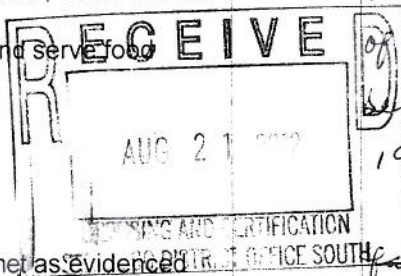


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/01/2012
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NAME OF PROVIDER OR SUPPLIER  PRESIDIO HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8625 LAMAR STREET SPRING VALLEY, CA 91977
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Representing the Department: Theresa Farr, HFEN Complaint number: CA00308232 Category: Quality of Care  The inspection was limited to the complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	<i>Disclosed to the public with the preparation and execution of this POC does not constitute the providers admission of or argument with the facts alleged or conclusion set forth in the statement of deficiency. The POC is prepared &amp; executed solely because it is required by the provision of Federal &amp; State Law &amp; by the provision of Health &amp; Safety Code Section 1250 &amp; 42 CFR 405.1907.</i>	6/03/12
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain sanitary conditions when storing thawed chicken in the refrigerator.  Findings:  On 5/3/12 at 2:06 P.M. a joint observation and interview was conducted with the dietary supervisor (DS). During a tour of the kitchen a clear plastic container with a watery red	F 371	<i>It is the intent of this facility to store, prepare and distribute and provide food under sanitary condition by implementing the following POC: 1. Purchased all food items from sources approved or considered satisfactory by Federal,</i>	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ma. Lucea C. Lora</i>	TITLE Dm	(X6) DATE 8/20/12
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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 371	<p>Continued From page 1</p> <p>substance was observed on the bottom of the container and two bags of thawed meat and one bag of frozen meat was observed in the refrigerator. The two bags of thawed meat had no indication of the date or time of when it was pulled. A label was observed on the side of the container with a date of 4/23/12. The DS stated the label with the date of 4/23/12 was the dated the thawed chicken was pulled. The DS acknowledged the watery red substance was blood from the thawed chicken.</p> <p>On 5/3/12 at 2:45 P.M. a review of the facility's policy and procedure (P&amp;P) was conducted. The P&amp;P entitled "Food Preparation" indicated "Procedures: 1. Frozen perishable food may be defrosted in the refrigerator and kept refrigerated until completely thawed". The P&amp;P entitled "Suggested Refrigerated Storage Guidelines" indicated "Poultry: Chicken, turkey whole or cut up 3-days".</p> <p>On 5/3/12 at 3:05 P.M. a joint interview and record review was conducted with the director of nursing (DON) and DS. The DON and DS both acknowledged that the thawed chicken should have been tossed 3-days after it was thawed on 4/29/12 per the policy and procedures.</p>	F 371	<p><i>state or local authorities.</i></p> <p>2. DSS have implemented the Policy &amp; Procedure on proper meat thawing based on Policy &amp; Procedure entitled Suggested Refrigerated Storage Guidelines which indicate poultry, chicken turkey or cut up to 3 days.</p> <p>3. DSS have implemented a detailed "Thawing Form" + Labels " which indicate the following: Name of items thawed, used by date and meat. Date item thawed and employee who thawed the item.</p> <p>4. DSS has indicated that all labels will be taped to the plastic containers in order to avoid labels getting wet.</p>	6/03/12
F 441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p>	F 441	<p>5. DSS have inserviced all dietary staff on 5/4/12 to properly correct findings on 5/3/12. Topics in inservice are as follows:</p>	

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F 441	Continued From page 2  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow the plan of correction related to the storing of resident electronic and personal care equipment in a	F 441	<p>1. Implementation of PIP on proper meat thawing based on PIP entitled "Suggested Refrigerated Storage Guide" lines which indicates poultry, chicken, turkey, whole or cut to 3 days</p> <p>2. How to use "Thawing Form &amp; Label"</p> <p>3. The importance of labeling &amp; dating pulled thawed frozen meats.</p> <p>6. Method of monitoring will be check by DSS on a daily basis to ensure that proper PIP are being implemented and met Federal, State and local authorities food safety regulations.</p> <p>7. All dietary staff that was involved with deficiency was given proper disciplinary counselling and write ups including suspension &amp; termination if necessary.</p>	6/03/12
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F 441	<p>Continued From page 3 sanitary manner.</p> <p>Findings:</p> <p>On 5/3/12 at 4:05 P.M. a joint interview and observation was conducted with the director of nursing (DON). During an observation of the one side of building outside; 5-wheelchairs, 6-bedside commodes, 2-hoyer lifts (electronic equipment used to lift residents ' ' out of bed), 1-gerichair (reclining wheelchair), 1-merry walker (walker with a seat), trapeze bedframe (triangle bar used by residents to pull themselves up in bed), 2-beds were uncovered on patio. The DON acknowledged that the equipment should not have been stored there.</p> <p>This same incident on the facility's recertification survey and a deficiency was written. The facility's plan of correction dated 4/9/12 indicated "In regards to storage of resident electronic and personal care equipment, corrective actions initiated immediately after observation on March 15, 2012 by Maintenance Supervisor. All unnecessary equipment ' s and personal belongings in storage were disposed of appropriately and all resident's electronic and personal equipments were transferred and stored safely and in a sanitary manner". The plan of correction was accepted but not followed.</p> <p>On 5/3/12 at 4:28 P.M. an interview was conducted with the maintenance supervisor (MS). The MS stated he still did not have room to move the equipment and was not aware of the plan of correction.</p>	F 441	<p><i>It is the intent of this facility to provide a safe and sanitary area for residents equipment.</i></p> <p><i>We will provide a secure storage shed to protect the equipment. We will be placing a 20' x 8 x 8 storage container at the corner of the parking lot, this will secure the safety and sanitation of the equipment. The hoyer lift will be move into the kitchen storage closet. The 2 remaining lifts will be wrapped in plastic to prevent corrosion. These lifts are very seldom used.</i></p> <p><i>Director of operations and DON will monitor for compliance. Any trends &amp; concerns will be reported to DCO &amp; DON in the monthly GAA.</i></p>	6/03/12
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