STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355103	A. BUILDING _____ B. WING _____	10/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS HEALTH CARE INC	483 4TH ST SW FORMAN, ND 58032

(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 For the standard Medicare/Medicaid recertification survey started on 10/13/14 and completed on 10/16/14, the sample included 2 residents for complete review, 7 residents for focused review, and 1 closed record for review. The sample included 1 additional resident to verify specific concerns during the survey.	F 000	F371 No residents were affected. There is potential for all residents to be affected by improper cooling and storage practices therefore all Dietary Staff shall be in-serviced on proper methods of labeling, cooling, dating and storage of foods per facility policy by 11/13/14. Dietary manager and / or Consultant Dietician shall review and update Policy and Procedure in regards to labeling, cooling, dating and storage of foods. The dietary manager and / or Consulting Dietician will monitor the labeling, cooling, dating and storage of foods one (1) time weekly for one month and quarterly thereafter to insure that staff adhere to facility policy. Completion date 11/13/2014	
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 This REQUIREMENT is not met as evidenced by: Based on observation, facility policy and procedure review, and staff interview, the facility failed to properly cool potentially hazardous food and store food in a safe and sanitary manner in 1 of 1 kitchen. Failure to follow safe food sanitation practices has the potential to increase the risk of food borne illness and can affect all residents who eat food prepared and stored in these areas. Findings include: Review of the following facility's policies occurred on the afternoon of 10/14/14: *This policy titled "Use of Leftovers," undated,	F 371		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Sonya Young, Administrator — 11-7-14

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 371	Continued From page 1 stated, ". . . Leftovers must be . . . cooled to 70 [degrees] F [Fahrenheit] within 2 hours and then down to 41 [degrees] F within another 4 hours. . . ." *This policy titled "Food Storage," undated, stated, ". . . Food items will be stored on shelves . . . Food is stored a minimum of 6 inches above the floor . . . Leftover food is used within 3 days or discarded. . . ." An initial tour of the kitchen occurred on 10/13/14 at 6:15 p.m.. Observation showed the following: *reach-in cooler - two and a half pounds of sliced deli ham stored in an open bag, labeled "10/4" (8 days prior). *walk-in cooler - a case of three, five pound rolls of ground beef stored on the floor and approximately two quarts of chili stored in a four-quart closed, plastic container. Observation showed the outside of this container of food to be warm to the touch. At 7:30 p.m. on 10/13/14, this surveyor returned to the kitchen and measured the temperature of the chili at 113 degrees F. When interviewed, a cook (#1) stated she placed the chili in the cooler at approximately 6:00 p.m. This surveyor requested the cook (#1) place the uncovered container of chili in the walk-in freezer. At 7:50 p.m., (approximately one hour and fifty minutes after the cook placed the chili in the walk-in cooler), the cook (#1) measured the temperature of the chili at 90 degrees F. The cook (#1) received cueing to sanitize the thermometer removed from its case before measuring the temperature of the chili. Upon request, the cook transferred the chili to a metal bowl set within a metal bowel of ice, stirred the chili, and placed it	F 371		

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F 371	Continued From page 2 uncovered in the walk-in freezer. During interview, the cook (#1) stated she and staff usually leave a container of leftover food in an open container in the walk-in cooler with a thermometer in the food until the food decreases in temperature to less than 41 degrees. When asked to provide evidence of this procedure, the cook (#1) provided a cooling chart with hourly temperatures for two food items, dated in the month of May. During a dietary tour, conducted on 10/15/14 at 2:30 p.m., two administrative dietary staff members (#2 and #3) provided an additional cooling chart with hourly temperatures for three food items, dated in the month of September. When interviewed during the dietary tour, an administrative dietary staff member (#2) stated the cooling procedure/chart should be completed for all leftovers. During interviews, conducted during the dietary tour and the morning of 10/16/14, an administrative dietary staff member (#2) confirmed dietary staff should have discarded the deli ham and placed the ground beef, which had been delivered a week prior, on a shelf. She also confirmed dietary staff should have cooled the leftover chili in a shallow metal pan in the refrigerator, recorded the required temperatures on a cooling chart, and sanitized the thermometer before use.	F 371		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a	F 441		

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F 441	Continued From page 3 safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and staff interview, the facility failed to follow infection	F 441	F441 Staff have been watched during cares for Resident #5, 7 and 8 with proper hand-washing. Because all residents have the potential to be affected all C.N.A's and nursing staff have been watched during cares for proper hand-washing procedures on randomly selected residents. All staff in-service was held on 10/28/2014 reviewed and handed out policy and procedure for hand-washing. All licensed C.N.A's and nursing staff will be monitored two (2) times per week for one (1) month and then quarterly thereafter. ~~Persons responsible will be~~ D.O.N. / Infection Control Nurse. Date of completion 11-13-2014	

