| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 53A002 | A. BUILDING _____ B. WING _____ | 02/03/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| AMIE HOLT CARE CENTER | 497 W LOTT BUFFALO, WY 82834 |

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| F 000 | INITIAL COMMENTS<br><br>A recertification survey was conducted by Healthcare Licensing and Surveys from 1/31/22 to 2/3/22.<br><br>The following common abbreviations are used throughout this document:<br><br>ADLs- Activities of Daily Living<br>BIMS- Brief Interview for Mental Status<br>CNA- Certified Nurse Aide<br>DON- Director of Nursing<br>MDS- Minimum Data Set<br>LPN- Licensed Practical Nurse<br>RN- Registered Nurse<br><br>Less commonly used abbreviations will be annotated in each deficiency. | F 000 | | |
| F 550 SS=D | Resident Rights/Exercise of Rights<br>CFR(s): 483.10(a)(1)(2)(b)(1)(2)<br><br>§483.10(a) Resident Rights.<br>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.<br><br>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.<br><br>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, | F 550 | | 3/20/22 |

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

Electronically Signed | 02/24/2022

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 550 | Continued From page 1<br>severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.<br><br>§483.10(b) Exercise of Rights.<br>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.<br><br>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.<br><br>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, medical record review, staff interview, and review of resident rights, the facility failed to ensure residents were treated with dignity and respect during 1 of 2 meal observations, which affected resident #25. The findings were:<br><br>1. Review of the quarterly MDS assessment dated 1/2/22 showed resident #25 had diagnoses which included non-Alzheimer's dementia and had short-term and long-term memory problem. Further review showed the resident required total physical assistance of 1 person for eating. The following concerns were identified:<br>a. Observation on 2/2/22 at 5:22 PM showed | F 550 | The facility will ensure that residents are treated with dignity and respect, including during mealtime.<br><br>A) DON will review F550 deficiency with CNA#1. DON or designee will observe that resident #25 is treated with dignity and respect while assisted with dining and will intervene immediately if issues are identified, including with staff phone usage.<br><br>B) All residents who require assistance with dining have the potential to be affected. DON or designee will randomly | |

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| F 550 | Continued From page 2<br>CNA #1 was seated at a dining table and was assisting the resident to eat. The CNA received a phone call, on her personal cell phone, reached into her pocket to obtain the phone, and answered the call. The CNA placed the phone between her ear and shoulder, and held the phone with her head. The CNA continued to assist the resident to eat his/her meal. Continued observation showed the CNA stood up and left the dining room table. The resident's meal was left on the table in front of the resident and no additional assistance was provided until the CNA returned.<br>b. Interview with CNA #1 on 2/2/22 at 6:10 PM revealed the facility expectation was for staff to step out of the dining room if they received a personal call while assisting residents to eat.<br>c. Interview with the DON on 2/3/22 at 10:19 AM revealed staff should not take personal calls while assisting residents to ensure they are engaged with the resident and ensure the resident feels important. Further interview confirmed staff should tell the resident they have to step away and take personal calls outside of the dining area if it was necessary.<br><br>2. Review of the "Nursing Home Residents' Rights" provided by the facility on 2/3/22 showed "Residents have the right to:...Right to a Dignified Existence: Be treated with consideration, respect, and dignity;..." | F 550 | observe portions of at least 6 meals per month and intervene immediately if dignity and respect issues are identified, including those related to staff phone use.<br><br>C) DON will provide education to all facility nurses and CNAs of the regulation and expectation that residents be treated with dignity and respect, and that if it is necessary to take a call while assisting a resident during meal time, the staff member is to let the resident know they will have to step away and take the call outside the dining area.<br><br>D) DON will develop a performance improvement tool to ensure residents are treated with dignity and respect during meal time. DON will complete this PI tool monthly and the QAPI committee will review quarterly. | |
| F 561 SS=E | Self-Determination<br>CFR(s): 483.10(f)(1)-(3)(8)<br><br>§483.10(f) Self-determination.<br>The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but | F 561 | | 3/20/22 |

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| F 561 | Continued From page 3<br>not limited to the rights specified in paragraphs (f) (1) through (11) of this section.<br><br>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.<br><br>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.<br><br>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.<br><br>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.<br>This REQUIREMENT is not met as evidenced by:<br>Based on resident and staff interview and medical record review, the facility failed to ensure resident preferences were assessed and implemented for 3 of 4 sample residents (#3, #17, #82) reviewed for bathing. The findings were:<br><br>1. Review of the annual MDS assessment dated 2/1/21 showed resident #3 had diagnoses which included multiple sclerosis, anxiety, and depression and had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. The resident required extensive physical assistance of 1 person for dressing, toilet use, | F 561 | The facility will ensure residents preferences are addressed and implemented for bathing.<br><br>A) DON or designee will discuss bathing preferences with residents #3, #17, and #82. DON and Nurse Team Leader will develop plan of how to accommodate each resident's preferences. Nurse Team Leaders will include bathing preferences on residents' care plans and ensure bathing and/or refusals are documented in each resident record. | |

