STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355066	A. BUILDING _____ B. WING _____	C 04/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISHEK LIVING CENTER	**400 S 4TH ST WISHEK, ND 58495**

(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
F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey and complaint survey started on 04/10/23 and concluded 04/12/23.	F 000		
F 812 SS=D	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. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §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: Based on observation, review of facility policy, and staff interview, the facility failed to store food under safe and sanitary conditions in 1 of 1 kitchen area (main kitchen). Failure to store food at appropriate temperatures has the potential to result in foodborne illness or decreased food quality for residents, staff, and visitors. Findings include:	F 812	Freezer 1. Corrective Actions: Regarding all residents affected in this deficient practice; a new policy was created on freezer and cooler temperature and maintenance. Dietary manager immediately disposed of all freezer burnt food and defrosted freezer. After acceptable temperature was reached,	5/12/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/28/2023

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	Continued From page 1 Review of the facility policy, "Monitoring of Cooler/Freezer Temperature and Maintenance" occurred on 04/11/23. This policy, dated 04/11/23, stated, "Freezer temperatures will be checked and logged at least twice per day by designated personnel . . . all frozen storage must be maintained at or zero degrees Fahrenheit . . . if temperatures are above 10 degrees Fahrenheit for freezer, the dietary manager and maintenance department will be notified immediately for corrective action . . . if there is an ice buildup in the freezer, dietary is to completely empty the freezer and dispose of any freezer-burnt items . . . all foods shall be labeled, dated, monitored . . . deep cleaning of freezers will be done as needed . . ." Review of facility policy "Dietary Employee Personal Hygiene" occurred on 04/11/23. This policy, dated 04/03/23, stated, ". . . employee and food service employees in order to prevent contamination of food . . . hair restraints are required when in the kitchen at all times to prevent hair from contaminating food . . ." Observations on 04/10/23 at 12:21 p.m. in the main kitchen with a dietary staff (#2) showed the following: * The upright freezer temperature log sheet, dated 01/01/23 to 04/10/23, showed 8 days of undocumented daily temperature recordings. * The freezer temperature log sheet, dated 01/01/23 to 04/10/23 showed 22 days of temperatures above zero degrees F, 7 of those days with temperatures 10 degrees F or greater. The facility lacked follow up from maintenance or dietary on freezer temperatures above 10	F 812	freezer was put back into service with new policy in place for proper temperature maintenance. 2. Identification of Others: All residents have the potential to be affected by this deficient practice 3. System Changes: A new policy has been created and will be put into place regarding monitoring of cooler/freezer temperature and maintenance. A new freezer defrosting checklist was also created with corrective action to be completed if frost build up is noted. Education was provided to dietary staff on how to properly complete the temperature log. Education will also be provided to dietary staff on all new procedures. Education will be completed and new policies will be in place by 5/12/23. 4. Monitoring: Dietary manager, QA nurse, or designee will observe freezer temperature log weekly x4, monthly x2, and quarterly x3. If irregularities are noted, further education will be provided to the staff members involved immediately. Results will be reviewed quarterly by the QA committee. QA monitoring will begin 5/17/23. 5. Corrective action will be complete and in place by 5/12/23. Hair nets 1. Corrective Action: Regarding all residents affected in this deficient practice; the policy on hair nets has been reviewed and updated to reflect proper wearing. Dietary Manager called and sent copies of the policy to all vendors.	

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F 812	Continued From page 2 degrees F. * The freezer showed 36 bags of various food items, bread, breaded food items, and frozen potato products freezer-burnt and ice covered. * The freezer coils on the top, bottom and back of the freezer showed ice build up approximately 1/2 to 1 inch thick, and the metal shelves covered with ice. * On 04/10/23 at 1:23 p.m., a food vendor without a hair covering in the main kitchen delivering food items. During an interview on 04/12/23 at 2:30 p.m., a dietary supervisor (#2) confirmed she expected staff to record the freezer temperatures daily, report discrepancies with temperatures and follow up immediately, and anyone entering the kitchen to wear a hair covering in food areas.	F 812	Posters have been placed on the door that the vendors enter through, as well as tags identifying the area where the hair nets are kept, so vendors find them easily accessible. Dietary staff was also educated on this policy update and these changes as listed above. 2. Identification of Others: All residents have the potential to be affected by this deficient practice. 3. System Changes: System changes include new posters placed at doorways, labels on drawers where hair nets are kept, and staff to be educated on holding vendors and/or other staff accountable when seen not following our policy. Dietary staff will also receive copies of the updated policy and will review this policy at their upcoming meeting. This will also be added to the orientation process. 4. Monitoring: Dietary manager, QA nurse, or designee will observe vendors entering kitchen weekly x4, monthly x2, and quarterly x3. If irregularities are noted, further education will be provided to that vendor immediately. Results will be reviewed quarterly by the QA committee. QA monitoring will begin 5/17/23. 5. Corrective action will be complete and in place on 5/12/23.	
F9999	FINAL OBSERVATIONS The complaint investigated in conjunction with the standard Medicare/Medicaid survey were not substantiated.	F9999		