

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


PRINTED: 05/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  346097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/21/2016
NAME OF PROVIDER OR SUPPLIER  JESSE HELMS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1411 DOVE STREET MONROE, NC 28111	
(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 282 SS=D	<p><b>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b></p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to provide interventions on a care plan for protective sleeves to prevent skin injury for one of one resident (Resident #25) with skin tears.</p> <p>The findings included:</p> <p>Resident #25 was admitted to the facility on 5/10/10 with diagnoses of stroke, left side hemiparesis, contracture of left hand/wrist, anemia and diabetes.</p> <p>The most recent Minimum Data Set (MDS), a quarterly, dated 2/26/16 indicated Resident #25 had long and short term memory impairment and severe impairment with decision making abilities. This MDS indicated she required extensive assistance of one staff for dressing. There were no skin tears present at the time of this assessment.</p> <p>The care plan dated 2/29/16 included a problem in Activities of Daily Living (ADLs) due to history of a stroke, hemiparesis and left upper extremity contracture. Resident #25 required extensive assistance to total dependence with ADLs. Interventions included total lift for transfers,</p>	F 282	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>On 4/20/16, gersleeves were supplied and applied to Resident #25. Nursing staff was inserviced on properly applying Resident #25's gersleeves, visually observing resident for treatment prior to signing off on the Medication Administration Record, and proper steps in providing accurate documentation with regards to treatment involving skin and wounds. Nurse Aide staff inserviced on reviewing Resident Profile to ensure all required interventions are in place pertaining to Resident #25's Care Plan.</p> <p>Nursing staff was inserviced on properly applying gersleeves, visually observing a resident for treatment prior to signing off on the Medication Administration Record, and proper steps in providing accurate documentation with regards to treatment involving skin and wounds. Nurse Aide staff inserviced on reviewing Resident Profile to ensure all required interventions are in place pertaining to each resident's Care Plan.</p> <p>Charge nurse or designee to conduct random audits to ensure compliance, no less often than weekly. Any issues identified will be corrected immediately and reported to the Director of Nursing to identify additional training needs.</p>	

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

TITLE

(X6) DATE

 ADMINISTRATOR 5/8/16

Any deficiency statement heading with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	<p>Continued From page 1</p> <p>extensive assistance for bed mobility, dressing toileting and bathing. Apply protective sleeves to arms, and a pillow to the left side for positioning when leaning.</p> <p>Review of a nurse 's note dated 4/12/16 at 3:30 PM revealed a skin tear was noted on Resident #25 's left arm above the elbow. The resident was pulled up in her chair by 2 staff when skin tear was noted. A 0.5 centimeter (cm) upside down "v" shape skin tear. Her arm may have been under the edge of the arm at the time she was repositioned in the chair. Resident #25 's skin was " very fragile. "</p> <p>Observations on 4/19/2016 at 10:08 AM revealed Resident #25 had bruising on both arms. A dressing was observed on the left arm, and bruising was greater on the left arm. Sleeve protectors were not on either arm.</p> <p>Observations on 04/20/2016 at 11:58 AM with Nurse Aide (NA) #1 revealed she had just checked Resident #25 and checked her positioning in the chair. Resident #25 did not have the sleeve protectors on her arms, and a pillow was not in place to her left arm.</p> <p>Observations on 04/20/2016 at 1:35 PM revealed Resident #25 was in bed and the sleeve protectors were not on her arms.</p> <p>Interview on 04/20/2016 at 2:55 PM with NA #1 revealed she was not aware sleeve protectors were to be applied. NA #1 explained the resident did have skin tears and fragile skin.</p> <p>On 04/21/2016 at 9:46 AM an interview was conducted with the charge nurse (Nurse #1) for</p>	F 282	Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.	5/18/16	

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F 282	Continued From page 2 Resident #25. Nurse #1 explained Resident #25 was supposed to have the sleeves on each day. Nurse #1 was not aware the resident did not have the sleeves on her arms.  Interview with the Director of Nursing (DON) on 04/21/2016 at 10:02 AM revealed he would expect the nursing staff to apply the sleeve protectors.  Interview with Administrator on 04/21/2016 at 12:00 PM revealed the resident had the sleeves last week per the unit nurse. He explained if the sleeves became soiled, and were sent to the laundry, they may not have returned.	F 282			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to provide protective sleeves to prevent skin injury for one of one resident (Resident #25) with skin tears.  The findings included:  Resident #25 was admitted to the facility on	F 309	On 4/20/16, gerisleeves were supplied and applied to Resident #25. Nursing staff was inserviced on properly applying Resident #25's gerisleeves, visually observing resident for treatment prior to signing off on the Medication Administration Record, and proper steps in providing accurate documentation with regards to treatment involving skin and wounds. Nurse Aide staff inserviced on reviewing Resident Profile to ensure all required interventions are in place pertaining to Resident #25's Care Plan.  To ensure compliance for facility residents, the Interdisciplinary Team reviewed Care Plans of residents utilizing gerisleeves to validate these were supplied and applied properly.		

