

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

PRINTED: 09/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/24/2023
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NAME OF PROVIDER OR SUPPLIER JACKSON RIDGE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 WESLEY DRIVE MAQUOKETA, IA 52060
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000 ✓ JFS	INITIAL COMMENTS Correction date: <u>8/28/23</u> The following deficiencies resulted from the facility's annual recertification survey and investigation of complaint # 113753-C, conducted August 21, 2023 to August 24, 2023. Complaint #113753 was not substantiated. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder	F 690		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE UNHA	(X6) DATE 09/19/2023
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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 690	<p>Continued From page 1</p> <p>receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, clinical record review, policy review, and staff interview the facility failed to provide appropriate catheter treatment and services to prevent potential cross contamination that could lead to a urinary tract infection for 1 of 1 residents sampled (Resident #141). The facility identified a census of 40 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) Assessment dated 8/10/23 showed a Brief Interview for Mental Status (BIMS) score of 8 indicating moderate cognitive loss. The MDS listed diagnoses of coronary artery disease, heart failure, hypertension, and diabetes mellitus.</p> <p>A Hospital History and Physical/Discharge/Consults Report dated 8/16/23 documented Resident #141 had significant bladder retention and urinary retention. The Impression and Plan noted placement of a Foley catheter with plans to keep the Foley in place for bladder obstruction.</p> <p>The Inpatient Discharge Instructions with a visit</p>	F 690		

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F 690	<p>Continued From page 2</p> <p>date of 8/16/23 documented the reason for admission had been post obstructive renal failure and directed to provide Foley catheter care.</p> <p>The Interim Plan of Care dated 8/21/23 directed the staff that Resident #141 had an indwelling catheter placed.</p> <p>During an observation on 8/21/23 at 10:36 a.m. Resident #141 sat in the room recliner with approximately eight inches of his catheter tubing laying in direct contact with the floor underneath the recliner.</p> <p>On 8/22/23 at 7:05 a.m. Resident #141 sat in his room recliner with a privacy bag covering his Foley catheter bag which lay inside a gray plastic basin.</p> <p>During an observation on 8/22/23 at 3:00 p.m. Resident #141 sat in the recliner in the front lounge with his catheter bag inside a privacy bag laying directly on the floor under the foot rest with approximately 2 inches of the tubing at the top of the privacy bag directly touching the floor.</p> <p>On 8/23/23 at 7:28 a.m. Resident #141 lay in bed with his Foley catheter bag laying inside the gray plastic basin without a catheter bag cover on. Room observation at this time revealed only 1 other gray basin used for personal cares. No other plastic gray basins in the room used for the catheter bag. The gray plastic basin was not dated or marked for catheter use only.</p> <p>During an observation on 8/23/23 at 11:10 a.m. Resident #141 sat in the a recliner in the front lounge with the foot rest partially down. Resident #141 catheter bag lay under the foot rest of the</p>	F 690			

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F 690	Continued From page 3 recliner with approximately 6-8 inches of the catheter tubing in direct contact with the floor above the privacy bag cover. On 8/23/23 at 1:35 p.m. Resident #141 sat in the lounge recliner with the foot rest down. Approximately 8 inches of the catheter tubing lay directly on the floor. On 8/23/23 at 1:36 p.m. Staff F, Certified Nursing Assistant (CNA) reported the catheter tubing should not be in contact with the floor. Staff F tried to recline the foot rest of the recliner to properly position the Foley bag and tubing up off the floor, but she couldn't get the foot rest to stay up. She reported she would try to get something figured out. During an interview on 8/23/23 at 2:24 p.m. the Infection Preventionist reported the Foley catheter tubing should not be on the floor. The Director of Nursing (DON) reported they shouldn't be putting the Foley catheter bags in the basins without a cover over the Foley bag to keep the Foley bag clean. The Catheter Care (Indwelling Catheter) Policy, undated, provided by the facility lacked direction to the staff to keep the Foley catheter bag and tubing from contacting the floor to prevent cross contamination and potential urinary tract infection.	F 690			
F 801 SS=E	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service,	F 801			

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F 801	<p>Continued From page 4</p> <p>taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)</p> <p>This includes:</p> <p>§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-</p> <p>(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.</p> <p>(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.</p> <p>(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.</p> <p>(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.</p>	F 801		

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F 801	Continued From page 5 §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications- (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or (D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on document review, employee record review, and staff interview the facility failed to employ a full-time Dietician or qualified dietary	F 801			

