

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

PRINTED: 03/23/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2006
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NAME OF PROVIDER OR SUPPLIER SOUTH LINCOLN NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE BOX 390, 711 ONYX KEMMERER, WY 83101
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(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 159 SS=D	483.10(c)(2)-(5) PROTECTION OF RESIDENT FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section. The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund. The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative. The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the	F 159	The facility will ensure that the residents' funds will be protected. This will be accomplished by: 1) Quarterly statements will be sent to the resident or his/her legal representative. <i>04/25/06 Statements were sent to res. #15 & #18 on 3/10/06. Resident #15's family was notified of the SSI given on 3/10/06 & the account has currently been spent down.</i> 2) When a resident that receives Medicaid benefits has an amount in the resident's account of \$1,800.00 or greater, he/she or his/her legal representative will be notified that funds should be spent down so the amount stays below the current SSI resource limit of \$2,000.00. 04/25/06 3) The Chief Financial Officer will do a random audit of statements on a monthly basis to assure statements and/or notifications are sent on a quarterly basis. 04/25/06 4) The Chief Financial Officer will report the results of the audit at the monthly South Lincoln Medical Center PQI/QA committee meeting. 04/25/06 <i>Added per verbal instruction of Ann Aron Carmichael on 4/24/06 @ 2:30 PM J. Brown RN</i>	04/25/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE CEO	(X6) DATE 3/30/06
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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, when 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 159	Continued From page 1 SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI. This REQUIREMENT is not met as evidenced by: Based on review of resident trust account information, staff interview, and family interview, the facility failed to ensure quarterly statement information was given to residents and/or the resident's representative for two (#15, #18) of two residents with trust accounts. In addition, one resident's (#15) family was not informed the trust account amount was over the social security insurance (SSI) resource limit. The findings were: Interview on 3/7/06 at 7:30 PM with a family member for resident #15 revealed the resident had a trust account. Further interview revealed the family never received a quarterly statement and had no knowledge of the amount in the account. The family member confirmed that he/she was the responsible party to receive the statement information. Review of resident account information was done on 3/8/06 at 9:50 AM. Interview at that time with the chief financial officer (CFO) revealed only two residents, #15 and #18 had trust accounts. The CFO stated quarterly statements were not sent to anyone. Further review of the account information revealed resident #15 had funds totaling \$2,223.27 which was over the current SSI resource limit of \$2000.00. The CFO confirmed resident #15 was a Medicaid recipient and the limit applied to the resident.	F 159			

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F 278 SS=E	483.20(g) - (j) RESIDENT ASSESSMENT The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure all resident assessments occurred within the observation period for the assessment reference date (ARD) for three (#3, #12, #16,) of nine open sample residents. In addition, four (#7, #8, #9, and #15)	F 278	All resident assessments will accurately reflect the resident's status. 1) The dietitian will complete assessment & section K oral/nutrition status on the last day of the assessment period as designated by the MDS Coordinator. 04/13/06 2) In the event the dietitian is unable to complete section K as required above, but has already completed her dietary assessment, the MDS Coordinator will consult with the dietitian on the last day of the assessment period to assure the MDS assessment captures the resident's current status. 04/13/06 3) The MDS Coordinator and dietitian have been instructed on the correct date of completion for assessment and section K oral/nutrition status of the MDS assessment. 03/27/06 4) In the future the MDS assessments of resident #3, #12, #16, #7, #8, #9 & #15 will have dietary assessments that occurred within the observatory period and section K of the MDS assessment completed on the last day of the assessment period. 03/27/06 5) The DON will complete a monthly audit of MDS assessments to assure that dietitian assessment and section K is completed		

