STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355037	A. BUILDING _____ B. WING _____	09/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALOISIUS MEDICAL CENTER NURSING HOME	325 E BREWSTER ST HARVEY, ND 58341

(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 The standard Medicare/Medicaid recertification survey started on 09/23/19 and concluded 09/25/19.	F 000		
F 812 SS=D	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, manufacturers' labeling, and staff interview, the facility failed to properly store beverages in 2 of 3 food preparation areas (Snack refrigerator main kitchen and Unit A kitchenette). Failure to dispose of expired beverages has the potential to result in altered consistency of beverages provided and/or foodborne illness.	F 812	1. No residents were affected by the deficient practice. 2. All residents who are on thickened liquids have the potential to be affected. 3. Dietary staff have been educated that thickened juices expire after 10 days and must be disposed of. 4. The Dietary Aide will check fridges daily and dispose of any thickened liquids	9/29/19

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

Electronically Signed | 10/08/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 812	Continued From page 1 Findings include: Review of the manufacturers' label showed the following: * Honey and nectar thickened water and juice beverages: use within 10 days of opening. Observation during the dietary tour on 09/25/19 at 1:40 p.m. with two dietary staff members (#1 and #2) showed the following opened and expired items: - Main Kitchen: honey thick apple drink opened 09/14/19 (11 days); honey thick cranberry drink opened 09/13/19 (12 days); and nectar thick water opened 09/02/19 (23 days), one, two and 13 days beyond expiration. - Unit A kitchenette: nectar thick apple drink opened 08/15/19 (41 days), 31 days beyond expiration. During an interview on 09/25/19 at 4:11 p.m. a dietary staff member (#2) identified she expected staff to follow manufacturers recommendations and discard opened thickened beverages not used within 10 days.	F 812	that are expired. A QI monitor on disposal of expired thickened liquids will be performed weekly by the CDM for one year to ensure that they are disposed of after 10 days. The results will be reported to the QI Committee at regularly scheduled meetings. 5. Corrective action was taken on September 29, 2019.	