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F 801	<p>Continued From page 6</p> <p>manager. The facility identified a census of 40 residents.</p> <p>Findings include:</p> <p>During an interview on 8/21/23 at 10:07 a.m. the Dietary Supervisor reported she had not completed any training towards her certified dietary manager training. She had not gone for training as the facility was to be sold, then the buyer backed out and the facility was looking at closure. She reported they had just talked about getting her enrolled in classes, but that hadn't been done yet. She had been in the Dietary Supervisor role since March of 2023.</p> <p>On 8/22/23 at 1:20 p.m. the Dietary Supervisor reported she had taken some classes on CE solutions but CE solutions is not a nationally recognized training program.</p> <p>During an interview on 8/22/23 at 2:22 p.m. the Administrator reported the Dietary Supervisor had started in the position around the beginning of March 2020. Things were crazy busy with COVID 19. When they lifted the COVID 19 pandemic, they were looking at closing the facility, now they are looking at opening the facility back up. They had CE solution training for food safety, sanitation, and kitchen safety. They are working on getting the Dietary Supervisor signed up for certification classes now that they are reopening the facility. They are trying to get back to normal operations. They were approved by the State for reopening on 4/01/23.</p> <p>A review of the Dietary Supervisor Employee File on 8/23/23 revealed no evidence of food safety training. A Jackson Specialty Care Change of</p>	F 801		

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F 801	Continued From page 7 Position Form dated 4/05/23 showed she applied for the Dietary Supervisor position as of that time. On 8/23/23 the facility provided a Certificate of Completion to certify the Dietary Supervisor had completed a 60 minute course on Understanding the Long-Term Care Survey: Dietary Department on 10/22/21. On 8/23/23 at 1:54 p.m. the Administrator reported she expects the Dietary Supervisor to follow the job description. The Job Description provided by the facility outlined the performance expectations were to comply with all federal, state, and local regulations within the department and follow all policies and procedures for the department On 8/24/23 at 6:19 a.m. the Administrator reported the Dietician is in house every other week and available by email at all times.	F 801			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.	F 812			

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F 812	<p>Continued From page 8</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, policy review, and staff interview the facility failed to maintain a sanitary kitchen, label food appropriately for storage, utilize good food handling/gloving to prevent potential cross contamination of food, failed to serve the Dietician approved menu, and failed to ensure food maintained appropriate temperature to prevent food borne illness. The facility identified a census of 40 residents.</p> <p>Findings include:</p> <p>A review of the 8/01/23 Resident Council Minutes documented one resident stated Friday's supper temperature was cool.</p> <p>During the Initial Pool Interviews on 8/21/23, Resident #30 reported she served as the Resident Council President and there are some issues with food temperatures, but not all the time.</p> <p>1. During an initial kitchen tour on 8/21/23 at 9:50 a.m. the following observations were made:</p> <p>a. True refrigerator D had a large build up of a black fuzzy substance covering both refrigerator fans blowing down on the stored food. The bottom shelf of the refrigerator had food debris and stuck down cheese present.</p> <p>b. The Frigidaire vegetable freezer had a yellow dried on substance down the outside of the</p>	F 812		

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F 812	<p>Continued From page 9</p> <p>freezer approximately 24 inches long three inches from the freezer handle.</p> <p>c. True freezer C had 1 bag of little smokie sausages undated in a zip lock bag.</p> <p>d. The microwave had a two inch by three inch grease splatter build up on the top of the microwave.</p> <p>e. The "F" refrigerator had a half block of butter, undated, in a zip lock bag.</p> <p>2. During an observation on 8/21/23 at 12:00 p.m. Staff A, Cook, served six residents Reuben sandwiches using her left gloved hand to take two slices of bread from the steam table and place on a plate. She separated the two slices of bread, using her right hand scooped the Reuben meat mixture onto the bread. Staff A using her left gloved hand placed the other slice of bread on top of the meat mixture and pressed the bread down on top of the sandwich with her left gloved hand. Staff A then held the plate with her left gloved hand and scooped potato salad and peas onto the plate. Staff A continued this same service for 6 residents on unit 2. At 12:09 p.m. the Dietary Supervisor told Staff A to change her left glove. Staff A removed her left glove and disposed of the glove in the trash can. Staff A donned a new glove to her left hand without washing her hands. Staff A went to the plate cart and using her gloved left hand counted down the plates touching every few plates. She then lifted a stack of plates off the rack and transferred to the steam table. Staff A then took two slices of bread from the steam table with her left gloved hand and separated the two slices of bread on the plate using her left gloved hand. Staff A held the plate with her left gloved hand and placed a scoop of the Reuben meat mixture on one of the slices of bread using a scoop in her right gloved</p>	F 812			