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F 309	<p>Continued From page 3</p> <p>5/10/10 with diagnoses of stroke, left side hemiparesis, contracture of left hand/wrist, anemia and diabetes.</p> <p>The most recent Minimum Data Set, a quarterly, dated 2/26/16 indicated Resident #25 had long and short term memory impairment and severe impairment with decision making abilities. This MDS indicated she required extensive assistance of one staff for dressing. There were no skin tears present at the time of this assessment.</p> <p>The care plan dated 2/29/16 included a problem in Activities of Daily Living (ADLs) due to history of a stroke, hemiparesis and left upper extremity contracture. Resident #25 required extensive assistance to total dependence with ADLs. Interventions included total lift for transfers, extensive assistance for bed mobility, dressing toileting and bathing. Apply protective sleeves to arms, and a pillow to the left side for positioning when leaning.</p> <p>The signed April monthly physician orders included use of "posey" sleeves (protectors for the skin) to be worn and nursing to check for the application every shift.</p> <p>Review of a nurse 's note dated 4/12/16 at 3:30 PM revealed a skin tear was noted on Resident #25 's left arm above the elbow. The resident was pulled up in her chair by 2 staff when skin tear was noted. A 0.5 centimeter (cm) upside down "v" shape skin tear. Her arm may have been under the edge of the arm at the time she was repositioned in the chair. Resident #25 's skin " very fragile. "</p> <p>Review of a skin assessment dated 4/15/16</p>	F 309	<p>Nursing staff was inserviced on properly applying gersleeves, visually observing a resident for treatment prior to signing off on the Medication Administration Record, and proper steps in providing accurate documentation with regards to treatment involving skin and wounds. Nurse Aide staff inserviced on reviewing Resident Profile to ensure all required interventions are in place pertaining to each resident's Care Plan.</p> <p>Charge nurse or designee to conduct random audits to ensure compliance, no less often than weekly. Any issues identified will be corrected immediately and reported to the Director of Nursing to identify additional training needs.</p> <p>Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.</p>	5/18/16

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F 309	<p>Continued From page 4</p> <p>revealed a dressing was on the left elbow, with bruising and discoloration noted on bilateral upper extremities.</p> <p>Review of the Medication Administration Record (MAR) for April 2016 revealed initials of nurses for each shift was present indicating the sleeve protectors had been applied.</p> <p>Observations on 4/19/2016 at 10:08 AM revealed Resident #25 had bruising on both arms. A dressing was observed on the left arm, and bruising was greater on the left arm. Sleeve protectors were not on either arm.</p> <p>Observations on 04/20/2016 at 11:58 AM with Nurse Aide (NA) #1 revealed she had just checked Resident #25 and checked her positioning in the chair. Resident #25 did not have the sleeve protectors on her arms, and a pillow was not in place to her left arm.</p> <p>Observations on 04/20/2016 at 1:35 PM revealed Resident #25 was in bed and the sleeve protectors were not on her arms.</p> <p>Interview on 04/20/2016 at 2:55 PM with NA #1 revealed positioning devices used for resident #25 included a pillow when she was in bed. NA #1 explained she was not aware sleeve protectors were to be applied. NA #1 explained the resident did have skin tears and fragile skin. Review of the care tracker (computer care instructions) for Resident #25 with NA#1 revealed the use of sleeve protectors was not included in the care guide.</p> <p>On 04/21/2016 at 9:46 AM an interview was conducted with the charge nurse (Nurse #1) for</p>	F 309			

