

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

PRINTED: 10/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739	
(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 333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, medical record reviews and staff interviews the facility failed to be free of significant medication error during medication administration observation for one (1) of nine (9) sampled residents observed for medication administration. Lactulose was not administered per physician orders. (Resident #24)</p> <p>The findings included:</p> <p>Resident #24 was readmitted to the facility on 02/12/13. Resident #24's diagnoses included paralytic ileus, bilateral leg amputation, hemiplegia and diabetes.</p> <p>A review of the current physician orders for the month of September 2013 included: Lactulose (10 g (gram) per 15 ml (milliliter)) take 45 g (grams) (67.5 ml) orally twice daily scheduled AM and PM with several other medications.</p> <p>Resident #24 was observed for medication administration on 09/18/13 at 3:54 PM. Medication Aide #1 (MA #1) was observed administering medications to Resident #24. Resident #24 had two other medications including 67.5 ml Lactulose syrup.</p> <p>The Medication Aide measured 15 ml of Lactulose syrup mixed/stirred with 4 ounce of</p>	F 333	<p>The submission of the Plan of Correction does not constitute agreement on the part of Mountain Home Health and Rehabilitation Center that the deficiency cited with the report represent deficient practices on the part of Mountain Home Health and Rehabilitation Center. This plan represents our on-going pledge to provide quality care that is rendered in accordance with all regulatory requirements.</p> <p>Tag: F 333 483.25 (m) (2) Residents free of significant Med errors</p> <p>Corrective action for identified residents:</p> <p>It was unnecessary to monitor resident #24 for negative outcome as medication error was prevented by state surveyor.</p> <p>How other residents with the potential for deficient practice identified:</p> <p>All residents have the potential to be effected by the deficient practice of med errors.</p>	

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

TITLE

Administrator

(X6) DATE

10/9/13

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

PRINTED: 10/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739	
(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 333	Continued From page 1 cranberry juice and pulled one tablet of Glucophage 1000 mg and one tablet of Magnesium Oxide 400 mg to a medication cup and stated that she was ready to administer. Surveyor had to intervene and asked her to read instructions for Lactulose order on the pharmacy label. MA #1 realized the error and stated that she had not noticed that high dose of Lactulose and now correctly measured 67.5 ml Lactulose syrup and administered with other medications. A continued interview with the MA #1 on 09/18/13 at 3:55 PM revealed this was not her usual hall and she had worked only a few days this month and was not familiar with the residents. MA #1 stated that she forgot to read the order completely and did not compare the instructions on the pharmacy label. An interview with charge Nurse #1 on 09/18/13 at 4:04 PM confirmed the error that MA #1 had made and stated that she would file a medication error report. Nurse #1 stated that all medication Aides had been instructed to read the Medication Administration Record (MAR) and the instructions on the pharmacy label. Nurse #1 confirmed that MA #1 did not work on this side of the hall regularly. An interview with the Director of Nursing on 09/19/13 at 2:45 PM confirmed that it was her expectation that instructions on the MAR and pharmacy label had to be compared and read three times prior to medication administration. She stated that the error had been documented and corrected.	F 333	Systemic Changes made to ensure that deficient practice does not reoccur: All licensed nursing staff and medication aides will be in-serviced on medication administration procedure by Director of Nursing/Assistant Director of Nursing or Designee by October 17, 2013. The Director of Nursing/Assistant Director of Nursing or Designee will complete medication pass audits on all licensed nurses and medication aides by October 17, 2013. The Director of Nursing/Assistant Director of Nursing or Designee will complete two medication pass audits weekly for one month and then complete two medication pass audits monthly thereafter. Facility monitoring process: Director of Nursing or Designee will monitor monthly for six months and then quarterly for six months to insure continued compliance and report to the Quality Assurance.	10/17/13 10/17/13
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP	F 364		

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

PRINTED: 10/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739	
(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 364	<p>Continued From page 2</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and review of facility recipes, the facility failed to cook mixed vegetables and zucchini according to the recipe and to conserve nutrients for 2 of 2 meals observed.</p> <p>The findings included:</p> <p>On 09/16/13 at 10:12 AM during a kitchen observation, dietary staff #1 prepared the lunch meal. The menu included steamed zucchini. Dietary staff #1 was observed to pour frozen zucchini coins seasoned with salt, pepper, margarine and onions into a stainless steel pan and placed the pan into the steamer. The lunch tray line began at 11:15 AM and the steamed zucchini was observed with a watery mushy texture.</p> <p>On 09/19/13 at 07:35 AM, with the breakfast tray line in progress, a six inch deep, long stainless steel pan was observed on the stove and contained mixed vegetables (corn, lima beans, green beans, green peas and carrots) slowly boiling. The mixed vegetables were observed with a rapid boil from 08:20 AM until 09:57 AM while dietary staff #2 stirred the vegetables intermittently.</p>	F 364	<p>Tag: F364---Nutritive Value/Appear, Palatable/Prefer Temp:</p> <p>It is the policy of this facility to prepare foods by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>Corrective action:</p> <p>One of the ways that this has been achieved for dietary staff #1 and #2 included in-service education reviewing "Following Standardized Recipes" presented on October 3, 2013, by the Dietary Manager.</p> <p>Because all residents that consume food by mouth have the potential to be affected all dietary staff involved in food preparation, storage, distribution and service of food handling received the in-service education reviewing "Following Standardized Recipes" presented on October 3, 2013.</p> <p>The cycle menus and the recipe books were reviewed on October 3, 2013, by the Dietary Manager to ensure recipes were available for all menu items served.</p>	