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F 812	<p>Continued From page 10</p> <p>hand. She then picked up the other piece of bread with her left gloved hand and pressed the piece of bread down on top of the sandwich. She then held the plate with her left gloved hand and placed potato salad and peas on the plate and handed the plate out to be served. Staff A served seven residents Reuben sandwiches that had been touched by a dirty glove that touched multiple surfaces.</p> <p>3. On 8/21/23 12:15 p.m. Staff B, Cook, pushed a drink cart around the dining room serving residents their glasses of fluids for the lunch meal. Staff B returned to the kitchen serving window and then served Resident #141, #36, and #3 their meals holding the plates by the bottom of the plates and setting the plates down on each resident's tables. Staff B then returned to the kitchen serving window and served Resident #37 her lunch meal. Resident #37 asked Staff B to cut her Reuben sandwich for her. Staff B picked up a knife with her right gloved hand and held the Reuben sandwich by the top slice of bread with her right gloved hand to cut the sandwich in half. Resident #3 then asked for her Reuben sandwich to be cut in half. Staff B placed Resident #37 knife back down on the table and picked up Resident #3 knife and cut her sandwich in half using the same technique touching the sandwich with the right gloved hand that had touched carts, glasses, and other residents utensils.</p> <p>4. A review of the Week 2 Tuesday Menu showed the following: 1 each barbeque chicken, 1/2 cup buttered noodles, 4 ounce (oz.) wax beans, 1 square turtle cake and 1 piece sourdough bread with margarine. During an observation on 8/22/23 at 11:00 a.m. Staff B placed seven 4 ounce (oz.) servings of buttered</p>	F 812			

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F 812	Continued From page 11 noodles into a blender, added milk heated to 169 degrees and blended. Staff B scraped the pureed noodle mixture from the blender into a steam pan, leaving approximately a 1/2 cup serving in the blender. Staff B failed to obtain a temperature of the pureed mixture after preparation. Staff B placed a lid on the steam pan and place the pan directly onto the steam table. Staff B then walked back to the prep table, obtained a 4 ounce spoodle (a cross between a spoon and a ladle) from the rack, touching the scoop end of the spoodle with her bare hands. At 11:13 a.m. Staff B reported she had 9 residents on mechanical soft diets and 2 residents on ground meat so she would prepare 12 servings of ground barbeque chicken. Staff B cut up 6 pieces of barbecue chicken into the blender and ground the chicken. Staff B scraped the ground chicken into a measuring cup. Staff B then cut up another 6 pieces of chicken into the blender and ground the chicken. The ground chicken mixture appeared dry with larger chunks of dried chicken pieces. Staff B scraped the ground chicken into the measuring cup measuring 6 1/2 cups. Staff B using the Pureed Diet Portion Chart pointed to the 6 servings line and 6 1/2 cup line and reported she needed a #6 and a #10 scoop for serving size. Staff B failed to use the correct number of servings to identify the correct portion. The mixture appeared dry with larger pieces of hard dry barbeque chicken edges in the mixture. Staff B scooped the ground chicken out of the measuring cup into a steam pan. At 11:23 a.m. Staff B stated she forgot to add the barbeque sauce and broth. Staff B then added broth and barbeque sauce over the top of the ground chicken in the steam pan and mixed into the mixture. The ground chicken still appeared dry. Staff B failed to check the temperature of the	F 812			

