



DAWSON SPRINGS HEALTH & REHABILITATION CENTER  
HARMONIZING HEALTH CARE



# APPENDIX

213 WATER STREET • PO Box 430 • DAWSON SPRINGS, KY 42408  
T: 270.797.2025 F: 270.797.5768  
A CONCORD HEALTH SYSTEMS FACILITY

**Privacy & Confidentiality Inservice  
Licensed Staff & NASR's**

- The resident has the right to personal privacy and confidentiality. Facility staff must examine and treat residents in a manner that maintains the privacy of their bodies. A resident must be granted privacy when going to the bathroom and in other activities of personal hygiene. Only authorized staff directly involved in treatment should be present when treatments are given. Staff should pull privacy curtains, close doors, close window blinds, or otherwise remove residents from public view and provide clothing or draping to prevent unnecessary exposure of body parts during the provision of personal care and services.
  
- Licensed staff will follow all policy and procedures for body audits and wound care.

Procedure for body audits includes providing privacy to resident. Close door, and pull privacy curtain. Close blinds on windows if applicable.

Procedure for Wound Care includes providing privacy to the resident. Close door, and pull privacy curtain. Close blinds on windows if applicable.

- Each Resident's care plan will be followed when providing resident care.



COMPLIANCE AND ROUTINE ROUNDS FOR MANAGERS

#13

Date: 8/10/10 2pm Circle One: After hours or Wkend Mgr.

Signature: D. Davidson

OBSERVATIONS	NOTES AND COMMENTS
<p><b>ROOMS AND HALLS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Hallways clutter free, all on 1 side</li> <li><input checked="" type="checkbox"/> Odor free</li> <li><input checked="" type="checkbox"/> Call lights in reach</li> <li><input checked="" type="checkbox"/> Water Pitcher in reach</li> <li><input checked="" type="checkbox"/> Bed pans, urinals stored appropriately</li> <li><input checked="" type="checkbox"/> Denture cups clean, labeled and stored appropriately</li> <li><input checked="" type="checkbox"/> Food at bedside stored in containers <i>N/A</i></li> <li><input checked="" type="checkbox"/> DB table clean and free of clutter</li> <li><input checked="" type="checkbox"/> Limited clutter in rooms, walk ways clear</li> <li><input checked="" type="checkbox"/> No foley tubing on floor, bags covered</li> <li><input checked="" type="checkbox"/> No hair in hair brush and stored</li> <li><input checked="" type="checkbox"/> Toothbrush stored and separately</li> <li><input checked="" type="checkbox"/> Residents Rights, dignity and privacy respected</li> </ul>	<p>Rooms &amp; Halls look good!                  @ privacy issues Hall I - Hall II</p>
<p><b>RESIDENT APPEARANCE</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Residents well groomed, hair combed, nail clean</li> <li><input checked="" type="checkbox"/> Men shaved</li> <li><input checked="" type="checkbox"/> Women free of facial hair</li> <li><input checked="" type="checkbox"/> All Residents dressed appropriately, clean</li> <li><input checked="" type="checkbox"/> No gown, robes on backwards</li> <li><input checked="" type="checkbox"/> No gowns on under clothes</li> <li><input checked="" type="checkbox"/> Socks and shoes on or appropriate footwear</li> <li><input checked="" type="checkbox"/> Clothes changed if soiled</li> <li><input checked="" type="checkbox"/> Dentures in and glasses on</li> </ul>	<p>Good job @ grooming</p>
<p><b>BEDS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Beds made (<input checked="" type="checkbox"/> Bedspreads clean, not stained nor torn)</li> </ul>	<p>* beds good be made more neatly</p>
<p><b>IN GENERAL</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> G-tube, IV pumps and poles clean</li> <li><input checked="" type="checkbox"/> Geri chairs and wheelchairs clean</li> <li><input checked="" type="checkbox"/> Nebulizer, O2, suction stored properly</li> <li><input checked="" type="checkbox"/> Nurses' Station clean, free of clutter and quiet</li> <li><input checked="" type="checkbox"/> Shower Rooms free of dirty clothes, clothes, other</li> <li><input checked="" type="checkbox"/> Med Room clean, neat with no trash</li> <li><input checked="" type="checkbox"/> Med Cart locked when CMT not in attendance</li> <li><input checked="" type="checkbox"/> Med Room Locked</li> <li><input checked="" type="checkbox"/> Ice Scoop stored in container</li> <li><input checked="" type="checkbox"/> Noise levels acceptable</li> <li><input checked="" type="checkbox"/> Overhead paging limited</li> </ul>	<p>* Noise level could be better</p>
<p><b>MEALS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Meals served timely: 7:15, 11:15, 5:15</li> <li><input checked="" type="checkbox"/> Carts on time: see attached</li> <li><input checked="" type="checkbox"/> Residents hands washed before and after meals</li> <li><input checked="" type="checkbox"/> Liquids served prior to meals</li> <li><input checked="" type="checkbox"/> Food presentable and to temperature</li> <li><input checked="" type="checkbox"/> C.N.A. sitting to assist with feeding</li> <li><input checked="" type="checkbox"/> Residents bathroom before or after meals</li> </ul>	
<p><b>STAFF</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Uniforms clean and presentable</li> <li><input checked="" type="checkbox"/> Name badges worn</li> <li><input checked="" type="checkbox"/> Smiling and friendly</li> <li><input checked="" type="checkbox"/> Hours posted</li> <li><input checked="" type="checkbox"/> Present and accounted for (nurses, CNA, housekpg, dietary, ldry)</li> <li><input type="checkbox"/> Break Area-Smoke area 2-3 only</li> <li><input checked="" type="checkbox"/> Residents Showers as scheduled</li> <li><input checked="" type="checkbox"/> Hall way manned and visible:</li> </ul>	
<p><b>GROUNDS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yard and front clear of trash and presentable</li> <li><input checked="" type="checkbox"/> Boyer vacuumed and clean</li> <li><input checked="" type="checkbox"/> Day rooms, dining rooms clean, clutter free, vacuumed or mopped</li> </ul>	<p>* Work going on in courtyard not looked at today</p>

