m. Her diagnoses documented on her November 2016 physician's recapitulation orders included but were not limited to, mild intellectual disabilities, cerebral palsy, hemiplegia and hemiparesis following cerebrovascular disease, muscle weakness, and abnormalities of gait and mobility.</p> <p>Resident C's quarterly MDS assessment dated 9/2/16, indicated she was understood and usually understood others. She was cognitively intact in her daily decision making skills. She required extensive assistance of 1 person for bed mobility, dressing, toileting, and personal hygiene. She required limited assistance of 1 person for transfer. She required supervision of 1 person to ambulate in her bedroom and corridor. She had limited range of motion in 1 of her upper and lower extremities. She utilized a wheelchair for mobility.</p> <p>A Physical Therapy Discharge Summary for Resident C dated 10/7/16, indicated her prognosis to maintain her current level of function was excellent with consistent staff support with participation in a restorative nursing program.</p> <p>Recommendations included Resident C</p>			

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	<p>participate in an ambulation restorative program 5 days a week. Assistive devices included the use of a quad cane, gait belt, and followed with a wheelchair.</p> <p>A plan of care for Resident C initiated 10/7/16, indicated she needed to walk to keep her endurance and balance, which had been affected by generalized weakness. Her goal, with a target date of 12/13/16, was to walk 100 foot. The plan of care was incomplete and did not specify how often and if any device would be utilized. Her interventions included rest breaks if needed, verbal cues for safety as she ambulated, and adaptive equipment as needed.</p> <p>Resident C's restorative participation documentation indicated not applicable for her restorative walking program on 11/1/16. 11/2/16 and 11/3/16 documentation was left blank.</p> <p>An interview with Restorative Aide #4 on 11/3/16 at 2:16 p.m., indicated Resident C was in an ambulation restorative program. Resident C felt like the program didn't help her. Resident C had good participation when she was "up to it." and was easily encouraged to participate.</p> <p>The "Protocol Restorative Nursing</p>			

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	<p>Program" guidelines provided by the DON on 11/4/16 at 5:15 p.m., indicted the following: "Purpose: Restorative nursing programs refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning. Protocol: 1. The Restorative Nurse may implement a Restorative Nursing Program anytime a Restorative need arises. A physician's order is not required for Restorative Nursing Programs. 2. If indicated therapy will make a recommendation for restorative programs to Restorative nurse per Therapy referral forms. 3. Restorative Nurse will create the care plan in Point Click Care using the OBRAized Care Plan Library. a. Personalize the Problem, Goal, and Interventions specific to the resident. Consider Therapy recommendations when available. 4. Restorative Nurse will add Care Plan Interventions. Any items marked with an Orange triangle require further personalization. 5. Restorative Nurse will use these same specific goals to assign a Task using the POC Restorative Nursing Task Library in Point Click Care for C.N.A. documentation. a. Goal, statement</p>			

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F 0363 SS=F Bldg. 00	<p>should match Restorative Task (eg. Nursing Rehab: Walking-Resident will walk 150 ft with Rolling Walker (Restorative). 6. For each Restorative Program, Restorative Nurse will assign one task and designate Restorative or Direct Care based on which staff members are assigned to complete. 7. Restorative CNAs and Direct Care CNAs will continue to document care daily as assigned per the Tasks in Point Click Care...."</p> <p>This federal tag relates to Complaint IN00213042.</p> <p>3.1-38(a)(2)(B)</p> <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>			

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	<p>Based on observation, interview and record review, the facility failed to post a daily meal menu visible to the residents and the resident's families in the dining rooms for 2 of 2 dining rooms observed. This had the potential to affect all resident who ate in the dining rooms. (South and North Dining Room)</p> <p>Findings included:</p> <p>On 11/2/16 at 4:30 p.m., the South and North dining rooms were observed for menu postings. There was no menu posted in the South dining room and the daily menu posting in the North dining room was labeled "Saturday." The day of observation was Wednesday. The Administrator indicated at that time she didn't know why the menu's were not up.</p> <p>3.1-20(i)(4)(k)</p>	F 0363	<p>F363 Menus must meet nutritional needs/prep in advance/be followed:</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Menus were posted in each dining room.</p>	12/04/2016