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F 278	Continued From page 3 of nine open sample residents had assessments completed prior to the assessment reference date. The findings were: According to the instruction manual, titled "Long-Term Care Facility Resident Assessment Instrument [RAI] User's Manual, Version 2.0," facilities are required to assess residents at admission, quarterly, annually and whenever the resident experiences a significant change in status or the facility identifies a significant error in the prior status of a resident (pg. 2-1). The manual instructs users to set an observation period with an end date, an ARD, to provide an end point for all team members participating in the assessment. The ARD is the last day of the observation period and controls what care and services are captured on the minimum data set assessments (MDS). The manual further instructs that the ARD is the reference date used for those assessment sections which require longer look back periods than seven days; but, for those sections that require the 7-day period, the ARD is the seventh day of the the observation period (pg. 3-29). The manual cited section K, oral/nutritional status, as a section that only requires a seven day look back period for oral problems, nutritional problems and approaches, and parenteral/enteral intake. The section does permit a 30 day look back period for height and weight and specific instructions for review of weigh gain/loss over time (pg. 3-149). Review of resident medical records revealed section K was completed prior to the end of the observational period for some residents, and some residents had assessments completed prior to the established observation assessment period. The following residents had assessments	F 278	at the appropriate time. 04/13/06 6) The DON will report the results of the monthly audit at the Medical Director Meeting and at South Lincoln Medical Center's PQI/QA committee meeting. 04/13/06	04/13/06	

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F 278	Continued From page 4 completed prior to the established seven day assessment period for section K: 1. Review of the medical record for resident #16 revealed an annual RAI with a completion signature date, section 'Vb2', of 2/3/06. The ARD listed for the end of the assessment period was 1/29/06. Review of section AA9 revealed the signatures of the staff completing each section of the annual assessment. Further review revealed section K, oral/nutritional status, was completed on 1/16/06, six days prior to start of the seven day assessment period. Further review of the medical record revealed nurses' notes which document the resident had tooth extractions on 1/19/06, which was information not captured in the dietary assessment information completed on 1/16/06. In addition, nurses' notes documented that on 1/23/06 and 1/24/06 the resident experienced severe constipation related to pain medications he/she received for the tooth extractions. The notes also documented a decrease in oral intake. The dietary assessment did not capture this information even though it occurred during the seven day assessment period and prior to the ARD date of 1/29/06. 2. Review of the medical record for resident #3 revealed an annual assessment with a 'Vb2' of 12/20/05 and ARD of 12/19/05. Review of section AA9 revealed section K, oral/nutritional status, was completed on 12/7/05, five days prior to the beginning of the seven day assessment period. 3. Review of the medical record for resident #12 revealed a 1/17/06 annual MDS assessment, with an ARD of 1/15/06. Review of section AA9 showed section K, oral/nutritional status, was completed on 1/4/06, one week prior to the beginning of the seven day observation period for items K1, K4, K5 and K6. In addition, the documented weight in section K2B was 131	F 278			

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F 278	Continued From page 5 pounds; however, the resident's most recent weight prior to the ARD was 131.8 pounds on 1/9/06. Therefore, the rounded weight of 132 pounds should have been coded on the MDS. In addition, review of the medical records revealed the following residents had assessments completed prior to the end of the seven day ARD observation period for section K: 1. Review of the medical record for resident #7 revealed the resident's most recent assessment was a quarterly assessment with a completion signature date, section R2b, of 1/3/06. Assessment review revealed the ARD was 1/1/06. Yet, review of section AA9 showed the signed completion of section K occurred on 12/22/05, two days prior to the start of the assessment period. Further review revealed the most recent full RAI was a significant change assessment completed on 10/10/05. Review of the assessment revealed an ARD of 10/5/05. Review of the signatures for staff completing each section revealed section K was completed on 10/4/05, one day prior to the end of the assessment observation period. 2. Review of the medical record for resident #8 revealed a 11/14/05 quarterly MDS assessment, with an ARD of 11/13/05. Review of section AA9 showed section K oral/nutritional status, was completed on 11/9/05, five days prior to the end of the ARD. 3. Review of the medical record for resident #9 revealed a 11/9/05 significant change MDS assessment, with an ARD of 11/6/05. Review of section AA9 showed section K oral/nutritional status, was completed on 11/2/05, five days prior to the end of the ARD. 4. Review of the medical record for resident #15 revealed the resident's most recent	F 278			

