

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155571</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>02/02/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>WATERS OF DUNKIRK SKILLED NURSING FACILITY, THE</b>			STREET ADDRESS, CITY, STATE, ZIP COD <b>11563 W 300 S</b> <b>DUNKIRK, IN 47336</b>	
(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)	(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00397976.</p> <p>Complaint IN00397976 - Substantiated. Federal/state deficiencies related to the allegations are cited at F802, F803 and F812.</p> <p>Survey dates: February 2, 2023</p> <p>Facility number: 000519 Provider number: 155571 AIM number: 100287230</p> <p>Census Bed Type: SNF/NF: 37 SNF: 3 Total: 40</p> <p>Census Payor Type: Medicare: 5 Medicaid: 27 Other: 8 Total: 40</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 7, 2023.</p>	F 0000		
F 0802  SS=F Bldg. 00	<p>483.60(a)(3)(b) Sufficient Dietary Support Personnel §483.60(a) Staffing</p> <p>The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tyisha Wheeler

Administrator

02/20/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>§483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii).</p> <p>Based on observation, interview, and record review, the facility failed to ensure dietary employees were competently trained to ensure proper food storage, understanding of safe food temperatures, and the completion of assigned dietary duties. This deficient practice had the potential of impacting 40 of 40 residents receiving meals from the facility kitchen.</p> <p>Findings include:</p> <p>During a kitchen observation, on 2/2/23 at 10:52 a.m., the hand washing sink located in the food preparation and service area was not accessible. The sink basin was blocked by a large industrial sized box of plastic wrap. During an interview, at the time of the observation, Cook 1 indicated the plastic wrap was stored in the sink due to limited space. An individual could hand wash in the bathroom, which was located at the back of the kitchen and down a short hallway, or in the three compartment dishwashing sink.</p> <p>During an observation, on 2/2/23 at 10:54 a.m., the thermometer located inside the reach-in refrigerator located to the right of the kitchen</p>		F 0802	<p>We respectfully request consideration for a desk review or paper compliance due to the low number of deficiencies and the low scope and severity for the deficiencies associated with this survey. Please accept this Plan of Correction as our credible allegation of compliance.</p> <p>F802:</p> <p>No residents were directly affected by this deficiency.</p> <p>All residents had the potential to be affected by this deficiency.</p> <p>The box of plastic wrap blocking the sink basin was moved to a different location on 2/2/23. The three uncovered drink glasses located inside the reach in refrigerator were removed on 2/2/23. The five opened cans covered with plastic wrap were</p>

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	<p>entrance registered 50 degrees Fahrenheit (50 F). During an interview, at the time of the observation, Cook 1 indicated 50 degrees F was an acceptable temperature for food refrigeration, but it should be a little lower. Inside the reach-in fridge by the door, there were three uncovered double handled drink glasses with fluid in each one. The cups did not have lids and were open to air. There was one uncovered, undated bowl of peaches, and one undated grilled chicken salad. Cook 1 indicated Cook 2 should have put lids or covers on the drink cups. She, herself, had put the peaches in the refrigerator uncovered and forgot to label the grilled chicken salad.</p> <p>During an observation, on 2/2/23 at 11:14 a.m., the reach-in refrigeration in the dry storage room had an external thermometer which registered 49 degrees F. During an interview at the time of the observation, Cook 2 confirmed it registered 49 degrees F. She indicated the external thermometer was how the facility monitored the refrigerator temperature. She would need to ask Cook 1 if the temperature was acceptable. Cook 1 confirmed to her it was indeed an acceptable temperature for food refrigeration. Inside the dry storage room refrigerator were five large cans of food. The cans were opened and covered with plastic wrap. The cans contained as follows:</p> <ol style="list-style-type: none"> <li>1. A large, opened, restaurant sized can of chocolate pudding, covered with plastic wrap and labeled "opened 1/30/23, no containers."</li> <li>2. A large, opened, restaurant sized can of lemon pudding, covered with plastic wrap and labeled "opened 1/27/23 and no containers."</li> <li>3. A large, opened, restaurant sized can of apple sauce, with the lid still attached by a small piece of metal, was covered with plastic wrap and labeled "opened 1/31/23, no containers."</li> </ol>			<p>discarded on 2/2/23. On 2/3/23, the consultant Dietician and Administrator provided training for all dietary staff members on proper food storage, safe food temperatures, and completing assigned dietary duties, etc. (Attachment A). The thermometer located inside the reach in refrigerator was checked by the Maintenance Supervisor on 2/2/23 and was found to be in proper working order. The temperature for the reach in refrigerator was higher due to dietary staff going in and out of the refrigerator often as part of the food preparation process.</p> <p>The Administrator, or designee, will monitor the dietary department to ensure ongoing compliance by using the QA tool "POC Audit Checklist- Dietary, 2023" (Attachment B). This checklist will be completed 3x/week for the first 2 weeks, then weekly for 2 weeks, then monthly thereafter until 100% compliance is maintained for 3 consecutive months. This QA tool will be reviewed monthly at the facility QAPI meeting. Any issues identified will be immediately corrected. This QA tool will be reviewed monthly as part of the facility QAPI meeting to ensure ongoing compliance.</p>

