

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2024
NAME OF PROVIDER OR SUPPLIER  Sheboygan Progressive Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  1902 Mead Ave Sheboygan, WI 53081	

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40342</p> <p>Based on staff interview and record review, the facility did not ensure the required Minimum Data Set (MDS) assessment data was transmitted timely for 3 residents (R) (R45, R46 and R47) of 4 residents reviewed for MDS completion.</p> <p>Two of R45's MDS assessments, both dated 1/30/24, did not have completed transmissions as of 6/17/24.</p> <p>Two of R46's MDS assessments, dated 11/29/23 and 12/15/23, did not have completed transmissions as of 6/17/24.</p> <p>Two of R47's MDS assessments, both dated 7/2/23, did not have completed transmissions as of 6/17/24.</p> <p>Findings include:</p> <p>Chapter 5 of Centers for Medicare &amp; Medicaid Services' (CMS') Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual dated October 2023 (for use Effective October 1, 2023) indicates: Nursing homes are required to submit Omnibus Budget Reconciliation Act (OBRA) required Minimum Data Set (MDS) records for all residents in Medicare or Medicaid-certified beds regardless of the payer source .When the transmission file is received by iQIES, the system performs a series of validation edits to evaluate whether or not the data submitted meet the required standards. MDS records are edited to verify that clinical responses are within valid ranges and are consistent, dates are reasonable, and records are in the proper order with regard to records that were previously accepted by iQIES for the same resident. The provider is notified of the results of this evaluation by error and warning messages on a Final Validation Report. All error and warning messages are detailed and explained in the Error Messages guide .Providers must transmit all sections of the MDS 3.0 required for their state-specific instrument, including the Care Area Assessment (CAA) Summary (Section V) and all tracking or correction information. Transmission requirements apply to all MDS 3.0 records used to meet both federal and state requirements .Assessment Transmission: Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date .</p> <p>1. On 6/17/24, Surveyor reviewed R45's medical record. R45 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus. R45 had a planned discharge to the community on 1/30/24.</p> <p>(continued on next page)</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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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R45's medical record contained a completed, but not accepted, Medicare 5 Day MDS assessment, dated 1/30/24. In addition, R45's medical record contained a completed, but not accepted, Discharge Return Not Anticipated MDS assessment, dated 1/30/24.</p> <p>2. On 6/17/24, Surveyor reviewed R46's medical record. R46 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD). R46 had a planned discharge to the community on 12/15/23.</p> <p>R46's medical record contained a completed, but not accepted, Medicare 5 Day MDS assessment, dated 11/29/23. In addition, R46's medical record contained a completed, but not accepted, Discharge Return Not Anticipated MDS assessment, dated 12/15/23.</p> <p>3. On 6/17/24, Surveyor reviewed R48's medical record. R48 was admitted to the facility on [DATE] with diagnoses including COPD. R48 passed away at the facility on 7/2/23.</p> <p>R48's medical record contained a completed, but not accepted, End of PPS Part A Stay MDS assessment, dated 7/2/24. In addition, R48's medical record contained a completed, but not accepted, Death in Facility MDS assessment, dated 7/2/24.</p> <p>On 6/18/24 at 10:32 AM, Surveyor interviewed Registered Nurse (RN)-C who stated RN-C started as the MDS nurse in December of 2023 and was still in training. RN-C stated regional staff were responsible for the transmission of MDS assessments.</p> <p>On 6/18/24 at 10:41 AM, Surveyor interviewed Director of Clinical Reimbursement (DCR)-D who verified regional staff were responsible for the transmission of MDS assessments. DCR-D stated the process was completed within the facility's electronic medical record (EMR) system and DCR-D had access to the iQIES system. Following a review of the above scenarios, DCR-D verified the above listed MDS assessments showed completed only and transmission was not complete/accepted. DCR-D stated, We should have caught it when it closed. DCR-D further stated, It was a coding error on our end. When asked if DCR-D checked iQIES for missing assessment reports, DCR-D indicated DCR-D had not.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50479</p> <p>Based on staff interview and record review, the facility did not ensure the resident environment remained as free of accident hazards as possible for 2 residents (R) (R24 and R10) of 5 sampled residents.</p> <p>R24 experienced a fall due to an improper sling size for a sit-to-stand (STS) lift when only one staff was present during the transfer.</p> <p>R10 experienced pain due to an improper sling size for a STS lift when only one staff was present during the transfer.