STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535026	A. BUILDING _____ B. WING _____	09/22/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 360 SS=B	483.35 DIETARY SERVICES The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. This REQUIREMENT is not met as evidenced by: The facility failed to provide 11 of 16 residents with palatable meals. The facility census was 100. The findings were: Sixteen confidential resident interviews were conducted from 9/19/05 to 9/21/05. The interviews consisted of both sampled and non-sampled residents. Of the 16 resident interviews, 11 residents described the palatability of the food as "institutional" and "bland." A test tray was requested on 9/22/05 at the lunch meal. The menu items consisted of lasagna, salad, sherbet, slice of garlic toast and several beverages. The taste test revealed the lasagna was bland and atypical in flavor, having no tomato taste.	F 360	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the Truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. This Plan of Correction is the facility's credible allegation of compliance. **TAG F360 – PLAN OF CORRECTION** It is the policy and practice of this facility to provide a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. 1. The recipe for lasagna has been checked for accuracy. Modifications to the recipe will be made to accommodate the residents' taste preferences. Modifications will be made a part of the permanent recipe when positive feedback is received from residents. (Continued on Page 1A)	10/22/05
F 371 SS=E	483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure food was refrigerated at a safe temperature in one of four nursing unit	F 371	**See Page 1B for F371**	

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

Donna Schaly, Administrator, 10-14-05

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.

The POC was accepted as written on 10/17/05 @ 1615 by Donna Schaly, Admr., & Joann Nomaki, RN, Health Surveyors.

10/17/05

The Dietary Manager will interview residents after service of modified meal. Additional modifications of recipes will be made as needed.

2. Comment cards and pens will be placed at each table for the next 90 days for resident feedback regarding palatability and resident likes and dislikes. C.N.A.'s will assist residents in filling out cards. Comment cards will be collected by the Dietary Manager and Dietitian who will review the cards, contact residents to discuss issues and possible modifications of meals/recipes as suggested by comment cards. Nursing staff will be inserviced to monitor food intake and preferences, offer alternatives and assist residents with filling out comment cards.

3. At the weekly Weight Meeting, the Dietary Manager will give a report on the results of comment cards for the week and changes that will be made. Administrative Nurses during Routine rounds of dining rooms will ensure that nursing staff is monitoring meal intake and offering alternatives.

4. The Quality Assurance Committee will review the activity of the Weight Committee. The Quality Assurance Committee will also conduct resident interviews regarding resident satisfaction with food and will

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F 360 SS=B	483.35 DIETARY SERVICES The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. This REQUIREMENT is not met as evidenced by: The facility failed to provide 11 of 16 residents with palatable meals. The facility census was 100. The findings were: Sixteen confidential resident interviews were conducted from 9/19/05 to 9/21/05. The interviews consisted of both sampled and non-sampled residents. Of the 16 resident interviews, 11 residents described the palatability of the food as "institutional" and "bland." A test tray was requested on 9/22/05 at the lunch meal. The menu items consisted of lasagna, salad, sherbet, slice of garlic toast and several beverages. The taste test revealed the lasagna was bland and atypical in flavor, having no tomato taste.	F 360	prompt further system changes as needed.	
F 371 SS=E	483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure food was refrigerated at a safe temperature in one of four nursing unit	F 371	**TAG F371 – PLAN OF CORRECTION** It is the policy and practice of this facility to store, prepare, distribute and serve food under sanitary conditions. 1. A refrigerator for the Medicare Wing was ordered on 9/07/05 and installed on 10/03/05. The metallic filter was removed. The floor mat was removed from the kitchen sink.	10/22/05