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	<p>4. A large, opened, restaurant sized can of extra thick tomato ketchup, covered with plastic wrap. There was no open date indicated.</p> <p>5. A large, opened, restaurant sized can of grape jelly, with the lid still attached by a small piece of metal, was covered by plastic wrap. There was no open date indicated.</p> <p>During an interview, on 2/2/23 at 10:52 a.m., Cook 1 indicated the facility did not currently have a Dietary Manager. The previous manger had left a couple months ago. The Administrator was offering the leadership for the department until the new Dietary Manager arrived.</p> <p>During a 2/2/23 at 11:28 a.m. interview, the Administrator indicated the facility did not have a current Dietary Manager. She was acting as dietary leadership until the newly hired Dietary Manger started her position.</p> <p>During an observation and interview of lunch meal service, on 2/2/23 at 11:41 a.m., Cook 1 indicated she did not know how to ensure the correct food types and portion sizes were served for each diet type. She used the "Lunch Production Sheet" and if a diet wasn't listed on the production sheet, the resident just got the regular diet. No menus or recipes were followed because everything was ready to eat. She had put the canned potatoes in a pan in the oven with spices and browned them.</p> <p>During an interview, on 2/2/23 at 12:16 p.m., the Administrator indicated the facility did not have any verification of Cook 1 or Cook 2 having specific orientation to their job tasks or duties as a cook.</p> <p>Review of a facility provided document titled</p>			Deficiency correction date: <b>2/14/23</b>	

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	<p>"Dietary Employees", provided by the Administrator in 2/2/23 at 12:16 p.m. indicated the following:</p> <ul style="list-style-type: none"> <li>a. The facility currently employed five (5) dietary employees.</li> <li>b. Three of the Five dietary employees had been employed for less than five months.</li> <li>c. Cook 1 began her position as cook/dietary aide on 10/6/22.</li> <li>d. Cook 2 began her position as cook/dietary aide on 4/28/22.</li> </ul> <p>Review of a 2017 document from the facility dietary policy and procedure manual, which was provided by the Administrator on 2/2/23 at 1:14 p.m., indicated the following:</p> <p>"...Dining Services Orientation Checklist:... Refrigerator/Freezer,Can opener...Spreadsheets/modified diets, recipes,...Food Storage: Dry/Refrigerated? Frozen...Training Documentation: Guidelines: All training and orientation functions of Dietary Services employees shall be documented...a To ensure that employees are well informed and equipped to do their best...c. To ensure that employees are acquainted with guidelines and procedures of the facility Dining Services Department...."</p> <p>A hand written facility document titled "Hire and End Date," provided by the Administrator on 2/2/23 at 1:14 p.m., indicated the last Dietary Manager was employed from 10/13/22 to 1/14/23. This resulted in no dietary leadership for a 19 day period. The newly hired Dietary Manager was to begin her position 2/8/23.</p> <p>An undated facility document, titled "Job Description," provided by the Administrator on</p>			

