

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/14/2016
NAME OF PROVIDER OR SUPPLIER ALLEGHANY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675		
(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 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain ceilings, walls, 1 AC/Heating unit, fixtures including light covers and toilet paper holders in bedrooms and bathrooms for 6 of 30 rooms (Rooms 200, 207, 303, 305, 308 and 406) reviewed for environmental issues. Findings included: Upon entrance to the facility on 04/11/16 and throughout the survey until 04/14/16 at 10:16AM, the following areas were observed to be in need of maintenance: 1) On 4/11/16 at 4:35PM and 4/13/16 at 9:51AM the following was observed in room 200: ceiling in the bathroom was sagging and the paint in an area greater than one foot on the ceiling was peeling; toilet paper holder was not on the wall but was in several pieces on a shelf above the toilet with the toilet paper observed on the back of the toilet 2) On 04/11/16 at 2:26PM and 4/13/16 at 9:46AM the following was observed in room 207: AC/Heating unit was observed to have several broken heating ventilation slats at the top of the unit - 2 completely broken pieces were observed to have been placed on a shelf at the base of the window - other pieces were noted lying on top of the unit; holes in drywall ½ inch by ½ inch and larger were noted in the bathroom beneath the hand soap wall dispenser; an object identified as</p>	F 253	<p>This plan of correction is prepared and submitted as required by law. By submitting this plan of correction Genesis Healthcare Alleghany Center does not admit that the deficiency listed on this form exist, nor does the center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency statements, facts, and conclusions that form the basis for the deficiency.</p> <p>1. The ceiling in the bathroom in room 200 was repaired on 5/5/16 and will be painted by 5/9/16. The toilet paper holder will be replaced in the bathroom by 5/9/16. The AC/Heating unit slats in room 207 were replaced on 4/14/16. The holes in the drywall in the bathroom in 207 were patched on 5/4/16 and will be painted by 5/9/16. The large crack in the bathroom ceiling in room 303 will be repaired by 5/9/16. The holes in the drywall where the paper towel dispenser once hung were replaced and the wall was repainted on 5/4/16. The hole behind bed B in room 308 was repaired on 4/15/16 and will be</p>	5/12/16	

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

TITLE

(X6) DATE

Electronically Signed

05/06/2016

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.

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F 253	Continued From page 1 a paper towel dispenser by the Maintenance Director had been removed from the wall with an area of 1 foot by 1 foot that was a different color of paint with 10 holes in the wall from screws being removed in the same area 3) On 04/11/16 at 2:04PM and 04/13/16 at 9:54AM the following was observed in room 303: bathroom observed to have a large crack in the ceiling measuring over 3 feet; an object identified as a paper towel dispenser by the Maintenance Director had been removed from the wall with an unpainted area on 1 foot by 1 foot that was a different color of paint with 5 holes in the wall from screws that were removed in the same area; toilet paper holder was broken with only one arm attached to the wall 4) On 04/11/16 at 2:21PM and 04/13/16 at 9:58AM the following was observed in room 308: in bedroom behind B bed, a hole was observed through the sheet rock 1 inch wide by 4 inches in length 5) On 04/11/16 at 2:19PM and 04/13/16 at 10:04AM the following was observed in room 305: in bedroom behind C bed, the wall was gouged out with an open hole through the sheet rock; in the bathroom there was a light fixture with 2 light bulbs over the sink with no light cover 6) On 04/11/16 at 2:49PM and 04/13/16 at 10:16AM the following was observed in room 406: the bedroom ceiling had areas of thin cracks all across the ceiling with slightly different colors of paint; an object that had been moved from the ceiling left a circular area of 5 inches with no paint to match the ceiling During an interview on 04/14/16 at 8:34AM, Housekeeper #1 stated if she had noticed something in need of repair, she would notify maintenance. When asked how she would notify them she stated, "I'm supposed to put it on a	F 253	<p>painted by 5/9/16. The area behind the C bed in room 305 was repaired 4/14/16. A new light fixture was placed over the sink on 4/14/16 and now covers the lightbulbs in the bathroom. The ceiling in room 406 will be repaired and painted by 5/9/16.</p> <p>2. Director of Maintenance will complete a walking round on 5/10/16 to assure all other ceilings, walls, AC/Heating units, light fixtures along with covers and toilet paper holders are in good repair. Necessary repairs will be listed and repairs to be completed by 5/12/16. If repairs cannot be completed a waiver will be requested and request letter will be sent to DHSR prior to 5/12/16.</p> <p>3. The Maintenance Director was reeducated by the Center Executive Director on 5/5/16 related to completing work orders timely and performing walking rounds to identify issues in need of repair. Staff was educated on 4/20/16, 4/21/16, 4/27/16 and 4/28/16 to the use of work orders, completing work orders in a timely manner to be followed up by Maintenance.</p> <p>4. The Director of Maintenance and the Center Executive Director will perform walking rounds 1 x weekly x 1 month then 2 x monthly x 1 month then 1 x monthly x 1 month. Any issues noted as a result of monitoring will be reported to and addressed by Performance Improvement Committee monthly by Director of Maintenance.</p>		

