DELAWARE HEALTH AND SOCIAL SERVICES
Division of Long Term Care Residents Protection

DHSS - DLTCRP
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STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place

DATE SURVEY COMPLETED: February 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	An unannounced complaint survey was conducted at this facility beginning and ending February 6, 2014. The survey process included observations and interviews.	{F 000} Preparation and execution of this plan of correction in no way constitution an admission or agreement by Rockland Place of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. Rockland Place reserves the right to challenge in legal proceedings, all deficiencies, statements, finding, facts and conclusions that form the basis of the deficiency. This plan of correction serves as the allegation of compliance. This statement of deficiencies will be taken to Rockland Place's Quality Assurance/Assessment Committee on April 16, 2014. An all staff in-service will be held on April 10, 2013 to review the statement of deficiencies and corresponding plan of correction. Compliance with all aspects of this Plan of Correction will be achieved by 6/1/2014.
3223	**Regulations for Assisted Living Facilities**	
3223.12.0	**Services**	
3225.12.1	**The assisted living facility shall ensure that:**	
3225.12.1.3	**Food service complies with the Delaware Food Code:** **This requirement is not met as evidenced by:** **Based on dietary observations and interviews during the tour of the kitchen on 2/6/2014, it was determined that the facility failed to comply with sections: 3-302.12, 4-202.16, 4-203.12 (B), 4-501.11 (A), 4-903.11 (B) (1), 5-501.113 (A) (1) and 6-201.11. 3-302.12 Food Storage Containers, Identified with Common Name of Food. Except for containers holding food that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food.** **This requirement is not met as evidenced by:**	**3225.12.1.3- Labeling and dating.** **How the corrective action will be accomplished for those residents found to have been affected by this practice.** No residents were impacted by this deficiency. **How the facility will identify other residents having the potential to be affected by the same practices.** The facility assumes that all residents have the potential to be affected by this practice. **What measures will be put in place or systemic changes made to ensure that the deficient practice does not recur.** The container mix of muffins was labeled with date opened and expiration date on 2.6.14. The administrative and dietary teams have been educated on the importance of labeling and dating all food items. Closer supervision is encouraged to ensure appropriate storage of food. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.** Labeling of food items will be audited monthly by the Food Service Director for compliance. Trends will be reported, reviewed and discussed quarterly in the Quality Assurance meeting and action plans will be implemented as necessary.

Provider's Signature Rita Doherty Title Executive Director Date 4/2/14

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	1. Observation at 11:06 AM hallway rack in the kitchen revealed that a container of muffin mix was unlabeled. E1 (Food Service Director) confirmed the finding. **4-203.12 Temperature Measuring Devices, Ambient Air and Water.** **(B) Ambient air and water** **Temperature measuring devices that are scaled only in Fahrenheit shall be accurate to ±3^{0}F in the intended range of use.** **This requirement is not met as evidenced by:** 1. Observations in the AM of the ice cream chest and Delfield reach-in refrigerator revealed that a thermometer was not present in each unit. E1 confirmed the findings. **4-501.11 Good Repair and Proper Adjustment.** **(A) Equipment shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.** **This requirement is not met as evidenced by:** 1. Observation at 10:53 AM of the Delfield reach-in refrigerator revealed that a rusty rack was in use. E1 confirmed the finding. **4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles.**	The Food Service Director will report weekly to the Administrator of any areas of concern. The Administrator assumes full responsibility for ensuring the community maintains medical records per policy by 3/15/14. **3225- 4-203.12- Temperature Measuring** **How the corrective action will be accomplished for those residents found to have been affected by this practice.** No residents were directly impacted by this deficiency. **How the facility will identify other residents having the potential to be affected by the same practices.** The facility assumes that all resident have the potential to be affected by this practice. **What measures will be put in place or systemic changes made to ensure that the deficient practice does not recur.** Thermometers for monitoring of temperature control were placed in the ice cream chest and Delfield reach in refrigerator on 2.7.14. These thermometers will be monitored by the sous chef on a daily basis to ensure they are viable and gauging the temperature correctly. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.** The Food Service Director will monitor compliance with thermometers in the ice cream cooler and Delfield reach in refrigerator on a weekly basis. Trends will be reported, reviewed and discussed quarterly in the Quality Assurance meeting and action plans will be implemented as necessary. The Food Service Director will report weekly to the Administrator of any areas of concern. The Administrator assumes full responsibility for ensuring thermometers are in the ice cream cooler and Delfield reach in refrigerator 2/7/2014.

