STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355051	A. BUILDING _____ B. WING _____	04/21/2010

RECEIVED MAY 10 2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HATTON PRAIRIE VILLAGE	950 DAKOTA AVE HATTON, ND 58240

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 04/19/10 and completed on 04/21/10, the sample included two (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review.	F 000		
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, review of policy and procedure, staff interview, and review of manufacturer's labels, the facility failed to ensure an environment free of hazardous chemicals for 3 of 3 days of survey (April 19-21, 2010). Failure to ensure secured storage of hazardous chemicals places vulnerable residents (e.g. wandering, confused) at risk for exposure to these chemicals. Findings include: Review of the facility's policies, "Housekeeping" and "Beautician/Barber Services," occurred on the afternoon of 04/21/10. The policy, "Housekeeping," stated, " . . . Cleaning supplies and other chemicals . . . are stored in locked carts, closets and cupboards when not in use. . . ." The policy, "Beautician/Barber Services,"	F 323	**Plan of Correction F323** 1. Replace broken locks with properly-working new locks on Beauty Shop cupboard and Activity Department cupboard storing hazardous chemicals. 2. Plant Manager will audit for secure storage of chemicals in Activity Department and Beauty Shop, as well as all other areas of chemical storage accessible to residents, daily for two (2) weeks and then weekly for three (3) months. 3. Quality Assurance Committee will evaluate audit results daily (for daily audits) and weekly (for weekly audits) to ensure compliance. 4. Secure storage of chemicals will be added to Activity Department's and Beauty Shop's daily inspection list.	4/20/10 5/10/10 thru 8/27/10 5/10/10 thru 8/27/10 5/10/10 and ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	5/7/10

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 323	Continued From page 1 stated, ". . . VII. Chemicals will be secured to prevent misuse or accidental ingestion. . . ." - On 04/19/10 at 2:30 p.m., a random observation showed facility staff failed to lock the door of the beauty shop. Observation of a cupboard in the beauty shop showed its safety latch did not secure the cupboard. The cupboard contained two bottles of Barbicide, one spray bottle of Spic and Span, and three spray bottles of TB Cide Quat. Review of the manufacturer's information on these hazardous chemicals indicated: *Barbicide - " . . . Corrosive causes irreversible eye damage and skin burns . . ." *Spic and Span - ". . . Causes eye irritation . . ." *TB Cide Quat - " . . . Keep out of reach of children . . ." Random observations, on 04/20/10 at 9:45 a.m. and the morning of 04/21/10, showed facility staff had not closed and/or locked the door of the beauty shop. These observations showed no facility staff in the beauty shop. - Random observations, on 04/19/10 at 3:45 p.m. and the morning of 04/21/10, showed a cupboard in the activity room contained the chemical, Spic and Span. The cupboard's safety latch did not secure the cupboard. An environmental tour of the facility occurred on 04/21/10 at 9:15 a.m. with an administrative maintenance staff member (#1). Observation showed the door of the beauty shop remained unlocked. Observation of the cupboard in the beauty shop showed its safety latch continued to not secure the cupboard. An interview with an	F 323	**Plan of Correction F323** (Continued) 5. Employees working in Beauty Shop and Activity Department will receive refresher training on safe storage of chemicals. 5/10/10 @ 2:00pm - Correction date corrected/changed per telephone interview with Cynthia Tredwell, Adm. K. Beecher RN	5/26/10 ~~5/28/10~~

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F 323	Continued From page 2 administrative staff member (#1), during the environmental tour, revealed the catch for the safety latch was broke and staff needed to replace it.This staff member stated staff usually lock the door to the beauty shop. During an interview on 04/21/10 at 9:45 a.m., an administrative activity staff member (#2) confirmed the safety latch failed to consistently secure the cupboard in the activity room. Observation of the cupboard in the activity room showed its safety latch continued to not secure the cupboard. Further observation of the activity room showed unattended residents. When interviewed 04/21/10 at 9:50 a.m., administrative staff members (#1) and (#2) confirmed staff should stored hazardous chemicals in secured cupboards. During an interview on 04/21/10 at 10:00 a.m., an administrative nursing staff member (#3) identified seven residents who wandered within the facility. Failure to maintain an environment as free as possible from hazards over which the facility has control, such as assuring the safe storage of toxic chemicals, has the potential to place vulnerable residents in the facility at risk for harm.	F 323		
F 371 SS=B	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	F 371	**Plan of Correction F371** 1. Discard outdated perishable food from reach-in cooler and walk-in cooler.	4/19/10

