

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345495</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE STEWART HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6920 MARCHING DUCK DRIVE</b> <b>CHARLOTTE, NC 28210</b>	
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E 000	Initial Comments  An unannounced Recertification survey was conducted on 07/09/19 through 07/12/19. The facility was found to be in compliance with CFR 483.73, Emergency Preparedness. Event ID #SPZ111.	E 000		
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;  §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on a family interview, resident interviews during a Resident Council Meeting (Residents #4, #21, #24, #45 and #46), an observation of a lunch meal tray line service, a lunch meal dining service and a test tray evaluation, the facility failed to provide palatable foods per resident preference for taste and temperature as evidenced by spinach and soup served cold and fresh fruit served warm and without flavor per resident and staff interviews.  The findings included:  1. During an interview with Family Member A on 7/9/2019 at 3:41 PM, she stated food temperature (foods were cold) and food quality was a concern.	F 804	1.) Corrective Action to be accomplished for those Residents affected by the alleged deficient practice:  In-Service training to be completed with all Dietary staff no later than 8/9/19 to include Hot and Cold Holding Temperatures, Re-Thermalizing and Cooling Processes, Dishwasher Temperature Monitoring, and Preparation of Puree Foods to ensure consistent compliance with regulatory requirements.  Changes to food delivery to system and additional staff training to be explained to Resident Council and Family Member A in August 2019.	8/9/19

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

TITLE

(X6) DATE

Electronically Signed

08/05/2019

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.

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

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OMB NO. 0938-0391

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F 804	<p>Continued From page 1</p> <p>She explained there needed to be a system in place to ensure foods remained hot when being transported to the units for those residents that ate in their rooms. She verbalized management was aware of her concern.</p> <p>2. A Resident Council meeting was completed during the recertification survey on 7/11/2019 at 11:00 AM. The following residents, Resident #21, #4, #24, #45 and #46, verbalized concerns regarding food palatability, specifically cold food and quality of the food. The residents verbalized if they were eating in the main dining area, then the food was hot. If they chose to eat in their rooms, their food was cold. The residents indicated since they were choosing to eat in their rooms then they understood their meals may be cold when delivered by staff.</p> <p>A follow up interview with Resident's #4, #21, #24, #45 and #46, after the lunch meal, on 7/11/2019 at 12:30 PM was completed. The residents verbalized the soup was cold and lacked flavor. The residents stated they understood everyone had a different diet and different tastes but soup was soup. The residents further stated the main meal was warm to luke warm.</p> <p>An interview was completed with the Activities Director (AD) on 7/12/2019 at 8:23 AM. The AD stated she was aware of the residents having food concerns, specifically, meats being overcooked, hot dogs were too big/hard to manage, and spaghetti noodles were hard to manage. The AD verbalized the residents had not voiced concerns regarding food temperature.</p>	F 804	<p>2.) Corrective Action to be accomplished for those Residents having the potential to be affected by the alleged deficient practice:</p> <p>In addition to the above in-service training, Food and Beverage Director and Dietary Manager or designee to complete regular temperature monitoring to include:</p> <ul style="list-style-type: none"> <li>- Monitoring of Hot and Cold food items upon preparation, upon receipt in satellite kitchen, during holding process, and upon final plating to ensure both safe and palatable temperatures are maintained.</li> </ul> <p>3.) Measures put in place to ensure the alleged deficient practice will not recur:</p> <p>Tracking of above temperature monitoring practices to be completed throughout each day, and any variation from a regulatory standard to be promptly reported to Food and Beverage leadership and corrected in accordance with above provided training.</p> <p>Member of the Cypress of Charlotte Leadership or designee to receive a "test tray" each meal x 1 week, daily x 3 weeks, and weekly x 8 weeks to observe for palatability, temperature, flavor and appearance. Observations of this tray to be documented and reported to Food and Beverage Director and Dietary Manager.</p> <p>Food and beverage related observations/concerns to be discussed in Resident Council beginning the August</p>		