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F 278	Continued From page 6 assessment was a annual RAI assessment with a completion signature date, section 'Vb2', of 1/10/06. Further assessment review revealed the ARD was 1/9/06. Review of the signature section, AA9, revealed section K was signed as completed on 1/4/06, five days prior to the end of the assessment observation period. Interview on 3/7/06 at 11:30 AM with the registered dietitian who completed section K oral/nutritional status on the MDS confirmed the dates in section AA9 were the actual dates she completed the assessments. Interview with the MDS assessment coordinator on 3/8/06 at 2:45 PM revealed that any resident changes in the areas captured in section K that may occur after the dietitian completed the assessment, but prior to the ARD, would not be coded on the MDS assessment.	F 278			
F 363 SS=D	483.35(c) MENUS AND NUTRITIONAL ADEQUACY Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, menu review, and staff interview, the facility failed to follow the menu for one of one resident (#15) who received a pureed diet. The findings were:	F 363	Menus will meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance and be followed. 1) Dietary Inservice held on 03/08/06 and 03/11/06 to review the importance of following the menu guide. 03/11/06 2) Dietary Manager will do random checks on meal tray for resident #15, including portions and accuracy of trays and record results. 04/13/06		

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F 363	Continued From page 7 Medical record review for resident #15 showed a 6/8/05 physician's order for pureed foods. Review of the lunch menu for 3/8/06 revealed the the following items were to be pureed and served: ham, sweet potatoes, Italian vegetables, and banana split cheesecake. Observation on 3/8/06 at 11:55 AM revealed the resident was served pureed ham and vegetables. When questioned, cook #1 commented the sweet potatoes were not pureed because the resident refused food items orange in color. The cook further stated she forgot to puree the cheesecake. Interview with the dietary manager on 3/8/06 at 4:05 PM confirmed the pureed menu should be followed. The dietary manager further commented that if a resident does not like a particular food item, a substitute should be pureed and served.	F 363	3) Dietary Manager will document results monthly and report all random checks in the monthly PQI/QA meeting. 04/13/06 4) Dietary Manager will review tray accuracy with staff at next scheduled inservice to review understanding of staff. 04/13/06 5) Dietary Manager will continue to train staff as necessary. 04/13/06	04/13/06	
F 371 SS=F	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, staff interview, and policy and procedure review, the facility failed to assure food was prepared and stored under sanitary conditions. In addition, utensils were not correctly sanitized. The findings were: 1. Interview with the dietary manager on 3/8/06 at 9:50 AM revealed the facility hosted a monthly family potluck dinner. Both residents and families	F 371 #1	The facility will store, prepare, distribute and serve food under sanitary conditions. 1) Dietary Manager reviewed and revised "Food From Outside Sources" Policy. 03/29/06 EXHIBIT #2 2) Families will be provided with safe food handling guidelines and appropriate food items in the next Nursing Center Newsletter. 04/03/06		