</p> <p>Findings include:</p> <p>The facility's Safe Resident Handling and Transfers policy, dated 8/5/22, indicates: .8. The facility will ensure there are appropriate amounts of varying sizes of slings to accommodate residents and that residents will be measured correctly as per the manufacturer's instructions on proper sling sizing .10. Two staff members must be utilized when transferring residents with a mechanical lift .14. Resident lifting and transferring will be performed according to the resident's individual plan of care .</p> <p>The manufacturer's Patient Sling Reference Guide recommendations, dated 2007, indicate: Available sling sizes are P, medium, large, extra-large, and XXL and states sling size and fit can vary significantly depending on patient weight and girth.</p> <p>1. From 6/17/24 to 6/19/24, Surveyor reviewed R24's medical record. R24 was admitted to the facility on [DATE] and had diagnoses including hemiparesis (paralysis on one side of the body) following cerebral infarction (otherwise known as stroke) affecting the left dominant side, weakness, and recurrent left hip dislocation. R24's Minimum Data Set (MDS) assessment, dated 5/18/24, documented R24's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R24 had intact cognition.</p> <p>R24's care plan indicated R24 had an activity of daily living (ADL) self-care deficit related to physical limitations and left hemiparesis. The care plan contained an intervention, initiated on 11/30/22 and discontinued on 1/2/24, that stated to transfer R24 with a STS lift with a standard size sling and the assistance of two staff. The care plan indicated after 1/2/24, staff should use a full mechanical lift to transfer R24.</p> <p>On 6/18/24, Surveyor reviewed a Witnessed Fall Report, dated 5/18/24. In the report, Certified Nursing Assistant (CNA)-G indicated R24 let go of the STS lift handles and R24's arm slipped through the sling when R24 was being toileted. The report indicated R24's fall was slow and controlled. R24 did not hit R24's head during the fall and did not complain of pain after the fall.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/18/24 at 1:46 PM, Surveyor interviewed CNA-G regarding R24's fall on 5/18/24. CNA-G stated at the time of the fall, CNA-G used the STS lift alone without the assistance of a second staff. CNA-G was aware of the facility's policy that two staff were needed for mechanical lift transfers but stated a second staff was not available at the time. CNA-G was aware the lift had different size slings and stated the sling used for R24 on was too loose. CNA-G stated R24 slid out of the sling and CNA-G assisted R24 to the floor in a slow and controlled manner. CNA-G stated CNA-G did not know how to determine the correct size sling to use and did not know how to choose an appropriate sling for a resident.</p> <p>On 6/18/24 at 1:55 PM, Surveyor interviewed CNA-F and CNA-H. CNA-F and CNA-H stated sling size is determined by a resident's weight. CNA-F and CNA-H were unsure if sling size is listed in residents' care plans. CNA-F showed Surveyor a standard size sling. Surveyor noted the sling contained an extra large manufacturer's label. CNA-F referred to the weight limit tag on the sling which stated the sling was safe up to 450 pounds. CNA-F stated there were no residents over 450 pounds and the sling was appropriate for all residents. CNA-F stated CNA-F adjusts the straps if the sling is too loose for a resident.</p> <p>On 6/19/24 at 11:43 AM, Surveyor interviewed R24 who described the incident on 5/18/24 when R24 fell from a STS lift. R24 stated R24 fell out of the lift because the sling was too large.</p> <p>On 6/19/24 at 11:46 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-K who stated CNAs decide which sling to use with each resident. LPN-K stated LPN-K did not know how to determine the correct sling size.</p> <p>On 6/19/24 at 11:48 AM, Surveyor interviewed Registered Nurse (RN)-L who stated RN-L refers to the manufacturer's guide to choose the sling size based on the resident's weight. RN-L stated Director of Nursing (DON)-B records the proper sling size in the residents' care plans.</p> <p>On 6/19/24 at 11:52 AM, Surveyor interviewed RN-J who stated RN-J refers to manufacturer's guidance, the sling size listed in the care plan, and weight sizes on slings to choose a sling size for a resident. RN-J did not know who was responsible for documenting sling sizes in residents' care plans.</p> <p>2. From 6/17/24 to 6/19/24, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] and had diagnoses including hemiparesis following cerebral infarction affecting the right dominant side and morbid obesity. R10's MDS assessment, dated 5/14/24, indicated R10's BIMS score was 15 out of 15.</p> <p>R10's care plan, dated 5/29/24, stated R10 had an ADL self-care deficit with right sided weakness and physical limitations. The care plan contained interventions for maximum assistance with toileting with a STS lift and two staff during waking hours and transfer with STS lift with the assistance of two staff with an Invacare standard size sling.</p> <p>On 6/17/24 at 12:12 PM, Surveyor interviewed R10 who described an incident that occurred in the last month when CNA-I assisted R10 to the bathroom with a STS lift. R10 stated the sling was too small and caused pain in R10's arms.