Interview: 2 Residents: 1) Heba Cook @ problems

2) Gerald Bourris @ problems

#/c

**Quality Indicator: Quality of Life/Resident Interview**  
**Threshold: 100%**

**SS-3**

Directions: Members of the quality action team will approach interviewable residents and question them about quality of life issues. Mark an X for 'Yes' and an O for 'No' response to each question or statement as appropriate. A 'No' response indicates a potential problem. For each problem identified, a plan of correction should be addressed.

X = Yes    O = No    NA = Not Applicable	Residents Reviewed				
	1	2	3	4	5
1. Do you receive assistance daily with dressing and grooming?					
2. Does staff treat you with dignity and respect, for example, closing doors or privacy curtains while providing care?					
3. Do you wear your own clothes?					
4. Do you have a choice of whom to sit with during the daily activities?					
5. Can you spend time the way that you like?					
6. Do you go to bed and get up when YOU choose?					
7. Are you offered snacks in between meals by the staff?					
8. Do you have privacy when your family/friends come to the facility and/or for telephone conversations?					
9. Are you provided privacy when needed?					
10. Is your call light answered in a timely manner?					
11. Are you invited to monthly Resident Council meetings?					
12. Do you feel like you can voice concerns/complaints to the staff in the facility?					
13. Does the staff address your concerns/resolve complaints in a timely manner?					
14. Does the facility schedule activities you like?					
15. Does the facility serve the food that you like to eat?					
16. Are you invited to quarterly care plan conferences?					
17. Did you attend any of the care plan conferences in the past year?					

Percentage of Compliance =  $\frac{\# \text{Yes responses}}{\text{total \# of responses}} \times 100$       % Compliance: \_\_\_\_\_

Threshold Met:      **Yes**    **No**      Plan of Correction Implemented:      **Yes**    **No**

Date Completed: \_\_\_\_\_      By: \_\_\_\_\_

# CARE PLAN

Short Term/Temporary

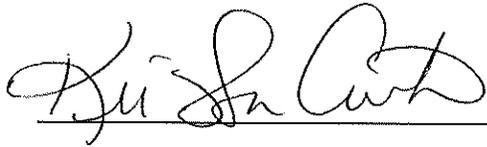
PROBLEM			GOAL			APPROACH		COMMENT
Onset Date	Last Review	Resolve Date	Begin Date	Target Date	End Date	Begin Date	End Date	
(22) 08/04/2010	08/04/2010		(1) 08/04/2010	11/04/2010		(1) 08/04/2010		
OPAL HAS EPISODES OF INAPPROPRIATE SEXUAL BEHAVIOR (E.G. TOUCHING OTHER RESIDENTS)			OPAL'S EPISODES OF INAPPROPRIATE BEHAVIOR WILL DECREASE THROUGH NEXT REVIEW.			TELL OPAL CALMLY AND FIRMLY THAT THIS BEHAVIOR IS NOT ACCEPTABLE WHENEVER IT OCCURS <i>Disc: ALL</i>		
						(2) 08/04/2010 SEPARATE FROM PEERS IF BEHAVIOR BECOMES OFFENSIVE TO THEM <i>Disc: CNA NUR</i>		
						(3) 08/04/2010 TAKE TO ROOM AND PROVIDE PRIVACY <i>Disc: CMT CNA NA NUR</i>		
						(4) 08/04/2010 MEDICATE AS ORDERED. MONITOR AND RECORD RESPONSE ON BOP SHEETS Q SHIFT. <i>Disc: CMT NUR</i>		
						(5) 08/04/2010 TEACH OPAL ABOUT ACCEPTABLE BEHAVIOR <i>Disc: ALL</i>		
						(6) 08/04/2010 BE NON-JUDGEMENTAL WHEN CONFRONTING NEGATIVE BEHAVIOR <i>Disc: ALL</i>		

