STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355078	A. BUILDING _____ B. WING _____	C 12/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE AT HI-ACRES MANOR	1300 2ND PL 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 complaint survey started on 11/30/10 and completed on 12/01/10 the sample included seven residents for complete review, and one closed record for review. The sample included two additional residents to verify specific concerns during the survey. The concern regarding unclean teapots was substantiated.	F 000		
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 This REQUIREMENT is not met as evidenced by: Based on observation, policy and procedure review, and staff interview, the facility failed to store equipment in a sanitary manner in 1 of 1 main dining room. Findings include: Review of the job description for a dietary aide, revised 06/15/00, occurred on the morning of 12/01/10. The job description stated a dietary aide should, ". . . Ensure that the department is maintained in a clean . . . manner by assuring that necessary equipment . . . are maintained. . . ." A tour of the kitchen/dining area occurred on	F 371	A kitchen in-service training session was held on December 16, 2010 at 3:30 p.m. All kitchen staff were present (refer to attached roster – Addendum A). The in-service was presented by Mike Fix, territory manager of Ecolab and Bob Bieber, Environmental Services/Dietary Manager. The primary focus of the in-service training was to reinforce the proper technique for washing teapots. The in-service training also included proper pre-soaking and washing technique for all dishes and flatware. Pre-soaking of dishes will be done using the product *Dysh Soap* according to manufacturer's recommendations. (Refer to Dietary In-Service Meeting summary – Addendum B.) A *Quality Assurance Check* has been revised to be completed daily by the dining room coordinator to check all dishes, including teapots, for cleanliness. (Refer to *Daily Temperature and Quality Assurance Checks* form – Addendum C.)	12/16/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Gary M. Riffe	Administrator	12/29/10

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355078	A. BUILDING _____ B. WING _____	C 12/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE AT HI-ACRES MANOR	1300 2ND PL NE JAMESTOWN, ND 58401

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F 371	Continued From page 1 11/30/10 at 10:15 a.m. with an administrative dietary staff member (#6). Observation showed thirteen individual, plastic, approximately sixteen ounce teapots stored in a dining room cupboard. Observation showed the interior surface of twelve of the thirteen teapots soiled with brown specks and residue. An interview with a dietary staff member (#7) occurred on 11/30/10 at 10:25 a.m. The dietary staff member (#7) identified residents utilized the teapots for tea and coffee "quite a bit" and "certain residents every meal." The staff member identified the teapots should be soaked. Interview of an administrative dietary staff member (#6) on 11/30/10 at 10: 30 a.m., confirmed dietary staff should have inspected the teapots for cleanliness and provided any needed cleaning. The staff member (#6) stated the teapots should not be used and removed them from the dining room.	F 371		