

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

PRINTED: 06/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
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NAME OF PROVIDER OR SUPPLIER FAIR HAVEN HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 149 FAIR HAVEN DRIVE BOSTIC, NC 28018
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(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
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F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain a clean shower stall and store personal care equipment in sanitary manner.</p> <p>The findings are:</p> <p>1. On 5/22/12 at 2:33 PM the shower room was observed. In the shower stall were five (5) wet pink wash basins, stacked on top of one another lying on the floor of the shower. Next to these stacked wash basins was a wet commode bucket.</p> <p>Observations on 5/23/12 at 9:00 AM and at 2:11 PM revealed five (5) stacked wash basins on the shower floor with the top one full of water, another pink wash basin with water on the shower floor beside the five basins, and the commode bucket on the shower floor. All were unlabeled and appeared clean but all were wet.</p> <p>On 5/23/12 at 2:20 PM, housekeeper #1 stated when she cleans the shower, she normally sees the wash basins and buckets on the shower floor but did not comment on their purpose.</p> <p>On 5/23/12 at 2:27 PM the Director of Housekeeping stated the housekeepers clean the</p>	F 253	<p>F253</p> <p>No negative impact was caused for any of the sampled residents. The corrective action was (1) immediate removal of the wash basins from the floor of the shower. The basins were cleaned and appropriately stored on 5/23/12. (2) The shower was scrubbed to remove the mold like substance on 5/23/12. Completed 5/23/2012.</p> <p>After the corrective action that was taken on 5/23/12, no residents had the potential of being affected by these deficient practices.</p> <p>The changes that will be made to insure that this deficient practice does not reoccur are as follows. Wash basins are used as commode buckets under shower chairs. All basins will be labeled and dated for identification of use. Wash basins will be cleaned with the same protocol as the shower chair and returned and stored with the chair after cleaning. All nursing staff will be inserviced on the use and</p>	6/7/2012
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Suzanne S. Hensley TITLE: Administrator (X6) DATE: 6/7/12

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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Event ID: ULDW11
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If continuation sheet Page 1 of 15
JUN 08 2012
BY: _____

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F 253	<p>Continued From page 1</p> <p>shower room two to three times a day and use a disinfectant on the shower tiles. She stated the wash basins and the bucket are used under the shower chairs and should be cleaned after each shower.</p> <p>On 5/23/12 at 2:43 PM two second shift nurse aides were interviewed together and stated that all showers were given on first shift. Both nurse aides stated they did not know why the wash basins were in the shower room and on the floor.</p> <p>On 5/23/12 at 2:53 PM interview with the treatment nurse aide revealed she was not sure about the wash basins on the shower floor and guessed they were used under the shower chairs.</p> <p>On 5/23/12 at 3:03 PM interview with a first shift nurse aide #1 stated the wash basins were used under the shower chairs and disinfected and rinsed after each use. She further stated the wash basins were routinely left on the shower floor.</p> <p>On 5/23/12 at 3:13 PM the charge nurse stated the wash basins in the shower stall were used under the shower chairs and were to be disinfected and replaced under the shower chair after each use and not stored wet on the shower stall floor.</p> <p>2. On 5/22/12 at 2:33 PM, the shower stall in the shower room was observed with reddish rust like stains on the tiles and on the dish soap. The grout on the wall with the shower head had black mold like residue around the soap dish and in multiple areas of the grout between the tiles. Some black residue was easily removed by</p>	F 253	<p>cleaning protocol of wash basins used as commode buckets. Housekeeping will check on their daily cleaning of the shower room that wash basins are properly stored. (2) Daily cleaning of the shower will be documented by the Housekeeper on the Shower Cleaning Checklist. The Housekeeping Supervisor will visually check the shower and the checklist 5 days a week to insure compliance. The shower was also re-grouted on 5/26/2012 as the lack of grout around the tiles was part of the problem.</p> <p>In order to monitor the corrective action for effectiveness: (1) The Housekeeping staff will report to the Housekeeping Supervisor daily if they find that wash basins are not stored properly. The Housekeeping supervisor will document any occurrences, dates and times of the findings. Housekeeping Supervisor will report in the morning Department Head meetings these findings. The Quality Assurance</p>		