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F 253	Continued From page 2 work order but I don't write all that good so I usually just tell maintenance." During an interview on 04/14/16 at 8:40AM, Nurse #1 stated if she had noticed something in need of repair she would fill out a maintenance form, put it in the box for maintenance, and tell the Maintenance Director verbally she completed a work order so he could check his box. During an interview on 04/14/16 at 8:50AM, Nurse Aide #1 (NA) stated if she had noticed something in need of repair she would fill out the work order, put the yellow slip in the Administrator's box and the white copy in the Maintenance Director's box. The NA further stated she also told the Maintenance Director what needed to be fixed. When asked what she would do if the issue remained unresolved after a few days, she stated "I would go to the Administrator." During an interview on 04/14/16 at 9:02AM, Nurse Aide #2 (NA) stated "If I was in the middle of rounds, I would make a note and then fill out a work order later unless it was something that needed immediate attention. In that case, I would stop and go get the maintenance supervisor." When asked about the process of notifying maintenance, she stated "I fill out the work order and put it in their box. I also verbally notify them of what needs to be done." When asked if she noted the issue was still unresolved after a few days what she would do, NA #2 stated she would go to the Administrator and let her know. During a walking tour on 04/14/16 at 10:31AM of the bedrooms and bathrooms identified with maintenance issues, the Maintenance Director indicated he was unaware of all the issues with the exception of the ceiling that was observed to be sagging with the large area of paint peeling over and around the area. The Maintenance	F 253			

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F 253	Continued From page 3 Director reported he works according to a priority of resident safety first, resident requests and then work orders. He further indicated he was unable to complete proper maintenance in the facility if he was unaware of the problems requiring his attention. He acknowledged his expectation was to receive work orders of any maintenance concerns and to be contacted immediately with any problems that could be a safety risk to the residents. During an interview on 04/14/16 at 2:15PM, the Administrator acknowledged her expectation was for resources to be available to repair leaks, cracks and holes to the ceiling and walls throughout the facility, and that work orders were to be written up by staff and given to the maintenance director so he could make the repairs or hire someone who could.	F 253			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to follow the care plan for 1 of 4 residents dependent on staff for activities of daily living (Resident #42). The findings included: Resident #42 was re-admitted to the facility on 09/26/11 with diagnoses which included	F 282	1. On 4/13/16 resident #42 was provided incontinence care. On 4/14/16 @ 7:11am Hall RN observed resident peri-area with no redness or signs of skin breakdown noted. 2. On 4/13/16 Assistant Nurse Executive observed for odors and signs of soiled residents on 400 Hall prior to evening	5/12/16	

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F 282	<p>Continued From page 4</p> <p>dementia, cerebral vascular accident (stroke), and Parkinson's disease. Review of the quarterly Minimum Data Set (MDS) dated 03/03/16 indicated Resident #42 had severe cognitive impairment. Further review of the MDS indicated Resident #42 required extensive assistance with 1 person physical assist for activities of daily living (ADLs) which included dressing, toileting, and personal hygiene. Resident #42 was also coded to be frequently incontinent of bowel and bladder.</p> <p>A review of care plans with revision date of 08/25/15 revealed Resident #42 required assistance with ADLs due to self-care deficit with interventions for staff to ensure and assist with ADLs and assure the resident's comfort and privacy. Further review of the care plan revealed Resident #42 was at risk for skin breakdown as evidenced by incontinence with interventions for staff to keep the skin clean and dry, provide peri-care with each incontinence episode and as needed (prn), and observe skin condition with ADL care.</p> <p>On 04/13/16 at 7:10 AM Resident #42 was observed to ambulate up and down the hallway wearing pink colored pants with the back of the pants visibly soiled/wet.</p> <p>On 04/13/16 at 7:15 AM Nurse Aide (NA) #1 was observed to assist Resident #42 to find her room, assisted her onto the bed, and covered the resident up with a bed throw.</p> <p>On 04/13/16 at 8:26 AM Resident #42 was observed wearing the soiled/wet pink colored pants and lying in her bed.</p>	F 282	<p>meal and no other residents were found to be in noticeable need of incontinence care.</p> <p>3. In-services will be completed by 5/12/16 by Nurse Practice Educator, Center Nurse Executive, RN Supervisor, Center Executive Director and/or the Assistant Nurse Executive to re-educate nursing staff to follow plan of care for those residents who are care planned to require assistance with incontinence care/toileting and provide incontinence care approximately every 2 hours or as needed, observing residents and providing care to assure clean, without odors and without visible soiling.</p> <p>4. Center Nurse Executive will monitor ten residents throughout facility 3 x weekly x one month, 2 x weekly x one month, then 1 x weekly x 1 month to assure residents care planned for requiring assistance with incontinence care/toileting are free of odors and visible soiling. Any issues as a result of monitoring will be reported to and addressed by Performance Improvement Committee q month.</p>		