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F 309	Continued From page 5 Resident #25. Nurse #1 explained Resident #25 was supposed to have the sleeves on each day. Nurse #1 was not aware the resident did not have the sleeves on her arms. Further explanation was provided the documentation of the nurses' initials on the MAR indicated the nurses ensured the sleeves were on the resident. This nurse looked in the resident's room for the sleeves, and none were found. She stated she would have to get her some.  Interview with MDS nurse on 04/21/2016 at 9:47 AM revealed the information was on the MAR to apply the sleeve protectors and it would be the nurse's responsibility to make sure the sleeves were on the resident. The MDS nurse explained it would not have to be on the care tracker for the aides, if it was on the MAR. The nurse would be expected to inform the aides, and to make sure it was applied.  Interview with the Director of Nursing (DON) on 04/21/2016 at 10:02 AM revealed he would expect the nursing staff to apply the sleeve protectors, and initial the MAR it was done.  Interview with administrator on 04/21/2016 at 12:00 PM revealed the resident had the sleeves last week per the unit nurse. He explained if the sleeves became soiled, and were sent to the laundry, they may not have returned.	F 309			
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS  A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.	F 311			

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F 311	Continued From page 6  This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff and resident interview, the facility failed to supervise, prompt and assist 1 of 1 residents reviewed for assistance with meals (Resident #71). The findings included: Resident #71 was admitted on 6/04/2012 with a diagnosis of dementia. A review of her minimum data set (MDS) assessment dated 4/01/2016 indicated that she required supervision and cueing with her activities of daily living including her meals. The assessment also revealed that she was cognitively impaired. The care plan updated on 4/8/2016, stated, "Resident is independent with eating with set-up help. Encourage, assist as needed to promote optimal intake." The resident's weight was noted to be 96.4 on 4/5/2016. Her weight on 10/15/2016 was 104.2 pounds. On 4/18/2016 at 12:20 pm Resident #71 was observed during lunch. She was served her food with staff placing the plate of food and other items from her lunch tray on the table. The resident attempted to open a pack of salad dressing. She was unable to do so. She placed it back on the table. She left the dining room without eating any salad. She ate less than 50% of her lunch tray. On 4/20/2016 at 8:30 am the resident was observed being served by dietary staff #1. The food was taken off the tray and placed in front of her. No other assistance was offered. She was served orange juice, grits, English muffin with butter, scrambled eggs, sausage, coffee and water. She ate approximately half of the eggs and sausage, and drank part of the orange juice.	F 311	Resident #71 to be reassessed by Director of Nursing, on self-performance and staff support with meals. Appropriate level of care to be provided, based on the assessment.  To ensure compliance for facility residents, the Interdisciplinary Team reviewed Care Plans of residents to ensure self-performance and staff support with meals was provided based on their assessment.  Staff Inservice on prompting all residents regardless of level of care indicated on MDS Care Plan, to encourage optimal intake.  Routine observations in the dining room will be conducted during weekly Walking/Quality Rounds by Interdisciplinary Team.  Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.	5/18/16

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F 311	<p>Continued From page 7</p> <p>She did not eat her English muffin and did not drink her coffee. She had no milk on her tray for her coffee. The butter container was unopened. No staff was observed offering her any assistance or encouraging the resident to eat. On 4/20/2016 at 8:55 am dietary staff #1 was interviewed. She said that Resident #71 feeds herself. She explained that we just serve her the tray and she can do the rest by herself. Resident #71 was interviewed on 4/20/2016 at 3:05 pm. Resident explained that she is able to feed herself. She indicated that she liked the food, but gets full really fast. She indicated that she likes salad with ranch dressing and likes milk in her coffee.</p> <p>On 4/21/2016 at 1:31 pm Nurse #3 was interviewed. She explained that there was a time not long ago when the resident was sick and she needed more assistance. She indicated that she expected staff to assist her more with her meals than just to set it up. She explained that her intake had not been that good. She had offered her snacks, but she doesn't eat them that often. She also indicated that she had given her ensure at times and encouraged her to drink it while she watched. She explained that the resident ate 25% for lunch and that she would expect the staff to encourage her to eat more.</p> <p>The MDS Nurse was interviewed on 4/21/2016 at 1:45 pm. She explained that the resident has had times that she has not felt good that she needed more assistance. She indicated that the resident should be supervised and encouraged to eat. She explained that the resident's weight has been monitored by the Nutrition Alert Team. She explained that she expected the staff to assist with opening packages and assisting residents as needed with harder to open items such as the dressing. She indicated that would be considered</p>	F 311			