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F 804	<p>Continued From page 2</p> <p>She further stated that all food concerns were discussed in "food forum" with the Registered Dietician.</p> <p>An interview was completed with the Registered Dietician (RD) on 7/12/2019 at 12:11 PM. The RD stated she was aware of food concerns since the dietary department made a change in cooks. She stated the change in cooks occurred within the last 6 months. She further explained she was not aware of any recent food concerns from resident council. All previous concerns had been addressed. The RD verbalized she typically followed up with food concerns at the next scheduled food forum meeting. Approximately 2 months ago, the RD expressed the residents that had meals in their rooms were complaining about meals being cold and not warm. The RD stated she evaluated meal service in the dietary department. The RD discovered the plate warmer was not functioning properly and the plates were not warming sufficiently. The RD explained she discussed this concern with the Executive Chef. The determination was made last week (week of July 1 through July 5) to invest in a hotbox for meal service delivery versus purchasing another plate warmer. The RD stated this could have led to food being cold when meals were delivered to residents in their rooms.</p> <p>An interview was completed with the Administrator on 7/12/2019 at 6:00 PM. The Administrator stated cold food had not ever come up as a concern. The Administrator further stated the dietary department has had a major overhaul with new staff in place, in conjunction with the plate warmer not fully warming the plates</p>	F 804	<p>2019 meeting. All observations/suggestions to be addressed promptly by SHC Management.</p> <p>4.) Monitoring Process</p> <p>In-Service training records, temperature logs, and test tray observation results to be reported to QAPI committee to review and ensure effectiveness and sustained compliance.</p>		

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F 804	<p>Continued From page 3</p> <p>properly, could have contributed to foods being cold. The Administrator explained the determination was made not to replace the plate warmer, but rather to purchase a new hotbox (warming system for food delivery). The delay in ordering the new hotbox required a capital expenditure due to the cost. The Administrator communicated the new hotbox had been ordered and once the new hotbox arrived, cold food concerns should decrease.</p> <p>3. An observation of the lunch meal dining service on the Memory Care unit occurred on 07/10/19 at 11:56 AM. Individual bowls of fresh fruit was delivered from the satellite kitchen to the Memory Care unit on one tray with a large piece of plastic wrap covering the bowls of fruit. Coffee was delivered in individual insulated cups with a lid. Roasted red pepper soup was delivered in a water pitcher and covered with one piece of plastic wrap. A thermometer was not available on the unit and had to be obtained by the nurse. The following temperatures were obtained on the Memory Care unit at the request of the surveyor by dietary aide (DA) #1. The coffee was served in individual insulated cups and the fruit and soup were served in individual bowls to residents without reheating or cooling:</p> <ul style="list-style-type: none"> <li>· Coffee - 115 degrees Fahrenheit (F)</li> <li>· Fresh cut melon and pineapple - 68 degrees F</li> <li>· Roasted red pepper soup - 119 degrees F</li> </ul> <p>An interview with the Registered Dietitian (RD) occurred on 07/10/19 at 12:15 PM. The RD stated the soup should be delivered in individual insulated bowls with a lid and not in a plastic pitcher because the plastic pitcher would not keep the soup hot. The RD stated that the</p>	F 804			

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F 804	<p>Continued From page 4</p> <p>temperature of the fresh cut fruit was too high and that she would remove the fruit from the residents and give them colder fruit. The RD was observed to remove the fruit from the residents. A follow up interview occurred on 07/11/19 at 1:32 PM at which time the RD stated that approximately 2 months ago residents who ate meals in their rooms complained that their food was cold and not hot. As a follow up to this, the RD noted that the plate warmer was not getting plates hot enough to maintain hot food temperatures during meal delivery. The RD discussed this with the Food and Beverage Director with a decision made to order a hot box instead of another plate warmer. The hot box was ordered on 07/09/19 with delivery expected in the next day or two. The RD stated that the plan was to use the hot box to heat the insulated dome lids/bottoms to help maintain hot food temperatures during meal delivery. The RD further stated that until the hot box arrived, dietary staff were expected to use insulated containers for meal delivery and continue monitoring food temperatures at the tray line, keeping hot foods at 135 degrees F or above and cold foods at 41 degrees F or below.</p> <p>An interview with the cook occurred on 07/12/19 at 10:09 AM and revealed he cut the fresh fruit for the fruit salad served on 07/10/19 at the lunch meal. The cook stated that he did not take the temperature of the fruit before sending the cut fruit to the satellite kitchen, but that the fruit was maintained under refrigeration, prior to cutting, with a usual temperature range between 35 - 38 degrees Fahrenheit.</p> <p>An interview with the assistant dietary manager (ADM) occurred on 07/12/19 at 10:36 AM. The</p>	F 804			

