

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

PRINTED: 03/02/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495346</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/24/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BON SECOURS DEPAUL, TCC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>150 KINGSLEY LANE NORFOLK, VA 23505</b>		
(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 000	INITIAL COMMENTS	F 000			
	<p>An unannounced Medicare standard survey was conducted 2/22/17 through 2/24/17. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.</p> <p>The census in this 24 certified bed facility was 15 at the time of the survey. The survey sample consisted of 7 current Resident reviews (Residents #1 through #7) and three closed record review (Residents #8 through #10).</p>				
F 167 SS=C	<p>483.10(g)(10)(i)(11) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>(g)(10) The resident has the right to-</p> <p>(i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and</p> <p>(g)(11) The facility must--</p> <p>(i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility.</p> <p>(ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and</p> <p>(iii) Post notice of the availability of such reports in areas of the facility that are prominent and</p>	F 167	<p>F167</p> <p>1. All residents, family members and legal representatives of residents were affected by this deficient practice. 4/9/2017</p> <p>2. The Medical Director was notified of these findings. 4/9/2017</p> <p>3. To ensure this deficient practice is corrected, a poster, at least 8"x10", will be placed on the wall near the survey binder. This poster will have 1" lettering to indicate the location of the survey binder. 4/9/2017</p> <p>4. Additionally, the three preceding years of survey results will be made available in a separate section of the survey binder. The poster will also indicate that these survey results are available and the location. 4/9/2017</p> <p>5. The poster and the binder will be monitored monthly by the Administrator and/or designee to ensure compliance. 4/9/2017</p> <p>6. Compliance will be reports at the quarterly Quality Assurance and Performance Improvement Committee. 4/9/2017</p>		

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

TITLE

(X6) DATE

*Karen M. Golden, RN, CNHA*

*March 30, 2017*

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 167 Continued From page 1  
accessible to the public.

F 167

(iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by:

Based on observation and staff interview, the facility staff failed to provide a posting to indicate the location of the survey results for review by the residents and visitors; and, failed to make the three (3) preceding years of survey results readily accessible to residents and visitors.

The findings included:

On 2/23/17 at 10:30 am, a facility tour was conducted with the Administrator. Based on observation, a copy of the facility survey result in a white binder was found on a wall file organizer located at the entrance to the unit. The binder contained a copy of the facility survey result completed on 4/28/16. The Administrator stated that the survey results for the three preceding years were located in her office. There was also no posting observed that directed the residents and visitors to the location of the survey results.

On 2/23/17 at 1:15 pm, the Administrator was interviewed in her office and was asked to provide the three preceding years survey results. She pulled the previous three years results from a file cabinet in her office where she kept the 2567s (1). These had not been readily accessible for residents and visitors. She stated, "I have not been doing that but I just did it now." ... "When I'm not here, my office is locked."

On 2/23/17 at 1:35 pm, during a meeting with the

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F 167	Continued From page 2  Administrator, she stated that "No one had ever asked me about this, or is it new?" ... "That one got by me about the three years with the new changes. But it's there now". She had added copies of the survey results for the three preceding years in the binder located at the entrance to the unit.  A copy of the facility policy that addressed posting and accessibility of the survey results was requested and the facility did not have a policy. No further information was presented by the facility.  (1) 2567 - is a form used to document a listing of deficiencies cited by the surveying State Agency (SA) or Regional Office (RO) as requiring corrections. (Source: <a href="https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2567.pdf">https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2567.pdf</a> )	F 167			
F 309 SS=E	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. 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, consistent with the resident's comprehensive assessment and plan of care.  483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services,	F 309	F309 1. There were no signs and/or symptoms for the identified residents and there were no other residents who were adversely affected by this deficient practice. 2. The Medical Director was notified of all findings. 3. A policy for providing non-pharmacological approaches prior to offering pain medications will be developed and presented to the Quality Assurance Performance Improvement Committee for review and approval. 4. All licensed staff will be in-serviced on the new policy by the DON and/or designee. 5. Monthly random chart audits will be conducted by the DON and/or designee and the results of the audits will be reported to the Quality Assurance Performance Improvement Committee on a quarterly basis.	4/9/2017 4/9/2017 4/9/2017 4/9/2017 4/9/2017	