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

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F 371	Continued From page 1 refrigerators, and that food preparation areas and food storage containers were maintained in a sanitary manner. The findings were: 1) Observation of the Medicare unit refrigerator on 9/20/05 at 8:57 AM revealed a temperature documentation sheet on the refrigerator door dated September 2005. The sheet instructed staff to record the daily refrigerator temperature and to adjust the temperature if over 40 degrees Fahrenheit (F) or under 36 degrees F. Observation of the interior of the refrigerator revealed resident food items stored and available for consumption. The thermometers in the refrigerator read 42 degrees F. Six nutritional supplements, prepared gelatin, and juice were available for resident use. The following concerns were noted: Observation of the temperature sheet revealed on 9/2/05 and 9/5/05 no documentation of the refrigerator temperatures was done. Review of the documented temperatures on 14 of the 18 recorded days (77%) revealed temperatures higher than 40 degrees F, which was listed by the facility as the desired maximum temperature. On 11 days the temperatures were documented as equal to, or higher than, 45 degrees F. A second observation of the Medicare refrigerator on 9/21/05 at 10:20 AM revealed the two interior thermometers at 50 degrees F. Supplements and juice were stored in the refrigerator as well as, apples, thickened packaged juice, and three cans of another type of nutritional supplement product. Interview with the director of nursing (DON) on 9/21/05 at 10:49 AM revealed the facility was aware of the problem with the refrigerator and	F 371	The pitcher lids were re-washed and appropriately stored. 2. All refrigerators in the facility will be checked for temperature logs. All staff will be inserviced on appropriate completion of temperature logs and actions to be taken if temperatures are outside of acceptable ranges. Staff was inserviced on Monitoring their surroundings for possible food contaminants. Staff will be inserviced on appropriate locations for drying the floor mat. Staff will be inserviced on how to store all food containers to prevent contamination. 3. The Director of Nurses will check refrigerator logs on all nursing units weekly for the next 3 months and assure that temperatures are in the acceptable range. The Dietary Manager will add a check off for the monitoring of the kitchen for contamination issues to the daily cleaning schedule. The daily schedule is monitored routinely by the Dietary Manager. 4. The Dietary Manager and Infection Control Nurse will review refrigerator logs and completion of cleaning schedules and report their findings to the Quality Assurance Committee monthly. The Quality Assurance Committee will direct further corrective action as needed.	

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F 371	Continued From page 2 had ordered a new refrigerator. The DON confirmed that in the meantime, the refrigerator continued to be used to store resident food items. A second interview with the DON on 9/21/05 at 11:00 AM revealed all resident food had been discarded and a sign posted not to use the refrigerator. According to the " ServSafe Coursebook, " Third Ed., 2004, one of the biggest facters in foodborn-illness outbreaks is time-temperature problems. Disease-causing microorganisms grow and multiply at temperatures between 41 degrees F and 135 degrees F. Microorganisms need both time and temperature to grow and make food unsafe. 2) Observation on 9/19/05 at 4 PM revealed kitchen staff removed a tray of freshly baked cookies from the oven and placed it on top of the oven to cool. Approximately two feet directly above the tray of cookies was a dusty, greasy metallic filter (approximately 6 inch by 10 inch) sitting on the air duct coming from the kitchen hood. Interview with the cook at that time revealed he had no idea how long the filter had been sitting there or what it was used for. Interview with the kitchen manager on 9/22/05 at 11:20 AM revealed he was unaware the filter had been sitting there. He stated it was " gross " and should not have been there. 3) Observation on 9/19/05 at 4:10 PM revealed a rolled up floor mat sitting in the kitchen sink. Next to the sink were several loaves of bread and other bread products. At 4:20 PM staff removed the mat and placed it on the floor. Observation on 9/21/05 at 7:30 AM revealed the same floor mat	F 371		

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F 371	Continued From page 3 again sitting in the same kitchen sink. On one side of the sink were several loaves of bread. On the other side of the sink were three piles of clean laundry towels. Interview with the kitchen manager on 9/22/05 at 11:25 AM revealed he periodically takes the floor mat to the local car wash and gives it a good cleaning. He also stated that usually at the end of each day the kitchen staff takes the mat outside and cleans it off with the garden hose. When asked about allowing the mat to air dry in the kitchen sink after hosing it off, the manager stated it was inappropriate to do so. 4) Observation on 9/19/05 at 4:15 PM revealed two large plastic tubs each containing approximately 25 beverage pitcher lids. The lids were stored in the tubs and turned "U" shape upward. Several flies were noted to be flying around and landed on the interiors of several of the lids. Observation on 9/21/05 at 7:35 AM revealed the same two plastic tubs each containing approximately 25 beverage pitcher lids. Approximately three quarters of the lids were turned "U" shape upwards at this time. Interview with the kitchen manager on 9/22/05 at 11:25 AM revealed the lids are allowed to dry in an inverted ("U" shaped downward) position after being removed from the dish washer. When the lids are dry they are then transferred to one of the two plastic tubs in a "U" shaped upwards position and the tubs are placed on the kitchen shelf. The kitchen manager was aware of the presence of flies in the kitchen and when told of the flies landing on the interior of the lids, the manager stated that was a sanitary concern and the lids should be stored in an inverted position.	F 371		