No deficiencies were cited as a result of this complaint investigation conducted Ext # ID EHB611 on dated 2/24/2016.

F 371 483.35(g) FOOD PREPARE-SERVE SANITARY

This facility's response to this report of survey does not denote agreement with the statement of deficiencies, nor does it constitute an admission that any stated deficiency is accurate. We are filing the POC because it is required by law.

(1) All Dietary Staff were re-educated on 2-22-2016 by the Certified Dietary Manager concerning the proper procedures to follow when cleaning, drying and storing pots and pans under sanitary conditions. All Dietary Staff were re-educated on 2-22-2016 on the facility's dishwasher policy which includes instructions that dishes must be air dried after being cleaned in the dishwasher and gloves must be changed in between all tasks.

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Findings included

1. During the tour of the kitchen on 2/22/16 at 10:17am Dietary Aide #1 was observed wearing plastic gloves and placing dirty pots and pans into the dishwashing machine. After seven pans were washed, rinsed and automatically exited the dishwashing machine. Dietary Aide #1 rinsed her gloved hands with the water sprayer used to remove food particles from dirty plates. Dietary
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Adele then crossed over to the side of the dishwashing machine where the clean dishwasher exited the machine and removed seven clean pans from the dishwashing machine without discarding the soiled gloves and washing or sanitizing her hands. The dietary aide then picked up a hand towel that was lying on the counter and dried each of the pans with two pots with the same towel. Dietary Adele stacked the seven pans and placed the pots and pans on the storage rack in the kitchen area.

During interview on 2/22/16 at 10:25am, Dietary Adele stated that once she put the dirty dishes through the dishwashing machine, she would rinse her gloved hands to remove any food debris then remove the clean dishes from the dishwashing machine. The dietary aide also revealed that she used a dishcloth to dry the pots and pans "because they’re wet when they come out of the machine and can’t be stacked on the rack wet”.

During an interview on 2/24/16 at 12:15pm, the Dietary Manager revealed there was no excuse for staff not washing hands before handling clean dishes. He also stated that pots, pans, and all dishes must be air dried or dried using tangle use towels.

2. During observations of the two snack/muskmprints refrigerators located on the residential units on 2/22/16 at 5:53pm the following were observed:

- Unit 1 refrigerator contained 2-unlabeled bottles of soda 2-unlabeled bottled waters 1-unlabeled-opened gallon of ice cream 2-unlabeled packs of popsciles
- 2-unlabeled freeze pops 2-unlabeled styrofoam
F 371 (2) All housekeeping staff were re-educated on 2-23-2016 by the Housekeeping Supervisor on the proper procedures to follow to ensure that each refrigerator on each unit is cleaned on a daily basis.

Any resident has the potential to be affected by this practice.

All housekeeping staff were re-educated on 2-23-2016 by the Housekeeping Supervisor on the proper procedures to use to ensure that each refrigerator on each unit is cleaned on a daily basis. A refrigerator log has been created and will be inspected and maintained on a daily basis. This inspection includes making sure no items are in the refrigerator without proper labeling, that items are marked with a date and resident name and ensure that only food items are in the refrigerator on each unit. Housekeeping staff have been instructed that any items found that are not food, are stored without proper labeling or items that have been in the refrigerator more than one week must be reported to the Housekeeping Supervisor immediately.

Housekeeping staff is aware the refrigerator log must be completed on a daily basis. Housekeeping staff is aware that failure to inspect the refrigerators and complete the log will result in disciplinary action.

Measures have been put into place to ensure deficient practice does not recur.

All housekeeping staff were re-educated on 2-23-2016 by the Housekeeping Supervisor on the proper procedures to use to ensure that each refrigerator on each unit is cleaned on a daily basis. A refrigerator log has been created and will
**F371** be inspected and maintained on a daily basis. This inspection includes making sure no items are in the refrigerator without proper labeling, that items are marked with a date and resident name and ensure that only food items are in the refrigerator on each unit. Housekeeping staff have been instructed that any items found that are not food, are stored in the refrigerator more than one week must be reported to the Housekeeping Supervisor immediately.

Housekeeping staff is aware the refrigerator log must be completed on a daily basis. Housekeeping staff is aware that failure to inspect the refrigerators and complete the log will result in disciplinary action.

A Refrigerator Audit has been created for the Housekeeping Supervisor, who will monitor the refrigerators on each unit to ensure they are clean and each food item includes a date and the resident’s name along with making sure area around refrigerator is free from debris. Also, Housekeeping Supervisor will make sure temperature is within normal range. The Housekeeping Supervisor will audit the refrigerator log on a weekly basis and as needed.

QA will be responsible for making sure the current intervention plan is working or implement a new one if it is determined that the current intervention is not working.