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F 371	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, manufacturer's recommendations, professional literature review, and staff interview, the facility failed to store food in a safe and sanitary manner in 1 of 1 kitchen. Failure to follow safe food sanitation practices has the potential to result in food borne illness and can affect all residents who consume food stored in the kitchen. Findings include: The 2005 Food Code, Public Health Reasons, published by the Food and Drug Administration, stated, " . . . Although it is a guide for quality, it could be based on food safety reasons. It is recommended that food establishments consider the manufacturer's information as a good guidance to follow to maintain the quality (taste, smell, and appearance) and salability of the product. If the product becomes inferior quality-wise due to time in storage, it is possible that safety concerns are not far behind. . . ." - The main tour of the kitchen occurred on 04/19/10 at 1:25 p.m. with an administrative dietary staff member (#4). Observations showed the following dairy foods stored beyond the manufacturer's sell by dates. Sell by dates are stamped on a perishable item of food, such as milk, after which it should not be sold. Observation of a reach-in cooler showed: *One opened, quart carton of buttermilk, labeled with the manufacturer's "sell by" date of 03/25/10	F 371	**Plan of Correction F371** (Continued) 2. Dietary Department will audit for safe storage of perishable food in reach-in cooler and walk-in cooler, as well as in all other refrigerators in facility storing perishable food, daily for three (3) months and then weekly for an additional three (3) months. 3. Quality Assurance Committee will evaluate audit results daily (for daily audits) and weekly (for weekly audits) to ensure compliance. 4. Continue to include monitoring perishable food on cooks' daily inspection duties. 5. Employees working in Dietary will receive refresher training on safe storage of perishable foods.	5/10/10 thru 11/12/10 5/10/10 thru 11/12/10 Ongoing 5/6/10

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F 371	Continued From page 4 (24 days prior). Dietary staff labeled the carton with the date opened of "04/18." Observation of a walk-in cooler showed: *Two closed, 16 ounce containers of sour cream, labeled with the manufacturer's dates of 03/05/10 (45 days prior) and 04/05/10 (14 days prior). *Two closed, quart cartons of buttermilk, labeled with the manufacturer's "sell by" dates of 03/25/10 (25 days prior) and 04/08/10 (11 days prior). Observations of the reach-in cooler showed the following ready-to-eat food items stored significantly beyond the manufacturer's "Best if used by" or "Best by" dates, recommended for best flavor or quality. *One opened, eight ounce bottle of ranch dressing labeled "Best if used by" February 12, 2010 (2 months prior) and labeled with the date opened "10/15." *One opened, 10 ounce jar of strawberry topping labeled "Best if used by" September 7, 2008 (1 year and 7 months prior) *One opened, 16 ounce container of chocolate frosting labeled "Best if used by" August 14, 2009 (8 months prior) and labeled with the date opened "12/3." *One opened, seven and a half ounce jar of marshmallow fluff labeled "Best by" October 25, 2009 (5 months prior) and labeled with the date opened "5/12/09." The administrative dietary staff member (#4) discarded the identified food items. When interviewed during the dietary tour, the administrative dietary staff member (#4) stated dietary staff should not use foods more than a week beyond the manufacturer's sell by date. The	F 371		

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F 371	Continued From page 5 staff member stated the cook failed to complete a weekly review of the food items in the kitchen's reach-in and walk-in coolers per the cook's duty list. The staff member confirmed all dietary staff is responsible for monitoring manufacturer's dates.	F 371		