North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1010	A. BUILDING: _____ B. WING _____	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN ACRES MANOR	1 E MAIN ST CARRINGTON, ND 58421

(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) COMPLETE DATE
L1910	33-07-03.2-19,1 SOCIAL SERVICES The facility shall have one or more designated staff members trained in the assessment of residents' psychosocial needs and in the provision of services to meet those needs. If a designee is not a qualified social worker as defined in North Dakota Century Code chapter 43-41, the designee shall receive onsite consultation from a qualified social worker on a quarterly basis. This State Licensing Rule is not met as evidenced by: Based on review of resident council meeting minutes, and staff interview the facility failed to ensure onsite consultation from a qualified social worker on a quarterly basis. Failure to ensure the Social Service Designee (SSD) received onsite consultation from a qualified social worker may result in residents experiencing unmet social service needs. Findings include: Review of the Resident Council meeting minutes occurred on 05/28/24. The minutes, dated 05/14/24, stated ". . . [name of staff member] is still doing social workers job. . . ." During an interview on 05/28/24 at 3:33 p.m., an administrative staff member (#1) confirmed the facility had been without a social worker for "about 18 months" and the staff member working as the SSD did not receive onsite consultation from a licensed social worker.	L1910	1.)The facility shall seek out a qualified, licensed Social Worker and enlist that individual to serve as a Social Work Consultant to all current residents, and future residents of Golden Acres. 2.)All residents of the facility have the potential to be affected by the absence of a Social Work Consultant. 3.)Hiring a licensed Social Worker to serve as a consultant to the facility□s Social Service Designee(s) will be implemented. Consultant will oversee, monitor, and provide guidance via on-site visits on at least a quarterly basis, and more frequently as needed. 4.)Administration will monitor compliance through collection of, and audit of consultant reports quarterly for one full year. 5.)This plan of correction will be completed by 07/04/2021.	7/4/24

Health Repsonse and Licensure

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/13/24

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	355046	A. BUILDING _____ B. WING _____	05/30/2024

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F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 05/28/24 and concluded 05/30/24.	F 000		
F 812 SS=E	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 from consuming foods not procured by the facility. §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: Based on observation, review of facility policy/procedure, review of professional reference, review of food temperature logs, and staff interview, the facility failed to ensure food was stored, prepared, and served under sanitary conditions in 1 of 1 kitchen used to prepare food for all residents, staff and visitors. Failure to ensure food was cooled properly, and failure to label food taken out of the original container has	F 812	P.O.C. for F812 1.)The food item that was identified by surveyor was not intended for resident consumption. Consequently, no residents were affected. The food item noted during survey was immediately discarded. Staff member directly involved was educated on safe food cooling procedures, and	7/4/24

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F 812	Continued From page 1 the potential to result in foodborne illness to residents, staff, and visitors. Findings include: Review of the facility policy titled "Policy for Food Storage" occurred on 05/30/24. This undated policy stated, ". . . Frozen food storage requirements: . . . 3. All foods not stored in original packaging must be stored in a plastic container or securely wrapped, labeled with contents and dated. . . . Refrigerated food storage requirements: . . . 4. Potentially hazardous foods requiring refrigeration after preparation should be rapidly cooled. . . . 6. All foods not in original packaging need to be labeled according to content and dated. . . ." The 2022 Food and Drug Administration (FDA) Food Code, Annex 3 page 112 stated, ". . . Temperature and time control . . . 3-501.14 Cooling. Safe cooling requires removing heat from food quickly enough to prevent microbial growth. . . . If the food is not cooled in accordance with this Code requirement, pathogens may grow to sufficient numbers to cause foodborne illness. The Food Code provision for cooling provides for cooling from 135ºF [degrees Fahrenheit] to 41°F or 45°F in 6 hours, with cooling from 135ºF to 70°F in 2 hours. . . ." Observation of the main kitchen occurred on 05/28/24 at 12:05 p.m. with an administrative dietary staff member (#2) and showed the following: * The walk-in freezer: one open bag of spaetzeles (a type of egg noodle/dumpling), one	F 812	storage. 2.)All residents, staff, and guests have the potential of being negatively impacted by unsafe food storage. We have practices in place to prevent that from occurring. 3.)Food handling, and storage instructions are posted in kitchen, and located in an area that is clearly visible to all staff. (see attached) Dietary manager met with kitchen staff individually on 06/03/24, for ongoing education regarding safe food cooling. (see attached signed list) Food temperature logs will be posted and recorded by appropriate staff members. (See attached new temp log initiated on 06/11/2024) Dietary manager along with Registered dietician will hold a mandatory meeting on 06/25/24 with all kitchen staff to discuss safe food handling, cooling and storage. Dietary manager, will hold monthly meetings to include discussion regarding safe food cooling and storage thereafter. 4.)Dietary manager, and,or Registered Dietician will monitor food temperature logs, and do in person observations of food storage procedures for all shifts weekly times 2 months then monthly times 3 months, then quarterly times 1 year. 5) The above steps to ensure the safety of food served to our residents, guests, and staff, will be completed by	

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F 812	Continued From page 2 bag of frozen corn, one bag of pre-cooked sausage crumbles, and one bag of pre-cooked frozen meat patties. All items lacked a label and date. The bag of frozen meat patties identified a manufacturers use by date of 02/22/24. The administrative dietary staff member (#2) could not identify what type of meat patties the bag contained. * The walk-in cooler: one clear container of sliced banana bread. The container lacked a label and date. During the tour observation showed several styrofoam cups of leftover homemade soup in an upright freezer. When asked about the cooling process for leftover soup, the administrative dietary staff member (#2) stated, "we bring the soup off the steam table, take the temperature, and then place it in the cooler to cool for freezing." Observation of the main kitchen occurred on 05/29/24 at 3:02 p.m., showed a clear container with a cover, labeled "vegetable beef soup" and dated 05/28/24. The container held approximately two quarts of soup. Review of food temperature logs dated 05/28/24 occurred on 05/29/24 at 3:40 p.m. and showed the temperature of the vegetable beef soup at 178ºF when the dietary staff member (#3) removed it from the steam table at approximately 6:00 p.m. on 05/28/24. The dietary staff member (#3) confirmed she failed to take any further temperatures of the soup before and after placing it in the cooler. During an interview on 05/29/24 at 3:40 p.m., an	F 812	07/04/2024.	

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F 812	Continued From page 3 administrative dietary staff member (#2) stated she expected staff to label and date all food per policy, and verified staff failed to obtain food temperatures to ensure safe cooling.	F 812		