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

PRINTED: 09/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/24/2023
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F 812	Continued From page 12 ground chicken mixture before placing on the steam table. Staff B came back to the prep table, opened the drawer and pulled out a #10 and a #6 scoop touching the scoop end of both utensils with her bare hands, then place on the steam table. At 11:27 a.m. Staff B cut up 7 pieces of chicken into the blender, added 1 1/3 cups of broth and 1 cup of barbeque sauce to the blender to blend. At 11:32 Staff B went to the refrigerator and pulled out a plastic container of broth. She placed the broth into a smaller container and placed in the microwave to heat. Staff B placed the broth, heated to 182 degrees, into the blender to mix with the chicken. At 11:35 a.m. Staff B walked from the prep table over to the dishwasher, pulled the lever of the dishwasher to open and pulled a rack of dishes out of the dishwasher. She pulled a measuring cup from the rack and walked back to the prep table. Staff B scraped the pureed chicken mixture into the measuring cup for a volume of 4 cups. Staff B checked the pureed chart for 4 cups and 6 servings and reported she would use a #6 scoop to serve the pureed chicken. Staff B place foil over the top of the steam pan and placed directly into the steam table without checking the temperature of the pureed chicken. Staff B walked back to the steam table, opened the drawer of the steam table and rummaged through the drawer looking for a #6 scoop touching the scoop end of multiple scoops. She then obtained a #6 scoop and held it by the scoop end and the handle to pull out of the drawer and placed it on the steam table. Staff B washed her hands. She used two oven mitts to remove a pan of wax beans from the oven and sat the pan on the prep table. She peeled back the foil from the top of the pan, then opened the table drawer and rummaged through the drawer to find a 4 ounce	F 812		

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

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F 812	<p>Continued From page 13</p> <p>scoop touching the scoops by the scoop end with her left hand and the handle with her right hand to remove from the drawer. She placed seven 4 oz. servings of wax beans into the blender and pureed the mixture. At 11:46 a.m. Staff B stated the wax bean mixture was a little too thin and she planned to add Thick and Easy Instant Food and Beverage Thickening Powder (Thick-It) to the wax beans. Staff B opened the container of Thick-It, pulled the scoop out of the powder mixture with her bare right hand and placed two scoops into the blender and continued to blend the mixture. Staff B then pulled the scoop out of the Thick-It with her bare right hand again and added two more scoops of Thick-It to the wax bean mixture. Staff B placed the scoop back inside the Thick-It container and placed the lid back on the container. Staff B scooped the wax bean puree mixture from the blender into a measuring cup for a total of 3 cups. Staff B checked the chart and reported she would use a #8 scoop per serving based on 6 servings. Staff B scooped the wax bean puree mixture from the measuring cup to a steam table pan, covered with foil and placed the pan directly into the steam table without obtaining a temperature. Staff B came back to the prep table, opened the drawer and rummage though the drawer, touching multiple scoops with her hands to find a #6 scoop. Staff B pulled the #6 scoop out of the drawer touching the scoop with her left hand and the handle with her right hand.</p> <p>5. On 8/22/23 at 11:53 a.m. Staff B pulled a pan of barbeque chicken out of the oven. Using tongs, she placed each piece of chicken into a steam pan; covered the chicken with barbeque sauce, then placed foil over the top of the steam pan and placed the pan directly into the steam</p>	F 812		

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

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F 812	Continued From page 14 table without checking the temperature of the barbeque chicken. 6. At 11:55 a.m. Staff B donned a pair of gloves and opened a bag of bread removing 6 slices of bread with her left gloved hand. Staff B held each slice of bread in her left gloved hand while she buttered the bread with a spatula in her right gloved hand. Staff B used her left gloved hand to hold the 6 slices of bread while she cut the bread with a knife in her right hand into triangle halves. Staff B picked up the bread halves with her gloves and placed in a steam pan. Staff B, wearing the same set of gloves, opened a second bag of bread and removed 7 slices of bread from the bag. She held each piece of bread in her left gloved hand and buttered the bread with a spatula in her right hand. She then placed her left gloved hand into the bag of bread and removed 1 more slice of bread and repeated the process above to butter the bread. She placed her left gloved hand over the top of the stack of 8 pieces of bread to steady as she cut the bread into half triangles and placed the bread into the steam table using her gloved hands. At 11:59 a.m. Staff B reached into the bag of bread and removed another 8 slices of bread and repeated the process above. Staff B reached into the bread bag and removed another 6 slices of bread with her left gloved hand and repeated the process above. At 12:03 p.m. Staff C, Cook, walked through the kitchen preparation area behind Staff B to the Dietary Supervisor's office. Staff C observed not wearing a hairnet. At 12:03 Staff B walked from the kitchen to the pantry and obtained a third bag of bread still wearing the same gloves. Staff B opened the bag of bread and removed 6 slices of bread with her left gloved hand and repeated the process above. Staff B,	F 812			

