

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



PRINTED: 06/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2014
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NAME OF PROVIDER OR SUPPLIER GLENVIEW HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 GLENVIEW DR. GLASGOW, KY 42141
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F 000 INITIAL COMMENTS

A Recertification Survey was conducted on 06/08/14 through 06/10/14 to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of an "F".

F 371 483.35(i) FOOD PROCURE, SS=F STORE/PREPARE/SERVE - SANITARY

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

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and review of the facility's policy/procedure, it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions. Observation of the kitchen during the breakfast meal and monitoring of a test tray revealed scrambled eggs and sausage were served at 100 degrees Fahrenheit (F) and gravy was served at 100 degrees F. Further observation revealed a sanitizer bucket was noted to have no registration of sanitizer on the test strip, and peeling paint and formica was noted on the shelving unit next to the stove. Floors under the stove and shelving units had a thick covering of dark colored debris, and a drip pan area under the grill was noted with a thick covering of debris and grease.

F 000

The submission of this plan of correction does not constitute an admission of guilt by the facility of the cited deficiencies or any violation of a regulation or a standard of care. Also, we reserve the right to take further action, including any and all legal means necessary, to resolve any dispute about the accuracy of this information.
483.35(i)

07/11/2014

F 371

1. On 06/10/2014 the Dietary Manager addressed food temperatures, sanitation checks and cleaning concerns with the dietary staff. The Dietary Manager changed the sanitizer bucket water immediately after testing to ensure the water was sanitized according to regulations. The Dietary Manager cleaned all shelves, floors, and drip pan immediately after inspection. The cook checked the food temperatures prior to beginning to plate food. The Maintenance Director purchased a new countertop and painted the cabinet. He checked all cabinets and countertops for defects.
2. The Dietary Manager will complete a weekly paint and formica inspection and results will be documented on the Weekly Sanitizing Checklist. The cook will check food temperatures and record prior to plating food. The cook will check sanitizer bucket to ensure the correct amount of sanitizer is present.
(Continue on page 2)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Yvonne W. Cook

TITLE

Administrator

(X6) DATE

07/22/2014

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>Review of the facility's census and condition, dated 06/08/14, revealed there were fifty-three (53) residents in the facility. Three (3) of those residents, who were tube feeders, did not eat food prepared from the kitchen area.</p> <p>Findings include:</p> <p>Review of the facility's "Infection Control Procedures," undated, revealed "Hot foods are plated at 135 degrees F or above and cold foods are plated at 135 degrees or below. Foods not meeting these requirements must have additional heating or cooling before serving." Further review of the facility's "Sanitation and Food Handling" policy, undated, revealed "The Dietary Manager (DM) will provide work schedules and cleaning assignments to indicate the time and project to be carried out by the individual employee. The DM is responsible for supervising the sanitation and housekeeping procedures within the department. Cloths used by dietary personnel will be kept in a small pail of sanitizing solution with a minimum fifty (50) Parts Per Million (PPM) of chlorine between uses."</p> <p>1. Observation of a test tray, on 06/10/14 at 8:35 AM, as well as food temperatures of the last tray of fifty (50) trays served for the breakfast meal, revealed scrambled eggs and sausage patties were tested at 110 degrees F and gravy at 100 degrees F.</p> <p>Interview with Cook #1, on 06/10/14 at 8:40 AM, revealed she always turned the burners off on the stove after all the residents in the dining room were served and the carts on the floors were delivered. She stated the reason behind this was</p>	F 371	<p>(Continued from page 1)</p> <p>3. The Dietary Manager updated the Food Temperature Log Policy & Procedure to include the Daily Temperature Log that will reflect both the first and second temperature measurement. The Dietary Manager will complete a weekly paint and formica inspection and results will be documented on the Weekly Sanitizing Checklist.</p> <p>Dietary staff was in-serviced on 07/07/2014 regarding Food Temperature Log Policy & Procedure, policy & procedure for sanitizing bucket water, and policy & procedure for reporting peeling paint or damaged formica.</p> <p>4. The Dietary Manager will submit the Test Tray Temperature Log, sanitation checklist, and daily temperature log to the Administrator monthly.</p> <p>The Administrator will forward the reports to the QA committee monthly for review for 12 months to ensure compliance.</p>

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F 371	<p>Continued From page 2</p> <p>that the food would not be too hot for the restorative dining room service, as "the feeders did not like their food so hot."</p> <p>Interview with the DM, on 06/10/14 at 8:45 AM, revealed she would not have expected the temperature of the food to drop so quickly and stated the food should leave the stove at 135 degrees F.</p> <p>2. Observation of the chemical test strip taken related to the sanitizer bucket bleach level, on 06/04/14 at 10:05 AM, revealed no evidence of bleach in the bucket.</p> <p>Interview with Cook #2, on 06/10/14 at 10:15 AM, revealed she wiped the counter surfaces with the solution "about 30 minutes ago" and filled the bucket and added the bleach "about 6:45 AM."</p> <p>Interview with the Dietary Manager, on 06/10/14 at 10:20 AM, revealed the solution was changed before breakfast, lunch and supper, and as needed. The solution should have tested at 100 PPM per the facility guidelines.</p> <p>3. Review of the Health Department Inspection records, dated 04/23/14, revealed the facility was cited for the shelving unit near the sink, which showed "wear and tear" and the floors needed to be cleaned. An observation of this area, on 06/10/14 at 10:30 AM, revealed peeling paint as well as a peeling, cracked, and chipped laminate surface on the front and top of the cabinet. There was also blistered and peeling paint on the inside shelving where pans were stored. Additionally, there was a thick, darkened area of debris under the stove and shelving, and the drip tray area, under the grill had a build up of dusty debris.</p>	F 371	

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F 371	Continued From page 3 Interview with the DM, on 06/10/14 at 10:45 AM, revealed the facility was in the process of adding on and remodeling. A new kitchen was being planned and they had not tried to repair the shelving unit. She stated the floors were to be swept and mopped everyday and a scrubber machine was used once a month; however, the scrubber was not made to reach under the stove. The grill area and drip pans were cleaned regularly but the grill area "must have been missed." Interview with the Administrator, on 06/10/14 at 12:15 PM, revealed she was unaware of any complaints of cold food from the residents, but food should not have been served at those temperatures and stated the areas regarding the bleach solution, the floor, and the shelving unit needed to be addressed.	F 371		

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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1961.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (211).</p> <p>SMOKE COMPARTMENTS: Five (5) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1963, upgraded in 2003 with 4 smoke detectors and 2 heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 1961 and upgraded in 1986.</p> <p>GENERATOR: Type II generator installed in 2008. Fuel source is Diesel.</p> <p>A standard Life Safety Code survey was conducted on 06/10/14. The facility was found in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for Sixty (60) beds with a census of Fifty-Three (53) on the day of the survey.</p> <p>The facility was found to be in compliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000		



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

6/30/2014

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