PHYSICIAN / ALT. PHYSICIAN		PHONE NO.		ALLERGIES			PHARMACY	
HACK, MICHAEL TROVER, CLINIC		(270) 797-3521 (270) 825-7200		ZOLOFT, TRIPLE ANTIBIOTIC OINTMENT, SSRIS, AMINOGLYCOSIDES, BACITRACIN, POLYMXIN B, +PPD			Bluegrass Pharmacy	
RESIDENT		STATION/ROOM/BED	MR # / DATE	SEX	DATE OF BIRTH	NEXT REVIEW	PAGE	
CANSLER, OPAL		03 302 1	404-36-3176	F	08/05/1927		Page 1 of 1	

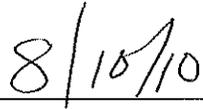
Dawson Springs Health and Rehab

Inservice Form

This inservice is to ensure that the Social Services Director understands that after a resident incident, he or she is to update care plans and chart on the incident with a psychosocial follow-up within 24 hours or as soon as possible after the incident.



Social Services Director



Date



Administrator



Date

**Quality Indicator: Review of BOPs**  
**Threshold: 95%**

**SS-7**

Directions: Members of the quality action team will review the resident records necessary to complete the information below. Mark an X for 'Yes' and an O for 'No'. A 'No' response indicates a potential problem. For each problem identified, a plan of correction should be addressed.

X = Yes    O = No    N/A = Not Applicable	Resident				
	1	2	3	4	5
1. Resident's name, month and year are clearly documented.					
2. Specific examples of resident's behaviors are listed and numbered at top of the BOP.					
3. If a behavior is indicated, both sections A & B are completed and there are initials at the bottom of side 1.					
4. Medication(s) ordered for the specific behavior(s) is listed in the designated space.					
5. If the resident is receiving psychotropic medication, then the presence or absence of side effects is noted on the MAR.					
6. If side effects are noted on the MAR, there is documentation of MD notification in the chart.					
7. If resident is on a 'Behavior Management Program', there is an attached Behavior Management Log.					
8. The Behavior Management Log documentation includes: target behavior, staff intervention and resident's response.					
9. Any Mood/Behavior that has a check, also has a specific example listed (i.e. repetitive verbalizations - "Come here! Come here!")					
10. Every shift has initialed at the bottom of side 2.					
11. There is documentation by Social Services Director that acknowledges Mood and/or Behavior problems identified and these problems are being addressed on the care plan.					

Percentage of Compliance =  $\frac{\# \text{ Yes responses}}{\text{total \# of responses}} \times 100$

% Compliance: \_\_\_\_\_

Threshold Met:    **Yes**    **No**

Plan of Correction Implemented:    **Yes**    **No**

Date Completed: \_\_\_\_\_

By: \_\_\_\_\_

#4

# RE-EDUCATION/RE-TRAINING FORM

Employee Name: Jennifer Crook Date: 7-20-10

Problem Noted: (1) Did not give orange juice as ordered at med pass. (2) Resident on nectar thick liquids fluids given with meds was not correct texture according to surveyor.

Re-education or retraining needed and by whom: (1) Resident refuses OJ but this had not be noted, will have M.D D/c the order for OJ. (2) Re-inserviced of importance to adhere to prescribe diet including fluids and to use thicken liquids at med pass according to diet order.

Follow-up: (Give time frame and by whom) 1 month by Bev Boyd, LPN

Jennifer Crook  
Employee's Signature and Date

Pat Braunton  
Educator's Signature and Date

Follow up Signature and Date

Follow up Signature and Date

#5

House Supplement - Mighty Shake is appropriate for Nectar thickened diet due to its viscosity is within the Medium or Nectar thickened diet according to the National Dysphagia Diet.

Respectfully ,

*Morrine Cox RD,LD*

Morrine Cox RD,LD

#5A

Calories	2851	Fat	120 gm
Protein	129 gm	Sodium	4062 mg
Carbohydrates	327 gm	Potassium	4609 mg

#### Commercial Thickening Agents

Product	Manufacturer	Phone
Thick n Easy	American Institutional Products, Inc.	(717) 569-1866
Thick-it	Milani Foods, Inc.	(800) 333-0033
Thick Set	Bernard Fine Foods, Inc.	(800) 538-3663
Thixx	Bernard Fine Foods, Inc.	(800) 323-3663

#### Textures/Consistencies of Foods

The following are examples of medium and thick liquids and foods.

