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	345490	A. BUILDING _____ B. WING _____	C 08/14/2014

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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation, Event ID#3HNS11.	F 000		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to implement timely weight loss interventions for 1of 3 sampled residents (Resident #11) investigated for weight loss. Findings included: Resident #11 was admitted to the facility on 11/10/10 with cumulative diagnoses of aphasia, cerebral vascular accident (CVA), and hemiplegia. Resident #11's Quarterly Minimum Data Set (MDS) dated 07/31/14 showed a weight of 145 pounds (lbs). Resident #11 received all nutrition through a feeding tube and was totally dependent on one person to receive that nourishment. Review of the weights listed in the electronic medical record showed Resident #11 weighed 164.0 lbs. on 05/21/14, 149.8 lbs. on 06/25/14	F 325	MD was notified by DON of resident #11 weight loss on 8/8/14 and order given to increase feeding to every 4 hours. Resident family made aware by DON on 8/8/14 and agree with changes. Resident #11 placed on weekly weight monitoring program until weight loss stable. RD visit on 8/21/14 to review resident #11 weight loss with recommendations implemented timely. 100% weight audit of all residents with significant weight loss to include tube feeders was completed by DON and weight committee (DON, Administrator, DM, QA nurse, MDS nurse) on 7/22/14 to ensure interventions implemented timely	9/11/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/29/2014

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F 325	Continued From page 1 and 148.3 lbs. on 07/18/14. Review of the Dietary Supplemental 4 dated 05/05/14 showed Resident #11's nutritional requirement was 1389 calories each day. Resident #11 received 1300 calories each day. Review of the Physician Telephone orders dated 05/22/14-08/07/14 showed no diet changes for Resident #11. Review of the Registered Dietician (RD) Progress Notes dated 05/28/14 showed no significant weight changes were noted. Resident #11 received tube feeding nutrition 4 times each day. Review of the RD Progress Notes dated 07/21/14 showed Resident #11 had a significant weight loss of 12.7 lbs. (7.9%) over 90 days. Resident #11 received nutrition 4 times each day which provided 1200kcal (calories). A protein supplement was also being given which added another 100kcals for a total of 1300kcals. The RD recommended on 07/21/14 to increase the tube feeding to every 4 hours (6 times each day) to halt weight loss. Review of the Dietary Supplemental 4 dated 07/31/14 showed Resident #11's daily calorie requirement was 1545 calories. Resident #11 was receiving 1300 calories. Review of the Quality Improvement Weight Review dated 08/08/14 showed Resident #11's weight to be 148.3 lbs. and stable times 30 days with a gradual loss over 90 days. The approval for the RD recommendations to increase the feedings to six times each day was received on 08/07/14 (the recommendation was made on 07/21/14). Review of the Physician Telephone Orders dated 08/08/14 showed an order to increase Resident #11's nutritional feeding to every 4 hours. In an interview on 08/14/14 at 11:30 AM the RD stated when she came to the facility on 06/25/14	F 325	for weight loss, MD/RP notification and referral to RD. Any issues identified were addressed by DON and weight committee. DON completed weight review on 8/21/14 of all residents with significant weight loss and ensured interventions were implemented timely, MD/RP notification, and referral to RD. DON and weight committee inserviced by facility consultant on timely weight loss intervention, MD/RP notification, and RD referral on 8/29/14. To ensure that all weights are monitored properly, the DON and weight committee will meet weekly for 4 weeks and monthly for 3 months to review any residents to include resident #11 that trigger for a +/- 5% (in 30 days), 7.5% (90 days), 10% (in 180 days) utilizing a weight committee tool. Interventions will be implemented timely for all identified residents. This weight review will be documented by the DON in the progress notes for each resident. The MD, RD, and resident family will be contacted as needed upon the identification of any potential concerns. The RD will review all tube feeders monthly for 3 months and then as needed to identify any potential concerns. DON will forward recommendations from RD to the MD to for review and implement all recommended interventions timely. Administrator will review QI tool for completion weekly for four weeks and monthly for three months. The results of the weight committee	