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F 253	Continued From page 2 rubbing with a paper towel. This remained the same during the observations made on 5/23/12 at 9:00 AM and 2:11 PM. On 5/23/12 at 2:20 PM, housekeeper #1 stated she cleans the shower stall daily using a disinfectant spray on the shower walls. She further stated that she had seen it but did not think it was mold. She then stated she would scrub it with a brush. On 5/23/12 at 2:27 PM the Director of Housekeeping stated the housekeepers clean the shower room two to three times a day and use a disinfectant on the shower tiles. She stated the discoloration on the grout was due to the grout coming off. The surveyor demonstrated with a paper towel that black residue came off when the grout was rubbed. She then stated that there should be no mold because staff was supposed to wipe the shower down daily with the disinfectant.	F 253	Committee will evaluate if additional actions are necessary. (2)The Documents from the Shower Cleaning Checklist will be reviewed at the Quarterly Quality Assurance Meeting. These corrective actions were completed on 6/7/2012.		
F 281 SS=E	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based observations, record reviews, and staff interviews the facility failed to document the administration of laxatives for three (3) of ten (10) residents and to properly dispose of a narcotic	F 281	F281 No negative impact was caused by (1) failing to document the administration of laxatives of sampled residents 7, 8 and 2. This decision was based upon immediate assessment of residents by DON and Charge Nurse where no evidence of physical symptoms related to	6/7/2012	

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F 281	<p>Continued From page 3</p> <p>patch for one (1) of one (1) resident. (Resident # 2, 7, #8, #19)</p> <p>The findings are:</p> <p>1. Resident #7 was admitted to the facility with diagnoses including dementia. The most recent Minimum Data Set (MDS) dated 04/11/12 revealed Resident #7 had moderately impaired cognition and required extensive assistance with toilet use. Constipation was not listed as a problem on the most recent MDS.</p> <p>Review of Resident #7's medical record revealed standing orders signed by the Physician on 02/15/12 which included Sorbitol (laxative) 30 millimeters for constipation and if no bowel movement in 24 hours give Fleets (sodium phosphates) enema and repeat</p> <p>A care plan dated 02/29/12 stated Resident #7 had the potential for constipation related to decreased mobility and daily use of pain medication. The goal was for Resident #7 to have a bowel movement every three (3) days. Interventions included: provide medication daily for constipation, document bowel movements every shift, provide laxatives as ordered per standing order if no BM (bowel movement) in three days.</p> <p>Review of Resident #7's bowel movement reports for April and May of 2012 revealed the following: - No BM from 04/12/12 through 04/15/12. (four (4) days) - No BM from 04/17/12 through 04/22/12. (six (6) days)</p>	F 281	<p>constipation were noted. (2) No negative impact was caused by the improper disposal of the narcotic patch.</p> <p>The residents having potential to be affected by (1) failing to document the administration of laxatives was assessed by DON and Charge Nurse with no physical symptoms noted. (2) No other residents had the potential to be affected by the improper disposal of the narcotic patch. All Licensed Nurses were inserviced on the new procedure for disposal of narcotic patches. Completed on 5/24/12.</p> <p>(1)To ensure that the deficient practice of failing to document the administration of laxatives does not reoccur, Licensed Nurses will be inserviced by DON that standing orders are to be initiated at time of use with the procedure being; order written on telephone order, physician order and MAR. A "No BM" report will be printed each day by medication nurse.</p>		