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				<p>2) How the facility identified other residents:</p> <p>All residents residing in facility have potential to be affected, but no negative outcome was noted related to deficient practice.</p> <p>3) Measures put into place/ System changes:</p> <p>In serviced all dietary staff on posting of the daily menus. An audit will be conducted 3 times a week. The dietary manager/designee will be responsible for oversight.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed weekly times 4, monthly x 2 then quarterly x 1. Further monitoring will be determined by Quality Assurance.</p>

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F 0371 SS=F Bldg. 00	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to maintain good infection control practices in the kitchen to prevent food borne illness for 1 kitchen observed. This deficient practice had the potential to affect 60 residents who were served meals from the kitchen.</p> <p>Findings include:</p> <p>An initial tour of the kitchen was conducted with Dietary Cook #5 on 11/1/16 at 9:50 a.m. A walk-in refrigerator contained an open jar of pickles, cherries, concord jelly, and balsamic vinaigrette with no open date documented on the jars. A pitcher of orange juice was not labeled or dated. There was a green spill on top of a box of vanilla shakes and below the box on the floor. A block of white American cheese</p>		F 0371	<p>5) Date of compliance: 12/4/16</p> <p>F371Sanitation:</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>

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	<p>was not covered tightly and had a use by date of May 7th 2016. Tomatoes were laying in an open box and some were beginning to ruin and were draining liquid into the box. Dark stains were running down the side of a counter that had a coffee pot on top of the counter. A hot plate on rollers with 2 burners had dried food on it and the plug in cord was lying on top of one of the burners that was covered with a dusty substance. There was dried food inside the microwave. 5 Trays of cereal in bowls were set up for the next mornings breakfast that were stacked on top of each other and uncovered. There were 3 plastic containers full of kitchen utensils on a shelf with dried food and crumbs in the containers. There were 2 Rubbermaid carts on wheels and a round white tub that contained oatmeal, bread crumbs, and sugar that had dried food and a dusty substance on the containers. A reach in freezer had a large amount of frost build up on the bottom of the freezer and some spilled red substance. There were gnats flying around the hot water dish machine area. There was a garbage barrel by the coffee machine, by the prep counter, and 2 by the dish machine with no lids. Dietary Cook #5 indicated the barrels didn't have lids. The temperature charts posted on the outside of the walk in refrigerator and freezer</p>			<p>1) Immediate actions taken for those residents identified:</p> <p>RD discarded items defined by surveyor as outdated: pickles, cherries, and jelly. Box of mighty shakes with substance on them were also discarded. Cheese block was properly wrapped and dated. Pitcher of juice was properly labeled and dated. RD also discarded bowls of dry cereal.</p> <p>Plate heater was cleaned on 11/1/16 (day of surveyor visit) and stored out of kitchen due to no longer being used</p> <p>Frost was removed from reach in freezer; ice was removed from the walk in freezer. Vendor was called to service reach in freezer.</p> <p>Surveyor indicated dish machine was not hitting temperature, maintenance was called in to check machine, and he repaired the booster. Dish machine then hit temp after booster was repaired.</p>