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	<p>2/2/23 at 1:07 p.m., indicated the following: "...Position Title: Cook...Position Summary: The Cook is responsible for preparing food in accordance with current applicable federal, state and local standards, guidelines and regulations...A. Roles and Responsibilities-Job Knowledge/Duties: ...Review menus prior to preparation of food...3. Ensure that menus are maintained and filed in accordance with established policies and procedures 4. Prepare meals in accordance with planned menus 5. Prepare food for therapeutic diets in accordance with planned menus...12. Prepare food in accordance with standardized recipes and special diet orders...23. Must understand how to read and execute the diet spreadsheet...."</p> <p>A current, 4/2017, facility policy titled, "Storage of Dry Food/Supplies", provided by the Administrator on 2/2/23 at 11:58 a.m., indicated the following: "...Opened products will be labeled and stored in tightly covered containers..."</p> <p>A current, 4/2017, facility policy titled "Dating &amp; Labeling", provided by the Administrator on 2/2/28 at 11:58 a.m., indicated the following: "...foods will be stored, dated and labeled in the refrigerator held at 41 F [degrees Fahrenheit] for a maximum of 7 days,,,All items which are not in their original container will be labeled...."</p> <p>A current, 4/2017, facility policy titled, "Storage of Refrigerated/Frozen Foods", provided by the Administrator on 2/2/28 at 11:58 a.m., indicated the following: "...food will be maintained at or below 41 F...Monitoring of food temperatures and functioning of the refrigerator/freezer units will be in place...food in the refrigerator will be covered, labeled and dated...."</p>			

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F 0803 SS=F Bldg. 00	<p>This Federal Tag relates to Complaint IN00397976.</p> <p>3.1-20(h)</p> <p>483.60(c)(1)-(7) Menus Meet Resident Nds/Prep in Adv/Followed §483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.</p> <p>Based on observation, interview, and record review, the facility failed to ensure menus were approved by a Registered Dietitian with guidance for diet types. This deficient practice had the potential to impact 40 of 40 residents who received their meals from the kitchen.</p>	F 0803	<p>F803:</p> <p>No residents were directly affected by this deficiency.</p> <p>All residents had the potential to be affected by this deficiency.</p>	02/14/2023

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	<p>Findings include:</p> <p>During an interview, at the time of an observation of lunch meal service, on 2/2/23 at 11:41 a.m., Cook 1 indicated she did not know what a "spreadsheet to portion sized guide" was. She used the "Lunch Production Sheet" to determine portion size and correct food type for each diet type served to residents. If a diet wasn't listed on the production sheet, the resident was just served the regular diet. No menus were followed because everything was ready to eat. She had put the canned potatoes in a pan in the oven with spices and browned them.</p> <p>Review of a current, 2/2/23, facility document titled "Order Listing Report," provided by the Administrator on 2/2/23 at 12:16 p.m., indicated the residents had the following fifteen different diet types ordered:</p> <ul style="list-style-type: none"> <li>a. One resident had an order for a Low Concentrated Sweets Diet.</li> <li>b. 13 residents had an order for a Regular Diet.</li> <li>c. One resident had an order for a Regular with Ground Meat Diet.</li> <li>d. One resident had an order for No Added Salt and No Concentrated Sweets Diet.</li> <li>e. One resident had an order for a No Added Salt Diet.</li> <li>f. One resident had an order for a Mechanical Soft Diet with Pureed Meat.</li> <li>g. One resident had an order for a Mechanical Soft Diet.</li> <li>h. One resident had an order for a Mechanical Soft Carb Controlled Diet.</li> <li>i. One resident had an order for a No Added Salt Diet.</li> <li>j. Seven residents had an order for a General Diet.</li> <li>k. Two residents had an order for a Carb</li> </ul>			<p>All seasonal menus were previously approved by our former consultant dietitian at least quarterly or every three months. Unfortunately, we were unable to provide proof that our menus were previously approved due to the recent changeover in management for this facility and the previous dietitian was unable to provide the approved menus as verification.</p> <p>In the future, all menus will be approved by the consultant dietitian at least quarterly with the seasonal menu changes. The diet and portion spreadsheets are included on the menus that are approved by the consultant dietitian. The current menus were approved by the consultant dietitian on 2/14/23 (Attachment C).</p> <p>The Administrator, or designee, will monitor the menus being approved quarterly by the consultant dietitian by using the QA tool "POC Audit Checklist-Dietary, 2023"(Attachment B). This form will be completed every 3 months by the Administrator, or designee, until 100% compliance is maintained for 3 consecutive quarters. This QA tool will be reviewed ongoing at the facility QAPI meeting to ensure ongoing compliance. Any issues identified will be immediately corrected and</p>