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F 311	Continued From page 8 part of the set-up of the meal. The DON was interviewed on 4/21/2016 at 1:57 pm. He explained that he was on the Nutrition Alert Team and that the resident had lost some weight in the past, but it has been stable in the last month. He explained that he expected staff to assist with meals as needed including opening dressing and butter. He indicated that when a resident doesn't eat that staff should encourage them and if intake is low they should tell the nurse.	F 311			
F 315 SS=D	403.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews the facility failed to provide catheter care using clean technique for 1 of 1 residents with indwelling urinary catheters (Resident # 105). The findings included: Resident #105 was admitted 3/15/2016 following a fall at home. She had a history of intermittent urinary catheterization at home and recurrent urinary tract infections. An indwelling urinary catheter was placed on	F 315	On 4/21/16, Resident #105's catheter care was repeated and provided based on Lippincott procedures for indwelling urinary catheter care and management.  To ensure compliance for facility residents with a catheter, catheter care was repeated and provided based on Lippincott procedures for indwelling urinary catheter care and management.  Nursing staff was inserviced on Lippincott procedures for indwelling urinary catheter care and management, which included staff performing proper hand hygiene and donning new gloves just prior to patient contact at the catheter site and removing gloves and performing hand hygiene immediately following care.  Infection Control Nurse will conduct biweekly observations of Lippincott procedures for indwelling urinary catheter care and management, no less than two residents per observation unless fewer than two residents available with catheters.		

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F 315	Continued From page 9 3/28/2016 due to urinary retention as noted in nursing notes and physician orders. On 4/21/2016 at 10:17 am Nurse Aide #2 was interviewed. She explained that she offered the resident catheter care each shift or more as needed if soiled. She explained that she would wash her hands and put on gloves, cleanse with soapy water and a washcloth for one pass, then fold the washcloth to expose a new area and make another pass. When the area was clean she indicated she would clean down the catheter tubing. She also expressed that she would change cloths as needed and rinse with a new cloth and dry the resident. On 4/21/2016 at 10:26 am catheter care was observed for Resident #105. Nurse Aide #2 went to gather linens while Nurse Aide #3 prepared pan of water. Nurse Aide #3 performed hand hygiene and donned gloves. She went into the bathroom, removed a pan from the cabinet, turned on the water, filled the pan with water and placed the pan on the bedside table. Nurse Aide #2 had returned to room and placed a towel over the bedside table and placed other towels and washcloths on the towel covering the table. She performed hand hygiene and donned gloves. She entered the bathroom and retrieved a second pan, filled it with water, touching the pan, cabinet doors and handles for the water. She left the bathroom and placed the second pan on the bedside table. She turned down the bed, locked resident 's wheelchair and opened the closet door to get a gait belt which she used to transfer the resident. She removed the resident 's pants and opened the resident 's brief and positioned her for catheter care. Without changing gloves or performing hand hygiene, Nurse Aide #2 proceeded to provide catheter care. She	F 315	Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.	5/18/16	

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NAME OF PROVIDER OR SUPPLIER  JESSE HELMS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1411 DOVE STREET MONROE, NC 28111		
(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 315	Continued From page 10 cleansed, rinsed and dried the resident ' s front including the catheter area and catheter and cleansed her buttocks. She removed the used brief, and placed a second brief under the resident, turned her to position the brief properly and fastened it. She dressed the resident, covered her, placed the bed in low position, and placed the resident ' s call bell on the bed. She then cleaned up the bedside table, bagging used linen, emptied the pans of water in the bathroom, rinsed them and returned them to the bathroom cabinet prior to removing soiled gloves or performing hand hygiene. On 4/21/2016 at 2:00 pm the Director of Nursing was interviewed. He explained he expected the Nurse Aides to wash their hands and change gloves prior to touching the resident and immediately after performing care. He referenced and provided a " Lippincott Procedures-Indwelling urinary catheter (Foley) care and management " , dated October 2, 2015. He explained that they use Lippincott Procedures to guide their care. This guide referenced performing hand hygiene and donning new gloves just prior to patient contact at the catheter site and removing gloves and performing hand hygiene immediately following care. He explained that he expected them to perform care in this way.	F 315			
F 371 SS=F	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	F 371			