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| F 561 | Continued From page 4<br>personal hygiene, and bathing. Further review showed the resident felt it was "somewhat important" to choose between a tub bath, shower, bed bath, or sponge bath. The following concerns were identified:<br>a. Interview with the resident on 2/1/22 at 11:51 AM revealed s/he received a shower or bath one time each week; however, s/he would like to bathe more often. Further interview revealed s/he would have to "stay up until after everyone else was asleep" for additional bathing requests.<br>b. Review of the bathing record from 11/1/21 to 2/2/22 showed the resident usually received bathing 1 time per week; however, there was no documented bathing or resident refusal from 12/22/21 until 42 days later on 2/2/22.<br>c. Review of the care plan showed no evidence of the resident's bathing preferences.<br><br>2. Review of the annual MDS assessment dated 7/5/21 showed resident #82 had diagnoses which included cerebral palsy, traumatic brain injury, and depression. The resident had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. The resident required limited physical assistance of 1 person for personal hygiene and total physical assistance of 2 or more people for toilet use and bathing. The following concerns were identified:<br>a. Interview with the resident on 2/1/22 at 2:29 PM revealed the resident received a shower or bath one time per week; however, s/he would like one more often.<br>b. Review of the bathing record between 11/1/21 and 2/1/22 showed the resident usually received bathing one time per week; however, the resident did not receive bathing for 21 days between 12/13/21 and 1/3/22, 14 days between | F 561 | B) All residents have the potential to be affected by lack of assessment and implementation of bathing preferences. DON or designee will discuss preferences with each resident or, when appropriate, responsible party. DON will discuss findings with Nurse Team Leaders; together they will develop a plan to accommodate each resident's preference to the extent possible. Nurse Team Leaders will include bathing preferences on all residents' care plans. Each of the two Nurse Team Leaders will randomly audit 6 resident charts each month to ensure bathing preferences have been addressed and bathing and/or refusals are documented in each resident's record. If not, the DON and Nurse Team Leader will investigate the cause and correct the situation as best able for future bathing and documentation.<br><br>C) DON will provide education for all facility nurses and CNAs on the need to ensure resident preferences with bathing are addressed and implemented.<br><br>D) DON will develop a performance improvement tool to ensure each resident's bathing preferences are assessed and implemented. DON will complete this PI tool monthly and the QAPI committee will review quarterly. | |

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| F 561 | Continued From page 5 | F 561 | | |

1/3/22 and 1/17/22, and there was no documented bathing for 16 days between 1/17/22 and 2/1/22.

c. Review of the care plan showed no evidence of the resident's bathing preferences.

3. Review of the quarterly MDS assessment dated 12/12/21 showed resident #17 had diagnoses which included depression, polyneuropathy, and pressure induced deep tissue damage of the sacral region, and had a BIMS score of 15 out 15, which indicated the resident was cognitively intact. Review of the significant change MDS assessment dated 3/29/21 showed the resident felt it was "somewhat important" to choose between a tub bath, shower, bed bath, or sponge bath. The following concerns were identified:

a. Interview with the resident on 2/1/22 at 1:52 PM revealed the resident received a shower or bath one time per week; however, s/he would like "at least 2."

b. Review of the bathing record between 11/1/21 and 1/31/22 showed the resident received bathing 1 time per week.

c. Review of the care plan showed no evidence of the resident's bathing preferences.

4. Interview with CNA #2 on 2/3/22 at 9:11 AM confirmed residents were scheduled to receive showers or baths 1 time per week. She confirmed there were "a couple" residents who wanted to be bathed more frequently and the facility was able to do it for them because they were "more independent."