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	<p>Controlled Diet.</p> <p>l. Three residents had an order for a Pureed Diet (may have oatmeal).</p> <p>m. One resident had an order for a Pureed Diet.</p> <p>n. One resident had an order for a 2 gm Sodium Diet.</p> <p>o. Two residents had an order for a No Concentrated Sweets Diet.</p> <p>Review of the "Lunch Production Sheet" used by Cook 1 to serve the 2/2/23 lunch, provided by the Administrator on 2/2/23 at 12:16 p.m., indicated only four diet types listed on the document as follows: Puree, Renal, 3-4 gram Sodium, and 3 gram Sodium. Only 2 of the 4 included diet type orders were ordered for the residents in the facility. Thirteen of the facility's 15 diet types were not listed anywhere on the production sheet. The layout and columns on the form appeared to be designed to assist the dietary department in having enough food on hand to prepare/produce each meal. The form did not address portion sizes or offer instruction as to what food type, texture, and portion should be served for each individualized diet type.</p> <p>A current, 2017 facility document from the facility "Dietary Policy and Procedure Manual," provided by the Administrator on 2/2/23 at 1:14 p.m., indicated the following: "...Diet orders not found on the modified diet spreadsheet will either be added to the spreadsheet, or have posted instructions the serving area and/or tray card...A copy of all menus shall be kept on file for a minimum of 30 days... Standardized Diets: General/ Regular, Mechanical Soft, Pureed, No Added Salt, Low Concentrated Sweets, Renal (dialysis) diet...."</p> <p>During an interview, on 2/2/23 at 1:13 p.m., the</p>			<p>addressed with the consultant dietitian.</p> <p>Deficiency correction date: <b>2/14/23</b></p>

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F 0812 SS=F Bldg. 00	<p>Administrator indicated the facility did not have current menus approved by a dietitian, nor could she find diet and portion spreadsheets.</p> <p>This Federal Tag relates to Complaint IN00397976.</p> <p>3.1-20(h)(1)</p> <p>483.60(i)(1)(2) Food Procurement, Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was prepared, stored, and served under safe and sanitary conditions. This deficient practice had the potential to impact 40 of 40 residents who received their meals from the facility kitchen.</p>	F 0812	<p>F812:</p> <p>No residents were directly affected by this deficiency.</p> <p>All residents had the potential to be affected by this deficiency.</p>	02/14/2023

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	<p>Findings include:</p> <p>During kitchen observations beginning on 2/2/23 at 10:51 a.m., the following concerns regarding safe sanitary food preparation, storage and service were noted:</p> <p>a. The hand washing sink located in the food preparation and service area was not accessible. The sink was blocked by a large industrial sized box of plastic wrap. There was only one designated hand washing sink located in the kitchen. During an interview, at the time of the observation, Cook 1 indicated the plastic wrap was stored in the sink due to limited space. An individual could hand wash in the bathroom, which was located at the back of the kitchen down a short hallway or in the three compartment dish sink.</p> <p>During an interview, on 2/2/23 at 11:42 a.m. Cook 1 indicated a person could also wash their hands in the food preparation sink located at the end of the food preparation counter.</p> <p>b. The thermometer located inside the reach-in refrigerator, located to the right of the kitchen entrance, registered 50 degrees Fahrenheit (50 F). During an interview, at the time of the observation, Cook 1 indicated 50 F was an acceptable temperature for food refrigeration, but it should be a little lower. Food temperatures for all freezers and refrigerators were recorded in a log.</p> <p>During an interview, on 2/2/23 at 11:42 a.m., the Maintenance Supervisor, who was adjusting the thermostat on the refrigerators asked what temperatures refrigerators needed to be to keep food safe.</p>			<p>The box of plastic wrap blocking the sink basin was moved to a different location on 2/2/23. The three uncovered drink glasses located inside the reach in refrigerator were removed on 2/2/23. The five large opened cans covered with plastic wrap were discarded on 2/2/23. The side of the convection oven beside the stove was cleaned on 2/2/23. The top of the milk cooler that was covered with items was cleaned and the items were thrown away on 2/2/23. The lime build up on the exterior of the ice machine was cleaned on 2/2/23. The exterior of the dishwasher was cleaned on 2/2/23. The items blocking the door located near the dishwasher were removed on 2/2/23. The white cleaning cloth laying on the floor near the dishwasher was removed on 2/2/23. The bucket with the soiled cleaning cloths was removed and placed in the proper or designated location on 2/2/23. The large industrial can opener was cleaned on 2/2/23. On 2/3/23, the consultant Dietician and Administrator provided training for all dietary staff members on proper food storage, safe food temperatures, and completing assigned dietary duties, etc. (Attachment A). The thermometer located inside the reach in refrigerator was checked by the Maintenance Supervisor on</p>