- Medium (nectar consistency):
  - eggnog
  - fruit nectars
  - (apricot, peach, pear)
  - honey
  - thick creamed soups
  - soft set pudding with added
  - milk
  - tomato juice
  - buttermilk
  - ice cream
  - (no nuts or fruit chunks)
  - milkshakes
- Thick (yogurt or pudding consistency):
  - cooked hot cereal
  - pudding
  - custard
  - gravy
  - yogurt (no nuts or fruit chunks)
  - cottage cheese mixed in
  - blender with milk or fruit
  - thick malt and milkshakes

#### Thickening and Thinning Agents

Foods can be thickened or thinned to individual requirements. Many foods can be used to change a liquid to a different consistency. The amount of thickening agent needed to reach a certain food consistency varies depending on the food being thickened and on the thickening agent used.

#### How to Thin Liquids

- Add hot milk-based liquids (hot milk or cream) to puréed soups, puréed vegetables, or cooked cereal.
- Add other hot liquids (broth, gravy, sauces) to mashed potatoes, puréed or ground meats, and puréed or chopped vegetables. Butter or melted margarine may also be used.
- Add cold milk-based liquids to cream, yogurt, cold soups, puréed fruits, or puddings and custards.

#### How to Thicken Liquids and Foods

- Add baby rice or commercial thickener to hot milk-based liquids.
- Add potato flakes, mashed potatoes, or flaked baby cereal to other hot liquids (soups, sauces, gravies).
- Add plain unflavored gelatin, puréed fruits, banana flakes, or a commercial thickener to cold liquids.
- Add potato flakes, mashed potatoes, thick sauces or gravies, canned puréed or strained meat (baby food), or a commercial thickener to puréed soups.
- Add flaked baby cereal, flavored gelatin, cooked cream of rice or wheat cereal, or a commercial thickener to puréed fruits.
- Add mashed white or sweet potatoes, potato flakes, sauces, or commercial thickener to puréed vegetables.

### STATEMENT OF IN-SERVICE TRAINING FOR EMPOLYEEES

I hereby certify that on 8/10/10 at \_\_\_\_\_ am/pm, in-service training was held for the following personnel: 8/15/10

Signature	Position	Signature	Position
<u>Carrie Hester</u>	<u>RN</u>	<u>Dana Lewis</u>	<u>NA</u>
<u>Pat Brown</u>	<u>RN / DON</u>	<u>Joy Messamore</u>	<u>CMA</u>
<u>B. Baidyn</u>	<u>env</u>	<u>S. McKnight</u>	
<u>M. Hayden</u>	<u>Environmental Services</u>	<u>K. F. O. Bell</u>	<u>RN</u>
<u>LUCAS WILLIAMS</u>	<u>NASR</u>	<u>A. Spalding</u>	<u>NASR</u>
<u>Cynthia Bullock</u>	<u>NA</u>	<u>Ruth Bean</u>	<u>NASR/RA</u>
<u>Corrie Weldon</u>	<u>NASR</u>	<u>Gayle Parker</u>	<u>D</u>
<u>Joy Messamore</u>	<u>CPD</u>	<u>John Sisk</u>	<u>NA</u>
<u>Rebecca Mullins</u>	<u>NASR</u>	<u>Carol Kettinger</u>	<u>Director</u>
<u>J. Reed</u>	<u>CMA</u>	<u>Hotisha Allcorn</u>	<u>mag</u>
<u>J. Barlett</u>	<u>env</u>	<u>Kathy Kelly</u>	<u>NASR/IT</u>
<u>Danny Sogly</u>	<u>NASR</u>	<u>Melissa Bailey</u>	<u>NASR</u>
<u>Angel Whites</u>	<u>NASR</u>	<u>Serra Beard</u>	<u>NASR/RA</u>
<u>Dale DeLoach</u>	<u>NASR</u>	<u>Caruana</u>	<u>CMT</u>
<u>Cindy DeShon</u>	<u>NASR</u>	<u>G. Gresham</u>	<u>CMA</u>
<u>Karen Cotton</u>	<u>NA</u>	<u>J. Matheny</u>	<u>CMA</u>
<u>David Boyd</u>	<u>NASR</u>		<u>NA</u>
<u>David Boyd</u>	<u>env</u>		
<u>Mo'Nique</u>	<u>CPD</u>		
<u>J. Wain</u>			
<u>Cheryl Rivers</u>	<u>NASR/IT</u>		
<u>M. Dunn</u>	<u>NASR</u>		
<u>Lisa McKnight</u>	<u>NP</u>		
<u>Armony Lawler</u>	<u>NA</u>		
<u>K. Hester</u>	<u>NASR/RA</u>		
<u>J. Felkins</u>	<u>NA</u>		
<u>J. Menser</u>	<u>RN</u>		

The following areas of instructions were covered:

Privacy & Confidentiality See Attached  
\* Each employee Received copy.