5. Interview with RN #1 on 2/3/22 at 9:17 AM revealed the facility discussed bathing at the time of admission; however, she was unsure how it

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| F 561 | Continued From page 6<br>was determined one bath per week was enough. Further interview revealed the facility did not assess residents for bathing preferences and bathing preferences were not included on the care plan.<br><br>6. Interview with the DON on 2/3/22 at 10:26 AM revealed the bath aide offered a tub bath once per week and residents could have showers more frequently. Further interview revealed activitiy personnel asked residents about bathing preferences; however, she was unsure what happened to the information after the assessment was performed. | F 561 | | |
| F 657 SS=D | Care Plan Timing and Revision<br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must be-<br>(i) Developed within 7 days after completion of the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the resident.<br>(C) A nurse aide with responsibility for the resident.<br>(D) A member of food and nutrition services staff.<br>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br>(F) Other appropriate staff or professionals in | F 657 | | 3/20/22 |

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| F 657 | Continued From page 7<br>disciplines as determined by the resident's needs or as requested by the resident.<br>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, medical record review, and staff interview the facility failed to ensure the comprehensive care plan was revised when resident care needs changed for 1 of 13 sample residents. The findings were:<br><br>1. Review of the annual MDS assessment dated 2/8/21 showed resident #5 had diagnoses which included hypertension, diabetes mellitus, and Alzheimer's disease. Further review showed the resident did not have any pressure injuries. Review of the quarterly MDS assessment dated 10/31/21 showed the resident had 4 pressure injuries. The following concerns were identified:<br>a. Observation of a dressing change on 2/1/22 at 2:31 PM showed healing wounds on the top of the second and fourth toes on the right foot and second and third toes of the left foot.<br>b. Interview with LPN #1 on 2/1/22 at 2:31 PM revealed that she frequently did the dressing changes and presumed the care plan directed the activity.<br>c. Review of the care plan dated 1/21/21 showed resident #3 will "be/remain free of impaired skin integrity thru next qtr [quarter]." Care of open wounds was not addressed. | F 657 | The facility will ensure the comprehensive care plan is revised when a resident's care needs change, including for wound care directives.<br><br>A) Nurse Team Leader for resident #5 will update resident care plan to accurately reflect current wound status and dressing change instructions. Nurse Team Leader will update as wound status changes and/or dressings are modified.<br><br>B) All residents with wounds could be affected by this deficient practice. Nurse Team Leaders will each complete an audit of all residents they are responsible for to determine who has current wounds. Nurse Team Leaders will include wound care directives in each of these resident's care plans. Nurse Team Leaders will update and modify care plans as wounds or dressings change. Each Nurse Team Leader will keep an ongoing list of which residents have wounds and current treatments, which they will review for accuracy weekly. DON or designee will review care plans with Nurse Team Leaders for all residents with current wounds at least monthly; if wound status or dressing change directives are not accurate, the appropriate Nurse Team | |

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| F 657 | Continued From page 8 | F 657 | Leader will update immediately.<br><br>C) DON will review F657 deficiency with Nurse Team Leaders regarding the need to ensure wound care directives and revisions are up to date on care plans.<br><br>D) DON will develop a performance improvement tool to ensure resident wound care is accurately documented on their care plans and revised when the wound and/or treatments changes. Together, DON and Nurse Team Leaders will complete the PI tool monthly and the QAPI committee will review quareterly. | |
| F 676 SS=E | Activities Daily Living (ADLs)/Mntn Abilities<br>CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)<br><br>§483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:<br><br>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...<br><br>§483.24(b) Activities of daily living.<br>The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: | F 676 | | 3/20/22 |

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| F 676 | Continued From page 9<br><br>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,<br><br>§483.24(b)(2) Mobility-transfer and ambulation, including walking,<br><br>§483.24(b)(3) Elimination-toileting,<br><br>§483.24(b)(4) Dining-eating, including meals and snacks,<br><br>§483.24(b)(5) Communication, including<br>(i) Speech,<br>(ii) Language,<br>(iii) Other functional communication systems.<br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, and resident and staff interview, the facility failed to ensure residents received assistance with bathing for 3 of 4 sample residents (#3, #82, #132) reviewed for bathing. The findings were:<br><br>1. Review of the annual MDS assessment dated 2/1/21 showed resident #3 had diagnoses which included multiple sclerosis, anxiety, and depression. The resident had a BIMS score of 15 out 15, which indicated the resident was cognitively intact. The resident required extensive physical assistance of 1 person for dressing, toilet use, personal hygiene, and bathing. Further review showed the resident felt it was "somewhat important" to choose between a tub bath, shower, bed bath, or sponge bath. The following concerns were identified:<br>a. Interview with the resident on 2/1/22 at 11:51 AM revealed s/he received a shower or bath one time each week; however, s/he would | F 676 | The facility will ensure residents receive assistance with bathing.<br><br>A) DON and Nurse Team Leaders will develop a plan for bathing residents #3, #82 and #132 based on each resident's preference, which Nurse Team Leaders will include on each resident's care plan. DON or designee will monitor each of these residents charts weekly to ensure bathing assistance has been offered and documented as completed or refused. If not, the situation will be evaluated to determine and address the cause.<br><br>B) All residents have the potential to be affected by inadequate bathing assistance. DON or designee will discuss bathing preferences with each resident or representative, then develop a facility bathing plan/staff assignments with Nurse | |