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F 325	Continued From page 2 there was no weight for Resident #11. She indicated the weight must have been entered after she left and she was not informed of Resident #11's weight loss. In an interview on 08/14/14 at 2:53 PM the Director of Nursing (DON) indicated she was in charge of the weight committee. She stated it was the purpose of the committee to monitor trends in resident weights. She indicated there were weekly weight meetings and one of those would also be the monthly meeting. The DON stated the committee would review residents who triggered for a weight loss or gain of +/- 5% over 30, 90 and 180 days. She indicated that a resident receiving nutrition through a feeding tube should not lose weight. She indicated she would be concerned about a greater than 14 lb. weight loss. She stated she expected the RD to ask for weights if a weight was not found for review. She stated a high calorie liquid supplement could have been used to increase Resident #11's weight. In an interview on 08/14/14 at 3:15 PM the Administrator stated she felt there had been a breakdown in the system due to a change in the administrative staff. She indicated the RD should have requested Resident #11's weight when she came in on 06/25/14. The Administrator stated a resident receiving nutrition through a feeding tube should not lose weight.	F 325	meetings will be forwarded to the facility QI committee monthly for four months for review and follow up as deemed necessary for any potential trends and to determine the frequency and/or need for continued monitoring. This will be completed by September 11, 2014.	
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced	F 327		9/11/14

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F 327	Continued From page 3 by: Based on observation, record review, resident and staff interviews, the facility failed to have a system in place to monitor and/or track fluids provided to 1 of 3 residents (Resident #61) who had physician's orders for fluid restrictions. Findings included: Resident #61 was re-admitted to the facility on 02/03/14. Cumulative diagnoses included end stage renal disease with hemodialysis, history of a failed renal transplant and hypertension. A Significant Change Minimum Data Set (MDS) assessment of 02/10/14 noted Resident #61 to be cognitively intact. The resident required extensive to total assistance with activities of daily living but needed set up only for eating. According to the Care Area Assessment (CAA) for this MDS, he triggered in dehydration along with other areas. A document entitled "At Risk Wandering Assessment" was completed on 05/02/14 for Resident #61. He was identified as being at risk and wandering precautions were in place. According to the electronic charting, Resident #61's resident care guide included: no water pitcher in the room, wandering with an identification bracelet in place and fluid restrictions of 1500 ml (milliliters) daily. A physician's order sheet for June 2014 noted that Resident #61 was to have a fluid restriction of 1500 ml daily. There was no indication noted as to how the fluids were to be divided between dietary and nursing.	F 327	Resident #61 was educated regarding fluid restriction of 1500 ml on 8/29/14 by DON. Resident #61 fluid restrictions were reviewed by DON and QA nurse on 8/29/14 for 16 days to ensure resident was not exceeding required restrictions per MD order. Resident was not found to exceed fluid restrictions during audit. Resident #61 MAR was updated on 8/29/14 by DON and QA nurse to monitor and track fluid intake per required restrictions. A 100% audit of all resident□s fluids on fluid restrictions for 30 days was completed by DON and QA nurse on 8/29/14 to ensure residents had not exceeded required restrictions per MD order. No resident was found to exceed fluid restrictions per MD order during audit. Residents with fluid restrictions MARs were updated on 8/29/14 by DON and QA nurse to monitor and track fluid intake per required restrictions. All CNAs will be inserviced by 9/11/14 by DON/QA nurse on documentation of fluids in electronic health record to include fluid restrictions. All licensed nursing staff will be inserviced by 9/11/14 by DON/QA nurse on documentation of fluid intake on MAR and in electronic health record and on how to properly track and monitor fluid intake for fluid restrictions per MD order. All dietary staff will be inserviced by 9/11/14 by DON/QA nurse on fluid restrictions and providing fluids per MD order. All new hired CNAs, licensed	

