

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 31830 Ryan Rd Warren, MI 48092	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46956</p> <p>This citation pertains to Intake M100147381.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of one kitchen hand washing station was supplied with soap and paper towel. Findings include:</p> <p>On 10/29/24 at 1:35 PM, a tour of the kitchen was completed with the facility Dietary Manager (DM), Registered Dietician (RD) B and RD C. There were two other dietary staff working in the kitchen. Along with the DM, RD B and RD C, the hand washing station was observed. The hand soap dispenser and the paper towel dispenser were both observed empty. There was no secondary or back-up soap or paper towel readily available.</p> <p>On 10/29/24 at 2:56 PM, the facility DM reported the expectation is when the kitchen hand washing station is out of either soap or paper towel supplies, kitchen staff will call housekeeping staff to refill.</p> <p>On 10/29/24 at 3:00 PM, the facility Administrator (NHA) reported their expectation is the hand washing station in the kitchen would not be left without soap or paper towels and expressed the importance of hand washing in the kitchen versus relying on hand sanitizer.</p> <p>The 2017 Food & Drug Administration (FDA) Food Code Section 6-301.11 Handwashing Cleanser, Availability states Each handwashing sink or group of 2 adjacent handwashing sinks shall be provided with a supply of hand cleaning liquid, powder, or bar soap. Section 6-301.12 Hand Drying Provision states Each handwashing sink or group of adjacent handwashing sinks shall be provided with: (A) Individual, disposable towels;</p> <p>Review of the facility Dietary Infection Control policy dated 11/11/21 revealed the general policy statement It is the policy of this facility to follow local, State and Federal standards and regulations in order to assure a safe and sanitary Dietary department. The policy guidelines included 3. Employees will wash their hands just before they start work in the kitchen and when they have used their hands in an unsanitary way such as sneezing, handling chemicals, dirty dishes, etc.</p>

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.

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