These audits will also be reviewed by the QA Committee weekly to ensure that corrections are achieved and sustained.
F 372 483.35(p)(3) DISPOSE GARBAGE & REFUSE PROPERLY

The facility must dispose of garbage and refuse properly.

This REQUIREMENT is not met as evidenced by
Based on observations and interview the facility failed to dispose of garbage and refuse properly in 2 of 2 dumpsters.

Findings included
During a tour of the dumpster area on 2/22/16 at 2:45pm revealed trash and white pieces of paper around the area of the two dumpsters. There was an old mattress and a piece of what appeared to be brown paneling leaning against the side of

F 372 THIS FACILITY'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.

All Floor Tech/Housekeeping Staff have been re-educated on 2-24-16 by the Environmental Director concerning making sure dumpster 1 and dumpster 2 are free of debris on and around the area and ensuring the doors are closed.

Any resident has the potential to be affected by this practice.

All Floor Tech/Housekeeping Staff have been re-educated on 2-21-16 by the Environmental Director concerning making sure dumpster 1 and dumpster 2 are free of debris on and around the
Continued From page

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a. During a second observation on 2/24/16 at 11:50am, one of the doors to 1 of 2 dumpsters containing trash was left opened and a facility staff was observed leaving the area. Also there were 12 plastic gloves and 2 plastic cup lids from a fast food restaurant observed on the wet ground (rainy day) surrounding both dumpsters.

b. During an interview on 2/24/16 at 11:55am, the Dietary Manager revealed that the housekeeping and maintenance staff were responsible for checking the dumpster area for cleanliness.

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area and ensuring the doors are closed.

A Dumpster Audit has been initiated to ensure deficient practice does not recur.

A Dumpster Audit log has been created. This form is completed three times weekly for two months, then two times weekly for two months, then weekly times one month and as needed by the Environmental Director to make sure dumpster 1 and dumpster 2 is free of debris on and around the area and ensuring the doors are closed.

Measures have been put into place to ensure the deficient practice will not recur.

A Dumpster Audit log has been created. This form is completed three times weekly for two months, then two times weekly for two months, then weekly times one month and as needed by the Environmental Director to make sure dumpster 1 and dumpster 2 is free of debris on and around the area and ensuring the doors are closed.

The Environmental Director will do the Dumpster Audit three times weekly for 2 months then, two times weekly for 2 months then, weekly for one month and as needed. Any discrepancies noted will be followed by reeducation with the housekeeping staff/floor tech by the Environmental Director.

The QA Committee will review weekly, the facility’s progress towards implementation of
F 372. Continued From page

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>SUMMARY STATEMENT OF DEFICIENCY</th>
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<tr>
<td>F 372</td>
<td>corrective actionist and the facility's performance to ensure that corrective performance is achieved and sustained. The QA Committee will review the facility's progress weekly for effectiveness and revise or develop new measures as necessary to ensure that corrective action is integrated and the system is sustained or revised as needed to achieve and maintain corrective solutions.</td>
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F 431 483.30(b) (d), (e) DRUG RECORDS.
   SS=5 LABEL/STORE DRUGS & BIOLOGICALS

   The facility must employ or obtain the services of a licensed
   pharmacist who establishes a system of records of receipt and
   disposition of all controlled drugs in sufficient detail to enable an
   accurate reconciliation and determines that drug records are in
   order and that an account of all controlled drugs is maintained and periodically
   reconciled.

   Drugs and biologicals used in the facility must be labeled in accordance with currently accepted
   professional principles, and include the appropriate accessory and cautionary
   instructions, and the expiration date when applicable.

   In accordance with State and Federal laws, the facility must store all drugs and biologicals in
   locked compartments under proper temperature controls, and permit only authorized personnel to
   have access to the keys.

   THIS FACILITY'S RESPONSE TO THIS
   REPORT OF SURVEY DOES NOT DENOTE
   AGREEMENT WITH THE STATEMENT
   OF DEFICIENCIES, NOR DOES IT CONSTITUTE
   AN ADMISSION THAT ANY STATED
   DEFICIENCY IS ACCURATE. WE ARE
   FILING THE POC BECAUSE IT IS
   REQUIRED BY LAW.

   ADDRESS HOW CORRECTIVE ACTION(S)
   WILL BE ACCOMPLISHED FOR THOSE
   RESIDENTS FOUND TO HAVE BEEN
   AFFECTED BY THE DEFICIENT PRACTICE.

   An audit was done on 3-11-16 to ensure all open medicine vials were labeled-dated, no expired
   medications were found on carts/refrigerators/descart storage rooms, med carts were clean, and medication refrigerators were
   within normal temperature range. No medications were found out of compliance.

