

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

PRINTED: 08/23/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/12/2010
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NAME OF PROVIDER OR SUPPLIER  WOODCREST MANOR CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3876 TURKEYFOOT ROAD ELSMERE, KY 41018
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F 000	INITIAL COMMENTS	F 000		
F 371 SS=E	<p>483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure food was prepared and distributed under sanitary conditions. During initial tour, dishes were observed to be stored wet and dirty. The freezer was noted to have ice buildup on the floor, and, food packages were stored on shelves in the freezer.</p> <p>The findings include: 1. Observation on 08/10/10 at 10:10 AM revealed two (2) frying pans stored dirty with a crusty substance on the top edges, one of which was also stored wet along with clean pans. Four (4) half size pans were also stored wet, one (1) of which had a hard crust that was brownish yellow</p>	F 371	<p><b>F 000</b> Submission of this Plan of Correction is not a legal admission that deficiencies exist or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements. By submitting this Plan of Correction, Woodcrest Manor</p>	9/3/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert E. Dwyer</i>	TITLE Administrator	(X6) DATE 8-27-2010
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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 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 371	<p>Continued From page 1</p> <p>in color on the bottom, stored along with the clean pans.</p> <p>Interview with the Certified Dietary Manager (CDM) on 08/10/10 at 10:10 AM revealed the pans should not be stored wet or dirty.</p> <p>2. Observation on 08/10/10 at 10:15 AM of the walk-in freezer unit revealed ice buildup on the pipe leading from the condensing unit through the back wall of the freezer with ice build up, approximately the size of a baseball, on the floor underneath the unit. Further observation revealed ice buildup on two (2), ten (10) pound boxes of white turkey meat. When the top box was lifted it was noted the boxes were stuck together because of ice buildup.</p> <p>Interview with the CDM on 08/10/10 at 10:15 AM revealed the freezer was defrosted every two (2) weeks.</p> <p>3. Observation on 08/10/10 at 10:20 AM revealed nine (9) trays stored wet, two (2) of which had particles of food on them stored along with clean trays.</p> <p>Interview with the CDM on 08/10/10 at 10:20 AM revealed the trays were not to be stored wet or dirty. She further indicated that the staff knew the trays should not be stored wet or dirty. The trays were removed to the dishwasher.</p> <p>4. Observation on 08/10/10 at 5:35 PM revealed Certified Nursing Assistant (CNA) #1 touched a resident's cookies with his bare hands while setting up the resident's tray for dinner.</p> <p>Interview with CNA #1 on 8/10/10 at 6:10 PM</p>	F 371	<p>Care Center asserts it will be in substantial compliance with 42 CFR Part 483 subpart B on September 3, 2010.</p> <p><b>F 371 Sanitary Conditions</b></p> <p>The facility must procure food from sources approved or considered satisfactory by Federal, State or local authorities and store, prepare and serve food under sanitary conditions.</p> <ol style="list-style-type: none"> <li>1. No residents were adversely affected by this deficiency.</li> <li>2. The potential for contamination has been acknowledged, however none were noted to be affected by the indicated practices.</li> <li>3.             <ol style="list-style-type: none"> <li>A) Dietary staff will be re-educated on the proper cleaning &amp; storage of dishware.</li> <li>B) All staff (Licensed and Certified) will be re-educated and visual demonstrations will be conducted on the appropriate procedure for serving food to Residents to prevent cross- contamination.</li> <li>C) Hairnets will be provided at all dietary entrances. All Staff (Licensed and Certified) will be re-educated to wear appropriate hair restraint, upon entering the dietary department.</li> <li>D) Dietary staff will be re-educated on proper calibration and sanitizing methods when obtaining food temperatures.</li> <li>E) Dietary Manager/Designee will defrost Walk-in Freezer weekly until appropriate</li> </ol> </li> </ol>	9/3/10

