STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING _____________________________
B. WING _____________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

SENIOR CITIZENS HOME

F 253 1/12/17
The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

This REQUIREMENT is not met as evidenced by:
Based on observations and interviews with family members, residents and facility staff, the facility failed to repair and/or replace furniture with marred tops and/or broken drawers for 10 of 30 samples residents (Residents #1,9,11,14,18,45,46,56,57 and 65) whose rooms were observed.

Findings included:
During the initial tour of the facility, beginning on 12/12/16 at 9:30 AM, the furniture in the rooms for Residents 1, 9, 11, 14, 18, 45, 46, 56, 57 and 65 were noted to have the veneer peeled off the top and off of some edges of the furniture.
Residents #1 and 9 had bedside tables with drawers that were broken and would not close properly.

On 12/13/16, 12/14/16 and 12/15/16, it was noted the worn and/or broken furniture had not been repaired or replaced.

1. The Quarterly Minimum Data Set (MDS) for Resident #9, dated 10/25/16, indicated Resident #9 had short and long term memory impairment with severely impaired cognitive skills for daily decision making.

On 12/14/16 at 10:30 AM, the Responsible Party

The furniture for residents 1, 9, 11, 14, 18, 45, 46, 56, 57 and 65 have been repaired/replaced/re-painted on 1-6-17.

The table tops have been scheduled to be painted or repaired and the edgings have been scheduled to be painted or repaired.

All of the residents' furniture have been checked on 1-12-17 and furniture that have been found to have damage will be scheduled to be repaired or replaced.

On a monthly basis, for 90 days, the Administrator will check the furniture in all resident rooms using the Resident Furniture Audit form. Any furniture that is found to have been worn will be scheduled to be repaired or replaced.

Resident 1 and Resident 9 bedside tables have been repaired/replaced on 1-6-17.

On a monthly basis, for 90 days, the Administrator will check all bedside tables to ensure the drawers close properly by using the Resident Furniture Audit Form. Any bedside tables that do not close properly will be scheduled to be replaced/repaired.

Nursing Staff and Housekeeping staff will be in-serviced on Jan 5, 2017 to report damaged furniture by completing a Repair Slip located at the Front Desk. The inservice was conducted by the Staff.
F 253 Continued From page 1

(RP) for Resident #9 was interviewed. She stated she thought the furniture was in disrepair, adding she had been so disturbed by the condition of the tops of the furniture she had taken contact paper and recovered Resident #9's furniture herself. She added she would not have furniture in such disrepair in her home and at the moment, the facility was her mother's home so therefore, she would have expected the furniture to be in better shape. The RP added the drawers to one of Resident #9's nightstands fell apart last week, but she had not reported this to administration, knowing that staff that assisted Resident #9 had been aware.

The Administrator was interviewed on 12/14/16 at 3:06 PM. The Administrator stated furniture was replaced as needed based on looking bad or if there were no available parts for repairs. The Administrator stated he had received no concerns verbalized by residents, staff or family members. He added if drawers to dressers and nightstands were not working, he expected staff to report to either him or the maintenance supervisor. Observations were made of the resident's room with the Administrator. He acknowledged the furniture was in rough shape and it was not anything he would want in his house.

On 12/15/16 at 8:25 AM, Housekeeper #1 was interviewed. She stated residents on that end of facility where the damaged furniture had been found, had the oldest furniture in the building. She stated the furniture had been in disrepair for at least a year. The housekeeper stated it was up to the maintenance supervisor to decide if the furniture was replaced.

At 8:35 AM on 12/15/16, the Maintenance Developer. Any negative findings from the Audits will be forwarded to the next two quarterly QA Meetings until it is resolved.
F 253 Continued From page 2

Supervisor was interviewed. He stated he reported the poor condition of furniture to the Administrator or the Social Worker when staff reported furniture issues to him. The Maintenance Supervisor stated he did not make a lot of rounds in the facility and therefore he was not aware of the condition of the furniture. He observed the condition of the furniture in the named resident's rooms at this time and stated he would not want the furniture in his home. He stated at times, due to lack of replacement furniture it was use what was in the room or have nothing at all.

2. Resident # 57 was interviewed 12/15/16 at 8:15 AM. He stated since he had poor vision, he had no problems with the condition of the furniture. His Admission MDS, dated 11/11/16, coded the resident as cognitively intact.