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F 309	Continued From page 3  consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  (I) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, staff and resident interview and facility documentation, the facility staff failed to ensure care was provided to maintain the highest practicable physical well-being for 2 of 10 residents (Resident #1 and #2) in the survey sample.  1. The facility staff failed to offer non-pharmacological approaches prior to offering pain medications (Hydrocodone/Acetaminophen) for Resident #1.  2. The facility staff failed to offer non-pharmacological approaches prior to offering pain medications (Oxycodone/Acetaminophen) for Resident #2.  The findings include:  1. Resident #1 was admitted to the nursing facility on 1/23/17 with diagnoses that included surgical aftercare (left hip fracture).  The most recent Minimum Data Set (MDS) was a 30 day dated 2/20/17 and coded the resident with	F 309			

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F 309	Continued From page 4  a score of 11 out of a possible score of 15 which indicated the resident was moderately impaired in the skills needed for daily decision making. Resident #1 was assessed to require extensive assistance of one staff for all Activities of Daily Living (ADL) except eating where she was coded with set up of one staff only. The resident was assessed to have pain, was on a 'as needed' (PRN) pain medication, as well as non-medication interventions for pain.  The Care Plan dated 1/24/17 identified the resident had anxiety due to pain and that the goal set by the staff would be that the resident would verbalize or gesture to communicate her pain control was adequate. Some of the interventions the staff listed they used to accomplish this goal included evaluate for non-pharmacological interventions for increased comfort (positioning/music/TV/reading/warm drink or bath/shower, etc).  The facility's Admission History and Physical dated 1/24/17 indicated the resident was admitted to the nursing facility for rehabilitation.  Resident #1 had physician's orders dated 1/23/17 for Hydrocodone/Acetaminophen (1) 5 milligrams (mg)/325 by mouth (PO) every 4 hours as necessary.  According to the February 2017 Medication Administration Records (MAR), Resident #1 was administered Hydrocodone/Acetaminophen PO nine times (apart from therapy times). There were no forms of documentation in the clinical record that indicated other interventions were tried or attempted prior to administration of the	F 309			

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F 309	Continued From page 5 Hydrocodone/Acetaminophen.  During a interview with the Administrator and the DON on 2/23/17 around 2:30 p.m. when asked about what non-pharmacological measures would staff try prior to administering a PRN anti-anxiety or pain medication, the Administrator stated the Certified Nursing Assistants (CNA) turn residents and use pillows for comfort. It was determined during this interview, the CNAs would not determine or evaluate for the need for an anti-anxiety or pain medication after trying other interventions.  During an interview with Resident #1 on 2/23/17 at 2:45 p.m., she stated she was not aware of anything the staff would do besides give her a pain pill when she asked for it.  On 2/22/17 at 4:24 p.m., during a medication pass and pour observation, the Licensed Practical Nurse (LPN) #1 administered a PRN anti-pain medication to another resident without offering any other approaches to alleviate the resident's pain state.  The Administrator stated they did not have a policy or procedure to address non-pharmacological approaches prior to use of a PRN pain medication.  (1) Hydrocodone/Acetaminophen combination medication is used to relieve moderate to severe pain. It contains an opioid (narcotic) pain reliever (Hydrocodone) and a non-opioid pain reliever (acetaminophen). Hydrocodone works in the brain to change how your body feels and responds to pain. Acetaminophen can also	F 309			

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F 309	Continued From page 6 reduce a fever ( <a href="http://www.webmd.com/drugs/2/drug-251/Hydrocodone-acetaminophen-oral/details">http://www.webmd.com/drugs/2/drug-251/Hydrocodone-acetaminophen-oral/details</a> ).	F 309			
	<p>2. Resident #2 was admitted to the nursing facility on 2/13/17 with diagnoses that included surgical aftercare and spinal stenosis.</p> <p>The most recent Minimum Data Set (MDS) was an Admission dated 2/20/17 and coded the resident with a score of 14 out of a possible score of 15 which indicated the resident had no problems in the skills needed for daily decision making. Resident #2 was assessed to require extensive assistance of one staff for all Activities of Daily Living (ADL) except eating where she was coded with set up of one staff only. The resident was assessed to have pain, was on a 'as needed' (PRN) pain medication, as well as non-medication interventions for pain.</p> <p>The Care Plan dated 2/14/17 identified the resident had alteration in comfort related to post surgical status (lumbar fusion) and stenosis and that the goal set by the staff would be that the resident would verbalize or gesture to communicate her pain control was adequate. Some of the interventions the staff listed they used to accomplish this goal included evaluate for non-pharmacological interventions for increased comfort (positioning/music/TV/reading/warm drink or bath/shower, etc).</p> <p>Resident #2 had physician's orders dated 2/13/17 for Oxycodone (1) 10 milligrams (mg)/Acetaminophen 325 mg 1-2 tablets every 6 hours by mouth (PO) as needed (PRN) for pain.</p>				