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

PRINTED: 10/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739		
(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 364	Continued From page 3 An interview with dietary staff #1 on 09/19/13 at 09:30 AM revealed that he was the routine cook. He stated he used a recipe for food preparation at times. He stated that when he prepared the zucchini on 09/16/13 he did not use a recipe. Dietary staff #1 stated that he seasoned the frozen zucchini with salt, pepper, margarine, diced onions and placed the zucchini in the steamer and then on the tray line for service. An interview with dietary staff #2 on 09/19/13 at 09:57 AM revealed that he was the relief cook. He stated that he used a recipe to prepare foods that he did not already know how to prepare. Dietary staff #2 also stated that he increased the time to cook vegetables to about four hours to make them tender, because of resident complaints that vegetables were served too hard. He stated he seasoned the mixed vegetables with salt, pepper and margarine. Review of the recipes for zucchini and mixed vegetables, revealed instructions to steam or boil until tender and to season with salt free seasonings. An interview on 09/19/13 at 10:30 AM with the dietary manager (DM) revealed he expected staff to use recipes and cook vegetables until tender. The DM stated the cook time depended on the vegetable being cooked. The DM also stated he instructed the cooks to increase the cooking time for vegetables due to resident complaints that vegetables were served too hard, but did not provide specific instructions. The DM stated that he had not monitored the cook time for vegetables, but rather left the determination of tenderness to the cook's judgment. The DM also	F 364	Systematic changes made to ensure deficient practice does not reoccur: To enhance currently compliant operations with conserving nutritive value of food and service of food that is palatable, attractive while maintaining proper temperature the following will occur under the direction of the Dietary Manager. The cooks will pull and review all recipes needed to prepare the upcoming meal. This will include utilizing specified cooking technique, cooking times, and equipment specified in the recipe. The cooks will complete the "Potentially Hazardous Foods Temperature Log" which includes a check to initial that recipes were followed 3 times per week for 4 weeks, and finally weekly for 3 months. Any deficiencies will be corrected immediately. Facility monitoring process: Effective October 2013, a Quality Assurance program will be implemented under the direction of the Dietary Manager and the Registered Dietitian. The Dietary Manager will present findings to the Quality Assurance committee monthly for further review and/or corrective action.	10/17/13 10/17/13	

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

PRINTED: 10/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739		
(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 364	Continued From page 4 stated that some frozen vegetables could take three hours or more to prepare by boiling. The DM tasted the mixed vegetables and stated "The carrots are definitely too soft. " The carrots were observed mushy, the green beans separated and water was released from the green peas when pierced.	F 364			
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, staff interviews and review of facility policies, the facility failed to 1) conduct temperature monitoring of a potentially hazardous food and store to prevent the growth of bacteria during meal preparation (cooked turkey) and 2) air dry and handle dishes/flatware to prevent contamination for 1 of 2 meal observations.	F 371	Tag: F371---Food Procure, Store/Prepare/Serve - Sanitary Conditions: The facility will continue to ensure that (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.		

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

PRINTED: 10/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739		
(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 371	<p>Continued From page 5</p> <p>The findings are:</p> <p>1. A facility policy Cooking Temperatures and Leftovers, both policies undated, recorded in part: Foods high in protein and neutral or low in acid are best foods to grow bacteria. Foods must be held either below 41°F (degrees Fahrenheit) or above 135 °F to reduce food borne illness. Cooked or perishable foods should be refrigerated or frozen immediately using HACCP (hazardous analysis and critical control points) cooling methods.</p> <p>During a follow-up kitchen observation on 9/19/13 the following concerns were observed with cooked turkey. At 07:35 AM three stainless steel pans of cooked turkey (sliced, mechanical chopped and pureed) were observed stored on the counter top covered with plastic wrap. The pans of cooked turkey remained on the counter top until 09:15 AM.</p> <p>An interview with dietary staff #2 occurred on 09/19/13 at 8:18 AM and revealed that he sliced the turkey that morning about 07:00 AM then chopped a portion and pureed a portion of the turkey. At 09:15 AM, dietary staff #2 opened the steamer and began to place the pans of turkey into the steamer. He stated that he had not conducted temperature monitoring of the turkey. He further stated that he removed the turkey breast from the walk-in refrigerator that morning prior to slicing, chopping and pureeing for a census of 122 residents. At the request of the surveyor, dietary staff #2 conducted temperature monitoring of the turkey. Each pan of turkey was 70 degrees Fahrenheit. Dietary staff #2 placed each pan of cooked turkey into the steamer.</p>	F 371	<p>Corrective action:</p> <ol style="list-style-type: none"> 1) To reinforce this expectation dietary staff member #2 was reinstructed on the HACCP guidelines as they pertained to the handling of the cooked turkey. Upon identification of the temperature of the turkey it was immediately wrapped, dated and labeled and returned to refrigeration. 2) It is the expectation that all dishes/flatware will be air-dried after washing/sanitization. If conditions warrant hand drying due to an emergent situation and/or to avoid the untimely delivery of meals then the use of single-use towel and proper handling of utensils and dishes to avoid improper hand contact continues to be the expectation. <p>Because all residents that consume food by mouth have the potential to be affected all staff involved in food preparation, storage, distribution and service of food handling received in-service education on "Handling of Potentially Hazardous Foods" presented on September 19, 2013. All dietary staff received in-service training on "Storage of Pots, Dishes, Flatware, and Utensils" on September 19, 2013.</p>		