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F 282	<p>Continued From page 5</p> <p>On 04/13/16 from 9:00 AM until 10:00 AM with continuous observations Resident #42 remained in the bed wearing the soiled/wet pink colored pants.</p> <p>During an interview on 04/13/16 at 9:40 AM NA #1 stated her normal routine was to get residents ready for their breakfast meal and pass out the breakfast trays. NA #1 indicated she did not check or change the residents before breakfast and once the breakfast meal was over she would start her "rounds" for checking and changing of the residents. NA #1 further stated she was aware Resident #42 was soiled/wet and it was not her routine to change a resident until after the breakfast meal was over.</p> <p>During an interview on 04/13/16 at 9:45 AM NA #2 stated his normal routine was to get the residents ready for breakfast and that he did not check or change a resident before their breakfast meal. NA #2 further stated after the breakfast meal was over he would then start his "rounds" for checking and changing the residents. NA #2 indicated he was unaware Resident #42 was soiled/wet.</p> <p>On 04/13/16 at 10:00 AM NA #1 and NA #2 was observed to provide incontinence care for Resident #42. During the incontinence care observation Resident #42's pink colored pants was visibly soiled/wet from the crotch to the mid-thigh area. Further observation revealed the resident's pants and the adult brief was soaked with urine in the front and in the back to the waist line.</p> <p>During an interview on 04/13/16 at 10:25 AM Nurse #1 stated it was her expectation for a</p>	F 282			

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F 282	Continued From page 6 resident to be changed immediately should they be soiled/wet. During an interview on 04/13/16 at 10:40 AM the registered nurse supervisor stated it was her expectation for resident's to be changed immediately should they be soiled/wet. She further stated should a resident be soiled/wet she expected the resident to be changed before their meal. During an interview on 04/13/16 at 5:18 PM the Director of Nursing (DON) stated it was her expectation for incontinence care to be provided to a resident as quickly as possible. The DON further stated she would have expected the NAs to have changed the resident before lying her down.	F 282			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to provide incontinence care to a resident who required assistance with activities of daily living for 1 of 4 sampled residents dependent on staff for activities of daily living (Resident #42). The findings included:	F 312	1. On 4/13/16 resident was provided incontinence care. On 4/14/16 @ 7:11am hall RN observed resident peri-area with no redness or signs of skin breakdown. 2. On 4/13/16 Assistant Nurse Executive observed for residents in need of incontinence care on 400 Hall and no	5/12/16	

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F 312	Continued From page 7 Resident #42 was re-admitted to the facility on 09/26/11 with diagnoses which included dementia, cerebral vascular accident (stroke), and Parkinson's disease. Review of the quarterly Minimum Data Set (MDS) dated 03/03/16 indicated Resident #42 had severe cognitive impairment, was sometimes understood, and was incapable of making her needs known. Resident #42 required extensive assistance with 1 person physical assist for activities of daily living (ADLs) which included dressing, toileting, and personal hygiene, and was frequently incontinent of bowel and bladder. A review of care plans with revision date of 08/25/15 revealed Resident #42 required assistance with ADLs due to self-care deficit with interventions for staff to ensure and assist with ADLs. Further review of the care plan revealed Resident #42 was at risk for skin breakdown as evidenced by incontinence with interventions for staff to keep the skin clean and dry, provide peri-care with each incontinence episode and as needed (prn). On 04/13/16 at 7:10 AM Resident #42 was observed to ambulate up and down the hallway wearing pink colored pants with the back of the pants visibly soiled/wet. On 04/13/16 at 7:15 AM Nurse Aide (NA) #1 was observed to assist Resident #42 to find her room, assisted her to the bed, and covered the resident up with a bed throw. On 04/13/16 at 8:00 AM the Assistant Director of Nursing (ADON) was observed to take Resident #42's breakfast tray into the room and set it up on	F 312	other residents were found to be in noticeable need on incontinence care at time of observation. 3. In-services will be completed by 5/12/16 by Nurse Practice Educator, Center Nurse Executive, RN Supervisor, Center Executive Director and/or the Assistant Nurse Executive for nursing staff to assure that residents that require assistance with incontinence care/toileting receive incontinence care approximately every 2 hours or as needed. 4. Center Nurse Executive will monitor 10 residents throughout facility 3 x weekly x 1 month, 2 x weekly x 1 month, then 1 x weekly x 1 month to assure residents needing incontinence care are free of odors and there is no visible soiling. Any issues as a result of monitoring will be reported to and addressed by Performance Improvement Committee q month.		