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F 309	Continued From page 7	F 309			
	<p>According to the February 2017 Medication Administration Records (MAR), Resident #2 was administered Oxycodone/Acetaminophen 10/325 mg 2 tablets 33 times. There were no forms of documentation in the clinical record that indicated other interventions were tried or attempted prior to administration of the pain medication.</p> <p>During a interview with the Administrator and the DON on 2/23/17 around 2:30 p.m. when asked what non-pharmacological measures would the nursing staff try prior to administering a PRN anti-anxiety or pain medications, the Administrator stated the Certified Nursing Assistants (CNA) turn residents and use pillows for comfort. It was determined during this interview, the CNAs would not determine or evaluate for the need for an anti-anxiety or pain medication after trying other interventions.</p> <p>On 2/23/17 at 1:30 p.m., Resident #2 stated once she asked for Oxycodone/Acetaminophen, the nursing staff brings the medication and gives it to her. She said she was not offered any other comfort measures prior to administration of Oxycodone/Acetaminophen.</p> <p>On 2/22/17 at 4:24 p.m., during a medication pass and pour observation, the Licensed Practical Nurse (LPN) #1 administered a PRN anti-pain medication to another resident without offering any other approaches to alleviate the resident's anxiety state.</p> <p>The Administrator stated they did not have a policy or procedure to address non-pharmacological approaches prior to use of a</p>				

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F 309	Continued From page 8 PRN psychotropic medication.  (1) Oxycodone/Acetaminophen 10/325 mg medication is used to help relieve moderate to severe pain. Oxycodone belongs to a class of drugs known as opioid (narcotic) analgesics. It works in the brain to change how your body feels and responds to pain ( <a href="http://www.webmd.com/drugs/2/drug-1025-5278/Oxycodone-oral/Oxycodone-oral/details">http://www.webmd.com/drugs/2/drug-1025-5278/Oxycodone-oral/Oxycodone-oral/details</a> ).	F 309			
F 329	483.45(d) DRUG REGIMEN IS FREE FROM SS=D UNNECESSARY DRUGS  (d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used--  (1) In excessive dose (including duplicate drug therapy); or  (2) For excessive duration; or  (3) Without adequate monitoring; or  (4) Without adequate indications for its use; or  (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or  (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, staff and resident interview, the facility staff failed to ensure 2 of 10 residents (Resident #1 and #2 )	F 329	F 329 1. There were no adverse signs and/or symptoms for the identified residents and there were no other residents who were adversely affected by this deficient practice. 2. The Medical Director was notified of all findings. 3. A policy for non-pharmacological interventions prior to offering anti-anxiety medications will be developed and presented to the Quality Assurance Performance Improvement Committee for review and approval. 4. All licensed staff will be in-serviced on the new policy by the DON and/or designee. 5. Monthly random chart audits will be completed by the DON and/or designee and the results of the audits will be reported to the Quality Assurance Performance Improvement Committee on a quarterly basis. 6. All psychotropic medications will be reviewed by the DON and/or designee on a monthly basis to ensure that the drug regimen is free from unnecessary drugs and these findings will be reviewed with the Pharmacist and the Medical Director on a monthly basis and reported to the Quality Assurance and Performance Improvement Committee on a quarterly basis.	4/9/2017 4/9/2017 4/9/2017 4/9/2017 4/9/2017	

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F 329	Continued From page 9 were free from unnecessary drugs.  1. The facility staff failed to offer Resident #1 non-pharmacological interventions prior the administration of anti-anxiety medication, Ativan (1).  2. The facility staff failed to offer Resident #2 non-pharmacological interventions prior the administration of anti-anxiety medication, Xanax (2).  The findings include:  1. Resident #1 was admitted to the nursing facility on 1/23/17 with diagnoses that included surgical aftercare (left hip fracture).  The most recent Minimum Data Set (MDS) was a 30 day dated 2/20/17 and coded the resident with a score of 11 out of a possible score of 15 which indicated the resident was moderately impaired in the skills needed for daily decision making. Resident #1 was assessed to require extensive assistance of one staff for all Activities of Daily Living (ADL) except eating where she was coded with set up of one staff only. The resident was not coded for an anxiety disorder diagnosis. The resident was assessed to have pain, was on a 'as needed' (PRN) pain medication, as well as non-medication interventions for pain. The resident was coded to have received antianxiety medication, but no supporting diagnoses for the use of it.  The Care Plan dated 1/24/17 identified the resident had anxiety due to pain and that the goal set by the staff would be that the resident would verbalize or gesture to communicate her pain	F 329			