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F 441	Continued From page 4 control protocol for 3 of 5 sampled residents (Resident #5, #7, and #8) observed during personal cares. Failure to perform hand hygiene after providing perineal cares and/or transferring a resident has the potential for staff to spread infections within the facility. Findings include: Review of the facility policy titled "Handwashing - Employee" occurred on 10/16/14. This policy, dated 01/11/12, stated, "Policy: To provide guidelines to employees for proper and appropriate handwashing that will aid in the prevention of transmission of nosocomial infections. . . . Procedure: . . . 7. Hands are always washed/sanitized after removal of gloves. Miscellaneous: 1. Appropriate 10-15 second handwashing/sanitizing must be performed under the following conditions; . . . g. After having prolonged contact with resident . . . h. Before and after entering resident room. i. Before and after offering incontinence care . . . l. After contact with blood, urine, feces, . . . m. After handling items potentially contaminated with any blood/body secretions. . . . 2. The use of gloves does not replace hand washing. . . ." - On 10/14/14 at 10:23 a.m., observation showed two certified nurse aides (CNAs) (#5 and #6) washed their hands, applied a gaitbelt to Resident #5, assisted her to stand, pivot, and sit in the recliner, placed a pillow under the resident's left arm, and placed a motion alarm to her shirt. The CNAs left the room and entered another resident's room. The CNAs failed to perform hand hygiene prior to leaving Resident #5's room. - On 10/14/14 at 12:07 p.m., observation showed	F 441		

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F 441	Continued From page 5 two CNAs (#5 and #6) assisted Resident #5 on the toilet and washed their hands. One CNA (#6) donned gloves and provided perineal cares after the resident voided and had a bowel movement, then removed the gloves. Both CNAs assisted Resident #5 into her wheelchair, and one CNA (#6) left the room to check an alarm. The CNA (#6) failed to wash her hands after providing perineal cares or before leaving the resident's room. - On 10/14/14 at 4:05 p.m., observation showed Resident #5 voided and had a bowel movement in the toilet. A CNA (#7) donned gloves, assisted the resident to stand, provided perineal cares, adjusted Resident #5's brief and pants, and removed her gloves. The CNA assisted Resident #5 to her wheelchair, transported her out of the bathroom, and assisted her to stand, pivot, and sit in the recliner. The CNA (#7) removed the gait belt from Resident #5's waist, applied a motion alarm to her shirt, handed her magazines, poured water into the resident's cup and handed her the cup. The CNA then washed her hands and left the room. The CNA failed to wash her hands after completing perineal cares or before completing other tasks. - On 10/14/14 at 5:46 p.m., observation showed Resident #5 voided in the toilet. A CNA (#7) donned gloves, assisted the resident to stand, provided perineal cares, adjusted Resident #5's brief and pants, and removed her gloves. The CNA assisted the resident to ambulate to her wheelchair, removed the gaitbelt from the resident's waist, applied a motion alarm to her shirt and foot pedals to the wheelchair, and combed the resident's hair. The CNA (#7) then washed her hands. The CNA failed to wash her	F 441		

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F 441	Continued From page 6 hands after completing perineal cares or before completing other tasks. - On 10/15/14 at 3:05 p.m., observation showed Resident #8 voided in the toilet. A CNA (#7) donned gloves, replaced the resident's wet incontinence pad, assisted the resident to stand, provided perineal cares, adjusted Resident #8's clothes, and removed her gloves. The CNA assisted Resident #8 to ambulate to the recliner, removed the gaitbelt from the resident's waist, handed an ice cream treat cup to the resident, and applied a motion alarm to her shirt. The CNA (#7) then washed her hands. The CNA failed to wash her hands after completing perineal cares or before completing other tasks. - Observation on 10/15/14 at 2:29 p.m. showed a CNA (#8) assisted Resident #7 to use the bathroom. Resident #7 had a bowel movement in the toilet, and provided his own perineal cares. The CNA cued Resident #7 to wash his hands; however, the resident did not use soap. The CNA stated, "Here's the soap," and pointed to the dispenser. The resident did not respond and instead used a paper towel to dry his hands. The CNA then assisted Resident #7 to the dining room to have coffee. The CNA failed to assist the resident with proper hand washing. During an interview on the morning of 10/16/14, an administrative nurse (#4) stated staff should perform hand hygiene after removing their gloves following completion of resident perineal cares and before doing other tasks for the resident. The nurse stated staff should also wash their hands before leaving the resident's room if they assisted the resident with transferring to bed or a chair.	F 441		