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F 281	<p>Continued From page 4</p> <ul style="list-style-type: none"> - No BM from 05/10/12 through 05/13/12: (four (4) days) - No BM from 05/17/12 through 05/23/12: (seven (7) days) <p>Review of Resident #7's Medication Administration Record (MAR) from 04/01/12 through 05/23/12 revealed she received Colace (stool softener) 100 mg (milligrams) by mouth daily at bedtime, Fiber laxative 625 mg one (1) tablet by mouth daily, and Vicodin (narcotic pain medication) 5/500 mg one tablet by mouth twice daily. Further review of the MARs revealed no further interventions for constipation were documented as administered. In addition, nurse's notes did not reflect the administration of any standing orders for constipation from 04/12/12 through 05/23/12.</p> <p>Review of the 24 hour report sheets revealed Resident #7 was administered a laxative on 04/15/12, 04/19/12, 04/21/12, 05/08/12, 05/13/12, 05/14/12, 05/15/12, and 05/21/12. The notation on the 24 hour report sheets did not include what laxative was administered or when it had been administered.</p> <p>During an interview the Charge Nurse on 05/24/12 at 10:45 AM revealed the days shift (7:00 AM to 3:00 PM) licensed nurse (LN #1) printed the list of residents with no BM in three days at least twice a week. The interview further revealed LN #1 reviewed the list, administered additional laxatives to residents without a BM for three days as needed, and shared this information with the LN on the oncoming shift.</p> <p>An interview with the Director of Nursing (DON)</p>	F 281	<p>Documentation that order was written for a laxative will be documented on the No BM report. These reports will be kept in a notebook at the nurses' station and reviewed weekly by DON. The DON will also spot check the MARs for compliance and keep this documentation on the corresponding "No BM" reports.</p> <p>(2)To ensure that the deficient practice of the disposal of the narcotic patches will not reoccur, a new procedure was created for the Disposal of Narcotic Patches which states that narcotic patches must be folded in half, disposed of in the sharps container secured to the med cart or in the medication room and witnessed by 2 Licensed Nurses. The DON and/or Charge nurse will monitor and document the compliance with the new policy weekly, by checking the MARs of residents with narcotic patches that 2 Licensed Nurses have documented proper disposal of narcotic patches in sharps containers.</p>	

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F 281	<p>Continued From page 5</p> <p>on 05/24/12 at 2:20 PM revealed she expected LNs to document all medications administered on the resident's MAR. The DON stated she had contacted direct care staff members prior to the interview and was able to confirm Resident #7 had a BM on 05/22/12 that had not been entered into the computer tracking system.</p> <p>On 05/24/12 at 3:08 PM LN #1 stated she had never transcribed a Physician's standing order for a laxative to residents' MARs and could not provide a reason. LN #1 further stated she typically passed on the information to the oncoming LN during shift to shift report and noted this information on the 24 hour report sheets.</p> <p>2. Resident #8 was admitted to the facility with diagnoses including dysphasia, cerebral vascular accident with left hemiparesis and constipation.</p> <p>Resident #8's Physician's standing orders dated 03/09/07 included the medication Sorbitol 30 milliliters to be given as needed for constipation. Her current physician orders included Senokot S (laxative/stool softener) two (2) tablets by mouth to be administered every day since 03/03/12.</p> <p>Resident #8's most recent Minimum Data Set (MDS) dated 04/19/12 as having intact cognition and being totally dependent on staff for toileting and being totally incontinent of bowel.</p> <p>Her current care plan updated 05/02/12 which addressed constipation included the goal to have a bowel movement every two to three days. Interventions included the use of the standing order laxative.</p>	F 281	<p>In order to insure that this corrective action is being achieved and sustained the No BM reports and the Narcotic Disposal monitoring tool will be reviewed by the Quality Assurance Committee on a monthly basis.</p> <p>The corrective action was completed on 06/07/2012.</p>		