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F 804	<p>Continued From page 5</p> <p>ADM stated fresh fruit was cut and prepared in the main kitchen and delivered in bulk to the satellite kitchen. The ADM stated dietary staff were trained to place the fruit in refrigeration in the satellite kitchen until it was ready to be plated in small bowls, covered with plastic wrap and then taken to the units for service. The ADM also stated dietary staff should check temperatures of foods on the tray line and keep cold foods at or below 41 degrees Fahrenheit and hot foods at or above 135 degrees Fahrenheit during the tray line meal service.</p> <p>During an interview on 07/12/19 at 10:41 AM, DA #1 stated that she did not check the temperature of the fresh cut fruit before the lunch meal service on 07/10/19. She stated when the fresh fruit was received from the main kitchen that day, she placed the fruit in refrigeration but did not check the temperature. DA #1 also stated that it was not her practice to check the temperature of foods once the foods reached the dining areas, but that all temperature monitoring was conducted in the main and satellite kitchens.</p> <p>4. A continuous observation of the lunch meal tray line service occurred in the satellite kitchen on 07/11/19 from 11:20 AM - 12:20 PM. Dietary Aide (DA) #2 was observed plating mashed potatoes for residents on a pureed diet. DA #2 stated the plates were for residents on the skilled and Memory Care units with a physician's order for a pureed diet. After plating mashed potatoes, DA #2 left the plates on the prep counter uncovered. At 11:45 AM, DA #3 removed spinach from the tray line, placed it in a commercial blender to puree and added a serving of pureed spinach to each plate of mashed potatoes. DA #3 then removed pureed ham from the tray line and</p>	F 804			

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F 804	<p>Continued From page 6</p> <p>added a serving of pureed ham to each plate of pureed spinach and mashed potatoes. The plates of pureed foods remained uncovered on the prep counter until 12:02 PM. The plates were then placed in the microwave, reheated and then placed on the delivery cart by DA #4 for delivery to residents, without temperature monitoring. At 12:08 PM, DA #4 began to move the lunch cart out of the kitchen for delivery to the residents. At the request of the surveyor, temperature monitoring was conducted in the satellite kitchen by DA #4 with the following results:</p> <ul style="list-style-type: none"> <li>· Pureed ham - 126.2 degrees F</li> <li>· Mashed potatoes - 127.1 degrees F</li> <li>· Pureed spinach - 131.5 degrees F</li> </ul> <p>DA #4 was interviewed on 07/11/19 at 12:14 PM and stated that the hot food temperatures for the pureed foods were okay for delivery to residents, she further stated the temperature range for hot foods was 120 - 140 degrees F.</p> <p>The temperatures obtained for the pureed foods were communicated to the ADM by the surveyor on 07/11/19 at 12:15 PM, the delivery cart of pureed foods was taken to the Memory Care unit by DA #4 and the plates were served to residents.</p> <p>An interview occurred with DA #4 on 07/12/19 at 10:00 AM. DA #4 stated that she had not received prior instruction to monitor the temperature of hot foods when reheated in the microwave and so she did not take the temperature of the pureed foods on 07/11/19 prior to delivery to residents for the lunch meal service.</p> <p>An interview was conducted with DA #3 on 07/12/19 at 02:52 PM. During the interview, DA #3 stated that plating pureed foods and leaving</p>	F 804			