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	<p>were dated September 2016 and the documentation was incomplete. The refrigerator and freezer documentation charts provided a place for an a.m., and p.m., temperature. Dietary Cook #5 indicated new temperature charts should be hung at the beginning of each month and the September 2016 documentation on the wall was incomplete. She indicated the refrigerator and freezer temperatures should be taken and documented daily. There was no temperature documentation chart for the reach in freezer. The hot water dish machine temperature chart posted on the kitchen door was dated September 2016 and the documentation was incomplete. The dish machine temperature chart provided a place for temperatures 3 times daily. Dietary Aide #6 indicated the dish machine temperature should be taken and documented daily, and the September 2016 documentation was incomplete. There was a dark substance on the wall in the dish machine room where the dish counter met the wall that ran the entire length of the dish counter. There were numerous containers of food items in the dry storage that were not labeled with the date they were placed on the shelf. No food temperature documentation charts were posted. Dietary Cook #5 indicated food temperatures were taken prior to each food service and she had not posted</p>			<p>Temperature logs for dish machine, reach in cooler/freezer, walk in cooler/freezer, and food temperature log were hung by RD on 11/1/16. RD instructed Cook to take temperatures of food items at lunch on 11/1/16. RD also hung Sanitizer PPM logs on 11/1/16.</p> <p>Dietary Manager/designee will be responsible for oversight.</p> <p>2) How the facility identified other residents:</p> <p>All residents residing in facility have potential to be affected, but no negative outcome was noted related to deficient practice.</p> <p>3) Measures put into place/ System changes:</p> <p>All dietary staff was in serviced on labeling and dating, equipment cleaning, temping of the food, maintaining temp logs, logging the dish machine temperatures, sanitizing equipment and maintain the PPM logs per the</p>

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	<p>her breakfast temperatures yet. The temperature chart would be in the Dietary Managers office. The cleaning schedules posted on the wall were all incomplete and dated September 2016.</p> <p>On 11/1/16 at 11:10 a.m., the Registered Dietician (RD) Consultant indicated the refrigerator, freezer, and dish machine temperature postings were old. The barrels in the kitchen should be covered. Manufactured food items in their own container should be dated by staff when opened. Orange juice should be labeled and dated that had been poured into the pitcher. A lot of the food items in the dry storage area were not dated and staff should have dated the items when they put it out on the shelf. She was going to throw the box of vanilla shakes away in the walk in refrigerator.</p> <p>On 11/1/16 at 12:12 p.m., Dietary Cook #5 was observed washing a 3 tier cart on wheels with a rag. There were 5 red sanitation buckets in a 3 compartment sink but none of the buckets had any sanitation solution in them. She indicated the cart was sanitized earlier that morning. She was unable to find a thermometer to take food temperatures. She had not taken the breakfast food temperatures that morning because she could not find a thermometer.</p>			<p>policy.</p> <p>An audit will be conducted 2x a week, on varying days and shifts to ensure the temp logs are being maintained, all items are being sanitizing per policy and freezers are maintained per policy.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed weekly times 4, monthly x 2 then quarterly x 1. Further monitoring will be determined by Quality Assurance.</p> <p>5) Date of compliance: 12/4/16</p>

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	<p>On 11/1/16 at 12:30 p.m., Dietary Cook #5 was observed washing the prep counter with a rag. She indicated she was just washing it down and then would use sanitizer. She didn't need to use sanitizer on her counters each time she washed them.</p> <p>On 11/1/16 at 1:00 p.m., Dietary Cook #5 indicated she had never seen test strips to test the sanitation solution that came out of a hose above the 3 compartment sink. The 3 compartment sink washing and sanitizing instructions on the wall above the 3 part sink indicated to fill the 3rd sink to the appropriate level, add the sanitizer, and use a test strip to check the solution level.</p> <p>On 11/1/16 at 2:45 p.m., the Administrator indicated 60 residents were served food from the kitchen.</p> <p>On 11/1/16 at 4:30 p.m., the RD Consultant indicated staff should document the parts per million (PPM) when using the sanitation solution above the 3 compartment sink. Staff could wash the prep counters and carts with soap and water, then should wash the areas with the sanitizer solution. The kitchen had a problem with a dark substance on the walls in the dish</p>			