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| F 676 | Continued From page 10<br>like to bathe more often. Further interview revealed s/he would have to "stay up until after everyone else was asleep" for additional bathing requests.<br>b. Review of the bathing record between 11/1/21 and 2/2/22 showed the resident usually received bathing 1 time per week; however, there were no documented baths or resident refusals from 12/22/21 until 42 days later on 2/2/22.<br>c. Review of the care plan showed no evidence of the resident's bathing preferences.<br><br>2. Review of the annual MDS assessment dated 7/5/21 showed resident #82 had diagnoses which included cerebral palsy, traumatic brain injury, and depression. The resident had a BIMS score of 15 out 15, which indicated the resident was cognitively intact. The resident required limited physical assistance of 1 person for personal hygiene and total physical assistance of 2 or more people for toilet use and bathing. The following concerns were identified:<br>a. Interview with the resident on 2/1/22 at 2:29 PM revealed the resident received a shower or bath one time per week; however, s/he would like to bathe more often.<br>b. Review of the bathing record between 11/1/21 and 2/1/22 showed the resident usually received bathing one time per week; however, the resident did not receive bathing for 21 days between 12/13/21 and 1/3/22, 14 days between 1/3/22 and 1/17/22, and there was no documented bathing for 16 days between 1/17/22 and 2/1/22.<br>c. Review of the care plan showed no evidence of the resident's bathing preferences.<br><br>3. Review of the admission history and physical dated 1/10/22 showed resident #132 was | F 676 | Team Leaders. Nurse Team Leaders will include bathing preferences on each resident's care plans. Each of the two Nurse Team Leaders will randomly audit 6 resident charts each month to ensure bathing preferences have been addressed and honored and bathing and/or refusals are documented appropriately. If documentation not completed or assistance not offered according to care plan, DON and Nurse Team Leaders will evaluate and determine and address cause.<br><br>C) DON will provide education for all facility nurses and CNAs on the need to ensure residents receive adequate assistance with bathing. Once developed, DON will review facility bathing plan and assignments with all nurses and CNAs.<br><br>D) DON will develop a performance improvement tool to ensure residents receive assistance with bathing according to their stated wishes. DON will complete this PI tool monthly and the QAPI committee will review quarterly. | |

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| | 53A002 | A. BUILDING _____ B. WING _____ | 02/03/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| AMIE HOLT CARE CENTER | 497 W LOTT BUFFALO, WY 82834 |

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| F 676 | Continued From page 11<br>admitted with diagnoses which included hypothyroidism, lower extremity edema, hyponatremia, and chronic musculoskeletal pain. Further review showed "mentating well, clear speech." The following concerns were identified:<br>a. Interview with the resident on 2/3/22 at 11:06 AM revealed the resident's preference for bathing was to bathe "every third day."<br>b. Review of the bathing record between 1/10/22 and 2/3/22, showed the resident had only received baths on 1/14/22, 1/18/22, and 1/24/22. There were no documented baths or refusals or after 1/24/22.<br>c. Review of a progress note dated 1/13/22 showed social services documented the resident's family expected the resident to receive a bath every 3-4 days.<br>d. Review of the care plan showed no evidence of the resident's bathing preferences.<br><br>4. Interview with CNA #2 2/3/22 at 9:11 AM revealed the staff member who was scheduled to perform bathing that day had called in, the DON performed some of the bathing that day, and the staff member who usually performed bathing was on light duty.<br><br>5. Interview with the DON on 2/3/22 at 10:26 AM revealed residents should receive a bath at least once per week and the facility did not have a bathing policy. Further interview revealed the facility had difficulty with staffing due to COVID-19. | F 676 | | |
| F 812 SS=F | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must - | F 812 | | 3/20/22 |