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F 804	<p>Continued From page 7</p> <p>the plates on the counter until meal delivery was the typical practice. DA #4 further stated that she did not conduct temperature monitoring of the pureed foods on 07/11/19 while she prepped the foods for the meal service as this was not her typical practice. DA #3 stated temperature monitoring was conducted in the main kitchen and when the foods were initially received in the satellite kitchen, after that she did not further monitor the temperature of pureed foods.</p> <p>The Assistant Dietary Manager (ADM) was interviewed on 07/12/19 at 10:36 AM. The interview revealed fresh fruit was prepped in the main kitchen and sent to the satellite kitchen in bulk in a plastic bowl. The ADM stated dietary staff were trained to obtain a temperature of the fruit and then place the bowl of fruit in refrigeration until it was plated into small bowls covered with plastic wrap and taken to the units for service. The ADM also stated the soup should have been transported in an insulated container to keep it hot. The ADM further stated staff should monitor the temperature of foods to maintain cold foods at or below 41 degrees F and hot foods at or above 135 degrees F until service.</p> <p>5. A test tray was requested in the satellite kitchen by the surveyor on 07/11/19 at 12:10 PM. The test tray was plated at 12:12 PM and left the satellite kitchen for delivery to the Memory Care unit at 12:20 PM. The last resident was served, and the test tray was evaluated at 12:37 PM. The ADM and surveyor both conducted a taste evaluation of the test tray on the Memory Care unit. Temperature monitoring was conducted by DA #4. The following concerns were noted by the ADM/surveyor:</p> <ul style="list-style-type: none"> <li>· Ham and cheese sandwich had a</li> </ul>	F 804			



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F 804	<p>Continued From page 8</p> <p>temperature of 105.1 degrees F. The ADM described the sandwich as having a good flavor, but that it was not hot, and the bread was tough/hard. The surveyor agreed.</p> <ul style="list-style-type: none"> <li>· Spinach was 102.7 degrees F. The ADM described the spinach as having a good flavor, but that it was not hot. The surveyor agreed.</li> <li>· Fresh fruit (melon and pineapples) had a temperature of 68.2 degrees F. The ADM described the pineapple as "Not the best tasting pineapple" and that it was warm and not cold. The surveyor agreed.</li> </ul> <p>The ADM was interviewed on 7/11/19 at 12:45 PM regarding the test tray and stated that had the foods been hot, the foods would have tasted better. The ADM stated she attributed the concerns with food temperatures to having to reheat the ham/cheese sandwiches once they were received from the main kitchen, reheating pureed foods for residents and obtaining colder fruit. The ADM stated these delays were typical activities that occurred during meal delivery and meal service.</p> <p>The cook from the main kitchen was interviewed on 07/12/19 at 10:09 AM and stated he was new in his role for the past 3 weeks and that he was still learning the process. He stated he prepped the ham/cheese sandwiches at the main kitchen, using cold ingredients which included a fully cooked deli ham product and a pasteurized cheese product. He grilled the sandwiches to a temperature of 138 degrees F and asked the RD to have staff place the sandwiches back on the grill at the satellite kitchen and grill them until they reached 145 degrees F. The cook stated going forward he would send sandwiches prepped but, uncooked and have the staff in the satellite</p>	F 804			

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F 804	Continued From page 9 kitchen grill them for better presentation and taste.	F 804			
F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§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. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (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. This REQUIREMENT is not met as evidenced by: Based on observations of the lunch meal tray line and a lunch meal dining service, the facility failed to maintain the temperature of potentially hazardous hot foods at 135 degrees Fahrenheit or above (red pepper soup and pureed spinach) and cold foods at 41 degrees Fahrenheit or below (fresh cut fruit) prior to delivery. The facility also failed to monitor the temperature of the dish machine, while in use, for a wash cycle temperature of 150 degrees Fahrenheit and a rinse cycle temperature of 180 degrees Fahrenheit, per manufacturer recommendations.</p>	F 812	<p>1.) Corrective Action to be accomplished for those Residents affected by the alleged deficient practice:</p> <p>In-Service training to be completed with all Dietary staff no later than 8/9/19 to include Hot and Cold Holding Temperatures, Re-Thermalizing and Cooling Processes, Dishwasher Temperature Monitoring, and Preparation of Puree Foods to ensure consistent compliance with regulatory requirements.</p>	8/9/19	

