

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

PRINTED: 07/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505436</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/17/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANOR CARE OF GIG HARBOR WA, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3309 45TH STREET COURT NORTHWEST GIG HARBOR, WA 98335</b>
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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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Manor Care of Gig Harbor on 7/8/14, 7/9/14, 7/10/14, 7/11/14, 7/15/14, 7/16/14 and 7/17/14. A sample of 40 residents was selected from a census of 100. The sample included 35 current residents and the records of 5 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>Ruth Futch, RN, BSN, MBA Marilyn Edwards RN, MN Phan Pham, RN, BSN Deborah Barrette, RN, BSN Tammey Thompson, RN, BSN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 3, Unit A P O Box 45819 MS: N27-24 Olympia, Washington, 98504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>[Signature]</i>      7/23/14 Signature                      Date</p>	F 000		
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RECEIVED  
AUG 05 REC'D  
DSHS - ADSA  
RCS - REGION 5

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <b>RN, ADSA</b>	(X6) DATE <b>8/4/14</b>
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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 SS=D	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure staff served food under sanitary conditions. This failure placed residents at risk for contracting food-borne illness.</p> <p>Findings include: On 7/8/14 12:05 p.m. during a tray line observation, Dietary Staff A was wearing a pair of gloves and touched multiple surfaces. Staff A, without changing the gloves, handled plates with his left hand. Staff A then used his gloved left fingers to hold the vegetables on one side of the plate during plating. At 12:25 p.m. Staff A was wearing gloves during a tray line observation. Staff A's left hand touched his apron. Staff A picked up a loaf of bread and a can of soup, and opened the stove and the microwave. Staff A did not change the gloves and continued to use his left fingers to hold the vegetables on the plates for four different platings.</p>	F 371	<p><b>F371:</b> The facility does and will continue to (1)procure food from sources approved or considered satisfactory by federal, state or local authorities; and (2) store, prepare and distribute food under satisfactory conditions.</p> <ol style="list-style-type: none"> <li>1. Since this event already occurred the facility had no way to correct this event. The one event that was identified during survey was corrected by the surveyors.</li> <li>2. Education was provided regarding infection control r/t touching nonfood items and contaminated surfaces..</li> <li>3. Education was provided, The Director of Food Services or designee will monitor intermittently.</li> </ol>		

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F 371	Continued From page 2 On 7/9/14 at 1:20 p.m. Dietary Staff B stated Staff A and food service staff members had been trained on proper food handling and glove change. Staff B reported she made random observation when she was in the kitchen. Staff B reported she observed to ensure staff members handled food in a manner that prevented contamination, proper temperature, and proper plating.	F 371	<p>4. Employees whose behavior is found to be out of compliance with this standard will be corrected immediately. The facility will continue to monitor intermittently. Any trends identified will be forwarded to the QAA committee for tracking.</p> <p>5. Director of Food Service or designee by 8/1/14.</p>		