

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

PRINTED: 10/11/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/02/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE HAVEN AT BRANDERMILL WOODS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2100 BRANDERMILL PKWY MIDLOTHIAN, VA 23112</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
E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted 07/31/2018 through 08/02/2018. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000		
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 07/31/2018 through 08/02/2018. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.	F 000		
F 812 SS=F	The census in this 60 certified bed facility was 54 at the time of the survey. The survey sample consisted of 21 Resident reviews.  Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(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	F 812		9/5/18

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

TITLE

(X8) DATE

Electronically Signed

08/15/2018

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 812	<p>Continued From page 1 from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and facility documentation review the facility staff failed to serve food in accordance with professional standards for food service safety.</p> <p>A. Dietary staff were observed to use improper handwashing technique.</p> <p>B. Coffee temperatures were not monitored.</p> <p>The findings included:</p> <p>On 7/31/18 at 11:50 a.m., observation of the lunch meal service began in the HCC kitchen. The tray line was set up beneath a large window that opened into the dining room. Once prepared, the meal trays were passed through the window from the diet staff in the kitchen to the dietary staff serving the trays. Hand sanitizer was affixed to the wall next to the window on the dining room side. The hand sanitizer was used by Diet Staff A after delivering a tray and before entering the kitchen. She did not wash her hands once in the kitchen. She prepared a cup of tea and left the kitchen. At 11:54 a.m., Diet Staff B left the serving line and washed her hands. She washed her hands for approximately 3 seconds and used her bare hands to turn off the faucet.</p> <p>On 7/31/18 at 12:01 p.m., observation of the lunch meal service began in the rehab kitchen. Diet Staff C was serving from the tray line. She</p>	F 812	<p>Tag 0812 - 483.60(i)(1)(2) Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>In order to correct the findings identified by the inspectors regarding the facility staff failure to serve food in accordance with professional standards for food service safety and the monitoring of coffee temperatures.</p> <p>1. Immediate action(s) taken for the resident(s) found to have been affected include: Staff members involved were promptly in-serviced on proper sanitary techniques for service on the tray line on the evening of notification and during the following days where ALL dietary staff received instruction on correct hand washing and food handling procedures.</p> <p>Coffee was immediately added to the list of food items that must have their temperatures recorded daily.</p> <p>2. The facility has determined that all residents who consume food &amp; beverages by mouth have the potential to be affected.</p> <p>3. Process change to ensure other</p>	

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F 812	Continued From page 2 washed her hands for approximately 10 seconds and donned a pair of gloves. Diet Staff D entered the kitchen from the back room. She donned a pair of gloves without washing her hands first. While wearing the gloves, Diet Staff D took out a pan, pressed the pump for the oil container to add oil to the pan, touched a door handle, removed two slices of cheese from a pan and removed two slices of bread from the bag. Gloves were not changed prior to touching the ready to eat foods. After the sandwich was made, Diet Staff D washed her hands with good technique.  At the same time, Diet Staff C continued to wear the same pair of gloves from the first observation. With her gloved hands, she removed a sandwich bun from the container, opened the bun and put it on a plate. She carried the plate and a spatula to the warming oven, touched the handle to the oven, removed a turkey burger with the spatula, opened the cheese container, removed a piece of cheese for the sandwich and placed the bun on top. She prepared two sandwiches using this process.  At 12:05 p.m., Diet Staff E entered the kitchen to wash his hands. He turned the faucet off with his bare hands.  At 12:08 p.m., Diet Staff F was observed to use the hand sanitizer affixed to the dining room wall immediately outside the door to the rehab kitchen. She was not observed to wash her hands.  Handwashing instructions were hung above the sink in the rehab kitchen. The instructions read: 1. wet hands 2. Soap (20 seconds)	F 812	residents are not affected by the potentially deficient practice: All dietary staff was in-serviced on the facility's policies and practice guidelines for maintaining a sanitary tray line. In-service training included observation of a hand washing video and distribution of the CDC's wash your hands flyer. A checklist was developed whereby each employee was observed performing the correct hand washing procedure. A Maintaining a Sanitary Tray Line checklist was implemented to ensure proper sanitary techniques are being used by employees. Findings are reviewed with each employee and corrective action provided as needed. On-going education shall be maintained for all dietary staff and new hires.  The facility's two coffee machines were calibrated and lowered by the manufacturer.  4. In order to prevent future occurrences: The Certified Dietary Manager or designee will complete random audits Maintaining a Sanitary Tray Line report of the dietary staff performing procedures to ensure staff performance is in accordance with the facility policies and procedures. These audits will occur twice weekly times four weeks then monthly thereafter to ensure compliance is achieved.  A daily temperature log, specific for coffee temperatures, was developed and implemented and the Certified Dietary Manager or designee will take and log		

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F 812	<p>Continued From page 3</p> <p>3. Scrub backs of hands, wrists, between fingers, under fingernails</p> <p>4. Rinse</p> <p>5. Towel dry</p> <p>6. Turn off taps with towel.</p> <p>The policy titled "Handwashing" dated 1/17/12 was provided. The policy read, "Dining staff must wash their hands before starting work and after the following activities: clearing tables or bussing dirty dishes, touching clothing or aprons, touching anything else that may contaminate hands, such as dirty equipment, work surfaces or used towels.</p> <p>The procedure read, "3. Vigorously scrub hands and arms for twenty seconds." The policy also read, "5. Rinse thoroughly under running water. Turn off faucet using a single-use paper towel."</p> <p>On 8/1/18 at 4:45 p.m., the Administrator and Director of Nursing (DON) were notified of the issue. They stated that they understood and would address the issue.</p> <p>B. On 7/31/18, the Dietary Manager was asked to provide the food temperature logs. She stated that the foods were taken with a digital thermometer and the temperatures were stored electronically. She was asked to print the last week of food temperatures.</p> <p>On 8/1/18, the temperature log was provided as requested. The temperature log did not include temperature readings for coffee.</p> <p>On 8/1/18 at 8:20 a.m., the Dietary Manager and Diet Staff G were asked to take the temperature of the coffee in both kitchens. The digital</p>	F 812	<p>temperatures daily.</p> <p>5. Corrective action completion date: September 5,2018.</p>	

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F 812	<p>Continued From page 4</p> <p>thermometer had food items per-programmed into the device. It was explained by Diet Staff G that all she had to do is select the food item for which she was taking a temperature and save the temperature reading. When asked to take the temperature of the coffee, Diet Staff G stated that coffee was not a food choice available in the digital thermometer.</p> <p>Coffee temperatures were take by Diet Staff G as follows: HCC kitchen: 183.6 degrees Fahrenheit Rehab kitchen: 158.5 degrees Fahrenheit</p> <p>On 8/1/18 at 8:40 p.m., an interview was held with the Dietary Manager and the Administrator. The Dietary Manager was asked if she monitored the coffee temperatures. She stated that she did take them every morning, but she did not record the temperatures. When asked who took the temperatures on the days she did not work, the Diet Manager stated that she thought one of the other staff took them.</p> <p>It was verified with the Administrator that there had not been any burn accidents at the facility since the past survey. No further information was provided.</p>	F 812		