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F 281	<p>Continued From page 6</p> <p>Resident #8 stated during interview on 05/05/12 at 9:53 AM that she often only had a bowel movement once to twice a week and she started feeling bad after two to three days without a bowel movement.</p> <p>Review of the Bowel Movement Validation Reports revealed Resident #8 did not have a bowel movement on: *on 04/12/12, 04/13/12, 04/14/12, 04/15/12; *on 04/17/12, 04/18/12, 04/19/12, 04/20/12; *on 04/22/12, 04/23/12, 04/24/12, 04/25/12; *on 04/27/12, 04/28/12, 04/29/12, 04/30/12; *on 05/06/12, 05/07/12, 05/08/12, 05/09/12; *on 05/16/12, 05/17/12, 05/18/12, 05/19/12, 05/20/12, and 05/21/12.</p> <p>Review of the Medication Administration Records (MARs) revealed no documentation of the standing orders for any time in April or May of 2012. In addition, the nursing notes did not reflect the administration of any standing orders for constipation.</p> <p>During interview on 05/24/12 at 11:45 AM, the charge nurse stated Licensed Nurse (LN) #1 ran the bowel validation reports (submitted by the nurse aides) off the computer at least twice per week. Information from this report was shared with the oncoming shifts for ongoing monitoring and implementation of standing orders.</p> <p>On 05/24/12 at 2:20 PM the Director of Nursing (DON) provided the daily 24 hour sheets which indicated the interventions resulting from the bowel validation reports. Review of these 24 hours sheets reflected Resident #8 received a laxative on 04/15/12, 04/30/12, 05/01/12,</p>	F 281		

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F 281	<p>Continued From page 7 05/14/12, 05/15/12, 05/19/12 and 05/21/12. There was no indication on these sheets as to the type of laxative administered, the time of administration or who administered the medication. The DON stated that nurses should document medications they administer on the MAR.</p> <p>On 05/24/12 at 3:08 PM LN #1 stated she had never transcribed a Physician's standing order for a laxative to residents' MARs and could not provide a reason. LN #1 further stated she typically passed on the information to the oncoming LN during shift to shift report and noted this information on the 24 hour report sheets.</p> <p>3. Resident #2 was admitted with diagnoses including diabetes and hypertension. Resident #2's standing orders dated 02/27/12 included the medication Sorbitol 30 milliliters to be given as needed for constipation. Her current physician orders included Senokot S (laxative/stool softener) two (2) tablets by mouth to be administered daily.</p> <p>Resident #2's admission Minimum Data Set (MDS) dated 03/05/12 coded her with cognitive impairment, requiring extensive assistance with toileting and always being incontinent of bowel.</p> <p>Resident #2's care plan dated 03/14/12 addressing her risk for constipation with the goal to have a bowel movement every two to three days. Interventions included the use of the standing order laxative.</p> <p>Review of the Bowel Movement Validation Reports revealed Resident #2 had no bowel</p>	F 281			