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F 327	Continued From page 4 Upon review of the June 2014 Medication Administration Record (MAR), it was noted as "FYI" (for your information) that Resident #61 was on a 1500 ml fluid restriction daily. There were no fluid totals listed as to dietary or nursing and all of the date blocks were left blank. According to the July 2014 physician's order sheet, Resident #61 was on a fluid restriction of 1500 ml daily and had orders for 60 ml of Novosource (protein supplement) three times daily. Upon review of the July 2014 Medication Administration Record (MAR), it was noted as "FYI" (for your information) that Resident #61 was on a 1500 ml fluid restriction daily. There were no fluid totals listed as to dietary or nursing and all of the date blocks were left blank. A Quarterly MDS assessment of 07/28/14 documented Resident #61 was cognitively intact. A health status note of 07/28/14 at 9:53 AM indicated that Resident #61 was alert and oriented and could express his needs. It was noted that he ambulated about the facility in his wheelchair and had a pleasant demeanor. The August 2014 physician's order sheet noted Resident #61 was to be on the 1500 ml fluid restriction and had orders for the Novosource 60 ml three times daily. Upon review of the August 2014 Medication Administration Record (MAR), it was noted as "FYI" (for your information) that Resident #61 was on a 1500 ml fluid restriction daily. There were no fluid totals listed as to dietary or nursing and	F 327	nursing staff, and dietary staff will be inserviced during orientation. DON and QA nurse will be inserviced by consultant on 8/29/14 regarding fluid restrictions and how to properly track and monitor for residents with MD orders for fluid restrictions. CNAs will document actual fluid intake on each shift for all residents to include resident #61 in the electronic health record. Licensed nursing staff will document fluid intake with med pass for each resident to include resident #61 on MAR and in electronic health record and will notify MD if resident exceeds fluid restriction per MD order. DON/ QA nurse will monitor fluid intake for residents with fluid restrictions per MD order using a QA tool for daily for five days, weekly for four weeks, and monthly for three months. The DON will immediately address all identified areas of concern. The results of the fluid restriction monitoring will be forwarded to the facility QI committee monthly for four month for review and follow up as deemed necessary for any potential trends and to determine the frequency and/or need for continued monitoring. This will be completed by September 11, 2014.	

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F 327	Continued From page 5 all of the date blocks were left blank. During the lunch meal observation on 08/11/14 beginning at 12:20 PM, Resident #61 was observed eating lunch in his room. There were 2 styrofoam cups of liquids on his tray. When interviewed, the resident stated that he didn't have a water pitcher but did have his own personal coffee cup that he filled at will. Resident #61 also commented that none of the staff ever asked him how much he was consuming. He also commented that he did not receive water from staff unless the nurse was administering medications. Upon review of Resident #6 's tray slip, it was noted that he was receiving a regular diet with large portions. It was also noted on the tray slip that he was on a 1500 ml fluid restriction. Resident #61's care plan, last reviewed on 08/12/14, identified a problem with end stage renal disease and was at risk for complications due to hemodialysis. It was noted that his diet was as ordered with a 1500 ml fluid restriction. A problem was also identified as a potential for or actual fluid volume excess related to his non-compliance with fluid intake. During an interview with Nurse Aide #1 (NA#1) on 08/12/14 at 4:50 PM, she stated Resident #61 was a little confused today. She stated he was a dialysis resident and went out for dialysis 3 times weekly. NA #1 stated he had been identified as a wanderer and his picture was on the wander board in the employee lounge. She reported that Resident #61 needed assistance with personal care but could self transfer from the bed to the wheelchair. When questioned about fluid restrictions, she commented that he drank a lot of coffee and as far as she knew he was not	F 327		

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F 327	Continued From page 6	F 327		

restricted. NA #1 added that if he was, it would be on his resident care guide which was located inside the closet door. NA #1 also stated she documented the fluid consumed from his meal trays at the end of each shift.

Resident #61 was observed having lunch on 08/13/14 at 1:00 PM. There was an 8 ounce cup of fluid on his tray. Resident #61 reported that he usually received a carton of milk and a cup of coffee with his breakfast meal. Resident #61 pointed to a silver cup that was sitting beside the television and stated he filled that cup with coffee on a regular basis. He also reported that he goes to another area in the building to get coffee. Resident #61 stated the coffee pot was left out in the mornings for residents who wanted coffee so he helped himself. He commented that no one ever asked him how much coffee he was drinking. Upon observation, the personal cup was silver in color and appeared to be approximately a 12-16 ounce cup.