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| F 812 | Continued From page 12<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, review of the food code, and policy and procedure review, the facility failed to ensure sanitary meal service during 1 of 2 meal observations. The census was 32. The findings were:<br><br>1. Observation on 2/2/22 at 4:20 PM showed cook #1 left the griddle area and without removing her gloves or performing hand hygiene, obtained a pot holder, opened the oven, and removed a tray of bacon. She checked the bacon, opened the oven, and returned the bacon to the oven. The cook left the service area and entered the storage area, opened a drawer, and obtained a pair of tongs. Without removing her gloves or performing hand hygiene she returned to the griddle area, touched a slice of french toast with her gloved left hand and tongs in her right hand, to remove the french toast from the griddle. She placed the french toast on the steam table and | F 812 | The facility will ensure sanitary meal service.<br><br>A) RD will review F812 deficiency with Cook#1, who will be educated and monitored along with all other dietary staff.<br><br>B) All residents have the potential to be affected by unsanitary meal service. RD, DM and RN Infection Preventionist will develop an updated food service policy, ensuring all Food Code 2017 items are addressed. RD, DM and Infection Preventionist will observe dietary staff during meal service. Immediate inservicing and correction will be provided for any food service issues identified. At least 6 observations will take place each month. | |

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| F 812 | Continued From page 13<br>used her gloved left hand to reposition the french toast in the pan on the steam table. The cook returned to the griddle and without removing her gloves or performing hand hygiene, reached into the bread bag, and obtained two more slices of bread which she placed in the egg mixture. She used the tongs to place the slices on the griddle.<br><br>2. Observation on 2/2/22 at 4:39 PM showed after donning clean gloves and preparing additional french toast, cook #1 then touched the refrigerator door, a tray, the steam table surface, the refrigerator door, raw eggs, and a gallon of milk. The cook reached to the top of her head, removed a pair of glasses resting in her hair, and placed the glasses in her pocket. Without changing gloves or performing hand hygiene, she returned to the griddle area, removed two slices of bread from the bag with her gloved hand, placed them in the mixture, and used tongs to place them on the griddle.<br><br>3. Observation on 2/2/22 at 4:50 PM showed cook #1 used her gloved left hand to pull the bottom of her facemask out and then returned it to her face. The cook entered the food storage area, obtained a tray of ham sandwiches and a tray of fruit from the refrigerator, and returned to the steam table where she placed the sandwiches and fruit on a cart near the steam table. The cook used tongs to pull half the cooked french toast off of the steam table and placed it on a cutting board. Without changing gloves or performing hand hygiene, the cook placed her gloved left hand on the top of the cooked french toast and cut it with a knife in her right hand.<br><br>4. Observation on 2/2/22 at 4:54 PM showed cook #1 continued to wear the same gloves, and | F 812 | C) RD and DM will educate all dietary staff, including Cook#1, on the updated food service policy.<br><br>D) RD will develop a performance improvement tool to ensure sanitary meal service. RD will complete this PI tool monthly and the QAPI committee will review quarterly. | |

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| F 812 | Continued From page 14 | F 812 | | |

obtained a pot holder, opened the oven, and removed a tray of meat patties. She placed the meat patties on the steam table, went to the food storage area, obtained a robocoup container, and placed some meat patties in the container. The cook returned to the food storage area, placed the robocoup container on the base, and turned it on to puree the meat patties. After running the device and while wearing the same gloves, she removed the container, placed her gloved finger in the mixture, and moved it around.

5. Interview with the dietary manager on 2/3/22 at 10:06 AM revealed the facility expectation was for staff to perform hand hygiene and change gloves anytime they touch an area that may have been contaminated and when a new task was started. Further interview confirmed hand hygiene and glove changes were necessary to prevent food-borne illnesses.

6. Review of the policy titled "Hand Washing For Food Service" last reviewed 2019 showed "...Frequency: 1.) Before starting work in the kitchen. 2.) After handling soiled dishes and utensils. 3, Before and after handling foods with bare hands (the making of homemade bread items). 4.) After going to the toilet, after sneezing, after using a handkerchief or kleenex. 5.) Before and after eating or smoking. 6.) After leaving a patient' or resident' room. 7.) After touching bare human body parts other than the clean hands and clean, exposed portions of the arms. 8.) When switching between working with raw food and working with ready to eat foods. 9.) During preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks..."

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| F 812 | Continued From page 15<br>7. According to Food Code 2017, U.S. Public Health Service: 2-301.14 "FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLE and:<br>(A) After touching bare human body parts other than clean hands and clean, exposed portions of arms;<br>(B) After using the toilet room;<br>(C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in 2-403.11(B);<br>(D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking;<br>(E) After handling soiled EQUIPMENT or UTENSILS;<br>(F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks;<br>(G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD;<br>(H) Before donning gloves to initiate a task that involves working with FOOD; and<br>(I) After engaging in other activities that contaminate the hands." | F 812 | | |