The Administrator was interviewed on 12/14/16 at 3:06 PM. The Administrator stated furniture was replaced as needed based on looking bad or if there were no available parts for repairs. The Administrator stated he had received no concerns verbalized by residents, staff or family members. He added if drawers to dressers and nightstands were not working, he expected staff to report to either him or the maintenance supervisor. Observations were made of the resident's room with the Administrator. He acknowledged the furniture was in rough shape and it was not anything he would want in his house.

On 12/15/16 at 8:25 AM, Housekeeper #1 was interviewed. She stated residents on that end of facility where the damaged furniture had been found, had the oldest furniture in the building. She stated the furniture had been in disrepair for...
## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**NAME OF PROVIDER OR SUPPLIER**

**SENIOR CITIZENS HOME**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

**2275 RUIN CREEK ROAD**

**HENDERSON, NC  27536**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**DATE SURVEY COMPLETED**

**12/15/2016**

**ID**

**PREFIX**

**TAG**

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<tr>
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<td>F 253</td>
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### SUMMARY STATEMENT OF DEFICIENCIES

**Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information**

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### PROVIDER'S PLAN OF CORRECTION

**Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency**

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**Event ID:** 3LMX11  
**Facility ID:** 923449  
**If continuation sheet:** Page 4 of 14
F 253 Continued From page 4

On 12/15/16 at 8:25 AM, Housekeeper #1 was interviewed. She stated residents on that end of facility where the damaged furniture had been found, had the oldest furniture in the building. She stated the furniture had been in disrepair for at least a year. The housekeeper stated it was up to the maintenance supervisor to decide if the furniture was replaced.

At 8:35 AM on 12/15/16, the Maintenance Supervisor was interviewed. He stated he reported the poor condition of furniture to the Administrator or the Social Worker when staff reported furniture issues to him. The Maintenance Supervisor stated he did not make a lot of rounds in the facility and therefore he was not aware of the condition of the furniture. He observed the condition of the furniture in the named resident's rooms at this time and stated he would not want the furniture in his home. He stated at times, due to lack of replacement furniture it was use what was in the room or have nothing at all.

4. On 12/15/16 at 8:20 AM Residents #45 and 46, who shared a room were interviewed. Resident #45, who had been assessed as moderately cognitively impaired on 11/25/16, stated he would like the furniture replaced. Resident #46, who had been assessed as cognitively intact on his quarterly MDS, dated 12/7/16, that if he had been at home and his furniture looked so bad, he would have sanded the top of the nightstand and refinished it by now.

The Administrator was interviewed on 12/14/16 at 3:06 PM. The Administrator stated furniture was replaced as needed based on looking bad or if
F 253 Continued From page 5

there were no available parts for repairs. The Administrator stated he had received no concerns verbalized by residents, staff or family members. He added if drawers to dressers and nightstands were not working, he expected staff to report to either him or the maintenance supervisor. Observations were made of the resident's room with the Administrator. He acknowledged the furniture was in rough shape and it was not anything he would want in his house.

On 12/15/16 at 8:25 AM, Housekeeper #1 was interviewed. She stated residents on that end of facility where the damaged furniture had been found, had the oldest furniture in the building. She stated the furniture had been in disrepair for at least a year. The housekeeper stated it was up to the maintenance supervisor to decide if the furniture was replaced.

At 8:35 AM on 12/15/16, the Maintenance Supervisor was interviewed. He stated he reported the poor condition of furniture to the Administrator or the Social Worker when staff reported furniture issues to him. The Maintenance Supervisor stated he did not make a lot of rounds in the facility and therefore he was not aware of the condition of the furniture. He observed the condition of the furniture in the named resident's rooms at this time and stated he would not want the furniture in his home. He stated at times, due to lack of replacement furniture it was use what was in the room or have nothing at all.

5. Resident #1 had been assessed on 11/15/16 with both long and short term memory impairment and severely impaired cognitive skills for daily decision making. Therefore, she was unable to
F 253 Continued From page 6

comment on the condition of the furniture in her room. The nightstand in the resident's room, holding the television, was observed to have large areas of the veneer on the top of the nightstand missing. The drawers of the nightstand would not open or close properly.