During an interview with NA #2 on 08/13/14 at 2:35 PM, she stated she documented fluid totals at the end of each shift. She stated residents with orders for fluid restrictions did not receive any extra fluids. She also commented that the fluid restriction was also included on the resident's care guide.

During an interview with Nurse #1, on 08/13/14 at 4:20 PM, she stated she documented the fluid amounts in the computer chart that she provided to the residents who were on fluid restrictions. She also stated she reviewed the fluid totals to ensure that the resident did not receive more than was ordered. Nurse #1 commented that she had 2 residents that were on physician ordered fluid

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restrictions, one of which was Resident #61. She reported that the nurse aides document in the computer system how much Resident #61 consumed from his meal trays.

During an interview with the Director of Nurses (DON) and Nurse #2 on 08/14/14 at 11:00 AM, it was reported that Resident #61 was non-compliant with the fluid restrictions and was ambulatory via a wheelchair. Neither the DON nor Nurse #2 could remember educating Resident #61 about fluid restrictions. The DON stated currently there was no system for tracking or monitoring the amount of fluids taken in if a resident was on a physician ordered fluid restriction. Nurse #2 commented that based on her knowledge of fluid restrictions from previous facilities, she had seen totals noted on the medication administration records (MARs) indicating how much dietary provided and how much nursing provided. The DON reported that the nurse aides documented the amount of fluids consumed from the meal trays but she was not aware that anyone was monitoring or over seeing fluid restriction residents at this facility. The DON reported that she would meet with the dietary manager to discuss fluid restrictions and decide amounts to be provided from the dietary department and the nursing staff. The DON also commented that she would meet with nursing staff to discuss fluid restrictions and it would be noted on the resident's MAR.

During an interview with the dietary manager (DM) on 8/14/14 at 2:45 PM, she stated she was approached about how she wanted to handle fluid restrictions when she was first hired. The DM stated dietary provided 960 ml of fluids on the meal trays if a resident was on a 1500 ml fluid

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F 327	Continued From page 8 restriction. According to the DM, the fluid restriction was noted as a "for your information" on the tray slips, and the beverages to be offered at each meal were documented on the tray slips. The DM explained the nurse aides (NAs) documented the actual intake of meal beverages in the care tracker electronic system but she reported she was unsure how nursing tracked fluid provided with medications and fluid provided as nutritional supplements.	F 327		
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 observation and staff interview the facility failed to follow facility expectations for safely thawing frozen meats, failed to clean fan faces blowing into food preparation areas and onto sanitized kitchenware, failed to wash fruit before providing it to a resident, failed to keep food/beverage items covered to prevent contamination by insects, failed to air dry kitchenware before placing food/beverage into it, and failed to maintain the strength of a quaternary sanitizing solution used to wipe down meal carts returning from dining rooms and resident halls.	F 371	1. On 8/11/14, all thawed meat items were assessed to determine safety by DM (Dietary Manager). The thawed chicken was discarded by DM due to not being safe with blood in pans. Additional boxes of frozen chicken were pulled on 8/11/14 by DM and thawed properly for 8/12/14 meal by DM and cook. Barbeque was dated and found safe for use by DM and cook 8/11/14. All dietary staff were inserviced by DM on	9/11/14