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	<p>c. Inside the reach-in fridge by the door, there were three uncovered double handled drink glasses, with fluid in each one. The cups did not have lids and were open to air. There was one uncovered, undated bowl of peaches, and one undated grilled chicken salad.</p> <p>During an interview, on 2/2/23 at 10:54 a.m., Cook 1 indicated Cook 2 should have put lids or covers on the drink cups. She, herself, had put the peaches in the refrigerator uncovered and forgot to label the grilled chicken salad.</p> <p>d. The side of the convection oven located beside the stove was soiled with splashed baked on black and brown food particles.</p> <p>e. The milk cooler top was covered with food items, paper goods, and what appeared to be items to be thrown away.</p> <p>f. The ice machine had a heavy lime build up over the exterior surface of the machine.</p> <p>g. The exterior surface of the dishwasher was covered with a heavy white lime build up.</p> <p>h. The door located by the dishwasher was blocked by a number of empty cardboard boxes and a trash can lid.</p> <p>i. There was a white cleaning cloth laying on the floor by the dishwasher. The cloth remained there for every kitchen observation on 2/2/23.</p> <p>j. In the dry storage room, there was a bucket overflowing with soiled cleaning cloths, located on the floor in front of a reach-in refrigerator.</p>		<p>2/2/23 and was found to be in proper working order. The temperature for the reach in refrigerator was higher due to dietary staff going in and out of the refrigerator often as part of the food preparation process.</p> <p>The Administrator, or designee, will monitor the dietary department to ensure ongoing compliance by using the QA tool "POC Audit Checklist- Dietary, 2023" (Attachment B). This checklist will be completed 3x/week for the first 2 weeks, then weekly for 2 weeks, then monthly thereafter until 100% compliance is maintained for 3 consecutive months. This QA tool will be reviewed monthly at the facility QAPI meeting. Any issues identified will be immediately corrected. This QA tool will be reviewed monthly as part of the facility QAPI meeting to ensure ongoing compliance.</p> <p>Deficiency correction date: 2/14/23</p>	

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	<p>k. The reach-in refrigerator in the dry storage room, had an external thermometer which registered 49 F.</p> <p>During an interview, at the time of the observation, Cook 2 looked at the external thermometer and indicated it registered 49 F. The external thermometer was how the facility monitored the refrigerator temperature. She would have to ask Cook 1 if this was an acceptable food storage temperature. Cook 1 then looked at the dry storage refrigerator and confirmed the temperature was 49 F, which was an acceptable temperature for food refrigeration.</p> <p>L. Five large cans were observed in the refrigerator as follows:</p> <ol style="list-style-type: none"> <li>1. A large, opened, restaurant sized can of chocolate pudding, covered with plastic wrap and labeled "opened 1/30/23, no containers."</li> <li>2. A large, opened, restaurant sized can of lemon pudding, covered with plastic wrap and labeled "opened 1/27/23 and no containers."</li> <li>3. A large, opened, restaurant sized can of apple sauce, with the lid still attached by a small piece of metal, was covered with plastic wrap and labeled "opened 1/31/23, no containers."</li> <li>4. A large, opened, restaurant sized can of extra thick tomato ketchup, covered with plastic wrap. There was no open date indicated.</li> <li>5. A large, opened, restaurant sized can of grape jelly, with the lid still attached by a small piece of metal, was covered by plastic wrap. There was no open date indicated.</li> </ol> <p>m. The large industrial can-opener, mounted on the table in the dry storage area, had a dried, sticky, grayish substance on the mount, surface of the table around the mount, and cutting blade.</p>			