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F 371	Continued From page 8 participated in the event. The facility usually prepared the main dish and family members would bring salads and desserts. The dietary manager further commented that "occasionally" casseroles prepared by family members were brought into the kitchen to be reheated. Review of the 6/11/04 facility policy titled, "Food From Outside Resources" revealed, "Food items brought in by friends or family members will not enter the kitchen for any type of preparation (ie; reheating, or any preparation using kitchen equipment)." When further questioned in regard to food handling, the dietary manager said the facility did not provide examples of food items considered safe to bring to a potluck dinner, or a list of potentially hazardous foods that should not be served. In addition guidelines for safe food handling such as cleanliness, maintaining hot and cold food temperatures, and transportation of food were not provided to the families. 2. Observation and interview with dietary aide #1 on 3/8/06 at 11:30 AM, revealed she was utilizing the three compartment sink for utensils not washed in the dish machine. On two occasions, the aide briefly submerged the items in the third sink containing a sanitizing solution of quaternary ammonium. Review of the posted instructions above the three compartment sink revealed items must remain in the sanitizer for one minute. Interview with the dietary manager on 3/8/06 at 4:10 PM confirmed the one minute contact time for proper sanitizing. 3. The following concerns were noted with the storage of refrigerated and frozen food: a. Observation on 3/8/06 at 4:05 PM revealed two cartons of milk dated 3/5/06 and three	F 371	Sanitary Conditions: #2 1) Dietary Inservice held on 03/08/06 and 03/11/06 to review sanitizing solution instructions. 03/11/06 2) Dietary Manager will randomly check sanitizing practices of staff and record results. 04/13/06 3) Dietary Manager will document results monthly and report all random checks in the monthly PQI/QA meeting. 04/13/06 4) Dietary Manager will review sanitizing practices with staff at next scheduled inservice to review understanding of staff. 04/13/06 5) Dietary Manager will continue to train staff as necessary. 04/13/06 #3 a Storage of Refrigerated & Frozen Foods: 1) Dietary Inservice held on 03/08/06 and 03/11/06 to review importance of monitoring dates on foods. 2) Dietary staff will perform a daily check on food items provided, while restocking the refrigerator and freezer to ensure first in/first out policy is followed along with date checks to remove any and all items past date on carton or container. Undated items will be discarded. 03/29/06		

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F 371	Continued From page 9 undated plastic bags of sliced cheese in the dining room reach-in refrigerator. Interview with the dietary manager at that time revealed the facility's policy was to discard the milk on the same day as the date on the carton. The dietary manager further commented there should be a date on each of the plastic bags. b. Observation on 3/8/06 at 4:05 PM revealed a cup containing raspberries in the dining room reach-in freezer. The raspberries were not covered, appeared wrinkled and dried-out, and no date was on the cup. Interview with the dietary manager at that time revealed the raspberries should be covered and dated. Observation of the bottom of the freezer revealed multiple pieces of food debris and three areas of frozen, melted ice cream. Further interview with the dietary manager revealed the freezer was scheduled to be cleaned weekly, "but it doesn't look like it was done." According to the facility's 8/25/05 policy titled Refrigerated Storage, "Opened, and unused portions of foods should be stored, in clean reusable containers, labeled and dated to assure they will be used first." c. Observation on 3/8/06 at 9:25 AM revealed a one-half inch build-up of frost and ice on each of the four inside walls of the chest freezer. Interview with the dietary manager on 3/8/06 at 4:55 PM revealed the frost build-up was an ongoing problem, and the unit was defrosted as recently as 2/18/06. According to the 2005 Food Code, U.S. Public Health Service, Food and Drug Administration, 3-307-.11: Food Storage. Except as specified in (B) and (C) of this section, food shall be protected from contamination from storing the food: (2) where it is not exposed to splash, dust, or other contamination. 4. Observation on 3/6/06 at 4:18 PM revealed a			F 371	3) Dietary Manager will perform random checks to assure dated items are being checked and discarded. 04/13/06 4) Dietary Manager will document results monthly and report all random checks in the monthly PQI/QA meeting. 04/13/06 5) Dietary Manager will review storage of refrigerated and frozen food with staff at next scheduled inservice to review understanding of staff. 04/13/06 6) Dietary Manager will continue to train staff as necessary. 04/13/06 #3 b 1) Dietary Inservice held on 03/08/06 and 03/11/06 reviewed scheduled cleaning of dining room refrigerator and freezer. 03/11/06 2) Dietary Manager reviewed the policy on cleaning reach-in refrigerator and freezer. 03/09/06 3) Dietary Manager revised the cleaning schedule to state the freezer also. 03/13/06 EXHIBIT #3 4) Dietary Manager will perform random checks of refrigerator & freezer cleaning. 04/13/06 5) Dietary Manager will document results monthly and report all random checks in the monthly PQI/QA meeting. 04/13/06		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/09/2006
NAME OF PROVIDER OR SUPPLIER SOUTH LINCOLN NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE BOX 390, 711 ONYX KEMMERER, WY 83101		
(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 10 heavy accumulation of dust beads in the ventilation ducts on both sides of the ice machine. The dust beads were observed to move with the air flow. Periodic observations on 3/8/06 and 3/9/06 revealed a tall metal cart containing resident meal trays stored directly next to the right side of the machine. In addition, a small scoop was attached to the right side of the ice machine immediately below and to the left of the ventilation duct. Interview with the dietary manager on 3/8/06 at 4:30 PM confirmed the cart is always stored next to the ice machine. Further interview with the dietary manager on 3/9/06 at 10:50 AM confirmed the scoop was used by staff to retrieve small quantities of ice. According to the 2005 Food Code, U.S. Public Health Service, Food and Drug Administration, 3-307-.11: Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301 - 3-306. 5. Observation on 3/6/06 at 4:15 PM and 3/8/06 at 9:20 AM revealed a scoop was stored inside each of the sugar and flour bins. The scoop handles were in contact with the flour and sugar. Interview with the dietary manger on 3/8/06 at 4:10 PM revealed the scoops were typically left inside the bins. According to the 2005 Food Code, U.S. Public Health Service, Food and Drug Administration, 3-304-.12: In-Use Utensils, Between-Use Storage: During pauses in food preparation or dispensing, utensils shall be stored: (B) In food that is not potentially hazardous with their handles above the top of the food within containers that can be closed, such as bins of sugar, flour, or cinnamon.	F 371	6) Dietary Manager will review cleaning schedule with staff at next scheduled inservice to review understanding of staff. 04/13/06 7) Dietary Manager will continue to train staff as necessary. 04/13/06 #3 c 1) Dietary Inservice held on 03/08/06 and 03/11/06 reviewed scheduled cleaning of chest freezer. 03/11/06 2) Dietary staff will clean and defrost chest freezer twice a month until chest freezer seal is repaired or freezer is replaced. 04/25/06 3) Dietary Manager will perform random checks on chest freezer ice build-up between cleanings. 04/13/06 4) Dietary Manager will document results monthly and report all random checks in monthly PQI/QA meeting. 04/13/06 #4 1) Dietary Inservice held on 03/08/06 and 03/11/06 to review cleaning of ice machine ventilation ducts. 03/11/06 2) Dietary Manager added ice machine vents to the daily cleaning schedule. Filter change was also added to the monthly ice machine cleaning schedule. 03/13/06 EXHIBIT #4		