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F 371	Continued From page 9 Findings included: 1. During initial tour of the kitchen on 08/11/14, beginning at 10:50 AM, two trays of thawed chicken and a tray of thawed barbeque were being stored in the walk-in refrigerator without labels which would indicate when the meats were pulled from the freezer and placed into refrigeration to begin the thawing process. The two trays of thawed chicken were full of blood. At this time the dietary manager (DM) stated the chicken and barbeque were pulled from the freezer on Wednesday, 08/06/14. Review of weekly menus revealed that a barbeque pork platter was being served to residents for lunch on 08/12/14 and baked chicken with gravy was being served to residents for supper on 08/12/14. At 9:57 AM on 08/13/14 two carts full of frozen meats were observed in the walk-in refrigerator. At this time the cook explained on Wednesdays, such as 08/13/14, a full week's worth of meats were pulled from the freezer and placed in refrigeration to begin the thawing process. At 10:00 AM on 08/13/14 the DM stated the chicken and barbeque found in the walk-in refrigerator during initial tour were supposed to have been served at meals on 08/12/14. She explained that the facility pulled a week's worth of frozen meats to begin thawing on Wednesdays. The DM reported it would probably take a couple days for the chicken and barbeque to completely thaw, and then after thawing, they should be cooked within another couple of days. At 4:45 PM on 08/13/14, during a telephone	F 371	how to safely thaw frozen meats by 9/11/14. All new hired dietary staff will be inserviced during orientation. Dietary staff will thaw frozen meats properly by procedure. Dietary Manager or Administrator will observe all thawed meats for five days, using the meat audit tool, then weekly for four weeks, then monthly for three months to ensure frozen meats are thawed safely. Staff will be retrained by the Dietary Manager upon the identification of any potential thawing safety concerns. The results of the safe thawing meat audits will be forwarded to the facility QI committee monthly for 4 months for review and follow up as deemed necessary for any potential trends and to determine the frequency and/or need for continued monitoring. This will be completed by September 11, 2014. 2. On 8/13/14, fans were cleaned by dietary aid using fan cleaning procedure. All dietary staff were inserviced by DM on how to properly clean fans in the kitchen by 9/11/14. All new hired dietary staff will be inserviced during orientation. Fans are scheduled to be cleaned daily and weekly according to procedure by dietary aide. DM or Administrator will observe all fans for five days, using the audit tool, then weekly for four weeks,	

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F 371	Continued From page 10 conversation, the corporate food service consultant stated it was not company policy to pull a week's worth of frozen meats at one time to begin the thawing process. She reported it was not acceptable to pull meats from the freezer on 08/06/14 and not cook them until 08/12/14. According to the consultant, frozen meats should be used within three days of being pulled from the freezer to being thawing. At 2:10 PM on 08/14/14 the DM stated the dietary staff was pulling a week's worth of frozen meats to thaw at one time before she starting working in the facility. She reported this practice had not been questioned. At 2:30 PM on 08/14/14 the PM cook stated she had been helping put up stock and pull meats for thawing for about a month. She reported she was told on Wednesdays to pull all the meats in the freezer which appeared on a week's worth of menus. She commented she transferred these frozen meats to the walk-in refrigerator where they thawed until being cooked and served to residents sometime during the coming week. 2. During initial tour of the kitchen on 08/11/14, beginning at 10:50 AM, a floor fan was blowing into the food preparation area. The face of the fan had a coating of dirt and dust on it with some strands of dust hanging off the back of the fan. During food preparation and dish machine observation, beginning at 9:30 AM on 08/13/14, a floor fan was blowing into the food preparation area, and another floor fan was blowing onto sanitized kitchenware exiting the dish machine. The faces of the fans had a coating of dirt and dust on them with some strands of dust hanging	F 371	then monthly for three months to ensure that all fans are cleaned properly. Dietary staff will be retrained by the Dietary Manager upon the identification of any potential concerns. The results of the fan cleaning audits will be forwarded to the facility QI committee monthly four months for review and follow up as deemed necessary for any potential trends and to determine the frequency and/or need for continued monitoring. This will be completed by September 11, 2014. 3. Dietary employee was disciplined for not properly washing fruit and inserviced on proper fruit and vegetable washing procedure by Dietary Manager and Administrator on 8/18/14. All dietary staff were inserviced by Dietary Manager on how to properly wash fruit before providing to a resident for consumption by 9/11/14. All new hired dietary staff will be inserviced during orientation. Dietary staff will properly wash fruit before providing to residents per procedure. Dietary Manager or Administrator will observe dietary staff washing and providing fruit to residents for five days, using the audit tool, then weekly for four weeks, then monthly for three months to ensure that all fruit is washed properly before providing to a resident. Dietary staff will be retrained by the Dietary	

