

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

PRINTED: 03/25/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>08E029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOVERNOR BACON HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2546 COLTER ROAD</b> <b>DELAWARE CITY, DE 19706</b>		
(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	
E 000	Initial Comments  An unannounced annual survey was conducted at this facility from January 16, 2019 to January 22, 2019. The facility census the first day of the survey was 49. During this period, an Emergency Preparedness survey was also conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection in accordance with 42 CFR 483.73.	E 000			
F 000	For the Emergency Preparedness survey, no deficiencies were cited.  INITIAL COMMENTS  An unannounced annual survey was conducted at this facility from January 17, 2019 through January 22, 2019. The deficiencies contained in this report are based on observations and interviews as indicated. The facility census the first day of the survey was 49. The sample size totaled 22 residents.	F 000			
F 812 SS=F	Abbreviations/definitions used in this report are as follows:  NHA - Nursing Home Administrator; DON - Director of Nursing; 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.	F 812		3/20/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/31/2019

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 812	<p>Continued From page 1</p> <p>(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.</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 and interview, it was determined that the facility failed to implement safe food storage practices, proper glove use when handling clean dishes and utensils, and cleanliness in food preparation areas to prevent cross-contamination and ensure food safety. Findings include:</p> <p>During the tour of the dry food storage area with E5 (Director of Food Service) on 1/17/19 at 8:55 AM, peeling ceiling paint was observed throughout the room. One ceiling tile had a large, circular dark brown stain, in the middle of which was a cluster of black material of unknown origin. The back wall facing the door had an oblong-shaped area measuring approximately 12 inches x 6 inches where paint had completely peeled off, exposing a bare wall. Five large dented canned vegetables were also found in the ready to use canned goods racks. E5 stated a separate rack would be designated for dented cans.</p> <p>On 1/17/19 at 9:02 AM, a dark brown substance was observed in three areas inside a bin containing white sugar. A brownish clump of sugar was found inside the sugar bin. Two bins, one containing white rice, the other containing</p>	F 812	<p>Individual/Resident Impacted:</p> <p>The facility failed to implement safe food storage practices as evidenced by peeling ceiling and wall paint, a stained ceiling tile and dented vegetable cans in the dry food storage area. The Foodservice Director immediately pulled the dented cans from storage and disposed of them properly. The Maintenance Superintendent was contacted and the stained ceiling tile and peeling ceiling/wall paint in the dry food storage area was corrected on 1/17/2019.</p> <p>The facility also failed to implement safe food storage practices as demonstrated by a dark brown substance located in three areas of a white sugar bin and scoops for brown and white rice located inside of the bins with the handles touching the rice. The Foodservice Director discarded the bins of white sugar, brown rice and white rice the same day when it was brought to his attention by the surveyor. Additionally, scoop holders for the rice bins were ordered on 1-28-19.</p> <p>The facility failed to implement proper</p>		

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F 812	<p>Continued From page 2</p> <p>brown rice, were also observed with a scoop inside each bin with the handles touching the rice.</p> <p>On 1/17/19 at 9:27 AM, E6 (Food Service Worker) was observed in the dish room wearing single use gloves, prepping dirty dishes and utensils for dishwashing. When the racks of newly washed items came out, E6 discarded the gloves, put new gloves and proceeded to retrieve the clean items to put away. No handwashing was performed before putting on the new gloves.</p> <p>On 1/17/19 at 10:23 AM, the ceiling vent directly above a food preparation area was observed to be very dusty.</p> <p>Findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 1/22/19 at approximately 2:35 PM.</p>	F 812	<p>cleanliness in food preparation areas to prevent cross-contamination and ensure food safety as evidenced by a dusty ceiling vent located directly over a food preparation area. The Foodservice Director immediately contacted the Maintenance Superintendent and the vent was cleaned on 1/28/2019.</p> <p>The facility failed to implement proper glove usage when handling clean dishes and utensils as demonstrated by a foodservice worker who contaminated their hands by removing soiled, single use gloves and donning clean gloves without first washing their hands. The facility Foodservice Director reviewed the proper procedure for glove usage with E6 on 1/28/2019.</p> <p>Identification of Other Residents with the Potential to be Affected:</p> <p>All residents have the potential to be affected by this deficient practice. A full environmental walkthrough of the food storage and preparation areas was completed by the facility Foodservice Director immediately upon being notified by the surveyor. Additionally, all food and nutrition services staff have received a refresher in-service regarding proper hand hygiene procedures, maintaining safe food storage, and cleanliness of food preparation areas.</p> <p>System Changes:</p> <p>The root cause for this deficient practice was the failure of facility foodservice staff</p>		

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F 812	Continued From page 3	F 812	<p>to follow professional standards of practice regarding the implementation of safe food storage, proper glove use, and cleanliness of food preparation areas. The Foodservice Director, Hospital Administrator I in charge of Foodservices, and Nutritionist III will provide in-services to all food and nutrition services staff to include safe food storage practices, proper glove use, hand hygiene and cleanliness of food preparation areas. The Foodservice Director will conduct audits of all food preparation and storage areas to ensure that the facility is following safe food storage practices and maintaining appropriate cleanliness in food preparation areas to prevent cross-contamination. Additionally, audits will be conducted by the facility Foodservice Director to ensure that proper glove usage and hand hygiene are being practiced by all food and nutrition services staff.</p> <p>Success Evaluation:</p> <p>The Foodservice Director will complete audits at least three (3) times per week to ensure that each of the failed practices (except the ceiling vent) are corrected. These audits will occur for four (4) weeks or until 100% success is achieved over three (3) consecutive audits. If we have not achieved 100 percent success, the Hospital Administrator I (in charge of Foodservices) will determine the need for additional training. Next, the Foodservice Director will conduct twice (2) weekly audits for four (4) weeks until we have achieved 100% success over four (4)</p>		

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F 812	Continued From page 4	F 812	consecutive audits. If the audits indicate that we have maintained 100% compliance, then the facility will conclude that we have successfully addressed the deficient practices. All audit results will be reported at the QAPI committee meetings and evaluated for compliance and sustainability. As a follow-up, the Foodservice Director will monitor the solutions by conducting random audits (at least monthly) until we are satisfied that the solutions are solidly incorporated into the operations of the department and are sustainable over time thus ensuring future compliance. The ceiling vent could not be repaired and a new one was ordered on January 29, 2019. Once the new ceiling vent is installed, the Foodservice Director will include the vent in the random monitoring described above.		



**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Health Care Quality  
Office of Long Term Care Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

NAME OF FACILITY: Governor Bacon Health Center

DATE SURVEY COMPLETED: January 22, 2019

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced annual survey was conducted at this facility from January 16, 2019 to January 22, 2019. The facility census the first day of the survey was 49. During this period, an Emergency Preparedness survey was also conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection in accordance with 42 CFR 483.73.</p> <p><b>Regulations for Skilled and Intermediate Care Facilities</b></p> <p><b>Scope</b></p> <p><b>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</b></p> <p><b>This requirement is not met as evidenced by the following:</b> Cross Refer to the CMS 2567-L survey completed January 22, 2019: F812.</p>	<p>Cross referenced to the CMS 2567 survey completed January 22, 2019 for F812.</p>	<p>4/19/19</p>

Provider's Signature 

Title Director

Date 2/4/19