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

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F 812	<p>Continued From page 15</p> <p>using her gloved, hands place the 6 slices of bread into the steam pan and patted the tops of the bread with her left and right gloved hands. Staff B removed her gloves and washed her hands.</p> <p>7. At 12:08 p.m. Staff B donned gloves, set up the blender on the base, set up a measuring cup, wax paper, and spatula on the prep table. Staff B using her gloved hands separated 7 slices of bread into smaller pieces into the blender. She added milk to the blender and prepared the pureed bread for a volume of 1 cup pureed bread. She reported she would serve using a #24 scoop. Staff B opened the prep table drawer and touched multiple scoops with her gloved hands. She pulled out a #24 scoop touching the scoop with her left gloved hand and the handle with her right gloved hand. Staff B placed the two pans of bread into the steam table, removed her gloves and washed her hands.</p> <p>8. On 8/22/23 at 12:19 p.m. Staff B unplugged the steam cart and pushed the steam cart out of the kitchen down the hallway outside of the unit 2 dining room without checking any holding food temperatures on the steam table. At 12:21 p.m. Staff B served out plates to residents on Unit 1 touching Resident #12, #14, #24 and one other random resident's bread with her right gloved hand that had touched multiple other surfaces.</p> <p>9. At 12:27 p.m. Staff B started plating meals for the Unit 2 dining room. Staff B served out plates to Unit 2 touching the bread with her right gloved hand to resident #10, #31, #18, #7, #5, #25, #34, #1, #2, #20, #27, #28, #33, & #35. At 12:42 p.m. Staff B placed a half #10 scoop (#10 scoop = 3 1/4 oz) of ground chicken for resident #35. Staff</p>	F 812			

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

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F 812	<p>Continued From page 16</p> <p>B stated, "it figures." She reported she was out of ground chicken. Staff B handed the plate out to be served to resident #35 without checking if he wanted any additional protein. Staff B unplugged the steam cart and wheeled the steam cart back up the hallway to the kitchen.</p> <p>10. On 8/22/23 at 12:43 p.m. Staff B reported she didn't know what to do for the three residents that still needed ground chicken. Staff B using tongs picked through the pieces of barbeque chicken on the steam table and reported she should have enough chicken to prepare 4 servings of ground chicken. Staff B cut up 4 pieces of chicken into the blender and prepared the ground chicken. Staff B grabbed a small blue spatula from the prep table drawer touching by the spatula end with her bare hand. She scraped the ground chicken from the blender directly into the steam pan and placed on the steam table without measuring the volume of the ground chicken or checking the temperature of the chicken prior to serving.</p> <p>11. At 12:53 p.m. Staff B started the main dining room meal service. Staff B touched Resident #21, #37, #32, #9, #30, #17, & #38 bread with her right gloved hand that had touched multiple surfaces prior to touching the bread. Staff B served resident #4 and #30 a #10 scoop of ground chicken. Staff B took her left dirty glove and wiped out the center of two divided plates, which she plated and served to resident #21 and #36. At 12:59 p.m. Staff B reported she was three servings short of barbeque chicken. She checked with the Dietary Supervisor and reported she would check with the last three residents to see if they could substitute barbeque pork sandwiches for the chicken. At 1:02 p.m. Staff B</p>	F 812			

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

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F 812	<p>Continued From page 17</p> <p>removed a plastic container of barbeque pork from the refrigerator. She scooped three four oz. servings of barbeque pork into individual bowls and placed the bowls in the microwave to heat. Staff B checked the temperature of the bowls of barbeque pork with one bowl at 162 degrees and the second bowl at 152 degrees. Staff B placed the two bowls to the side to be served. She placed the third bowl that had temped at 113 degrees back in the microwave. Staff B donned gloves and opened a bag of buns. She removed three buns with her left gloved hand and placed each bun on a plate. She opened the buns using her left gloved hand. She placed the barbeque pork from the two bowls onto each bun, used her left gloved hand to place the top bun on the sandwich and pressed in place, placed a 1/2 cup serving of noodles on each plate and the plates were served out to Resident #2 and #8. Staff B failed to serve a 4 oz. serving of wax beans to resident #2 and #8 stating she only had one serving of wax beans left. Staff B failed to offer resident #2 and #8 an alternative vegetable. Staff B temped the last bowl of barbeque pork at 184 degrees. She scooped the pork onto the bun and picked up the top of the bun with her left gloved hand and placed on top of the pork pressing the bread down with her left gloved hand. Staff B placed a 1/2 cup serving of buttered noodles on the plate and a 4 oz. serving of wax beans on the plate and served out to resident #22.</p> <p>12. Staff B completed the following post meal temperatures:</p> <ol style="list-style-type: none"> a. Barbeque chicken - no chicken left to check the temperature. b. Buttered noodles - 135.8 degrees. c. Wax beans - none left to check the temperature on. 	F 812			

