STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355092	A. BUILDING _____ B. WING _____	R 04/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILL TOP HOME OF COMFORT INC	95 HILL TOP DR KILLDEER, ND 58640

(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 02/22/2011 and completed on 02/24/2011, the sample included 2 residents for complete review, 9 residents for focused review, and 1 closed record for review. In addition, 6 residents were 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 manufacturer's guidelines and staff interview, the facility failed to sanitize the internal components of the ice machine as recommended for 1 of 1 ice machine in the facility. Failure to ensure proper sanitization of the ice machine has the potential to cause foodborne illness and can affect all residents who use ice from the machine. Findings include: Review of the manufacturer's guidelines for the Scotsman Nugget Ice Maker-Dispenser occurred on 02/24/11. The guidelines stated, ". . . Maintenance and Cleaning should be scheduled	{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 at a minimum of twice per year. Sanitizing of the ice storage bin should be scheduled for a minimum of 4 times a year. . . ." During the environmental tour on 02/24/11 at 10:30 a.m., the environmental services director (#1) stated the facility does not clean or sanitize the inside of the ice machine. The staff member (#1) stated she was unaware of the manufacturer's guidelines.	{F 371}		