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/18/24 at 10:25 AM, Surveyor interviewed CNA-E who verified R10 transfers to the toilet with a STS lift. CNA-E stated if R10 is lifted with a standard size sling, the sling pinches R10's arms and causes pain. CNA-E stated R10 requires a size larger than the standard size sling. CNA-E stated each unit has a STS lift and a standard size sling is kept with the lift and used for most residents. During the interview, CNA-E took Surveyor to a closet in the central dining area where lift slings were stored. CNA-E could not locate the size sling CNA-E stated R10 needed.</p> <p>On 6/18/24 at 10:39 AM, Surveyor interviewed DON-B who stated DON-B expects two staff to be present for mechanical lift transfers and the appropriate sized sling to be used.</p> <p>On 6/18/24 at 11:08 AM, Surveyor interviewed DON-B and Nursing Home Administrator (NHA)-A who were unaware R10 experienced pain due to an incorrect size lift sling.</p> <p>On 6/18/24 at 3:34 PM, Surveyor interviewed NHA-A who investigated R10's report of pain with a mechanical lift transfer. NHA-A's investigation indicated CNA-I used a STS lift without a second staff present. NHA-A stated NHA-A expects staff to determine which sling to use based on the manufacturer's recommendations. NHA-A stated the sling size should be evaluated by a nurse or physical therapist and documented in the resident's care plan.</p> <p>On 6/19/24 at 11:38 AM, Surveyor interviewed R10 who used a STS lift for all out-of-bed activities. R10 stated R10 preferred to have larger size sling when transferred with the STS lift. R10 stated staff use a smaller size sling multiple times per week. R10 stated the smaller sling puts pressure on R10's arms and causes pain.</p> <p>On 6/19/24 at 12:55 PM, Surveyor interviewed NHA-A who stated there are no specific staff responsible for choosing sling sizes. NHA-A stated staff should check the resident's care plan or manufacturer's instructions posted at the nurses' station to determine the correct sling size for each resident.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48794</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect all 31 residents residing in the facility.</p> <p>Procedures for reheating food in a microwave were not followed.</p> <p>Cooling temperature logs were not completed for leftover and pre-made food.</p> <p>Cold food items were not maintained at a proper temperature during meal service.</p> <p>Staff did not complete appropriate hand hygiene during meal service.</p> <p>Findings include:</p> <p>On 6/17/24 at 9:47 AM, Surveyor conducted an initial tour of the kitchen. Surveyor interviewed Dietary Manager (DM)-N who stated the facility follows the Federal Food and Drug Administration (FDA) Food Code as its standard of practice and uses a contracted provider for dietary services.</p> <p>Reheating Procedures:</p> <p>The 2022 FDA Food Code documents at 3-403.11 Reheating for Hot Holding (B): .Time/Temperature control for safety food reheated in a microwave oven for hot holding shall be reheated so that all parts of the food reach a temperature of at least 165 degrees Fahrenheit (F) and the food is rotated or stirred, covered, and allowed to stand covered for 2 minutes after reheating.</p> <p>The facility's contracted service's Food: Preparation policy, dated February 2023, states all foods are prepared in accordance with the FDA Food Code. The policy also states when reheating, food will be rapidly heated to 165 degrees F for 15 seconds.</p> <p>On 6/18/24 at 11:53 AM, Surveyor observed lunch service. Surveyor observed [NAME] (CK)-O heat a bowl of tomato soup in the microwave for approximately 30 seconds. CK-O then asked a nursing staff to remove the bowl from the microwave and serve it to a resident. Surveyor observed the nursing staff remove the bowl from the microwave and serve it to a resident without stirring or checking the temperature.</p> <p>On 6/18/24 at 1:48 PM, Surveyor interviewed CK-O who confirmed the temperature of the tomato soup was not checked prior to serving. CK-O stated CK-O knows the soup is hot enough when CK-O can see steam. CK-O was not aware CK-O should check the temperature of microwave heated foods prior to serving. CK-O was also not aware what temperature the soup should be before serving and that CK-O should wait two minutes before serving.</p> <p>Food Cooling Log:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The 2022 FDA Food Code documents at 3-501.14 Cooling: (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 57 C (Celsius) (135 F) to 21 C (70 F); and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less. (B) Time/temperature control for safety food shall be cooled within 4 hours to 5 C (41 F) or less.</p> <p>The facility's contracted service's Food: Preparation policy, dated February 2023, states all foods are prepared in accordance with the FDA Food Code and cooks are responsible for food preparation techniques which minimize the amount of time food items are exposed to temperatures greater than 41 degrees F and/or less than 135 degrees F, or per state regulation. The policy also states prepared hot food items not intended for immediate service will be cooled using the following guidelines: Place in shallow pans or cut/slice to promote rapid cooling, Time/Temperature Control for Safety (TCS) foods will be cooled from 135 degrees F to 70 degrees F within 2 hours and from 70 degrees F to 41 degrees F within 4 hours. The total cooling time cannot exceed 6 hours with the clock starting at 135 degrees F.</p> <p>During an initial tour of the kitchen on 6/17/24 at 9:47 AM, Surveyor observed a container of ravioli. DM-N stated the ravioli was left over from a previous meal. Surveyor reviewed the kitchen's cooling log and noted the ravioli was not documented on the log. DM-N confirmed the ravioli should be documented on the cooling log.