Servicing and Supervision of residents requiring texture modifications

Margaret Lewis  
Administrator

Pat Brown RN DON  
Supervisor

#17

Quality Indicator: **High Risk for Weight Loss Review/Prevention**  
 Threshold: **100%**

N-24

Directions: Members of the quality action team will review five residents who have been deemed at risk for weight loss. Mark an X for "Yes" and an O for "No". A "No" response could indicate a potential problem. For each problem identified, a plan of correction should be addressed.

X = Yes O = No NA = Not Applicable Criteria/Question	Resident				
	1	2	3	4	5
1. Observe staff interaction with resident during mealtime:					
- Is the resident greeted by name?					
- Is the tray set up: containers opened, meat cut up, etc.					
- Staff identify food items on the meal tray to resident.					
- Water and other fluids are offered during the meal.					
- Physical assistance with feeding if necessary.					
- Verbal prompts are used, "Would you like more peas?"					
- Social interaction identified ( "Hello Mrs. Smith. It's good to see you today.")					
2. Record how much of the meal each resident consumed.					
3. Compare amount with aide or feeding assistant's estimate:					
- Your record and aides record both match amount consumed.					
4. Dining room has a quiet and pleasant atmosphere.					
- Free of unnecessary noise?					
- Free of bad smells?					
5. If resident is refusing to eat:					
- Were substitutions offered?					
- Diet was followed (pureed, ground meat, texture modification, etc.)					
- Food preferences were being served?					
6. Resident with weight loss identified has been weighed weekly?					
7. Weight loss has been care planned?					
8. Physician has been notified of weight loss?					
9. Family/responsible party has been notified of weight loss?					

Threshold Met: **Yes No** Plan of Correction Implemented: **Yes No**

Date Completed: \_\_\_\_\_ By: \_\_\_\_\_





## Staff Inservice

### Taking Food Temperatures -- Why and How

**Use:** Nutrition staff member to deliver this inservice to kitchen staff.  
**Thermometers should be available during inservice for calibration activity.**

#### Introduction:

Food-borne illness is a disease carried to people by food. It is becoming more and more of a concern for those who run food-service establishments. Each year there are outbreaks in foods ranging from hamburgers to produce like spinach or berries. There are many ways to prevent food borne illness but one important way is to make sure food is prepared, stored, and held at the proper temperature. Proper use of a thermometer can help assure that the food prepared in your kitchen is safe to eat.

#### Objectives:

1. Staff members will list 2 reasons why taking temperatures is important in food service
2. Staff members will be familiar with 2 different types of thermometers
3. Staff members will know the proper technique for using and calibrating a bimetallic stemmed thermometer.

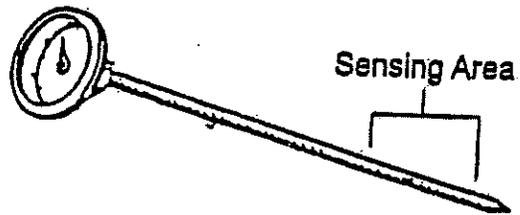
#### Outline:

1. Temperatures are an important part of the food safety program in any institutional kitchen
  - a. Foods cooked to the proper temperatures do not allow bacteria to grow. If bacteria does not grow, people who eat the food will not get food borne illness.
  - b. Foods stored at the right temperatures do not allow bacteria to grow. If bacteria doesn't grow, people who eat the food will not get food borne illness
  - c. Foods taste better if they are served at the right temperature.
  - d. The agencies that regulate us (local, state, and federal agencies) expect us to store, cook, and hold our foods at safe temperatures as part of good food handling practices.
2. Temperatures should be taken and recorded daily on food storage equipment to assure they are working properly.
  - a. Take temperatures of refrigerators and freezers to assure safe food storage
  - b. Record the temperatures daily
  - c. Report abnormal temperatures to your supervisor.

- #96
3. Foods should be cooked and held at the proper temperatures prevent bacteria from growing.
    - a. Take temperatures of all foods to be served at each meal. Document and keep on file in kitchen.
    - b. Take temperatures of foods while they are being held before serving. Document and keep on file in kitchen.
    - d. Take temperatures of foods during the cooling or reheating process to assure foods are safely cooled and heated.
  