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

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F 812	Continued From page 18 d. Ground chicken 122 degrees. 13. On 8/22/23 at 1:15 p.m. Staff B reported she did not receive any formal training. She stated she had someone show her what she was supposed to do in the kitchen. She doesn't work as a cook as much as she used too. She reported they do not receive any annual training on food safety, just what she had been shown when she received hands on training from the Dietary Supervisor. 14. A second walk thru of the kitchen on 8/22/23 at 1:16 p.m. revealed refrigerator D continued to have a black fuzzy substance over the refrigerator fan, food debris on the bottom shelf of the fridge and a red sticky substance 2 x 4 inches on the bottom shelf of the fridge. The C freezer had a frozen zip-lock bag of little smokie sausages, undated. During an interview on 8/22/23 at 1:25 p.m. the Dietary Supervisor reported she personally trains the cooks in the kitchen. She reported staff should not touch food with their bare hand or gloves that have touched other surfaces. Staff should wash their hands between glove changes. She expects the staff to follow and serve out the approved menu. She stated Staff B used the wrong number of servings and the wrong chart when she figured her serving size of the ground chicken which is why she ran short. She stated Staff B should have measured the second batch of ground chicken so that she could have determined a correct serving size. She expects staff to check the holding temperature of all the food on the steam table prior to meal service. Staff have cleaning lists that they follow and she had several months of signed off cleaning lists.	F 812			

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

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F 812	<p>Continued From page 19</p> <p>She reported she expected the staff to maintain a clean kitchen. She reported they just got set up for CE solutions for training and obviously the staff need more training.</p> <p>The August/September Deep Cleaning List directed the staff to clean weekly with the Dietary Supervisor checking on Fridays. Staff D, Dietary Aide, assigned to clean the all the refrigerators with the cleaning being signed off on 8/1/23, 8/11/23, and 8/15/23. Staff E, Cook, signed off the deep clean for the steam table for 8/01/23, 8/11/23, and 8/15/23.</p> <p>The August 2023 Daily Cleaning list showed Staff C signed off the daily cleaning of the steam table and steam table wells from 8/13/23 - 8/19/23.</p> <p>The Review of the 7/24/23 - 8/06/23 and 8/14/23 - 8/22/23 Food Temperature Records revealed the dietary staff record food temperatures and identify the cooked food's temperature at the beginning of each meal service. The Dietary Manager will review to ensure appropriate temperatures, if acceptable. If unacceptable, the Dietary Manager will review the problem areas or food types with the cook so that appropriate temperatures are attained. The Facility failed to provide Food Temperature Logs from 8/07/23 to 8/13/23. The Food Temperature Records lacked documentation of steam table holding temperatures.</p> <p>The General Food Preparation and Handling Policy, undated, provided by the facility documented food items shall be prepared to conserve nutritive value, develop and enhance flavor, and be free of bacteria and substances. The Policy Procedure directed the following:</p>	F 812		

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

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F 812	<p>Continued From page 20</p> <ol style="list-style-type: none"> 1. The kitchen is to be neat and orderly. 2. The kitchen and equipment are to be clean. 3. Food is received, checked, and stored properly as soon as they are delivered. 4. The Food is kept refrigerated except when being handled. Food is covered, labeled, dated, and stored. 5. Food will be prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements so as to avoid manual contact of prepared foods. 6. Silverware is stored in such a manner as to encourage contact with handles only. 7. All meats need to be heated throughout to a minimum temperature of 145 degrees for fish, or beef roasts for at least 15 seconds; 155 degrees for ground beef and pork for a minimum of 15 seconds; 165 degrees for poultry and any leftovers. 8. Leftovers must be dated, labeled, cooled, and stored in a refrigerator. Prior to re-serving leftover foods must be reheated to a minimum internal temperature of 165 degrees for a minimum of 15 seconds. 9. Gloves must be worn whenever touching food that is already prepared to eat. 10. Handle utensils, cups, glasses, and dishes in such a way to avoid touching surfaces with which food or drink will come in contact. Use tongs when serving rolls, bread, pickles, etc. <p>The Puree Process under Step 6 directed the staff to heat or chill the pureed food to a safe serving temperature.</p> <p>The Mechanical Soft Procedure, undated,</p>	F 812			