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F 329	<p>Continued From page 10</p> <p>control was adequate. Some of the interventions the staff listed they used to accomplish this goal included evaluate for non-pharmacological interventions for increased comfort (positioning/music/TV/reading/warm drink or bath/shower, etc). The care plan dated 1/23/17 also indicated the resident had a anxiety disorder and was on a psychotropic medication used to treat the disorder. The goal the staff set for the resident was that she would demonstrate good coping skills related to anxiety symptoms and exhibit behaviors that will promote her well-being over the next 30 days. Some of the interventions the staff listed to implement this goal included encourage resident to express and identify feelings, help find ways to cope with feeling, evaluate mood and behaviors and document.</p> <p>The facility's Admission History and Physical dated 1/24/17 did not address anxiety situations for the resident nor list a diagnosis of anxiety.</p> <p>Resident #1 had physician's orders dated 1/23/17 for Ativan 0.5 milligrams (mg) by mouth (PO) every 6 hours as necessary.</p> <p>According to the January 2017 Medication Administration Records (MAR), Resident #1 was administered Ativan PO three times and in February, thirteen (13) times. There were no forms of documentation in the clinical record that indicated other interventions were tried or attempted prior to administration of the Ativan.</p> <p>During a interview with the Administrator and the DON on 2/23/17 around 2:30 p.m. when asked what non-pharmacological measures would the</p>	F 329		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495346</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/24/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BON SECOURS DEPAUL,TCC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>150 KINGSLEY LANE NORFOLK, VA 23505</b>		
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F 329	Continued From page 11  nursing staff try prior to administering a PRN anti-anxiety or pain medications, the Administrator stated the Certified Nursing Assistants (CNA) turn residents and use pillows for comfort. It was determined during this interview, the CNAs would not determine or evaluate for the need for an anti-anxiety or pain medication after trying other interventions.  During an interview with Resident #1 on 2/23/17 at 2:45 p.m., she stated she was not aware of anything the staff would do besides give her the "nerve pill" when she asked for it.  On 2/22/17 at 4:24 p.m., during a medication pass and pour observation, the Licensed Practical Nurse (LPN) #1 administered a PRN antianxiety medication to another resident without offering any other approaches to alleviate the resident's anxiety state.  The Administrator stated they did not have a policy or procedure to address non-pharmacological approaches prior to use of a PRN psychotropic medication.  (1) Ativan/Lorazepam medication is used to treat anxiety. Lorazepam belongs to a class of drugs known as benzodiazepines which act on the brain and nerves (central nervous system) to produce a calming effect. This drug works by enhancing the effects of a certain natural chemical in the body (GABA) ( <a href="http://www.webmd.com/drugs/2/drug-6685/ativan-oral/details">http://www.webmd.com/drugs/2/drug-6685/ativan-oral/details</a> ).  2. Resident #2 was admitted to the nursing facility on 2/13/17 with diagnoses that included surgical aftercare and spinal stenosis.	F 329			

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F 329	Continued From page 12	F 329			
	<p>The most recent Minimum Data Set (MDS) was an Admission dated 2/20/17 and coded the resident with a score of 14 out of a possible score of 15 which indicated the resident had no problems in the skills needed for daily decision making. Resident #2 was assessed to require extensive assistance of one staff for all Activities of Daily Living (ADL) except eating where she was coded with set up of one staff only. The resident was not coded for an anxiety disorder diagnosis. The resident was assessed to have pain, was on a 'as needed' (PRN) pain medication, as well as non-medication interventions for pain. The resident was coded to have received antianxiety medication, but no supporting diagnoses for the use of it.</p> <p>The Care Plan dated 2/14/17 identified the resident had alteration in comfort related to post surgical status (lumbar fusion) and stenosis and that the goal set by the staff would be that the resident would verbalize or gesture to communicate her pain control was adequate. Some of the interventions the staff listed they used to accomplish this goal included evaluate for non-pharmacological interventions for increased comfort (positioning/music/TV/reading/warm drink or bath/shower, etc). The care plan dated 2/14/17 also indicated the resident had a anxiety disorder and was on a psychotropic medication used to treat the disorder. The goal the staff set for the resident was that she would demonstrate good coping skills related to anxiety symptoms and exhibit behaviors that will promote her well-being over the next 30 days. Some of the interventions the staff listed to implement this goal included encourage resident to express and identify feelings, help find ways to cope with feeling,</p>				