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F 281	<p>Continued From page 8</p> <p>movements documented on the bowel validation sheets on:</p> <p>*on 04/17/12, 04/18/12, 04/19/12, 04/20/12; *on 04/22/12, 04/23/12, 04/24/12, 04/25/12; *on 05/02/12, 05/03/12, 05/04/12; *on 05/06/12, 05/07/12, 05/08/12, 05/09/12;</p> <p>Review of the Medication Administration Records (MARs) revealed no documentation of the standing orders for any time in April or May of 2012. In addition, the nursing notes did not reflect the administration of any standing orders for constipation.</p> <p>During interview on 05/24/12 at 11:45 AM, the charge nurse stated Licensed Nurse (LN) #1 ran the bowel validation reports (submitted by the nurse aides) off the computer at least twice per week. Information from this report was shared with the oncoming shifts for ongoing monitoring and implementation of standing orders.</p> <p>On 05/24/12 at 2:20 PM the Director of Nursing (DON) provided the daily 24 hour sheets which indicated the interventions resulting from the bowel validation reports. Review of these 24 hours sheets reflected Resident #2 received a laxative on 04/19/12, 05/09/12 and 05/10/12. There was no indication on these sheets as to the type of laxative administered, the time of administration or who administered the medication. The DON stated that nurses should document medications they administer on the MAR.</p> <p>On 05/24/12 at 3:08 PM LN #1 stated she had never transcribed a Physician's standing order for a laxative to residents' MARs and could not</p>	F 281		
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F 281	<p>Continued From page 9</p> <p>provide a reason. LN #1 further stated she typically passed on the information to the oncoming LN during shift to shift report and noted this information on the 24 hour report sheets.</p> <p>4. An undated policy regarding disposal of narcotics was provided by the facility. The policy noted that any controlled substance medication should be disposed of in a manner to prevent access by anyone else and the disposal should be witnessed by two licensed nurses.</p> <p>On 05/22/12 at 4:12 PM, Licensed Nurse (LN) #2 was observed to remove a narcotic pain patch (fentanyl 12 mcg/hour) from Resident #19. LN #2 folded the used pain patch in half, sealing it to itself, removed her latex gloves leaving the pain patch inside the gloves, and placed the gloves in the trash can in Resident #19's bathroom. LN #2 did not ask another LN to witness the disposal of the pain patch.</p> <p>In an interview with LN #2 at that time, she stated facility practice was to place discarded narcotic pain patches in the trash without a LN witness.</p> <p>The facility Pharmacist was interviewed on 05/23/12 at 3:56 PM. He stated that narcotic pain patches contained detectable levels of narcotic pain medication after use. The Pharmacist further stated that in order to prevent diversion, used narcotic pain patches should be folded in half and disposed of in a secured waste container and witnessed by another staff.</p> <p>On 05/24/12 at 8:37 AM the Director of Nursing (DON) was interviewed. She stated the facility had no specific policy regarding the safe disposal</p>	F 281		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER FAIR HAVEN HOME INC			STREET ADDRESS, CITY, STATE, ZIP CODE 149 FAIR HAVEN DRIVE BOSTIC, NC 28018	
(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 281	Continued From page 10 of used narcotic pain patches. She further stated staff disposed of used narcotic pain patches in unsecured waste containers and without a second witness. The DON stated that after consultation with the facility Pharmacist, she expected nursing staff to fold used narcotic pain patches in half and dispose of them in a secured waste container with a witness present.	F 281		
F 371 SS=E	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 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to discard expired milk, maintain a clean fan in the dish room, and store food properly under a sink in the nourishment room. The findings are: 1. An initial tour of the kitchen was conducted with the Dietary Manager (DM) on 05/21/12 at 9:50 AM. Observations of the milk refrigerator revealed twenty-one (21) 1/2 pint cartons of fat free milk with an expiration of 05/15/12 available for use. The crate of fat free milk was at the front left side of the milk refrigerator with other crates	F 371	F371 There were no residents found to have been affected by the deficient practice. The corrective action was accomplished for those residents have the potential to be affected by (1) removing and discarding the expired products immediately on 5/21/2012. (2)The fan was taken down and cleaned on the 5/23/12. (3) The staff items in the resident pantry were removed and the pantry cleaned on 5/23/2012. The corrective actions that will be taken to insure the deficient practice will not reoccur are as	6/4/2012

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F 371	<p>Continued From page 11</p> <p>of milk adjacent to and behind it. The DM could not explain why the expired milk was still in the refrigerator and stated the cook and dietary aides were expected to check the milk refrigerator for expired milk cartons every morning. When the tour of the kitchen was completed the DM instructed one of the dietary aides to discard the expired fat free milk.</p> <p>During an interview on 05/23/12 at 10:40 AM the Kitchen Supervisor stated all dietary staff were responsible for checking the refrigerators daily for expired and outdated milk cartons and food items. The Kitchen Supervisor explained expired milk is not discarded because the facility can get credit for it the next delivery day. The Kitchen Supervisor further stated kitchen staff communicated with each other verbally when they noted expired milk cartons in the refrigerator. The interview further revealed the "milk man" checked the milk refrigerator for expired milk cartons when he delivered the milk order to the facility every Tuesday and Thursday.</p> <p>A follow-up interview was conducted with the DM on 05/23/12 at 12:50 PM. During the interview the DM confirmed she could not be certain the expired fat free milk had not been consumed by a resident after 05/15/12. The DM stated expired milk cartons were typically moved over to the side of the milk refrigerator and dietary staff communicated this information to each other by word of mouth.</p> <p>2. Observations of the dish room on 05/23/12 at 10:50 AM revealed a large fan mounted on the wall directly behind the dish washing machine. The fan was operating at high speed and the air</p>	F 371	<p>follows: Three full time staff members will be scheduled to check the milk box on 3 separate days during the week for expired milk. Any expired milk found will be thrown away immediately. A tracking tool will be used to document if any expired milk is found and discarded. The Dietary Manager will also check the milk box and the tracking tool weekly to ensure compliance.</p> <p>(2) The fan over the dishwasher will be placed on the cleaning schedule. The fan will be taken down and cleaned every 4 weeks or as needed.</p> <p>(3) The Resident Pantry will be added to the checklist for the Dietary Supervisor to inspect twice per week. Anything found that is not properly contained or marked for resident use will be discarded. A tracking tool will be used to document the dates of these checks and if any items were discarded.</p>	