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

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F 812	<p>Continued From page 21</p> <p>provided by the facility, lacked documentation under the procedure to heat or chill the mechanical soft food to a safe serving temperature.</p> <p>The Food Temperatures Policy, undated, provided by the facility directed the temperature of the food items will be taken and properly recorded by the cook. The temperatures will be taken twice. Once before the first service and again before the second service. The Procedure directed the following:</p> <ol style="list-style-type: none"> 1. All hot foods must reach the appropriate cooking temperature and maintain it for 15 seconds, then held in the steam table until service. 2. All hot food must be served to the resident at a temperature of at least 135 degrees at the time the resident receives it. 3. Hot food items may not fall below 135 degrees after cooking unless it is an item which is to be rapidly cooled to below 41 degrees and reheated to 165 degrees prior to serving. 4. Normally hot foods will be 165 degrees or higher, this will ensure serving to the residents at 135 degrees or above. <p>The Hand Washing and Glove Use Policy, undated, directed hand washing and glove use to promote safe and sanitary conditions through the dietary department and must be followed. The Procedure under Gloves directed when gloves are used, hand washing must occur per procedure prior to putting on gloves and whenever gloves are changed. Gloves must be changed as often as hands need to be washed.</p>	F 812			

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

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F 812	Continued From page 22 Gloves may be used for one task only. It is important to remember that gloves can often give a false sense of security and can carry germs the same as hands. The Food Storage Policy, undated, directed food is stored, prepared, and transported at an appropriate temperature and by methods designed to prevent contamination. The Procedure under Refrigeration directed all food should be covered, labeled, and dated.	F 812			

Jackson Ridge Healthcare Plan of Correction
Annual Survey/Complaint Survey 08/21/2023-08/24/2023

This plan of correction constitutes our credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the conclusion set for in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the federal and state law.

F690 Jackson Ridge Healthcare reasonably ensures that the facility will ensure that a resident with catheter is discreetly placed for integrity and dignity along with proper placement for infection control to limit the chance of CAUTI (catheter associated urinary tract infection).

- R# 41
- Any residents with urinary catheter may be at risk.

Only resident at this time with a catheter in the facility is resident listed above.

- On 8/28/23 and ongoing, education was provided to all (nursing) working staff, including but not limited to hospice nursing staff, on appropriate placement of a catheter bag.
- On 8/28/23 and ongoing, education was provided to cover the catheter bag with a bag cover and hang catheter at a lower placement than body. IE: bed rail, recliner lift bar.
- The Infection Preventionist or designee will complete audits facility wide and educate and follow up with all residents who have catheters and ensure education is given.

An audit will be conducted for 12 weeks and then at that time will be reviewed by the QA committee for compliance.

Completed date: 08/28/2023

Week _____

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F801 Jackson Ridge Healthcare reasonably ensures that it will employ sufficient staff with the appropriate competencies and skills set to carry out the functions of the food and nutrition service.

- Assist and sign up Dietary Manager, for ServSafe and management class with proctored certification testing.
- On 08/25/2023 and ongoing, a review of F801 was held with the dietary manager and the registered dietician to ensure that appropriate competencies are met.
- The administrator or designee will check in weekly to ensure ongoing education of class and finalizing certificate.

An audit will be conducted for 12 weeks and then at that time will be reviewed by the QA committee for compliance.

Completed date: 08/25/2023

Week _____

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F812 Jackson Ridge Healthcare reasonably ensures that the dietary department will store and serve food under sanitary conditions in order to maintain food quality and reduce the risk of food-borne illness.

- Created a checklist tool that will include storage and cleaning of the kitchen to reduce the risk of food-borne illness.
- On 08/25/2023 and ongoing, a training was with all kitchen staff to include storage, preparation, distribution and cleaning of all dietary related areas and other sanitary policies and procedures.
- On 08/25/2023 and ongoing, a training was held with all cooks to review infection control procedures.
- On 08/25/2023 and ongoing, a training was held to review corrective measures to ensure temping of pureed foods.
- The RD or designee will complete weekly kitchen audits to ensure cleanliness, storage of food and serving, infection control and temperatures.

An audit will be conducted for 12 weeks and then at that time will be reviewed by the QA committee for compliance.

Completed date: 08/25/2023

Week _____