Theresa Hawkins
chg

APPROVED 4/9/24

1. A 302 420-5-4-.03(1)(e) Administration

#2 The administrator has individually addressed the issue with resident care assistant EI#2 by reviewing the policy and procedure for handwashing practices and the protocols that were not followed on 2/28/24. Before starting a med pass, hand washing techniques will be followed as stated in the policy and procedure. Before opening the unidose packet, hand sanitizer will be used also which will be kept on the med cart. Pills packs will be opened without touching the pills. After logging and going to the next med pass, hand sanitizer will be used and the routine followed for each med pass. Should a toilet lid need to be closed, a paper towel will be used so there is no hand contact with the lid. Hand sanitizer will always be used in addition to this practice.

#3 The administrator held an inservice on handwashing/cleaning/disinfecting with employees on 3/11/24 utilizing Rafeal Norton,RN,MSN,ThD --infection prvention specialist with UAB. He talked about the difference between cleaning and disinfecting and how to read the labels on disinfecting agents. He demonstrated handwashing procedures and using the "glogerm" black light--areas that might not be getting cleaned well. Employees and residents both were present for this in-service. The adminsitrator communicated to residents on 3/12/24 that they should always observe employees when assisting with meds to make sure they are using hand sanitizer before passing meds. Residents can help hold staff accountable for following protocols.

#4. The administrator will take responsibility to insure that staff will follow these procedures. The assistant to the administrator (EI#2) will be responsible when newly hired employees are being trained to follow the correct med pass protocols/handwashing. Beginning 3/11/24 the administrator will observe EI#2 once a week for the next 3 weeks (thru March) to make sure P&P's are followed. The assistant administrator in turn will observe 3rd shift and 2nd shift once/week (thru March) to insure complicance. New staff will continue to read, sign and date the policy and procedure for handwashing.

#5 Observations for each employee will be kept weekly for each employee thru the month of March documenting the date during the week that the procedures were being followed. This report will be given to the administrator and filed in the administrators office. A printed bold print reminder has been placed on the med cart reminding employees to wash hands before starting the med pass and hand sanitizer between each resident's med pass as of 3/12/24.

1. **Tag 804 420-5-4-.08(4) Physical Facilities**

#2. Immediate action: Clorox wipes were used to wipe down the walls of the ice machine and followed with wiping down with clean paper towels. The administrator emptied the ice bin, disassembled the baffle , and throrougly cleaned the ice machine on 3/13/24.

#3. Clorox or equivalent wipes will be used to wipe down the sides of the bin and then wiping down the bin sides with clean paper towels on Mondays. This will be the responsibility of the daytime cook.

#4. The administrator communicated the finding of the survey relative to the icemake at the employee meeting on 3/11/24 and there would be necessary changes implemented to keep it clean. All kitchen staff (and the assistant administrator) will be personally inserviced by the administrator by Saturday 3/16/24 as to ice maker protocols. The scoop will continue to be kept in a separate container. Hands will always be washed before opening/accessing ice.

#5. The administrator or assistant administrator will watch the cook on Monday for the next 3 weeks to insure the bin walls are being cleaned as referenced. On the day of our monthly employee meetings, The administrator will empty the bin and throroughly clean the ice machine. The administrator will monitor the frequency of this system to insure that the ice maker is staying clean. All this will be reviewed again at the next employee meeting on April 8, 2024.

#1 A702 420-5-4-.07 (2) Food Service

#2 The referenced freezer which was only cooling to 10 degrees farenheit was found to have a frozen drain. The administrator cleaned out the freezer on 3/2/24 and thawed the ice on the bottom of the freezer and the freezer drain. By the evening of 3/2/24 the freezer temperature was cooling to -2 degrees farenheit.

#3. The administrator reviewed the temperature findings on Monday 3/11/24 with employees at the monthly employee meeting. The temperature requirements for the freezers (0 degrees farenheit or below) and refrigerators (41 degrees farenheit or below) were reviewed with the employees.

All hand scoops have been removed from dry storage containers (grits, flour, meal, and sugar) and placed in individual ziploc bags. Any labels must be on the outside of the storage containers and not inside to prevent possible contamination. Completed 2/29/24. This too was reviewed at the employee meeting on 3/11/24. EI (3) will be responsible TWHF and the weeked cook will be responsible SSM to make sure protocol is for dry storage.

#4. Newly hired staff will be trained as to the kitchen protocols about food temps --hot food temps and cold food temps relative to food preparation and service. These are all referenced in policy and procedure manuals and the trainee will shadow EI(3) along with the administrator or the assistant administrator overseeing the process. Regulatory guidelines will continue to be reviewed during monthly employee meetings with all employees.

#5. The administrator has made a daily spreadsheet to daily log the 2 separate designated freezer temps, the regrigerator temp, and the refrigerator freezer temp. These temps. will be logged by the 11p-7a shift during the night when the doors are not continually opened. The night employees have been instructed to notify the admiistrator in writing immediately if temperatures are over the temperature thresholds. The administrator will take corrective actions to bring temps into compliance. Temperatures continue to cool well below the thresholds as of 3/16/24.

#1 Tag .A 703 420-5-4-.07 (3) Food Service

2. All non perishable food items have been removed from the 3 day inventory supply on 2/29/24 and replaced with non perishable food items from the grocery store that are not expired. All the bottled water was also removed on 2/29/24 and replaced with 8--5 gallon water jugs from Culligan Water that is current until March 2026.

3. The Emergency menu and inventory have been updated and the replenished food items have been dated with the perishable dates recorded on the master sheet (attached) and perishable dates are also written on the individual items with a sharpie so the dates are easily recognized.

4. Food items are inventoried in plastic trays with labels dating the earliest item to be replenished--which also corresponds to the master emergency menu and inventory. These are kept in a separate closet along with the 40 gallons of water.

5. Within 2 days of the monthly employee meeting, the administrator will review the master menu and the corresponding items in the storage trays and pull the items which are expiring the next month and use them in the kitchen. Those items will be put on the grocery list to be purchased and replaced and the new expiration dates put on the items and noted on the master menu/ inventory. A copy of the master menu/inventory will be kept with the actual inventory and filed in the administrators office with the copy of the monthly employee inservice.

Wendon Kirby

3/21/24

Tina Magnolias Assisted Living