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F 312	<p>Continued From page 8</p> <p>the resident's over-bed table.</p> <p>On 04/13/16 at 8:26 AM Resident #42 was observed wearing the soiled/wet pink colored pants and lying in her bed.</p> <p>On 04/13/16 from 9:00 AM until 10:00 AM with continuous observations Resident #42 remained in the bed wearing the soiled/wet pink colored pants.</p> <p>During an interview on 04/13/16 at 9:40 AM NA #1 stated her normal routine was to get residents ready for their breakfast meal and pass out the breakfast trays. NA #1 indicated she did not check or change the residents before breakfast and once the breakfast meal was over she would start her "rounds" for checking and changing of the residents. NA #1 further stated she was aware Resident #42 was soiled/wet and it was not her routine to change a resident until after the breakfast meal was over.</p> <p>During an interview on 04/13/16 at 9:45 AM NA #2 stated his normal routine was to get the residents ready for breakfast and that he did not check or change a resident before their breakfast meal. NA #2 further stated after the breakfast meal was over he would then start his "rounds" for checking and changing the residents. NA #2 indicated he was unaware Resident #42 was soiled/wet.</p> <p>On 04/13/16 at 10:00 AM NA #1 and NA #2 was observed to provide incontinence care for Resident #42. During the incontinence care observation Resident #42's pink colored pants was visibly soiled/wet from the crotch to the mid-thigh area. Further observation revealed the</p>	F 312			

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F 312	Continued From page 9 resident's pants and the adult brief was soaked with urine in the front and in the back to the waist line. During an interview on 04/13/16 at 10:25 AM Nurse #1 stated it was her expectation for a resident to be changed immediately should they be soiled/wet. During an interview on 04/13/16 at 10:40 AM the registered nurse supervisor stated it was her expectation for resident's to be changed immediately should they be soiled/wet. She further stated should a resident be soiled/wet she expected the resident to be changed before their meal. During an interview on 04/13/16 at 5:18 PM the Director of Nursing (DON) stated it was her expectation for incontinence care to be provided to a resident as quickly as possible. The DON further stated she would have expected the NAs to have changed the resident before lying her down.	F 312			
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	F 371		5/12/16	

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F 371	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to label and date stored food in the kitchen refrigerator and freezer, failed to label and date food in the nourishment refrigerator/freezer across from the 400 hall nurse's station, failed to cover food in dry storage, failed to ensure only resident beverages and food were kept in the nourishment refrigerator, and failed to replace insulated dome lids with degrading interior plastic in 1 of 1 kitchen refrigerator/freezers, 1 of 1 dry storage rooms, 1 of 1 nourishment refrigerator/freezers and 26 of 26 insulated dome lids.</p> <p>The findings included: A review of the facility policy entitled "5.7 Refrigerated/Frozen Storage" with effective date of 07/01/98 and revision of 09/01/08 indicated the following:</p> <p>1) Process - refrigeration: 1.4 - All foods are labeled with name of product and the date received and "use by" date once opened. Manufacturer "use by" dates are used until opened.</p> <p>2) Process - freezer: 2.5 - Foods are kept in original container. If removed from original container, foods are completely covered and labeled with name of product and "use by" date.</p> <p>During initial tour observations on 04/11/16 beginning at 10:59AM, the following was discovered in the kitchen: Example 1: freezer contained a large plastic bag of opened crinkled cut french fries sitting on the shelf, not in the original container, and not labeled or dated Example 2: refrigerator contained 2 salad plates</p>	F 371	<p>1. Unlabeled/undated food in kitchen refrigerator and freezer and 400 Hall nourishment room refrigerator and freezer were discarded immediately by Dining Services Director on 4/11/16. Uncovered food found in dry storage on 4/11/16 was discarded immediately by Dining Services Director. Staff items found in 400 hall nourishment refrigerator were removed immediately by Dining Services Director on 4/11/16. Dining Services Director ordered new dome lids on 5/4/16 to replace all degraded lids with a delivery date set for 5/6/16.</p> <p>2. On 4/11/16, Dining Services Director audited all nourishment refrigerators and freezers throughout facility and kitchen refrigerators and freezers removing any items that were not dated and/or labeled and no other items were found not belonging to residents. On 4/11/16, Dining Services Director audited the dry storage room and found no other uncovered items. On 4/14/16, Dining Services Director and Regional Director of Dining Services audited all dome lids. Replacement lids ordered on 5/4/16 with arrival scheduled on 5/6/16. Once lids have arrived, degraded lids will be replaced with new lids by 5/12/16.</p> <p>3. On 4/11/16, Center Executive Director reeducated Dining Services Director that all foods stored in refrigerator/freezer for dietary department and/or nourishment rooms must be labeled and dated. On</p>		