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F 371	<p>Continued From page 12</p> <p>from the fan was blowing in the direction of the dish machine and a dish drying rack located against the wall opposite the dish washing machine. Large clumps of grey dust build up were noted clinging to the entire surface of both the front and back grills of the fan.</p> <p>An additional observation of the dish room on 05/23/15 at 12:40 PM revealed the fan was operating at high speed and the air from the fan was blowing in the direction of the dish machine and a dish drying rack located against the wall opposite the dish washing machine. Large clumps of grey dust build up were noted clinging to the entire surface of both the front and back grills of the fan.</p> <p>A dietary aide was observed removing a rack of plates from the dish washing machine and allow them to dry off completely before stacking them in the kitchen. A rack of dome lids were removed from the dish washing machine shortly thereafter and were immediately placed on the drying rack.</p> <p>During an interview on 05/23/12 at 12:50 PM the Dietary Manager (DM) stated she had noticed the fan in the dish room needed to be cleaned approximately two (2) weeks ago and asked the Maintenance Director to see if he could take it down and clean it. The DM could not recall if the Maintenance Supervisor had attempted to clean the fan and confirmed she had not followed up with him regarding this matter. A kitchen cleaning schedule was reviewed during the interview and did not include the dish room fan.</p> <p>An interview with the Maintenance Director on</p>	F 371	<p>In order to monitor the corrective action is achieved and sustained; The Dietary Manager will compile the Tracking Tool Documents and review for reoccurring problems with milk expiration, fan cleanliness and unmarked items in the pantry. The Dietary Manager will review these findings with the Quality Assurance Committee on a monthly basis.</p> <p>These corrective actions were completed on 6/4/12.</p>	

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F 371	<p>Continued From page 13</p> <p>05/23/12 at 2:10 PM revealed the DM first contacted him regarding cleaning the dish room fan approximately two (2) weeks ago. The Maintenance Director stated he had attempted to clean the fan using an industrial vaccum cleaner and this was not successful. The Maintenance Director further stated the dish room fan had slipped his mind and he should have cleaned it.</p> <p>3. During the initial tour on 05/21/12 at 9:35 AM, the resident pantry was observed to have a salt shaker, an opened bag of coffee grounds and an undated open can of coffee. In the other lower cabinet was an opened undated container of instant powdered creamer. These items remained in place during observations made on 05/22/12 at 2:39 PM and on 05/23/12 at 9:03 AM. On 05/23/12 at 9:03 AM a large opened undated container of instant creamer was located on the counter top.</p> <p>On 05/23/12 at 2:13 PM the treatment nurse aide stated the pantry is maintained by the housekeeping department.</p> <p>On 05/23/12 at 2:16 PM housekeeper #1 stated that the housekeeper assigned to the nursing unit was responsible for checking the pantry for outdated items and cleanliness. Housekeeper #1 stated this was usually done in the morning. When she observed the pantry on 05/23/12 at 2:18 PM she confirmed the salt, coffee and creamers should not be stored in the lower cabinets and should have been removed by housekeeping.</p> <p>On 05/23/12 at 2:27PM, the director of Housekeeping stated the coffee pot and coffee and creamer were for nurses personal use.</p>	F 371		

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F 371	Continued From page 14 On 05/23/12 at 2:56 PM the charge nurse stated that the food in the pantry was for resident use only and that staff will make coffee for the residents as requested.	F 371			