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

PRINTED: 10/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739	
(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 371	<p>Continued From page 6</p> <p>Dietary staff #2 stated the turkey was cooked the day before so that he could slice, chop and puree the turkey the next day. He stated he left the turkey on the counter top without conducting temperature monitoring as a usual practice until he was ready to put it in the steamer. Dietary staff #2 stated he was not aware that he should monitor the temperature of the turkey or keep it under refrigeration until he was ready to reheat it.</p> <p>An interview with the dietary manager (DM) occurred on 9/19/13 at 10:30 AM and revealed that he expected potentially hazardous foods (PHF), like cooked turkey to be kept out of the "danger zone". The DM stated that PHF should be kept cold at below 41 °F or hot at above 135 °F and should not remain in the "danger zone" for more than 2 hours.</p> <p>An interview on 09/19/13 at 10:45AM with the consultant registered dietitian revealed that PHF like turkey should not be left out of refrigeration if it is not being cooked.</p> <p>2. A facility policy, Storage of Pots, Dishes, Flatware, Utensils, undated, recorded in part to air dry dishes and flatware and wear gloves for handling.</p> <p>During a follow-up kitchen observation on 09/19/13 the following concerns were observed with dishes.</p> <p>a. At 08:05 AM the DM was observed to remove eight insulated domes and eight insulated bases from the chemical sanitizer dishwasher with bare hands. He used the same towel to towel dry each item, handled each with his bare hands and placed them on the breakfast tray line for use. He did not perform hand hygiene, use gloves or allow</p>	F 371	<p>Systematic changes made to ensure deficient practice does not reoccur:</p> <p>To enhance currently compliant operations with storage, preparation and distribution of food under sanitary conditions, under the direction of the Dietary Manager, the food service staff will do the following:</p> <ol style="list-style-type: none"> 1) Conduct temperature monitoring of the Potentially Hazardous Foods and assure proper storage, handling and storage. 2) Will air dry all dishes/flatware and/or will use hand drying technique using single-use towel and gloved hands (if indicated) to assure that no cross contamination occurs during the drying process. 	10/17/13

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

PRINTED: 10/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739		
(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 371	Continued From page 7 the items to air dry prior to use. b. At 08:11 AM the DM was observed to remove a tray of nine forks, nine knives, and nine spoons from the chemical sanitizer dishwasher. Using his bare hands and the towel previously used to dry insulated domes and bases he towel dried each piece of flatware and rolled them in napkins for use on the tray line. He did not perform hand hygiene, use gloves or allow the flatware to air dry prior to use. During an interview on 09/19/13 at 10:30 AM, the DM stated that he did not air dry the dishes because he was trying to get the items to the tray line without holding up the tray line. The DM also stated that he should have worn gloves when he handled the clean dishes.	F 371	Facility monitoring process: Effective, October 2013 a Quality Assurance program will be implemented under the supervision of the Dietary Manager and the Registered Dietitian review the following concerns: 1) A formal audit using the Potentially Hazardous Foods Temperature Monitoring Log will be completed daily by the food service worker for 4 weeks, then 3 times per week for 4 weeks, and then weekly for 3 months. Any deficiencies will be corrected immediately and the findings of the audit will be documented and submitted at the Quality Assurance Committee meeting for further review and/or corrective action. 2) The procedure for the proper handling of dishes, flatware and utensils is posted in the serving area. All dietary staff has been educated and is responsible for adhering to this procedure. A checklist is posted and available for staff member to initial if for any reason one of the above stated items are not completely air-dried and must be hand dried during tray line service. Initialing of this form thereby acknowledges that the employee has adhered to the posted procedure. Any deficiencies will be corrected immediately. The Dietary Manager will complete a formal audit of this checklist monthly for 6 months with results compiled and submitted to the Quality Assurance Committee.	10/17/13	