

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355089		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2016	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - PARK RIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTH COUNTY ROAD 12B PARK RIVER, ND 58270			
(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			F 000			
F 371 SS=E	For the standard Medicare/Medicaid recertification survey started on September 6, 2016 and completed on September 8, 2016, the sample included three (3) residents for complete review, nine (9) residents for focused review, and one (1) closed record for review. 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, review of facility policy and procedure, review of dishwashing machine temperature logs, and staff interview, the facility failed to serve, prepare and store food in a safe and sanitary manner for 1 of 1 kitchen. Failure to ensure staff report or seek corrective action for incorrect dishwashing temperatures and failure to clean exhaust fans in the walk-in cooler and freezer increases the risk of cross contamination and can affect all residents who consume food stored, prepared, or served in these areas. Findings include: Review of the policy "Dishwashing" occurred on			F 371	1. Education on when to read the temperature gauges and how to correctly read the temperature gauges was given to dietary staff members on September 15, 2016. 2. All residents have the potential to be affected. 3. The current policy and procedure for Dishwashing was reviewed and staff was in-serviced regarding the dishwashing policy and procedure on September 15, 2016. 4. The Dietary Supervisor will audit to assure correct temperature recordings on the dish machine temperature log for		9/23/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/16/2016

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2016
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - PARK RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTH COUNTY ROAD 12B PARK RIVER, ND 58270		
(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 371	Continued From page 1 09/08/16. This policy, dated February 2013, stated, "PURPOSE: To promote good practice during dishwashing regarding prevention of food-borne illness. POLICY: Dietary staff will ensure that food preparation equipment, dishes and utensils are effectively cleaned, sanitized to destroy potential disease carrying organisms . . . PROCEDURE: . . . 5. Check compliance for wash and rinse cycles each meal service. High - Wash: 150 to 165 degrees Fahrenheit . . . Rinse: 180 degrees Fahrenheit (160 degrees Fahrenheit or greater at the rack and dish/utensil surfaces). . . 6. Record temperature . . . on Dishmachine Temperature Log. If temperatures/chemicals are outside acceptable parameters, staff will notify the director of dietary services (DDS) or maintenance before proceeding with dishwashing. . . ." Review of the policy "Equipment Sanitation" occurred on 09/08/16. This policy, dated February 2013, stated, "PURPOSE: To provide guidelines to dietary staff for proper cleaning of kitchen immobile equipment, such as refrigerator/freezer. PROCEDURE: . . . 5. Refrigerated units: a. Put on a schedule to ensure regular cleaning . . . h. Fans/grills in the unit will be kept clean . . ." A tour of the kitchen occurred on 09/08/16 at 10:30 a.m. Observation showed the following: *Walk-in cooler: large accumulation of black dust/debris hanging from the exhaust fan blades *Walk-in freezer: large accumulation of black dust/debris hanging from the exhaust fan blades *Review of the September 2016 dishwashing machine log showed three columns to record dishwashing temperatures - morning, noon, and	F 371	thermal sanitizing. The Dietary Supervisor will monitor daily x 1 week; weekly x 1 month; bi-weekly x 2 months; then as deemed necessary by the Quality Assurance Committee. 1. Cleaning of the walk in cooler and freezer fans was completed on September 12, 2016 2. All residents have the potential to be affected. 3. The current procedure for Sanitation-Equipment Sanitation was reviewed by the Dietary Supervisor and Maintenance Department and added to the monthly TELS system "Refrigerators and freezers: inspect condenser coils and fans and clean as required. Preventive maintenance schedule will be reviewed on a weekly basis by Maintenance Department. 4. Auditing will be completed by Maintenance Supervisor weekly x 4 weeks; bi-weekly x 1 month; monthly x 3 month; then as deemed necessary by the Quality Assurance Committee.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2016
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - PARK RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTH COUNTY ROAD 12B PARK RIVER, ND 58270		
(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 371	Continued From page 2 evening. The log indicated the wash temperature should be 150 degrees Fahrenheit (F) and the final rinse 180 degrees F. The log showed staff recorded temperatures which did not meet the required final rinse temperature 5 of the 10 times recorded. The log did not indicate action taken by the staff. *Review of the August 2016 dishwashing machine log showed staff recorded temperatures which did not meet the required final rinse temperature 30 of the 53 times recorded (temperatures ranged from 120 to 178 degrees F). The log did not indicate action taken by the staff. Observation of the dishmachine showed a wash temperature of 155 degrees F, a final rinse temperature of 188 degrees F, and a thermolabel which indicated correct final rinse temperature. During an interview on 09/08/16 at 11:00 a.m., the administrative dietary staff member (#2) confirmed staff should notify her or the maintenance department if the dishmachine water is not reaching the correct rinse temperature and confirmed staff should clean the cooler/freezer fans.	F 371			