  4. Proper foods temperatures:
    - a. Refrigerators: 41 degrees or less
    - b. Freezers: 0 degrees or less
    - c. Cooking foods: varies depending on the food item (use handout to review food temps, emphasizing foods that are commonly served)
    - d. Holding of foods: Hot foods at 135 degrees or higher
    - e. Cooling foods: Cool to 41 degrees within 4-6 hours (check your local food code to see which is true for your area).
    - f. Reheating foods: Reheat to 165 degrees for 15 seconds and within 2 hours
  
  5. How to take a food temperature:
    - a. Bimetallic stemmed thermometer
      - a. Calibrate thermometer (see below)
      - b. Place clean thermometer in food. Be sure the thermometer is placed in the thickest part of the food and that the small "eye" on the stem is placed in the food whose temperature you are taking.
    - b. Digital thermometer
      - a. Place clean thermometer in food. Be sure the thermometer is place in the thickest part of the food before reading the temperature.
  
  6. Why calibrate a thermometer?
    - a. Calibration assures an accurate temperature reading
  
  7. How to calibrate a bimetallic stemmed thermometer
    - a. Place the thermometer stem in a 50/50 mixture of ice and water. Thermometer should read 32 degrees.
    - b. Or place the thermometer in a cup of boiling water. Thermometer should read 212 degrees (or the correct boiling point for your elevation).
    - c. Adjust thermometer as needed using the tool that came with the thermometer or a wrench.
    - d. Calibrate regularly (as per your facility protocol) to assure accurate readings.

### Activity:

Using ice water, have each staff member calibrate a bimetallic stem thermometer.



### How to Use a Thermometer

1. Use a Clean and Sanitized Thermometer.  
WASH, RINSE, and AIR DRY *before* and *after* each use.
2. Insert Thermometer Stem through Holding Clip of Thermometer Case.
3. Take the temperature -  
In the center or thickest part of food.  
Between packages of food.  
Between the fold of flexible packaged food.  
Do not poke a hole in packaging.
4. Allow time for thermometer needle to stop moving  
Wait 15 seconds.  
Record temperature.
5. Hand wash, rinse, and air dry (do not submerge in water)-  
Thermometer and Thermometer Case *before* and *after* each use.

## Calibrating a Bi-metallic Stemmed Thermometer

### WHEN:

- ✓ At least once a month.
- ✓ After a thermometer is dropped or has had rough handling.
- ✓ After extreme temperature changes.

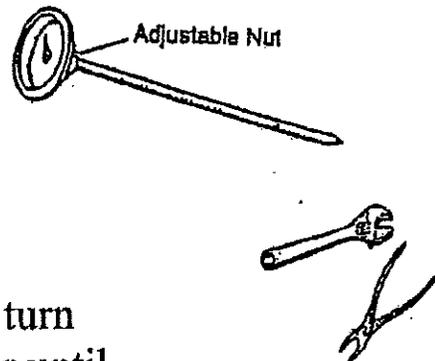
### HOW:

1. Fill a medium-sized glass with 50/50 ice to water.  
Place thermometer in glass of ice water.
2. Wait 3 minutes. Stir water occasionally.
3. After 3 minutes, thermometer should read 32° F.

### CORRECTIVE ACTION:

If thermometer does not read 32° F:

1. Leave it in the ice water.
2. Using pliers or an adjustable wrench, turn adjustable nut on back of thermometer until needle reads 32° F.
3. Wait 3 minutes. Stir occasionally.
4. After 3 minutes, thermometer should read 32° F. If not, repeat corrective action.



4/10a

**CLEAN**  
Wash hands  
and surfaces  
often.

**SEPARATE**  
Don't cross-contaminate.

**COOK**  
Cook to the right  
temperature.

**CHILL**  
Refrigerate promptly.

Be Food Safe! Prepare With Care

www.FightBAC.org



### Seeing Isn't Believing

Many people assume that if a hamburger is brown in the middle, it's done. However, looking at the color and texture of food is not enough—you have to use a food thermometer to be sure! According to USDA research, **1 out of every 4** hamburgers turns brown before it reaches a safe internal temperature. The only safe way to know if meat, poultry, and egg dishes are "done" is to use a food thermometer. When a hamburger is cooked to 160 °F, it is both safe and delicious!



### Be Food Safe! Prepare With Care

Know how to prepare, handle, and store food safely to keep you and your family safe. Bacteria can grow on meat, poultry, seafood, eggs, and dairy products, as well as cut-up or cooked vegetables and fruits.

**CLEAN: Wash hands and surfaces often.** Wash your hands with warm, soapy water for 20 seconds before and after handling food. Wash your cutting boards, dishes, etc., with hot, soapy water after preparing each food item. Wash fruits and vegetables with cold water before using. There is no need to wash or rinse meat or poultry.

**SEPARATE: Don't cross-contaminate.** Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing. Never place cooked food on a plate which previously held raw meat, poultry, or seafood.

