

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Smp Health - Maryhill		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Hillcrest Dr Enderlin, ND 58027	

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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39685</p> <p>Based on observation, review of facility policy, review of manufacturer's instructions, and staff interview, the facility failed to sanitize surfaces in 1 of 1 facility dining room. Failure to ensure the concentration of quaternary (quat) sanitizing solution is within manufacturer's guidelines may result in an incorrect solution concentration, inadequate sanitization of dining room surfaces, and places residents at risk for foodborne illness.</p> <p>Findings include:</p> <p>Review of the facility policy titled Cleaning Tables and Counters occurred on 09/11/24. This policy, revised February 2023, stated, . (counters, tables), apply a 200-400 ppm [parts per million] quaternary solution with a cloth . making sure that the surface remains completely visibly wet for at least 60 seconds and let air dry.</p> <p>Review of manufacturer's instructions for Oasis 146 Multi-Quat Sanitizer identified a concentration of 150 ppm - 400 ppm active quat for effective sanitizing.</p> <p>Observation in the dining room on 09/09/24 at 11:40 a.m. showed a dietary staff member (#5) wiping the kitchen serving counter and dining room tables/chairs with the Oasis 146 quat sanitizing solution. When asked to test the solution, the dietary staff member (#5) tested the solution twice showing a concentration of 50 ppm.</p> <p>During an interview on 09/09/24 at 11:58 a.m., a dietary supervisor (#4) stated she expected staff to mix the quat solution in the correct concentration.</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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