The Administrator was interviewed on 12/14/16 at 3:06 PM. The Administrator stated furniture was replaced as needed based on looking bad or if there were no available parts for repairs. The Administrator stated he had received no concerns verbalized by residents, staff or family members. He added if drawers to dressers and nightstands were not working, he expected staff to report to either him or the maintenance supervisor. Observations were made of the resident's room with the Administrator. He acknowledged the furniture was in rough shape and it was not anything he would want in his house.

On 12/15/16 at 8:25 AM, Housekeeper #1 was interviewed. She stated residents on that end of facility where the damaged furniture had been found, had the oldest furniture in the building. She stated the furniture had been in disrepair for at least a year. The housekeeper stated it was up to the maintenance supervisor to decide if the furniture was replaced.

At 8:35 AM on 12/15/16, the Maintenance Supervisor was interviewed. He stated he reported the poor condition of furniture to the Administrator or the Social Worker when staff reported furniture issues to him. The Maintenance Supervisor stated he did not make a lot of rounds in the facility and therefore he was not aware of the condition of the furniture. He observed the condition of the furniture in the
### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier**: Senior Citizens Home  
**Street Address, City, State, Zip Code**: 2275 Ruin Creek Road, Henderson, NC 27536  
**Provider's Plan of Correction**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
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<tbody>
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<td>F 253</td>
<td>Continued From page 7</td>
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<td>named resident's rooms at this time and stated he would not want the furniture in his home. He stated at times, due to lack of replacement furniture it was use what was in the room or have nothing at all.</td>
<td>F 253</td>
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6. The Annual MDS for Resident #11, dated 9/9/16, indicated the resident had short and long term memory impairment with severely impaired cognitive skills for daily decision making.

On 12/15/16 at 8:30 AM, Nursing Assistant (NA) #2 was observed assisting Resident #11 with her breakfast. The NA stated Resident #11 was also his family member. NA #2 added he would not want the furniture in his room; adding the furniture had been in poor repair for at least 6 months. He added he had reported the condition of the top of the furniture to the maintenance man. NA #2 stated Resident #11 would have thrown the furniture out of her house a long time ago.

The Administrator was interviewed on 12/14/16 at 3:06 PM. The Administrator stated furniture was replaced as needed based on looking bad or if there were no available parts for repairs. The Administrator stated he had received no concerns verbalized by residents, staff or family members. He added if drawers to dressers and nightstands were not working, he expected staff to report to either him or the maintenance supervisor. Observations were made of the resident's room with the Administrator. He acknowledged the furniture was in rough shape and it was not anything he would want in his house.

On 12/15/16 at 8:25 AM, Housekeeper #1 was interviewed. She stated residents on that end of facility where the damaged furniture had been
### Statement of Deficiencies and Plan of Correction

#### NAME OF PROVIDER OR SUPPLIER

**Senior Citizens Home**

<table>
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<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER’S PLAN OF CORRECTION</th>
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<td>F 253</td>
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*Summary Statement of Deficiencies*

- **F 253** Continued From page 8

  Found, had the oldest furniture in the building. She stated the furniture had been in disrepair for at least a year. The housekeeper stated it was up to the maintenance supervisor to decide if the furniture was replaced.

  At 8:35 AM on 12/15/16, the Maintenance Supervisor was interviewed. He stated he reported the poor condition of furniture to the Administrator or the Social Worker when staff reported furniture issues to him. The Maintenance Supervisor stated he did not make a lot of rounds in the facility and therefore he was not aware of the condition of the furniture. He observed the condition of the furniture in the named resident's rooms at this time and stated he would not want the furniture in his home. He stated at times, due to lack of replacement furniture it was use what was in the room or have nothing at all.

- **7.** Resident #18 had been assessed on her quarterly MDS on 10/21/16 with short and long term memory impairment with moderately impaired cognitive skills for daily decision making. She was unable to comment on the condition of the furniture in her room which included furniture with the veneer gone.

  The Administrator was interviewed on 12/14/16 at 3:06 PM. The Administrator stated furniture was replaced as needed based on looking bad or if there were no available parts for repairs. The Administrator stated he had received no concerns verbalized by residents, staff or family members. He added if drawers to dressers and nightstands were not working, he expected staff to report to either him or the maintenance supervisor.

Observations were made of the resident's room...
with the Administrator. He acknowledged the furniture was in rough shape and it was not anything he would want in his house.

On 12/15/16 at 8:25 AM, Housekeeper #1 was interviewed. She stated residents on that end of facility where the damaged furniture had been found, had the oldest furniture in the building. She stated the furniture had been in disrepair for at least a year. The housekeeper stated it was up to the maintenance supervisor to decide if the furniture was replaced.