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F 329	Continued From page 13  evaluate mood and behaviors and document.  Resident #2 had physician's orders dated 2/13/17 for Xanax 0.25 by mouth (PO) three times a day as needed (PRN) for anxiety.  According to the February 2017 Medication Administration Records (MAR), Resident #2 was administered Xanax PO seven (7) times. There were no forms of documentation in the clinical record that indicated other interventions were tried or attempted prior to administration of the Ativan.  During a interview with the Administrator and the DON on 2/23/17 around 2:30 p.m. when asked what non-pharmacological measures would the nursing staff try prior to administering a PRN anti-anxiety or pain medications, the Administrator stated the Certified Nursing Assistants (CNA) turn residents and use pillows for comfort. It was determined during this interview, the CNAs would not determine or evaluate for the need for an anti-anxiety or pain medication after trying other interventions.  On 2/23/17 at 1:30 p.m., Resident #2 stated once she asked for Xanax, the nursing staff brings the medication and gives it to her. She said she was not offered any other comfort measures prior to administration of Xanax.  On 2/22/17 at 4:24 p.m., during a medication pass and pour observation, the Licensed Practical Nurse (LPN) #1 administered a PRN anxiety medication to another resident without offering any other approaches to alleviate the	F 329			

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F 329	Continued From page 14 resident's anxiety state.  The Administrator stated they did not have a policy or procedure to address non-pharmacological approaches prior to use of a PRN psychotropic medication.  (2) Xanax/Alprazolam is used to treat anxiety and panic disorders. It belongs to a class of medications called benzodiazepines which act on the brain and nerves (central nervous system) to produce a calming effect. It works by enhancing the effects of a certain natural chemical in the body (GABA) ( <a href="http://www.webmd.com/drugs/2/drug-9824/xanax-oral/details">http://www.webmd.com/drugs/2/drug-9824/xanax-oral/details</a> ).	F 329			
F 371 SS=F	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.  (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.  (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.  (iii) This provision does not preclude residents from consuming foods not procured by the facility.  (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	F 371	F371 1. There were no residents identified as having been affected by this deficient practice. 4/9/2017 2. All residents had the potential to be affected by this deficient practice. 4/9/2017 3. The Medical Director was notified of these findings. 4/9/2017 4. The Director of Food and Nutrition Services has developed a procedure to ensure the deficient practice will not occur again. 4/9/2017 5. The Manager on Duty is responsible to verify by direct observation that each person responsible for this task is correctly performing the task and documenting the results. 4/9/2017 6. All staff involved has been in serviced and documented results will be audited on a random basis and the results will be presented to the Quality Assurance and Performance Improvement Committee on a quarterly basis. 4/9/2017		

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F 371	Continued From page 15	F 371	<p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on inspection of the kitchen, staff interviews and facility policy review, the facility staff failed to ensure safe and sanitary practices were followed in the kitchen.</p> <p>The Food Service Technician failed to sanitize the thermometer between acquiring temperatures for each food item on the tray line.</p> <p>The findings include:</p> <p>During observation of the tray line on 2/23/17 at 11:30 a.m., the Food Service Technician (FST) obtained the temperatures of seven (7) food items without sanitizing the thermometer in between obtaining those temperatures. She used a wipe cloth that was used to wipe food preparation surfaces to clean the thermometer. Afterwards the FST stated she thought this surveyor wanted her to "Hurry and get it done, but I can do it again using alcohol wipes." The Lead Chef was present and did not stop the FST, but stated afterwards, "She did not use either the sanitized bucket or an alcohol wipe in between checking those temperatures."</p> <p>The Director of Food and Nutrition Services was interviewed on 2/23/17 at approximately 4:45 p.m. She stated she was very upset and she expected all staff to sanitize the thermometer using either the sanitizing agent in the prepared bucket or with alcohol pads. The Director stated she did not</p>	

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F 371	Continued From page 16  have a policy that specifically addressed sanitizing the thermometer between taking temperatures of each food item, she expected her staff to do so and it is what she routinely observes them following that standard.  On 2/23/17 at 3:00 p.m., the Administrator was made aware of the aforementioned issue in the kitchen. No further information was provided prior to survey exit.	F 371			

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