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	<p>machine room in the past. The dietary staff had scrubbed it off as needed and or weekly.</p> <p>On 11/2/16 at 10:41 a.m., the Dietary Manager (DM) indicated she was not sure what happened concerning all the temperature logs or cleaning schedules. They may have not gotten put up or were dated wrong. She had not completed any inservice training with her dietary staff since she had been in her position. She had returned as a DM on September 3rd, 2016 and had previously been a cook when she had worked in the kitchen before. She was unsure when the the sanitation solution had last been tested.</p> <p>A "Food Temperature Monitoring" procedure provided by the RD on 11/1/16 at 2:13 p.m., indicated the following:</p> <p>"Purpose of Policy & Procedure: To document that food is prepared, held, and served at safe temperatures. Policy: Proper food handling techniques per State Regulations are used in the preparation and serving of food, utilizing written procedures for monitoring temperatures. Food temperatures shall be recorded routinely prior to meal service and periodically at point-of-service. Process/Procedure: 1) The cook and/or server shall monitor the temperature of prepared foods and record on the</p>			

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	<p>assigned form each meal. 2) The minimum acceptable holding temperature for hot food is 135 degrees F or above. The maximum acceptable temperatures for cold food is 41 degrees F or below. 3) Recommended temperatures on the serving line are higher for hot food and colder for cold food to allow for some changes in during serving time. 4) In the event the food is not at the minimum recommended temperatures, hot food shall be reheated to the proper temperatures of 165 degrees and cold food shall be cooled in the freezer until temperature reaches 41 degrees. 5) Foodservice Supervisors are responsible for providing the documentation form and educating employees on the proper use and reading of a probe-type thermometer. 6) If two items (i.e. main meat, alternate meat) in the same food category are on the serving line both temperatures shall be recorded in the box with a "/" between temperatures (i.e. Meat 163/165)."</p> <p>The "Temperature Monitoring of Refrigerator/Freezer" procedure provided by the RD on 11/1/16 at 2:13 p.m., indicated the following: "Purpose of Policy & Procedure: To consistently determine that cold storage units are at proper temperatures. Policy: A procedure shall be established for</p>			

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	<p>monitoring operating temperatures of cold storage equipment to assure that they meet the recommended guidelines to provide safeguards for the storage of perishable foods. Process/Procedure: 1) A designated staff person will be responsible for recording the temperatures for all refrigerator/freezer equipment in the department on a daily basis. This includes units in the main kitchen as well as those in remote kitchenettes. 2) The Foodservice Supervisor supplies the record log for nutrition pantry cold units and resident room refrigerators. The Healthcare Facility Administrator designates who monitors daily...."</p> <p>The "Monitoring Dishmachine Temperatures" procedure provided by the RD on 11/1/16 at 2:13 p.m., indicated the following: "Purpose of Policy & Procedure: To define the policy and procedure for monitoring dish machine temperatures. Policy: The operating temperatures of the dish machine shall be monitored every meal to assure proper operation and infection control. Process/Procedure: 1) The Dishwasher/Dietary Aide shall be responsible for recording the temperatures of the dish machine after each meal before the dishmachine is used. 2) The Temperatures will be taken</p>			

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	<p>using the dish machine dials and recorded on the form supplied... 4) Once weekly the temperature will be taken using a device that can be run through the dish machine to ensure the dish machine dials are in proper working order...."</p> <p>The "Leftovers" procedure provided by the RD on 11/1/16 at 2:13 p.m., indicated the following: "Purpose Of Policy & Procedure" To be able to safely reuse food items meeting the State Sanitation Regulations and HACCP guidelines.</p> <p>Policy: Using proper sanitary procedures, leftover foods may be stored for later use. Process/Procedure: 1) All foods stored for later use shall be covered, labeled with the food name, and dated with the current date as the open date (OP). ...8. Bulk condiments such as ketchup, pickles, mayonnaise, salad dressings, salsa etc. may be kept properly stored for up to 6 months...."</p> <p>The "Receiving & Storing of Goods" procedure provided by the RD on 11/1/16 at 2:13 p.m., indicated the following: "Purpose of Policy & Procedure: To define the policy and procedure concerning the receipt of perishable/non-perishable food stuffs ordered by the Dietary and Nutritional Services Department. Policy: The Dietary and Nutritional Services</p>			