   All nurses were re-educated on 3-11-16 and 3-14-
   16 by the Director of Nursing concerning expired meds on carts/refrigerator/descart storage room,
   cleanliness of med carts, making sure opened
F 431: Continued From page 4

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed on Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:

Based on observations and staff interviews, the facility failed to: A) keep 1 of 2 medication storage rooms free from expired medications (medication room 300 Hall); B) ensure medication refrigerator was maintained in the proper temperature range in 1 of 2 medication storage refrigerators (300 Hall); C) keep 1 of 4 medication carts free of expired medications (Cart 300-B side); D) date 1 opened Novolog Insulin pen and 1 opened Levemir Insulin pen on 1 of 4 medication carts (Cart 300- B side); and E) keep 2 of 4 medication carts clean and orderly (Medication Cart for 300 Hall and Medication Cart for 300 A and B Halls).

Findings included: A) An observation was made on 2/24/16 at 8:45 AM of the medication storage room for the 300 Hall. Inside a cabinet of stock medications was an open bottle of Vitamin B-6 which revealed an expiration date of 8/15. B) An observation of the medication storage refrigerator was made on 2/24/16 at 8:50 AM and the thermometer used to measure the internal temperature of the refrigerator was not functioning. The refrigerator contained medicine vials are labeled, dated, and making sure medication refrigerators is within normal temperature range.

Any resident has the potential to be affected by this practice.

All nurses have been educated on 3-11-16 and 3-11-16 by the Director of Nursing concerning expired meds on carts/refrigerator/dog storage room, cleanliness of med carts, making sure opened medicine vials are labeled/dated, and making sure medication refrigerators is within normal temperature range.

There has been a four way med cart audit initiated to ensure deficient practice does not recur.

The Four Way Medication Audit form has been created. This form is completed weekly by the Unit Manager/ DON to make sure no expired medication is on the cart, no expired medications are in the drug storage room, no expired medications in the refrigerator, no undated/ unlabeled vials, cleanliness of medication carts, and medications refrigerator is within normal temperature range.

A four way med cart audit has been initiated to ensure the deficient practice does not recur.

The Four Way Medication Audit form has been created, this form is completed weekly by the Unit Manager/ DON to make sure no expired medication is on the cart, no expired medications are in the drug storage room, no expired medications in the refrigerator, no undated/unlabeled vials, cleanliness of medication carts, and medications refrigerator is within normal temperature range.
medications which required refrigeration. An additional observation of the medication storage refrigerator was made on 2/25/16 at 8:23 AM and revealed an inoperable thermometer in the medication storage refrigerator for the 300 Hall.

C) An observation was made on 2/24/16 at 9:00 AM of the medication cart used for residents on the 300 Hall-B side and revealed the stock medication drawer contained 1 opened bottle of multi-vitamin with iron 260 tablets with an 8/15 expiration date. The stock medication drawer also contained 1 opened bottle of fiber tablets 90 tablets with a 1/16 expiration date.

D) An observation was made on 2/24/16 at 9:00 AM of the medication cart used for residents on the 300 Hall-B side and revealed 1 opened and undated Novolog insulin pen for a resident who resided on the 300 Hall-B side. The observation also revealed 1 opened and undated Levemir insulin pen for a resident who resided on the 300 Hall-B side.

E) An observation was made of the medication cart for the 200 Hall on 2/24/15 at 11:00 AM and revealed loose, unpackaged medications in tablet and capsule form throughout the top drawer of the medication cart. The observation also revealed popped corn and a powdered substance resembling powdered medications throughout the top drawer.

An observation was made on 2/24/15 at 11:15 AM of the medication cart for the 300 Hall-A side and revealed loose, unpackaged medications in tablet form throughout the medication cart and a substance which resembled a powdered form of medication in the top drawer. There were also loose medication packets not labeled with a resident name in the top drawer.

An interview with Nurse 3 (the nurse typically assigned to the 300-B side medication cart) on
Continued from page 6
2/24/16 at 9:05 AM and revealed all opened medication should have a date opened date on it. Insulin pens expired 28 days after they were opened but she could not state when the Novolog or Levemir pen expired related to There’s no date on either one.

An interview with Nurse 1 on 2/25/16 at 8:30 AM revealed she could not state the temperature of the 300 Hall medication refrigerator related to the thermometer was not functioning.

An interview with Nurse 2 on 2/25/16 at 8:45 AM revealed night shift nurses were responsible for checking the refrigerator and freezer temperatures. She stated “I meant to leave a space for the refrigerator because I saw the thermometer wasn’t working. There shouldn’t be 40 degrees written in the space for 2/25/16. I saw the refrigerator thermometer wasn’t working and we’re supposed to report it the maintenance. But I haven’t done that.”

An interview with the Director of Nursing (DON) on 2/25/16 at 9:00 AM revealed the facility expectation for medication storage was for medications to be stored properly at the proper temperature and in a clean and orderly manner. Any multi-use medication, such as insulin, were to be dated immediately upon being opened. She could not state why these things were not done.