</p> <p>On 6/18/24 at 11:38 AM, Surveyor interviewed Regional Dietary Manager (RDM)-M who stated the facility does not usually keep leftovers and verified pre-made food items should be documented on the cooling log. RDM-M stated the facility has a new cook who was not aware of the documentation procedures for cooling logs. RDM-M stated education was completed with all staff on the importance of completing the cooling log.</p> <p>During an observation of lunch service on 6/18/24, at 11:53 AM, Surveyor observed a container of cold macaroni salad. CK-O stated CK-O made the salad the previous day and placed it in the cooler overnight. CK-O stated CK-O separated the salad into separate smaller containers and left the containers to cool, then placed them in an ice bath prior to placing the macaroni salad in the cooler. CK-O verified CK-O did not document the macaroni salad on the cooling log. RDM-M confirmed the macaroni salad should have been documented on the cooling log. Surveyor reviewed the ingredients for the macaroni salad which included elbow noodles, green onions, green peas, celery, canned red peppers, sweet pickled relish, mayo salad dressing, salt, and garlic salt.</p> <p>Holding Temperatures:</p> <p>The 2022 FDA Food Code documents at 3-501.16 Time/Temperature Control for Safety Food (TCS), for hot and cold holding: Bacterial growth and/or toxin production can occur if time/temperature control for safety food remains in the temperature Danger Zone of 41 degrees F to 135 degrees F too long. Up to a point, the rate of growth increases with an increase in temperature within this zone. Beyond the upper limit of the optimal temperature range for a particular organism, the rate of growth decreases. Operations requiring heating or cooling of food should be performed as rapidly as possible to avoid the possibility of bacterial growth (A) Except during preparation, cooking, or cooling, or when time is used as the public health control . (1) At 135 degrees F or above or (2) At 41 degrees F or less.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/18/24 at 11:53 AM, Surveyor observed lunch service. Surveyor observed cold macaroni salad that was removed from the cooler and placed on top of ice next to hot foods on the steam stable. CK-O took the initial temperature which was 42.3 degrees F for the regular texture macaroni salad and 48 degrees F for the pureed macaroni salad. CK-O then placed the salads in the freezer for 5 minutes. CK-O removed the salads from the freezer and temped the salads which were 39 degrees F for the regular texture macaroni salad and 41 degrees F for the pureed macaroni salad. CK-O stated the temperature should be 41 degrees F or less for cold foods.</p> <p>Lunch service began at 11:53 AM and ended at 1:03 PM. Following the last tray served, Surveyor asked CK-O to take the temperature of the macaroni salad which was 50.2 degrees F. CK-O confirmed the temperature was outside of the appropriate temperature for cold food holding.</p> <p>Hand Hygiene:</p> <p>The 2022 FDA Food Code documents at 2-301.14: Food employees shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles.</p> <p>The 2022 FDA Food Code documents at 3-301.11 Preventing Contamination from Hands indicates: (A) Food employees shall wash their hands as specified under S 2-301.12. (B) Except when washing fruits and vegetables as specified under S3-302.15 or as specified in (D) and (E) of this section, food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.</p> <p>The facility's contracted service's Food: Preparation policy, dated February 2023, states staff will practice proper hand washing techniques and glove use, and dining services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination.</p> <p>On 6/18/24, at 11:53 AM, Surveyor observed tray line lunch service. At the beginning of service, Surveyor observed CK-O don gloves without completing hand hygiene. With gloved hands, CK-O untied and opened a bag of hot dog buns, removed a steam table cover, picked up a plate, removed a hot dog bun, and used both gloved hands to open the bun. CK-O used tongs to put the hot dog in the bun. With the same gloved hands, CK-O touched a macaroni salad container, a bag of chips, and a meal ticket and placed items on a tray. Surveyor observed CK-O follow the same procedure for 9 resident meal trays until RDM-M intervened and educated CK-O on the proper procedure for handling ready-to-eat food. RDM-M instructed CK-O to complete hand hygiene and retrieve additional tongs. CK-O completed hand hygiene and returned to the steam table with tongs. RDM-M instructed CK-O to don a glove on the left hand and use tongs in the right hand to remove a bun from the bag. RDM-M instructed CK-O not to touch any surfaces, other than the bun, with CK-O's gloved left hand. During the remainder of tray line service, Surveyor observed CK-O touch three plates, serving utensils, and the bag of hot dog buns on four occasions without removing the left glove and completing hand hygiene.</p> <p>Following the observation, Surveyor interviewed RDM-M who confirmed Surveyor's observation and verified gloves should be changed after touching contaminated surfaces. RDM-M also confirmed hand hygiene should be completed before re-gloving.</p>		