STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355064	A. BUILDING _____ B. WING _____	R 08/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING CENTER OF GARRISON	609 4TH AVE NE GARRISON, ND 58540

(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 July 11, 2011, and completed on July 13, 2011, the sample included 3 residents for complete review, 9 residents for focused review, and 1 closed records for review. In addition, 1 resident was added to the sample to verify specific concerns during the survey.	{F 000}		
{F 371} SS=C	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 and staff interview, the facility failed to handle dishes in a sanitary manner on 2 of 2 days of survey during observations of dishwashing (July 12-13, 2011). Failure handle dishes in a sanitary manner has the potential to cause foodborne illness. Findings include: On 07/12/11 at 1:53 p.m. and 07/13/11 at 1:50 p.m. observations of facility dishwashing practices showed the following:	{F 371}		

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

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 A culinary services staff member (#4) washed dishes while wearing disposable gloves. The staff member (#4) rinsed the dirty dishes, placed them in a dishwasher rack and placed the filled rack into the low temperature, chemical sanitizer, dishwasher. While the wash/rinse cycles ran, the staff member (#4) rinsed and filled another rack with dirty dishes. When the staff member (#4) had the rack ready for the dishwasher, she ran water over her gloved hands with the same sprayer used to rinse the dirty dishes. The staff member (#4) then crossed the space from the sink to the opening in the wall (the wall separated the dish washing room from the clean kitchen), and obtained hand sanitizer with her wet gloved hands from a dispenser mounted next to the opening. The staff member (#4) sanitized her gloved hands, gripped the rack of clean wet dishes and pulled/pushed the rack from the dishwasher with the same gloves used to handle the dirty dishes. Observations showed the staff member (#4) sanitized her gloved hands three times on 07/12/11 and twice on 07/13/11. During an interview, 07/13/11 at 1:58 p.m., with the culinary services staff member (#4) observed doing dishes, she indicated she was taught to sanitize her hands before removing the dishes from the dishwasher. This staff member (#4) identified she could not remember who taught her to wash dishes in this fashion. During an interview, on 07/13/11 at 2:00 p.m., an administrative staff member (#2) confirmed staff should not sanitize gloves and then handle clean dishes.	{F 371}		