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SOUTH LINCOLN NURSING CENTER

Plan of Correction

F 371 #4 Cleaning of Ice Machine Ventilation Ducts (continued)

3) Dietary Manager cleaned and sanitized the ice machine and bin. While performing the cleaning, the vent filters were changed as well. 03/10/06

4) Dietary Manager will perform random checks of vent cleaning along with cleaning schedule. 04/13/06

5) Dietary Manager will document results monthly and report all random checks in the monthly PQI/QA meeting. 04/13/06

6) Dietary will purchase a cover for metal cart to protect resident trays while not in use. 04/25/06

7) Dietary removed scoop from side of ice machine. Scoops from the left of machine will be used. 03/08/06

8) Dietary Manager will review the use of scoops with staff at next scheduled inservice to review understanding of staff. 04/13/06

9) Dietary Manager will continue to train staff as necessary. 04/13/06

F 371 #5 Scoops

1) Dietary Inservice held on 03/08/06 and 03/11/06 reviewed storage of scoops in flour and sugar bins. 03/11/06

2) Dietary Manager instructed staff to remove scoops from bins, clean after each use and store in drawer nearest bins when not in use. 03/08/06

3) Dietary Manager will perform random checks to ensure scoops are removed after each use. 04/13/06

4) Dietary Manager will document results monthly and report all random checks in the monthly PQI/QA meeting. 04/13/06

5) Dietary Manager will review scoop storage at next scheduled inservice to review understanding of staff. 04/13/06

6) Dietary Manager will continue to train staff as necessary. 04/13/06

04/25/06