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F 371	Continued From page 11 off the back of the fans. At 10:30 AM on 08/13/14 a white cloth used to wipe both fan faces had brown residue on it. At this time the dietary manager (DM) reported fans utilized in the kitchen were supposed to be cleaned every Wednesday, but she commented the past couple of weeks had been very rainy. A 2:10 PM on 08/14/14 the DM stated the stock person was responsible for cleaning kitchen fans weekly, but she commented after the previous stock person left she forgot to inform the dietary employee newly assuming those duties about the responsibility of cleaning the fans. The DM commented it had been close to a month since the floor fans were cleaned. The DM reported dust and dirt from the fans could contaminate the food being prepared or the sanitized kitchenware, possibly making residents sick. At 2:30 PM on 08/14/14 the PM cook/dietary aide with stock responsibilities stated she began putting up stock about a month ago, but had not been told that part of her new job was to clean the floor fans used in the kitchen. 3. At 10:23 AM on 08/13/14 an employee came to the kitchen door and told the dietary staff that a resident had a special request for fresh grapes. A dietary employee retrieved a bag of grapes from the walk-in refrigerator and placed them in a side dish. The grapes were no washed prior to providing the staff member with the side dish. At 2:10 PM on 08/14/14 the dietary manager (DM) stated all dietary staff were previously in-serviced on the importance of washing fresh fruits and vegetables before serving them to	F 371	Manager upon the identification of any potential concerns. The results of the fruit washing audits will be forwarded to the facility QI committee monthly for four months for review and follow up as deemed necessary for any potential trends and to determine the frequency and/or need for continued monitoring. This will be completed by September 11, 2014. 4. On 8/13/14 tea urn was covered and rolls were covered on tray line with wax paper by cook and dietary aid. All dietary staff were inserviced by DM on how to properly keep food/beverage items covered to prevent contamination by insects by 9/11/14. All new hires will be inserviced during orientation. Dietary staff will cover food/beverage during preparation to prevent contamination by insects. Tea urns will be covered with lid and food items will be covered with wax paper or pre-bagged. Dietary Manager or Administrator will observe all tea urns and food on the tray line for five days, using the audit tool, then weekly for four weeks, then monthly for three months to ensure that all food and beverage items are properly covered to prevent contamination by insects. Dietary staff will be retrained by the Dietary Manager upon the identification of any potential safety concerns.	

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F 371	Continued From page 12 residents. She reported washing fresh fruit and vegetables thoroughly helped cleanse away harmful bacteria which could make residents sick. At 2:30 PM on 08/14/14 the PM cook stated she remembered being in-serviced about the importance of washing fresh fruit and vegetables before serving them raw. She reported she was told that washing the fresh produce reduced the chance that residents could get foodborne illness. 4. At 10:32 AM on 08/13/14 a fly was observing hovering around the food preparation area. At 10:35 AM on 08/13/14 a canister of brewed tea was uncovered. At 11:57 AM on 08/13/14 rolls were removed from the warmer and placed at the trayline. The dietary aide working on the trayline bagged about five rolls, and left the rest of the pan uncovered. At 12:00 noon on 08/13/14 this tea canister still remained uncovered. At 12:15 PM on 08/13/14 a fly was hovering over food at the trayline, and half a large baking pan of rolls was still uncovered. At this time the dietary manager (DM) stated since she worked in the facility the dietary staff always bagged their bread/rolls during the operation of the trayline. At 2:10 PM on 08/14/14 the DM stated if fly feces was to be dropped in the tea or on the cooked rolls there would be no way to kill the bacteria, and could pose a health risk for residents. She reported it was important to keep food and beverages covered during food preparation and	F 371	The results of the food/beverage item audit will be forwarded to the facility QI committee monthly for four for review and follow up as deemed necessary for any potential trends and to determine the frequency and/or need for continued monitoring. This will be completed by September 11, 2014. 5. On 8/13/14 additional cups were placed into rotation to allow for additional drying time by DM. Dishes were removed from ledge below steam table. On 8/19/14 UNX serviced dish machine and adjusted Whirl (drying aid) dispenser to apply more drying aid during rinse cycle. All dietary staff were inserviced by DM regarding allowing kitchenware to air dry completely prior to placing food/beverage in it by 9/11/14. All new hired dietary staff will be inserviced during orientation. Dietary staff allow dishes to completely air dry prior to filling with any food or beverage. Dishes are no longer stored under steam table. Dietary Manager or Administrator will observe kitchenware for five days, using the audit tool, then weekly for four weeks, then monthly for three months to ensure that all kitchenware is dried properly before placing food/beverage in it. Dietary staff will be retrained by the Dietary Manager upon the identification of any potential safety concerns.	