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F 812	<p>Continued From page 10</p> <p>The findings included:</p> <p>1. An observation of the lunch meal dining service on the Memory Care unit occurred on 07/10/19 at 11:56 AM. Roasted red pepper soup and fresh cut fruit were delivered to the Memory Care unit on a tray. The soup was in plastic water pitcher covered with plastic wrap and the fresh cut fruit was in individual bowls with one large piece of plastic wrap covering the tray of fruit. A thermometer was not available on the unit and had to be obtained by the nurse. The following temperatures were obtained at the request of the surveyor by dietary aide (DA) #1 and these foods were plated and served to residents.</p> <ul style="list-style-type: none"> <li>· Fresh cut melon and pineapple - 68 degrees Fahrenheit (F)</li> <li>· Roasted red pepper soup - 119 degrees</li> </ul> <p>F. This food item was plated and heated in the microwave on the Memory Care unit with no temperature monitoring prior to service.</p> <p>Review of the food temperature logs for 07/10/19 revealed there was no temperature recorded for the fresh cut fruit.</p> <p>Review of the recipe for the roasted red pepper soup revealed the following ingredients were used: water, canned roasted red peppers, canned coconut milk, fresh peeled potatoes (potentially hazardous food) and spices.</p> <p>An interview with the Registered Dietitian (RD) occurred on 07/10/19 at 12:15 PM. The RD stated the soup should be delivered in individual insulated bowls with a lid and not in a plastic pitcher because the plastic pitcher would not</p>	F 812	<p>2.) Corrective Action to be accomplished for those Residents having the potential to be affected by the alleged deficient practice:</p> <p>In addition to the above in-service training, Food and Beverage Director and Dietary Manager or designee to complete regular temperature monitoring to include:</p> <ul style="list-style-type: none"> <li>- Monitoring that dishwasher temperatures consistently remain within manufacturer recommended temperatures</li> <li>- Monitoring of Hot and Cold food items upon preparation, upon receipt in satellite kitchen, during holding process, and upon final plating to ensure both safe and palatable temperatures are maintained. These audits beginning beginning upon completion of training with all staff and no later than 8/6/2019.</li> </ul> <p>3.) Measures put in place to ensure the alleged deficient practice will not recur:</p> <p>Tracking of above temperature monitoring practices to be completed throughout each day, and any variation from a regulatory standard to be promptly reported to Food and Beverage leadership and corrected in accordance with above provided training. Temperature monitoring to begin upon completion with training with all staff, and no later than 8/9/2019.</p> <p>Member of the Cypress of Charlotte Leadership or designee to receive a "test tray" each meal x 1 week, one meal per</p>		

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F 812	<p>Continued From page 11</p> <p>keep the soup hot. The RD stated that the temperature of the fresh cut fruit was too high and that she would remove the fruit from the residents and give them colder fruit. A follow up interview occurred on 07/11/19 at 1:32 PM at which time the RD stated that approximately 2 months ago residents who ate meals in their rooms complained that their food was cold and not hot. The RD followed up with this concern and noted that the plate warmer was not getting plates hot enough to maintain hot food temperatures during meal delivery. The RD discussed this with the Food and Beverage Director with a decision made to order a hot box instead of another plate warmer. The hot box was ordered on 07/09/19 with delivery expected in the next day or two. The RD stated that the plan was to use the hot box to heat the insulated dome lids/bottoms to help maintain hot food temperatures during meal delivery. The RD further stated that until the hot box arrived, dietary staff were expected to transport foods in insulated containers and continue monitoring food temperatures at the tray line, keeping hot foods at 135 degrees F or above and cold foods at 41 degrees F or below.</p> <p>An interview with the cook occurred on 07/12/19 at 10:09 AM and revealed he cut the fresh fruit for the fruit salad served on 07/10/19 at the lunch meal. The cook stated that he did not take the temperature of the fruit before sending the cut fruit to the satellite kitchen, but that the fruit was maintained under refrigeration, prior to cutting, with a temperature range between 35 - 38 degrees F.</p> <p>An interview with the assistant dietary manager (ADM) occurred on 07/12/19 at 10:36 AM. The</p>	F 812	<p>day x 3 weeks, and weekly x 8 weeks to observe for palatability, temperature, flavor and appearance. Observations of this tray to be documented and reported to Food and Beverage Director and Dietary Manager. Additional tray temperatures to be taken and recorded as needed or as indicated in QAPI meetings or through Resident feedback.</p> <p>4.) Monitoring Process</p> <p>In-Service training records, temperature logs, and test tray observation results to be reported to QAPI committee to review and ensure effectiveness and sustained compliance.</p>		