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	<p>Department personnel will receive all perishable/non-perishable foods stuffs ordered by the Supervisor at the storeroom/kitchen receiving area. Milk and airy items are immediately refrigerated. Process/Procedures: 2) ...Items are stored at refrigerator temperature no more than 7 days or according to manufacturer label or USDA guidelines. Freezer items are stored 6-9 months per USDA guidelines. ...6) The stock person dates with month and year all products and places items in proper storage areas using FIFO (First in, First out) with dates visible to insure proper rotation of stock. All can lids shall be dusted/wiped off when visibly dirty. ...13) Mop store room and walk-in cooler/freezer floor when stocking is completed. This room must be kept clean and orderly at all times."</p> <p>The "Large Equipment Cleaning and Storage" procedure provided by the Administrator on 11/2/16 at 9:30 a.m., indicated the following: "Purpose of Policy & Procedure: To prevent the contamination of clean large equipment from the environment. Policy: All foodservice equipment will be covered when not in use to maintain sanitary conditions. Process/Procedures: 1) All foodservice equipment removable parts, bowls, etc. will be washed with soap and</p>			

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	<p>water and sanitized in the 3-compartment sink of dishmachine. 2) The equipment will be unplugged and starting from top to bottom wiped off with detergent water paying special attention to indentations, seams, legs and the table the equipment. 2) All large pieces of equipment such as slicers and stand mixers will be covered with a non-porous material to keep dust and debris from contaminating their surfaces. 3) It will be the responsibility of any foodservice staff who uses the slicer etc. to cover the equipment immediately after cleaning."</p> <p>The "Sanitizing Solution" procedure provided by the RD on 11/2/16 at 11:15 a.m., indicated the following: "Purpose of Policy & Procedure: To define how, when and at what strength chemical sanitizing solutions are to be utilized. Policy: A chemical sanitizing solution will be used for sanitizing work surfaces, equipment surfaces and utensils by manual wiping, spraying, or immersion of items of items washed in the three compartment sink to prevent growth of bacteria in the kitchen area and reduce the potential for foodborne illnesses. Process/Procedure: 1. A chemical sanitizing solution, such as chlorine bleach, an iodine solution, or a quaternary ammonium compound solution will be used as a sanitizing</p>			

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	<p>agent. 2. Sanitizing solutions will be mixed and maintained in the buckets or compartment sinks provided for this purpose. 3. A bucket of sanitizing solution at proper concentration should be available in work areas, such as food preparation area, tray assembly area, and dishroom area. 4. The third sink, or sanitizing sink of the three-compartment sink, should contain a sanitizing solution of proper concentration and temperature per posted instructions and/or directions on chemical sanitizer container. 5) Wet wiping cloths shall be stored in a chemical sanitizer. Cloths used for wiping food contact surfaces shall be stored separately from non-food contact surface cleaning cloths. Wet or dry cloths used with raw animal foods shall be kept separate from cloths used for another purpose. ...8. The sanitizing solution for each area will be mixed at the start of each shift by the person assigned to each specific area and changed as often as necessary. Solution strength will be tested and recorded each shift. 9. The Foodservice Supervisor will be responsible for spot checking the sanitizing solution for correct concentration using a test kit that accurately measures the strength of the solution. 10. Wiping cloths used for sanitizing must be free of food debris and visible soil and stored immersed in the</p>			

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	<p>solution. These cloths should not be used for any purpose other than use with sanitizing solution. 11. Cloths used with raw animal products shall be kept separate from cloths for other purposes.</p> <p>11. After use, soiled cleaning cloths used in sanitizing solutions should be immediately disposed of by placing in designated containers for laundering."</p> <p>This federal tag relates to Complaint IN00213762</p> <p>3.1-21(i)(3)</p>			