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	(B) Clean equipment and utensils shall be stored as specified under ¶ (A) of this section and shall be stored: **(1) In a self-draining position that allows air drying.** **This requirement is not met as evidenced by:** 1. Observations at 11:10 AM of the wall rack above the 3-compartment sink revealed a stack of steam table pans were dripping wet. E1 confirmed the findings. **5-501.113 Covering Receptacles.** **Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered:** **(A) Inside the food establishment if the receptacles and units:** **(1) Contain food residue and are not in continuous use.** **This requirement is not met as evidenced by:** 1. Observations during the AM during a tour of the kitchen revealed that the uncovered garbage container was not in continuous use. Garbage can attract pests. E1 confirmed the finding. **6-201.11 Floors, Walls, and Ceilings.** **Except as specified under § 6-201.14 and except for anti-slip floor coverings or applications that may be used for safety reasons, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and**	3225-4-501.11- Good Repair **How the corrective action will be accomplished for those residents found to have been affected by this practice.** No residents were directly impacted by this deficiency. **How the facility will identify other residents having the potential to be affected by the same practices.** The facility assumes that all residents have the potential to be affected by this practice. **What measures will be put in place or systemic changes made to ensure that the deficient practice does not recur.** A new reach in rack for the refrigerator was ordered and set to deliver by 5/1/2014, to replace the rusted rack which was in use. Equipment will be placed on the community preventative maintenance plan to ensure equipment is in good working condition and safe to use in the kitchen. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.** The Food Service Director in conjunction with the Plant Operations Director will review all equipment quarterly and results will be documented. Trends will be reported, reviewed and discussed quarterly in the Quality Assurance meeting and action plans will be implemented as necessary. The Administrator assumes full responsibility for ensuring all equipment is appropriate for the kitchen, full compliance will be achieved by 5/1/2014. **3225.12.1.4-903.11- Equipment** **How the corrective action will be accomplished for those residents found to have been affected by this practice.** No residents were directly impacted by the deficiency of the stored wet pans. **How the facility will identify other residents having the potential to be affected by the same practices.** The facility assumes that all residents have the potential to be affected by this practice. **... or systemic**

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	installed so they are smooth and easily cleanable. **This requirement is not met as evidenced by:** 1. Observations at 11:00 AM of the dry food storage room revealed an opening of approximately 6 inches in diameter in the ceiling. Dry food is susceptible to attack by insects and rodents. 2. Observation at 11:18 AM of the area between the steam table and convection oven was in disrepair. The flooring was not easily cleanable. E1 confirmed both findings. **6-501.12 Cleaning, Frequency and Restrictions.** **(A) Physical facilities shall be cleaned as often as necessary to keep them clean.** **This requirement is not met as evidenced by:** 1. Observations at 11:18 AM of the dish washer area revealed black debris on the wall. The dish washer exhaust hood may be inefficient in the removal of steam. The black debris was confirmed by E1.	**What measures will be put in place or systemic changes made to ensure that the deficient practice does not recur.** Deficiency was corrected by immediate drying of steam pans. The dietary team to include the utility workers has been educated on the importance of proper drying techniques. Closer supervision by the Food Service Director is encouraged to ensure appropriate storage of pans. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.** The Food Service Director will review the storage of pans weekly to ensure pans are dry and stored per regulations, results will be documented. Trends will be reported, reviewed and discussed quarterly in the Quality Assurance meeting and action plans will be implemented as necessary. The Administrator assumes full responsibilities for ensuring pans are stored without moisture. Full compliance is achieved by 2/14/2014. **5-501.113- Covering Receptacles** **How the corrective action will be accomplished for those residents found to have been affected by this practice.** No residents were to be found to be affected by this practice. **How the facility will identify other residents having the potential to be affected by the same practices.** The facility assumes that all residents have the potential to be affected by this practice. **What measures will be put in place or systemic changes made to ensure that the deficient practice does not recur.** Trash lids were purchased and installed for all trash cans located in the kitchen. Dining Services associates were educated on the importance of replacing the trash cover when the trash can is not in use. Pest contract is in place.

Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.
The Food Service Director will ensure trash can lids are on trash cans at all time when not in active use. Trends will be reported, reviewed and discussed quarterly in the Quality Assurance meeting and action plans will be implemented as necessary.

The Administrator assumes full responsibility for ensuring all lids are on the trash cans by 2/14/2014

6-201.11 Floors Walls and Ceiling.

How the corrective action will be accomplished for those residents found to have been affected by this practice.
No direct residents were impacted by this deficiency.
How the facility will identify other residents having the potential to be affected by the same practices.
The facility assumes that all residents have the potential to be affected by this practice.
What measures will be put in place or systemic changes made to ensure that the deficient practice does not recur.

1. On 2/7/14, the ceiling tile in the dry storage was replaced
2. Bids are currently being collected to replace the flooring between the steam table and convection oven with a cleanable, hard surface. No install date has been established but full compliance will be achieved by 6/1/2014.

Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.

1. The Plant Operations Director will make rounds on a monthly basis to ensure all ceiling tiles are in place and clean.
2. Flooring will be installed and cleaned per manufacturer's recommendations.

Trends will be reported, reviewed and discussed quarterly in the Quality Assurance meeting and action plans will be implemented as necessary.

The Plant Operations Directors will report to the Administrator of any areas of concern.

6.501.12 Cleaning, Frequency and Restrictions.

How the corrective action will be accomplished for those residents found to have been affected by this practice.
No residents were directly impacted by this deficiency.
How the facility will identify other residents having the potential to be affected by the same practices.
The facility assumes that all residents have the potential to be affected by this practice.
What measures will be put in place or systemic changes made to ensure that the deficient practice does not recur.
A new stainless steel backsplash was installed to prevent black debris on the walls and provide a more sanitary environment.
Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.
The Food Service Director in conjunction with the Plant Director will make weekly rounds in the kitchen to ensure no black debris is behind the dish washer exhaust hood. .

Trends will be reported, reviewed and discussed quarterly in the Quality Assurance meeting and action plans will be implemented as necessary.

The Resident Services Director will report to the Administrator of any areas of concern.