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F 812	<p>Continued From page 12</p> <p>ADM stated fresh fruit was cut and prepared in the main kitchen and delivered in bulk to the satellite kitchen. The ADM stated dietary staff were trained to place the fruit in refrigeration in the satellite kitchen until it was ready to be plated in small bowls, covered with plastic wrap and then taken to the units for service. The ADM also stated dietary staff should check temperatures of foods on the tray line and keep cold foods at 41 degrees F or below and hot foods at 135 degrees F or above during the tray line meal service.</p> <p>During an interview on 07/12/19 at 10:41 AM, DA #1 stated that she did not check the temperature of the fresh cut fruit before the lunch meal service on 07/10/19. She stated when the fresh fruit was received from the main kitchen that day, she placed the fruit in refrigeration but did not check the temperature. DA #1 also stated that it was not her practice to check the temperature of foods once the foods reached the dining areas, but that all temperature monitoring was conducted in the main and satellite kitchens.</p> <p>2. A continuous observation of the lunch meal tray line service occurred in the satellite kitchen on 07/11/19 from 11:20 AM - 12:20 PM. Dietary Aide (DA) #2 was observed plating mashed potatoes for residents on a pureed diet. DA #2 stated the plates were for residents on the skilled and Memory Care units with a physician's order for a pureed diet. After plating mashed potatoes, DA #2 left the plates on the prep counter uncovered. At 11:45 AM, DA #3 removed spinach from the tray line, placed it in a commercial blender to puree and added a serving of pureed spinach to each plate of mashed potatoes. DA #3 then removed pureed ham from the tray line and</p>	F 812			

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F 812	<p>Continued From page 13</p> <p>added a serving of pureed ham to each plate of pureed spinach and mashed potatoes. The plates of pureed foods remained uncovered on the prep counter until 12:02 PM. The plates were then placed in the microwave, reheated and then placed on the delivery cart by DA #4 for delivery to residents, without temperature monitoring. At 12:08 PM, DA #4 began to move the lunch cart out of the kitchen for delivery to the residents. At the request of the surveyor, temperature monitoring revealed the pureed spinach was 131.5 degrees F.</p> <p>A review of the recipe for the pureed spinach revealed the following ingredients were used: fresh spinach (potentially hazardous food), olive oil, fresh chopped garlic and water.</p> <p>DA #4 was interviewed on 07/11/19 at 12:14 PM and stated that the hot food temperatures for the pureed foods were okay for delivery to residents, she further stated the temperature range for hot foods was 120 - 140 degrees F.</p> <p>The temperatures obtained for the pureed foods were communicated to the ADM by the surveyor on 07/11/19 at 12:15 PM, the delivery cart of pureed foods was taken to the Memory Care unit by DA #4 and the plates were served to residents.</p> <p>An interview occurred with DA #4 on 07/12/19 at 10:00 AM. DA #4 stated that she had not received prior instruction to monitor the temperature of hot foods when reheated in the microwave and so she did not take the temperature of the pureed foods on 07/11/19 prior to delivery to residents for the lunch meal service.</p> <p>An interview was conducted with DA #3 on</p>	F 812			

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F 812	<p>Continued From page 14</p> <p>07/12/19 at 02:52 PM. During the interview, DA #3 stated that plating pureed foods and leaving the plates on the counter until meal delivery was the typical practice. DA #4 further stated that she did not conduct temperature monitoring of the pureed foods on 07/11/19 while she prepped the foods for the meal service as this was not her typical practice. DA #3 stated temperature monitoring was conducted in the main kitchen and when the foods were initially received in the satellite kitchen, after that she did not further monitor the temperature of pureed foods.</p> <p>3. The dish machine was observed in use on 07/11/19 at the following times without staff monitoring the temperature of the wash and rinse cycles. The temperatures recorded below were based on digital thermometer readings. Manufacturer instructions posted on the dish machine, read in part, Wash cycle temperature - 150 degrees Fahrenheit; Minimum rinse cycle temperature - 180 degrees Fahrenheit:</p> <p>07/11/19 11:38 AM dish machine in use, 140 wash, 178 rinse (utensils) 07/11/19 11:46 AM dish machine in use, 130 wash, 182 rinse (utensils) 07/11/19 11:51 AM dish machine in use, 130 wash, 179 rinse (insulated cups) 07/11/19 11:56 AM dish machine in use, 146 wash, 181 rinse (utensils) 07/11/19 11:59 AM dish machine in use, 143 wash, 179 rinse (insulated cups)</p> <p>An interview occurred on 07/11/19 at 01:12 PM with the assistant dietary manager (ADM). During the interview, the ADM stated that if staff noticed that dishes were being washed but not getting clean, staff would check to make sure the dish</p>	F 812			