**COOK: Cook food to proper temperatures.** Use a food thermometer to be sure!

**CHILL: Refrigerate Promptly.** Refrigerate or freeze perishables, prepared foods, and leftovers within 2 hours or sooner.

### Fiesta Burgers

Makes 4 servings.

- 1 1/2 pounds ground beef
- 1/4 cup onion, chopped
- 2 tablespoons red chili pepper, finely chopped
- 3 tablespoons picante sauce or salsa
- 2 teaspoons prepared Dijon-style mustard
- 1 tablespoon prepared horseradish (optional)
- salt and pepper to taste
- 4 sesame seed hamburger buns
- leaf lettuce and sliced tomatoes

**Wash hands with soap and warm water for 20 seconds before handling the meat.**

In a bowl, mix ground beef with onion, red pepper, picante sauce or salsa, mustard, horseradish (if desired), salt, and pepper.

Form into four burgers, about 3/4 inch thick.

**Wash hands with soap and warm water for 20 seconds after handling the meat.**

Using tongs, place burgers on grill that has reached medium-high heat.

Check each burger with a food thermometer after approximately 10-15 minutes. Turn burgers as needed. **A hamburger is done when it reaches 160 °F.**

Clean the thermometer between uses with hot, soapy water.

Place burgers on buns and top with condiments and garnishes of choice.

After checking the final temperature, remember to clean the food thermometer with hot, soapy water.

USDA Meat and Poultry Hotline  
1-888-MPHotline | 1-888-674-6854  
TTY: 1-800-256-7372

www.IsItDoneYet.gov

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United States Department of Agriculture  
Food Safety and Inspection Service



**"Is it *done* yet?"**

You can't tell  
by looking. Use a  
food thermometer  
to be sure.



www.IsItDoneYet.gov



## Did you know?

The Centers for Disease Control and Prevention estimate that every year about 76 million people in the United States become ill from harmful bacteria in food; of these, about 5,000 die.

### Thermometers Aren't Just for Turkey Anymore

These days, food thermometers aren't just for your holiday roasts—they're for all cuts and sizes of meat and poultry, including hamburgers, chicken breasts, and pork chops. Using a food thermometer when cooking meat, poultry, and even egg dishes is the only reliable way to make sure you are preparing a safe and delicious meal for your family.

### Why Use a Food Thermometer?

Everyone is at risk for foodborne illness. One effective way to prevent illness is to use a food thermometer to check the internal temperature of meat, poultry, and egg dishes. Using a food thermometer not only keeps your family safe from harmful food bacteria, but it also helps you to avoid overcooking, giving you a safe and flavorful meal.

Some people may be at high risk for developing foodborne illness. These include pregnant women and their unborn babies and newborns, young children, older adults, people with weakened immune systems, and individuals with certain chronic illnesses. These people should pay extra attention to handle food safely.



### "Is It Done Yet?"

#### How To Use a Food Thermometer

1. Use an instant-read food thermometer to check the internal temperature toward the end of the cooking time, but before the food is expected to be "done."

2. The food thermometer should be placed in the thickest part of the food and should not be touching bone, fat, or gristle.
3. Compare your thermometer reading to the USDA Recommended Safe Minimum Internal Temperatures to determine if your food has reached a safe temperature.
4. Make sure to clean your food thermometer with hot, soapy water before and after each use!

Large-dial over-safe or oven-probe thermometers may be used for the duration of cooking.

Because there are so many types of food thermometers, it is important to follow the instructions for your food thermometer.



### What Are the Signs of Foodborne Illness?

The signs and symptoms of foodborne illness range from upset stomach, diarrhea, fever, vomiting, abdominal cramps, and dehydration, to more severe illness—even death. Consumers can take simple measures to reduce their risk of foodborne illness, especially in the home.

For more information about types of food thermometers, go to [www.IsItDoneYet.gov](http://www.IsItDoneYet.gov)

USDA Recommended Safe Minimum Internal Temperatures

	Steaks & Roasts	145 °F
	Fish	145 °F
	Pork	160 °F
	Ground Beef	160 °F
	Egg Dishes	160 °F
	Chicken Breasts	165 °F
	Whole Poultry	165 °F

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#120

**Quality Indicator: Dietary Department Audit**  
**Threshold: 90%**

DIRECTIONS: Representatives of the dietary services will conduct audit at least monthly.