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F 371	Continued From page 13 trayline operation so they would not be contaminated, especially if they were not being kept at temperatures hot enough to kill bacteria. At 2:30 PM on 08/14/14 the PM cook stated she was taught to keep food and beverages covered so that flies and gnats could not land on them. 5. At 10:12 AM on 08/13/14, during an inspection of kitchenware, 3 of 17 plastic side dishes were wet inside. At this time the dietary manager (DM) stated the moisture formation inside these dishes was due to the hot ledge below the steam table where they were stacked. At 12:12 PM on 08/13/14, during observation of the trayline operation, the surveyor stopped the cook from placing okra for the lunch meal into a side dish which had moisture inside it. This side dish had been sitting on the ledge below the steam table. This ledge was very warm to the touch. At 3:41 PM on 08/13/14 the surveyor stopped a dietary employee from pouring unsweet tea into 25, 8-ounce cups which still had moisture inside of them. At 2:10 PM on 08/14/14 the DM stated kitchenware should be air dried prior to placing food and beverage into it. She reported she had new cups which she would be utilizing which might help with the drying process since the same cups would not have to be used at every meal. The DM commented trapped moisture in kitchenware could cause bacterial formation. At 2:30 PM on 08/14/14 the PM cook stated she was trained to only place food and beverage in	F 371	The results of the kitchenware audits will be forwarded to the facility QI committee monthly for four months for review and follow up as deemed necessary for any potential trends and to determine the frequency and/or need for continued monitoring. This will be completed by September 11, 2014. 6. On 8/14/14 quaternary solution buckets were disposed of and new solution was made according to procedure. All dietary staff were inserviced by DM regarding proper procedures for preparing quaternary solution and how to maintain the strength of the solution used to wipe down meal carts by 9/11/14. All new hired dietary staff will be inserviced during orientation. Dietary staff will prepare quaternary solution buckets at the beginning of each shift using sanitizing sink solution of Ally and water. Dietary staff will use Hydrion strip to check strength of solution. Solution must be at least 200 ppm. Prior to cleaning meal carts, solution will be checked using Hydrion strip to ensure strength is maintained to at least 200 ppm. Dietary Manager or Administrator will observe the quaternary solution buckets for five days, using the audit tool, then weekly for four weeks, then monthly for three months to ensure that quaternary solution is properly made and the strength	

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F 371	Continued From page 14 kitchenware which was completely dry. 6. During operation of the dish machine on 08/13/14, between 9:32 AM and 9:50 AM, multiple meal carts were emptied, and a dietary employee used a cloth from a red bucket to wipe the carts down with. At 9:52 AM on 08/13/14 a strip used to check the strength of the sanitizing solution in this red bucket registered 0 - 100 parts per million of quaternary sanitizer. At this time the dietary manager (DM) reported the quaternary sanitizing solution from the three-compartment sink dispensing system was always used in the red buckets, and this solution should register 200 PPM. At 2:10 PM on 08/14/14 the DM stated her dietary staff sanitized meal carts because they had been touched by multiple staff and had been rolled into resident care areas. She reported the red buckets containing the quaternary sanitizing solution were made up twice daily, and a strip was used to check their strength each time they were made up. The DM explained she thought the strength of the sanitizing solution in the red bucket was weakened by taking the cloths in and out of the bucket so much. Therefore, she commented she thought just checking the strength of the sanitizing solution once, immediately after it was made up, was not frequent enough. At 2:30 PM on 08/14/14 the PM cook stated sanitizing the meal carts was a good infection control practice and prevented cross contamination in the kitchen. She reported she always placed a cap of bleach into a bucket filled	F 371	is maintained. Staff will be retrained by the Dietary Manager upon the identification of any potential safety concerns. The results of the quaternary solution audits will be forwarded to the facility QI committee monthly for four months for review and follow up as deemed necessary for any potential trends and to determine the frequency and/or need for continued monitoring. This will be completed by September 11, 2014.	

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F 371	Continued From page 15 1/2 to 3/4 full with water when making up the solutions used for sanitizing meal carts and food preparation surfaces.	F 371		