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	<p>During an interview, on 2/2/23 at 10:52 a.m., Cook 1 indicated the facility did not currently have a Dietary Manager. The previous manger had left a couple months ago. The Administrator was offering the leadership for the department until the new Dietary Manager arrived.</p> <p>During a 2/2/23 at 11:28 a.m. interview, the Administrator indicated the facility did not have a current Dietary Manager. She was acting as dietary leadership until the newly hired Dietary Manger started her position. None of the dietary employees had told her they needed food containers for the storage of canned items after they were opened. If a dietary employee had told her, she would have ensured containers were provided for the storage of canned foods after opening.</p> <p>Review of the facility "Refrigerator/Freezer Temperature Log", provided by the Administrator on 2/2/23 at 11:25 a.m., indicated the facility following:</p> <ul style="list-style-type: none"> <li>a. Refrigerator temperature should be 41 F or less.</li> <li>b. The facility had not documented any refrigerator temperature since 1/25/22.</li> <li>c. During the 25 days of January with recorded refrigerator temperatures seven (7) entries of temperature greater than 41 F was recorded, 1/2/23 morning 45 F, 1/5/23 evening 42 F, 1/9/23 morning 45 F, 1/10/23 morning 42 F and 44 F (two separate refrigerators), 1/10/23 evening 47 F, 1/11/23 morning 45 F, 1/21/23 morning 43 F.</li> <li>d. The log did not offer instructions for actions to take if the temperature was greater than 41 F.</li> </ul> <p>The facility was made aware of ongoing kitchen sanitation concerns, as indicated by the</p>			

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	<p>Registered Dietitian report dated 1/19/23. A 1/19/23, "Kitchen Sanitation Checklist" which was completed by the Registered Dietitian was provided by the Administrator on 2/2/23 at 12:16 p.m., indicated the following:</p> <p>"...Floor dirty... Boxes stacked on floor... Logs not used regularly... Blanket on floor, Dish machine build up... Grease on side of steamer by cooktop... Boxes stacked for garbage by door...."</p> <p>The facility was aware of ongoing menu, spreadsheet, and meal service concerns as indicated by the Registered Dietitian on 1/19/23. A 1/19/23, "Tray Line &amp; Menu Compliance Audit," completed by the Registered Dietitian was provided by the Administrator on 2/2/23 at 12:16 p.m., and indicated the following:</p> <p>"...Staff unsure which scoop size to use...No spreadsheets...."</p> <p>A current, 4/2017, facility policy titled, "Storage of Dry Food/Supplies", provided by the Administrator on 2/2/23 at 11:58 a.m., indicated the following: "...Opened products will be labeled and stored in tightly covered containers...."</p> <p>A current, 4/2017, facility policy titled, "Dating &amp; Labeling", provided by the Administrator on 2/2/28 at 11:58 a.m., indicated the following:</p> <p>"...foods will be stored, dated and labeled in the refrigerator held at 41 F [degrees Fahrenheit] for a maximum of 7 days...All items which are not in their original container will be labeled...."</p> <p>A current, 4/2017, facility policy titled, "Storage of Refrigerated/Frozen Foods", provided by the Administrator on 2/2/28 at 11:58 a.m., indicated the following: "...food will be maintained at or below</p>			

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	<p>41 F...Monitoring of food temperatures and functioning of the refrigerator/freezer units will be in place...food in the refrigerator will be covered, labeled and dated...."</p> <p>This Federal Tag relates to Complaint IN00397976.</p> <p>3.1-21(i)(3)</p>			