At 8:35 AM on 12/15/16, the Maintenance Supervisor was interviewed. He stated he reported the poor condition of furniture to the Administrator or the Social Worker when staff reported furniture issues to him. The Maintenance Supervisor stated he did not make a lot of rounds in the facility and therefore he was not aware of the condition of the furniture. He observed the condition of the furniture in the named resident's rooms at this time and stated he would not want the furniture in his home. He stated at times, due to lack of replacement furniture it was use what was in the room or have nothing at all.

8. Resident #56's Annual MDS, dated 12/8/16, indicated the resident had both short and long term memory impairment with moderately impaired cognitive skills for daily decision making. Resident #56 was unable to comment on how she felt about the veneer being removed from a large section of her furniture top.

The Administrator was interviewed on 12/14/16 at 3:06 PM. The Administrator stated furniture was replaced as needed based on looking bad or if
**NAME OF PROVIDER OR SUPPLIER**

**SENIOR CITIZENS HOME**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

2275 RUIN CREEK ROAD
HENDERSON, NC 27536

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<tr>
<td>F 371</td>
<td>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</td>
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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:**

345316

**DATE SURVEY COMPLETED:**

12/15/2016

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**SUMMARY STATEMENT OF DEFICIENCIES**

There were no available parts for repairs. The Administrator stated he had received no concerns verbalized by residents, staff or family members. He added if drawers to dressers and nightstands were not working, he expected staff to report to either him or the maintenance supervisor. Observations were made of the resident's room with the Administrator. He acknowledged the furniture was in rough shape and it was not anything he would want in his house.

On 12/15/16 at 8:25 AM, Housekeeper #1 was interviewed. She stated residents on that end of facility where the damaged furniture had been found, had the oldest furniture in the building. She stated the furniture had been in disrepair for at least a year. The housekeeper stated it was up to the maintenance supervisor to decide if the furniture was replaced.

At 8:35 AM on 12/15/16, the Maintenance Supervisor was interviewed. He stated he reported the poor condition of furniture to the Administrator or the Social Worker when staff reported furniture issues to him. The Maintenance Supervisor stated he did not make a lot of rounds in the facility and therefore he was not aware of the condition of the furniture. He observed the condition of the furniture in the named resident's rooms at this time and stated he would not want the furniture in his home. He stated at times, due to lack of replacement furniture it was use what was in the room or have nothing at all.

**F 371**

**SS=E**

483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY

The facility must -
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

**SENIOR CITIZENS HOME**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

**2275 RUIN CREEK ROAD**

**HENDERSON, NC 27536**

<table>
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<tr>
<th>(X4) ID</th>
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<th>(X5) COMPLETION DATE</th>
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| F 371 | Continued From page 11  
(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, record reviews and interviews the facility failed to 1) keep the oven and stove top free of black burned debris, 2) label opened food items stored in the refrigerator, 3) maintain the dish machine rinse temperature above 180 degrees and 4) prevent a staff member from touching ready to eat foods with bare hands.

1) An observation of the surface of the gas stove on 12/12/16 at 9:30 AM revealed black debris build up around the burners. The convection oven beside the stove also had a buildup of black burnt debris along the bottom. The debris in the oven was ½ inch thick. The Dietary Manager stated the stove and the oven needed to be cleaned to remove the buildup. He did not state when the oven was cleaned.

2) On 12/12/16 at 9:45 AM a food item wrapped in aluminum foil was observed on the top shelf of the reach in refrigerator. It did not have a label present. The Dietary Manager stated the food item was ham left from a previous meal. He stated the food item should have a label with a date on it.

3) An observation of the dish washing machine on 12/12/16 at 10:00 revealed the rinse temperature did not reach 180° Fahrenheit (F).