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F 812	<p>Continued From page 15</p> <p>machine was reaching the correct temperatures for the wash/rinse cycles. The ADM stated that she expected dietary staff to check the wash/rinse cycle temperature of the dish machine once per meal, but that she did not expect dietary staff to monitor the dish machine temperature with each use.</p> <p>During an interview on 07/12/19 at 10:00 AM, DA #4 stated that she had not received instruction to monitor the wash/rinse cycle temperature of the dish machine while in use. DA #4 further stated that she thought the wash cycle should be 210 degrees F and the rinse cycle should be 180 degrees F, but that she was not certain.</p> <p>An interview occurred on 07/11/19 at 01:20 PM with the Administrator who stated dietary staff would use a thermometer to check temperatures of the wash/rinse cycles when they noticed that the dish machine was not reaching manufacturer recommended temperatures and he expected staff to report any concerns. During a follow up interview on 07/11/19 at 03:45 PM, the Administrator stated that the service technician assessed the dish machine on 07/11/19 as a result of the fluctuating wash/rinse cycle temperatures identified by the surveyor and found a malfunctioning compressor. He further stated that the temperature of the dish machine was likely being monitored by staff at the end of the meal which meant staff might not catch problems with temperatures.</p> <p>An interview occurred on 07/11/19 at 05:51 PM with the service technician who stated that he checked the dish machine monthly and as needed, for any problems. He stated he was called that day to assess the dish machine as a</p>	F 812			



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F 812	Continued From page 16 result of the fluctuating temperatures identified that day and when assessed the dish machine earlier that afternoon, he found a bad compressor. He further stated that the only way staff would have known there was a problem would have been with monitoring the wash/rinse cycle temperatures while the dish machine was in use.	F 812		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345495</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>7/12/2019</b>
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<b>F 661</b>	<p>Discharge Summary CFR(s): 483.21(c)(2)(i)-(iv)</p> <p>§483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</li> <li>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</li> <li>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</li> <li>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to complete a discharge summary for 1 of 1 residents reviewed for planned discharge to the community (Resident #49).</p> <p>Findings included:</p> <p>Resident #49 admitted to the facility on 3/30/2019. His diagnoses included right knee surgical repair related to rupture, chronic left renal artery thrombosis, and hypertension.</p> <p>A review of the care plan dated 4/1/2019 revealed Resident #49 desired to be discharged home to independent living. The care plan interventions included a family meeting to discuss Resident #49's post discharge needs, a home evaluation, and a home exercise program which included resident and caregiver training.</p> <p>A review of the admission Minimum Data Set (MDS) dated 4/6/2019 revealed Resident #49 was cognitively intact and discharge planning was in place as Resident #49 expected to return to the community.</p> <p>Resident #49 discharged home to independent living on 4/22/2019.</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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<b>F 661</b>	<p>Continued From Page 1</p> <p>A review of the medical record revealed a discharge instruction sheet was provided to Resident #49 and his family on the day of discharge. The discharge instruction sheet included information on home health services and a list of medications was attached.</p> <p>A review of the medical record revealed no discharge summary was completed prior to or after Resident #49 was discharged from the facility to home.</p> <p>An interview was completed with the Director of Nursing (DON) on 7/12/2019 at 11:30 AM. The DON revealed when a resident discharged from the facility, a discharge summary would be completed by nursing and the physician would sign and date the discharge summary form. The DON further explained in review of Resident #49's closed record, there was no discharge summary form completed. The DON did not verbalize a reason as to why the discharge summary form was not completed. The DON explained going forward nursing would complete the discharge summary, the physician would review and sign/date the discharge summary form, and medical records would ensure the form was completed prior to closing out the clinical record. The DON stated the discharge summary form would be completed immediately for Resident #49.</p>
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