No.	Topic/Item	Yes	No	N/A
<b>Storage</b>				
1	Dry storage clean/good condition			
a.	floor			
b.	walls			
c.	ceiling			
d.	shelving			
e.	Ingredient containers/no scoops			
f.	proper temperature/recorded			
g.	stock dated, rotated			
h.	open ingredients-sealed container			
i.	6" off floor/18" from ceiling			
j.	temperature (50°-70°)			
k.	well-lighted			
l.	no dented cans			
2	Refrigerators clean/good condition			
a.	floor			
b.	walls			
c.	ceiling			
d.	light fixtures/covers			
e.	shelving			
f.	compressor			
g.	proper temperature/recorded			
h.	stock dated, rotated			
i.	leftovers labeled, dated, covered			
j.	6" off the floor			
k.	cooked stored above raw			
l.	food thawed properly			
m.	internal thermometer			
n.	6 hrs - 41° cooled			
3	Freezers clean/good condition			
a.	floor			
b.	walls			
c.	ceiling			
d.	light fixtures/covers			
e.	shelving			
f.	compressor			
h.	proper temperature, recorded			
i.	stock dated, rotated			
j.	leftovers labeled, dated, covered			
k.	6" off floor			
l.	free of frost/ice buildup			
m.	internal thermometer			
4	Chemicals/food separated			

No.	Topic/Item	Yes	No	N/A
<b>Storage (cont.)</b>				
5	Inventory system			
<b>Preparation/Cooking</b>				
1	Food kept out of danger zone			
2	Recipes followed			
3	Leftovers stored properly			
4	Sanitation towels stored properly			
5	Cross contamination prevented			
6	Work surfaces sanitized			
<b>Equipment clean/good condition</b>				
7	Equipment clean/good condition			
a.	floor			
b.	walls			
c.	ceiling			
d.	light fixtures/covers			
e.	range			
f.	oven			
g.	steamer			
h.	kettle			
i.	braising pan			
j.	fryer			
k.	hood/filters			
l.	mixer			
m.	food processor			
n.	blender			
o.	slicer			
p.	can opener/blade			
q.	toaster			
r.	microwave oven			
s.	work tables			
t.	drawers			
u.	utensils			
v.	cutting boards (not wood)			
w.	knives (not wood handles)/rack			
x.	utility carts			
y.	trash containers/covered			
z.	floor/mounted fans			
aa.	prep sink			
bb.	behind equipment			

No.	Topic/Item	Yes	No	N/I
8	Dishmachine			
a.	temp/sanitizer recorded daily			
b.	no contamination (dirty to clean)			
c.	clean, setup properly			
d.	proper chemicals			
e.	proper procedures			
f.	hood clean			
g.	dishes/silverware clean & dry			
h.	hood clean			
9	Manual warewashing			
a.	sinks clean, setup properly			
b.	proper chemicals			
c.	proper sanitizing concentration			
d.	pots/pans stored dry, correctly			
10	Appropriate chemicals			
11	Chemicals/spray bottles labeled			
12	MSDS available to employees			
13	No pest activity			
14	Mops clean/stored correctly			
15	Dumpster closed, area clean			

No.	Topic/Item	Yes	No	N/I
<b>Employees</b>				
1	Proper handsink setup			
2	Wash hands properly			
3	Wash hands as needed			
4	hair restraints covering all hair			
5	Proper, clean uniform			
6	Hminimum jewelry			
7	No fake fingernail, nail polish			
8	Well-trained			
9	Gloves properly used			
10	Aprons clean, changed			

Percentage fo compliance = # of yes responses divided by the # of total responses X 100.

Percentage of compliance \_\_\_\_\_ Threshold met: YES NO

Plan of Correction Implemented: YES NO

Date Completed: \_\_\_\_\_ By: \_\_\_\_\_

111

**DAILY COMPLIANCE ROUNDS**  
**DIETARY – Night shift or Day Shift (circle one)**

Please complete daily and sign with date. Leave in the office for the Dietary Manager.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

- All temperatures logged for milk cooler, dishwasher, refrigerators, and freezers for prior shift.
- All temperatures logged for milk cooler, dishwasher, refrigerators, and freezers for your shift.
- All cleaning chores completed and initialed/logged for the day.
- Refrigerator and freezer doors are closed, tight
- Food temperatures checked and recorded at beginning, mid-point and end of meal
- Assure thermometer is in:  
     \_\_\_ Refrigerator      \_\_\_ Milk Cooler      \_\_\_ Freezer
- Sanitizing solution made for the shift with correct PPM's or concentration
- All food carts cleaned and cleared out

**Night shift only**

- All lights turned off and all appliances are off
- All doors locked
- Concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

PRINTED: 08/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185263	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/20/2010
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NAME OF PROVIDER OR SUPPLIER  DAWSON POINTE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 213 WATER STREET DAWSON SPRINGS, KY 42408
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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
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Life Safety Code survey was initiated and conducted on 07/20/10 to determine the facility's compliance with Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) and found the facility to be in compliance with NFPA 101 Life Safety Code 2000 Edition. No deficiencies were identified during this survey.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Murphy B. Curtis* TITLE *Administrator* (X6) DATE *8-13-10*

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.