Dietary Staff has been inserviced on the process and policy for marking and dating all foods and the use by dates on 12-16-16. Dietary staff will be inserviced monthly and the topics will be dish machine, marking/dating and cleaning. Dissolvable marking labels were ordered on 12-13-16 and received on 12-15-16. The Dietary Manager and or Head Cook will monitor the proper food storage protocols, including labeling for dates, used by and pull for thawing utilizing the Marking and Dating Foods Audit form monitoring tool daily times 4 weeks, then 3 times a week for 4 weeks, then weekly times 4 weeks then monthly times 12 months to ensure proper storage has occurred. Opportunities will be corrected daily by the Dietary Manager as identified during these audits. The District Dietary Manager will monitor the proper food storage protocols, including labeling for dates, used by and pull for thawing weekly times 6 weeks then 2 times per month for 4 weeks, then monthly for 12 months. Any negative findings from the audits will be forwarded to the next quarterly QA.
### Statement of Deficiencies and Plan of Correction

**A. Building**

**Provider/Supplier/CLIA Identification Number:** 345316

**B. Wing**

**Statement of Deficiencies and Plan of Correction**

**Date Survey Completed:** 12/15/2016

**Street Address, City, State, Zip Code:**

2275 Ruin Creek Road
Henderson, NC 27536

### Summary Statement of Deficiencies

<table>
<thead>
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<th>Description</th>
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<tr>
<td>F 371</td>
<td>Continued From page 12</td>
<td></td>
<td>Dietary Aide #1</td>
<td>continued to wash the dishes and the temperatures during the rinse cycle were observed to register 159° F, 162° F and 173° F. On 12/12/16 at 10:04 AM Dietary Aide #1 stated the rinse temperature should be 180° F. She stated she would tell the Dietary Manager if the rinse temperature was not correct. At 10:04 AM on 12/12/16 Cook #1 came into the area of the dish machine and to assist Dietary Aide #1 with removing the dishes from the machine. Cook #1 stated the dish machine was old but she did not know what the final rinse temperature should be. On 12/12/16 at 10:06 AM the Dietary Manager stated the final rinse temperature should be 180° F and he expected the staff to inform him immediately if the machine did not reach the proper temperature so he could call the repair company to have the machine fixed. 4) During the dining observation on 12/12/16 at 12:40 PM Nursing Assistant (NA) #1 was observed to assist Resident #49 during the meal. NA #1 picked up a sandwich which was on top of the resident's plate. NA #1 picked up the sandwich with her bare hands and placed the sandwich into the hands of Resident #49. NA #1 was interviewed on 12/12/16 at 2:20 PM. She stated she had to get the sandwich to the resident because the resident could not pick up the sandwich on her own. She indicated she was not aware that she could not hold the sandwich with her bare hands. On 12/14/16 at 2:30 PM the Dietary Manager and the Dietary District Manager stated a barrier should be used when touching ready to eat foods because the food items should not be touched by bare hands.</td>
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<p>| F 371 | meeting until it is resolved. The oven was deep cleaned on 12-13-2016. An in-service was completed on the cleaning list and daily/weekly cleaning of the oven/Range oven on 12-17-16. The oven and range oven will be monitored using the Daily Oven Check Form by the dietary manager, dietary assistant and or cook on duty for the next month. The oven and range oven will be monitored weekly by utilizing the Weekly Oven and Range Oven form for 4 months by the dietary manager, dietary assistant and or cook on duty. The cleaning list has been updated and staff inserviced on responsibilities. Any negative findings from the audits will be forwarded to the next quarterly QA meeting until it is resolved. An In-service was completed on the use and procedures of the dish machine on 12-17-16. The Dish Machine was fully serviced on 12-14-2016. The dish machine will be monitored utilizing the Dish Machine Checks form by the dietary manager, dietary assistant and or cook on duty for the next month. The dish machine will be monitored weekly by utilizing the Dish Machine Check form for 4 months by the dietary manager, dietary assistant and or cook on duty. Issues with the dish machine to the administrator immediately for servicing. Paper ware will on hand for dish machine issues and or proper ware washing procedures on hand for pot sink use if necessary. Any negative findings from the |</p>
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<td>audits will be forwarded to the next quarterly QA meeting until it is resolved. Resident sandwiches have been handled properly and staff have not used their bare hands. Nursing Staff was in-serviced on Jan 5, 2017 on how to properly handle residents’ sandwiches. The Staff Developer conducted the inservice. Residents’ sandwiches will not be handled with bare hands. The staff will use a napkin, a utensil or the sandwich wrapper to handle the residents’ sandwiches. The D.O.N will monitor 2 meals a week for 90 days to ensure staff are properly handling residents’ sandwiches at mealtimes. The D.O.N. will use the Meal Monitoring Audit form to monitor meals. Any negative findings from the audits will be forwarded to the next quarterly QA Meeting until it is resolved.</td>
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