STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355082	A. BUILDING _____ B. WING _____	01/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVE MARIA VILLAGE	501 19TH ST NE JAMESTOWN, ND 58401

(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 01/11/10 and completed on 01/13/10, the sample included 5 residents for complete review, 12 residents for focused review, and 3 closed records for review. The sample included 1 additional resident to verify specific concerns.	F 000	**1.** Sanitizing solution in the sanitizing section of the three compartment sink will be mixed to 200 ppm, according to manufacturer's recommendations. Sanitizing solution in the sanitizing buckets will be mixed to 150 - 400 ppm, according to manufacturer's recommendations.	
F 371 SS=E	483.35(i) SANITARY CONDITIONS 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: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 01/14/09. Based on observation, review of professional literature, the manufacturer's recommendations, the facility's policy and procedure, and staff interview, the facility failed to properly prepare sanitization solution in the three compartment sink and/or sanitization bucket in the kitchen on 2 of 2 days (01/11/10 and 01/12/10) of survey. Without the correct concentration of sanitizing solution, the facility is unable to effectively clean/disinfect food/nonfood contact surfaces and food preparation equipment. This practice has the potential to increase the risk of foodborne illness and can affect all residents who eat food	F 371	**2.** All residents have the potential to be affected. **3. and 4.** Automatic dispensers are used to mix water and Ecolab brand sanitizing solution for the sanitizing sink and the sanitizing buckets. All dispensers (4) were serviced, checked, and tested by the Ecolab technician and found to be in compliance on the last day of the survey. To ensure the sanitizing solution continues to be dispended in the proper concentration or corrected in a timely manner the following monitors will be put in place. a) The Ecolab technician visits the facility on a monthly basis to test the sanitizing solution and calibrate the dispensers as needed. The Ecolab technician provides a report that the solutions were tested and in compliance. b) Daily the breakfast cook will use test strips, according to manufacturer's recommendations, to test i.) the filled sanitizing sink	

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

Timothy N. Burchill | CEO | 1/28/10

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 371	Continued From page 1 prepared and served in this area. Findings include: Review of the 2005 Food Code, Public Health Reasons occurred on 01/13/10. The 2005 Food Code, Public Health Reasons, regarding chemical sanitization, page 440, stated, "The effectiveness of chemical sanitizers can be directly affected by the . . . concentration of the sanitizer solution used . . . Therefore, it is critical to sanitization that the sanitizers are used properly and the solutions meet the minimum standards . . ." Review of the facility's policy titled, "Sanitizing Sink: How to Test for Correct Strength" occurred on 01/13/10. This policy stated, "2. Dip paper into properly filled sink of sanitizing solution . . . 3. Remove and compare wet test strip to color chart. The colors should match at 200 ppm [parts per million] . . ." The manufacturer's recommendations, located on a sign posted near a chemical dispenser for "QUATERNARY Sanitizer Test Procedure: QT-40, stated, " . . . Sanitizing Target Range: 150-400 ppm . . ." The initial tour of the kitchen occurred on 01/11/10 at 11:00 a.m. with facility management staff members (#1 & #2). Observation showed dietary staff washing baking pans in the three compartment sink. Observation further showed the third compartment of the three compartment sink contained a solution identified by the facility management staff member (#2) as quaternary ammonia sanitizer and water. On request, a facility management staff member (#2) tested the chemical concentration of the sanitizer by	F 371	of the three compartment sink and ii) a filled sanitizing bucket in the kitchen. In the two satellite kitchens the dietary aides will fill buckets with sanitizing solution and test those with test strips, according to manufacturer's recommendation, recording the results. All employees will record results on calendars as "OK" or "No." If "No" she/he will alert the Dietary Director or the Dietary Supervisor for further testing and contacting the Ecolab technician as needed. c) Twice a week for three months the Dietary Director or the Dietary Supervisor will perform additional tests of the sanitizing solutions with a Quat chemical test kit and test strips. After three months the Dietary Director or the Dietary Supervisor will perform these tests on a weekly basis. Results will be recorded on a QA form, reported to the QA Director, and presented at the quarterly QA meeting. If the solutions are found to be out of compliance, the Ecolab technician will be notified to recalibrate immediately. d) If the Ecolab technician is unable to correct the problem in a timely manner, the sanitizing solutions	

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F 371	Continued From page 2 immersing a test strip in the sanitizer for approximately 10 seconds with minimal change in color (100 ppm) identified on the strip. In addition, observation showed a bucket of solution in a preparation sink with a wiping cloth emersed in the solution identified by the facility management staff member (#2) as quaternary ammonia sanitizer and water. On request, a facility management staff member (#2) tested the chemical concentration of the sanitizer by immersing a test strip in the sanitizer for approximately 10 seconds with minimal change in color (100 ppm) identified on the strip. A facility management staff member (#2) confirmed the chemical concentration of the sanitizer should be 200 ppm when tested. The tour of the kitchen occurred on 01/12/10 at 1:20 p.m. with a facility management staff member (#2). Observation showed the third compartment of the three compartment sink contained a solution identified by the facility management staff member (#2) as quaternary ammonia sanitizer and water. On request, a facility management staff member (#2) tested the chemical concentration of the sanitizer by immersing a test strip in the sanitizer for approximately 10 seconds with minimal change in color (100 ppm) identified on the strip. In addition, observation showed a bucket of solution in a preparation sink with a wiping cloth emersed in the solution identified by the facility management staff member (#2) as quaternary ammonia sanitizer and water. On request, a facility management staff member (#2) tested the chemical concentration of the sanitizer by immersing a test strip in the sanitizer for approximately 10 seconds with minimal change in color (100 ppm) identified on the strip.	F 371	will be mixed by hand, according to manufacturer's recommendations. 5. The four sanitizing solution dispensers are currently in compliance, according to test strip and Quat chemical test kit standards. The QA monitoring forms will be in place by Feb 5, 2010. -2-2-10 @ 2:45 p.m. per phone call to Tim Burchill, Administrator February 5th 2010 is considered to be their completion (compliance) date. AB	

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