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F 371	Continued From page 11  This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review and service representative interview the facility failed to maintain sanitary conditions in the kitchen by failing to ensure the kitchen 's dish machine maintained proper temperatures to effectively sanitize dishware and equipment, failed to air-dry dishes completely before storing for use and failed to cover fish thawing in the kitchen 's walk in cooler. The findings included: 1. On 4/20/2016 at 10:40 am the dishwashing area at the Carolinas Medical Center-Union was observed. This kitchen was identified as the food provider for Jesse Helms Nursing Center. The Interim Dietary General Manager, was present for the observation. The dish machine 's rinse temperature was observed operating at 172 degrees Fahrenheit. Interview with the Interim Dietary General Manager on 4/20/2016 10:45 am revealed the dish machine 's rinse cycle should operate at a temperature of 180 degrees to sanitize equipment being washed in the machine. The General Manager also explained that the dish machine 's manufacturer was scheduled to come to the facility to work on the machine 's thermometer. He referenced a work order with maintenance to check the dishwasher, but explained the machine is new and under warranty. A review of the dish machine 's temperature log showed that the recommended temperature for the machine 's final rinse was 180 degrees	F 371	On 4/21/16, Hobart technician was called to flush the steam lines, adjust the temperature and correct the deficient practice. Dietary staff inserviced on properly air drying pans and dishes, prior to storing and proper thawing procedures for all food requirements of 483.35(i) Sanitation.  Anytime the final rinse temperature registers below 180 degrees, the Administrator is to be informed immediately and the service technician called immediately. Dietary staff inserviced on the dish machine temperature requirements of 483.35(i) Sanitation.  Administrator or designee will conduct weekly, random audits of the dish machine to ensure final rinse temperature is at least 180 degrees, pans and dishes are properly air dried prior to storage, and proper thawing procedures for all foods are in place.  Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.	5/18/16	

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F 371	<p>Continued From page 12</p> <p>Fahrenheit. Review of the dish machine ' s temperature log revealed since 4/13/2016 staff had documented the machine ' s final rinse cycle was operating at temperatures lower than 180 degrees Fahrenheit. On 4/13/2016 at 8:00 am the final rinse temperature was documented on the temperature log as 185 degrees Fahrenheit and on 4/13/2016 at 12:45 pm the machine ' s final rinse temperature was documented as only 118 degrees Fahrenheit. Further review of the dish machine ' s log revealed from 4/13/2016 at 12:45 pm through 4/21/2016 the machine ' s final rinse cycle temperature was never recorded by staff to be operating at 180 degrees or higher.</p> <p>On 4/21/2016 at 8:43 am maintenance staff #1 was interviewed. He provided a work order dated 4/13/2016. The work order noted that maintenance staff #1 had responded to the maintenance request to check the kitchen ' s dish machine on 4/14/2016 at 12:00am. Comments on the work order included; I notified dietary staff #1 to call the dish machine manufacturer for warranty on dish machine. Maintenance staff #1 verified that he had expected dietary staff to call to have the dish machine serviced on 4/14/2016 because the machine ' s final rinse temperature was not reaching 180 degrees Fahrenheit. The Interim Dietary General Manager joined the meeting and explained that he thought the facility ' s maintenance staff had called to have the dish machine serviced. Both maintenance staff #1 and the Interim Dietary General Manager confirmed that neither the maintenance department nor the dietary department had called to have the kitchen ' s dish machine serviced.</p> <p>On 4/21/2016 at 9:39 am the administrator was interviewed. He explained that he expected the</p>	F 371			

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F 371	<p>Continued From page 13</p> <p>dietary management to notify him of a problem with the dishwasher temperatures. He explained that to his knowledge there had been no incidences of residents experiencing food-borne illness at the facility. He stated, " I will correct this today. "</p> <p>One 4/21/2016 at 10:10 am, the dish machine ' s Service Representative was interviewed. He stated, " I flushed the steam line and adjusted the final rinse temp. " When asked if he had worked on the thermometer he said no, " I believe it was more in the steam line. "</p> <p>Observation of the dish machine on 4/21/2016 at 10:15 am revealed the machine ' s final rinse temperature was consistently operating at temperatures above 180 degrees Fahrenheit.</p> <p>2. Observations on 4/20/2016 revealed 4 out of 10 steam table pans were stored wet and there was water pooled in the rims of the pans. The Interim Dietary General Manager, was present for the observation. He removed the pans from service.</p> <p>An interview with the Interim Dietary General Manager revealed that he expected staff to air dry pans before storing them. He also corrected the staff responsible for washing dishes, directing them to make sure the dishes were dry before storing them. He pointed out one small rack beside the dishwashing area and two additional rolling racks with several shelves to be used when drying dishes. He explained that if the racks are full and more storage is needed, management should be notified.</p> <p>3. On 4/18/2016 at 11:35 am the kitchen ' s second cooler, identified as the vegetable cooler was observed. A pan of fish was observed thawing uncovered on a stacked, rolling rack. Other pans above and below with thawing foods</p>	F 371			

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F 371	Continued From page 14 were covered. Unidentified, dark debris was observed on the fish. The Retail Operations Manager was present for observation. The Interim Dietary Manager was notified. An interview with the Interim Dietary General Manager revealed that he expected staff to cover all foods thawing in the coolers. He instructed staff to remove the fish from the cooler.	F 371			