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F 371	<p>Continued From page 11</p> <p>with lettuce, tomato, cottage cheese and strawberries and a date of 4/9 - there was no indication if 4/9 was the preparation date or the use by date</p> <p>Example 3: refrigerator had an open container of beef base with no label, date or use by date</p> <p>Example 4: dry storage had a white 22 quart plastic container with 7 quarts of cereal with no lid</p> <p>During an inspection of the refrigerator/freezer for nourishment and resident's food across from the 400 hall nurse's station, a sign was observed on the front of the refrigerator stating "RESIDENT FOOD ONLY - please put dates on items and residents names". On 04/11/16 at 2:00PM, the following was discovered:</p> <p>Example 1: refrigerator had 1 plate covered in plastic with lettuce, tomato, cottage cheese with no name or date</p> <p>Example 2: refrigerator had 1 plate covered with a burgundy dome lid with scrambled eggs, grits and pancakes with no name or date</p> <p>Example 3: refrigerator had a 2 quart container of coffee flavored enhancer with no name or date</p> <p>Example 4: freezer had 2 large plastic cups with straws and lids - one cup had a frozen pink substance and the other cup had a frozen brown substance - no name or date on either cup</p> <p>An interview with Nurse Aide #1 (NA) on 04/11/16 at 2:07PM revealed the NA #1 had brought in the coffee flavor enhancer for his own use. He verified that it was his and stated he had put it there this morning and would take it out and put it in the staff refrigerator. NA #1 was then observed removing the coffee flavor enhancer from the nourishment refrigerator, leaving the room, and walking down the hallway with it.</p> <p>During observation of dishwashing procedures on</p>	F 371	<p>4/11/16, Center Executive Director reeducated Dining Services Director that all foods stored in dry storage must be covered. On 4/11/16, Center Executive Director reeducated Dining Services Director to assure dome lids are replaced when beginning to become degraded. Nursing staff was in-serviced by the Nurse Practice Educator, Center Nurse Executive, Center Executive Director and the Assistant Nurse Executive on 4/20/16, 4/21/16, 4/27/16 and 4/28/16 to assure all food stored in nourishment rooms are to belong only to residents and should be labeled and dated. Residents in resident counsel were encouraged to date and label personal items or allow staff to do so. Dietary staff were in-serviced by Dining Services Director on 4/14/16 to assure items in refrigerator/freezer for dietary department and/or nourishment rooms are labeled and dated, that all foods stored in dry storage must be covered and dome lids are to be replaced when beginning to become degraded.</p> <p>4. Dining Services Director will monitor kitchen and nourishment refrigerators and freezers to assure there are no unlabeled/undated food present and assure that goods in dry storage are covered at all times, will audit dome lids to assure intact and not degraded, replacing as needed 3 x weekly x one month, 2 x weekly x one month, then 1 x weekly x 1 month. Any issues as a result of monitoring will be reported to and addressed by Process Improvement Committee q month.</p>		

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

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F 371	<p>Continued From page 12</p> <p>04/14/16 at 9:01am, gray and burgundy insulated dome lids were observed being put away on a drying rack. All 26 insulated dome lids were noted to be in various states of peeling on the interior that covers the plates.</p> <p>During an interview with the Food Service Director (FSD) on 04/14/16 at 8:20AM, she acknowledged her expectations were for all foods in the refrigerator and freezer in the kitchen and the nourishment refrigerator and freezer should be properly labeled and dated, staff were to use the employee refrigerator for personal use not the nourishment refrigerator, staff should always put lids back on food items with proper labeling and dates, and dome lids should be in good condition for resident's use.</p> <p>During an interview with the Administrator on 04/14/16 at 2:26PM, she stated her expectation was for the dietary staff to be educated about proper food storage, labeling and dating. The Administrator further stated they were unsure what to do with the nourishment refrigerator/freezer as resident's family members often place food/beverages there without labeling them.</p>	F 371			