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F 371	<p>Continued From page 2</p> <p>revealed he should not have touched the cookies with his bare hands. He further indicated that he had sanitized his hands stating, "hopefully they were okay."</p> <p>5. Observation on 08/11/10 at 11:55 AM revealed Cook #3 taking temperatures of the resident trayline food items. She was noted to use an alcohol pad to sanitize the thermometer between food items until the thermometer was used in the pureed food items.</p> <p>Interview with Cook #3 on 08/11/10 at 12:05 PM revealed the reason to use alcohol pads between food items was to sanitize the thermometer between food items. Cook #3 stated the alcohol pads were not large enough to remove all of the residue on the thermometer after checking temperatures of the pureed food items but they could have been used after the paper towel.</p> <p>6. Observation on 08/11/10 at 12:22 PM revealed Dietary Aide #4 touched two (2) hamburger buns with his bare hands while removing them from their storage bag, he then put on gloves to assemble the hamburger.</p> <p>Interview with the CDM on 08/12/10 at 8:40 AM revealed Dietary Aide #4 did not normally work with food preparation, he normally worked in the dish room. She further indicated she encouraged the use of tongs or gloves for food contact.</p> <p>7. Observation on 08/11/10 at 12:12 PM revealed the Administrator entered the kitchen without wearing a hairnet and entered the dish washing area and was noted to walk around carts containing resident meal trays.</p>	F 371	<p>repairs have been made to walk-in freezer in order to protect all foods (potentially hazardous) from cross-contamination. Storage of Resident food only will be stored in dietary refrigerator/freezer units. Facility has consulted with Walk-In freezer installer for correct method to repair freezer and is facility is receiving bids for a permanent correction of the Walk-In freezer; this will prevent future ice build-up.</p> <p>4. Dietary Manager/Designee will conduct daily audits to ensure compliance with sanitary conditions. Results will be reported to QA committee until committee is satisfied that sustained compliance has been achieved (2 months minimum). Meals will be observed by the Director of Nursing/Designee to ensure appropriate handling of food during service at meals:</p> <p style="padding-left: 40px;">3 times weekly for 2 weeks 2 times weekly for 2 weeks 1 time weekly for 1 week</p> <p>Meal observation results will be reported to the QA committee monthly until substantial compliance is achieved. Administrator/Designee will inspect Walk-In freezer 2x weekly to ensure Walk-In Freezer has been defrosted and remains ice free. If freezer requires additional defrosting, the Administrator/designee will designate the Dietary manager to perform additional</p>		

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F 371	<p>Continued From page 3</p> <p>Interview with the Administrator on 08/12/10 at 8:45 AM revealed he normally wears a hairnet when entering the kitchen area.</p> <p>8. Observation on 08/11/10 at 12:14 PM revealed Certified Nursing Assistant (CNA) #2 entered the kitchen area without wearing a hairnet during resident trayline to obtain ice from the ice maker.</p> <p>Interview with CNA #2 on 08/11/10 at 1:15 PM revealed the Dietary staff told him to get a hairnet before and he usually does; however he was rushing and did not get a hairnet.</p> <p>9. Observation on 08/11/10 at 12:30 PM revealed CNA #3 entering the kitchen area without wearing a hairnet during resident trayline to obtain ice from the ice maker.</p> <p>Interview with CNA #3 on 08/11/10 at 1:38 PM revealed she does not normally enter the kitchen without a hairnet and further states, "I knew better."</p>	F 371	<p>defrosting. Inspections will continue until facility has permanently repaired walk-in freezer.</p> <p>Administrator/Designee will monitor Daily, the utilization of facility staff and Dietary personnel wearing appropriate hair protection when entering the kitchen. These monitors will be submitted the QA committee to ensure on-going compliance, with the committee determining the need for further Inspections.</p> <p>5. Alleged date of compliance is 9/3/10.</p>		

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K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was initiated and concluded on 08/11/2010 for compliance with Title 42, Code of Federal Regulations, 483.70. The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000		

**RECEIVED**  
AUG 27 2010  
BY: \_\_\_\_\_

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert E. Day TITLE: Administrator (X6) DATE: 8-27-2010

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