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

PRINTED: 06/22/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	445133		06/17/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN MORGAN HEALTH AND REHABILITATION CENTER	177 NORTH HIGHLAND MEMPHIS, TN 38111

(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 371 SS=E	483.35(i) SANITARY CONDITIONS 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 policy review, observation and interview, it was determined the facility failed to ensure hot foods were held at 135 degrees Fahrenheit (F) or above and failed to ensure staff washed their hands after cross-contamination. The findings included: 1. Review of the facility's food temperatures policy documented, "Procedure: 1. All food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees F... 3. Temperatures should be taken periodically to ensure hot foods stay above 135 degrees... Normally hot foods will be 165 degrees- [to] 180 degrees F or higher when removed from the cooking heat source. If held at least 160 degrees - 180 degrees F this will ensure serving at least 135 degrees or above..." 2. Observations in the kitchen on 6/17/09 at 12:00 PM, revealed the cook measured the temperature of the hot foods on the tray line. The hot food temperatures were as follows: a. Chicken Parmesan - 120 degrees F.	F 371	F 371 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law. Corrective action took place on June 17, 2009. By the Dietary Manager, a cook monitor was put into place for all residents to ensure that the facility stores, prepares, distributes and serves food under sanitary conditions in regards to food temperatures daily. It is confirmed by observation and audits by the lead cook and DM that all prepared foods will maintain proper temperatures. To ensure proper sanitary procedures are followed when measuring food temperatures, the lead cook will through observation and audit ensure the thermometer is cleaned with a new alcohol swab or washed, rinsed and dipped in a sanitizing solution after each food temperature is measured daily for three months. Noting the results on a separate log titled the "Lead Cook Temperature Log". To ensure that foods are held at the proper serving temperatures, maintaining a minimum of 135 degrees Fahrenheit (F) or above for hot food, and 41 degrees Fahrenheit (F) or below for cold food, the lead cook will measure the food temperature to ensure that it is held at there proper degrees at the start of each meal and at the meal service midpoint. All hot food that does not register a minimum of 135 degrees will be returned to the stove and heated.	

acceptable POC 7/7/09 PHNL2

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kelly Wheeler-Polston	Administrator	7/1/09

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.

This Dane report was faxed 7/1/09 SD

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F 371	Continued From page 1 b. Mini Potato Pancakes - 100 degrees F. c. Scandinavian Vegetables - 120 degrees F. d. Navy Bean Soup - 120 degrees F. e. Pureed Asparagus - 120 degrees F. f. Pureed Chicken - 80 degrees F. During an interview in the kitchen on 6/17/09 at 12:15 PM, the surveyor asked the cook which thermometer she used to check the temperatures that had been done earlier. The cook stated, "This one [indicating thermometer used to obtain the above documented hot food temperatures]." 3. Review of the facility's hand washing policy documented, "When Is Hand Washing Indicated? ...2. Before handling or serving food... 4. During food preparation... 10. After handling soiled equipment, dishes, or utensils..." Observations in the kitchen on 6/17/09 at 12:00 PM, revealed the cook dropped an unopened alcohol swab on the floor. With gloved hands the cook picked the alcohol swab up off the floor, opened it, wiped the thermometer and placed the thermometer in the Scandinavian Vegetables. The cook failed to wash her hands after handling a soiled item.	F 371	F 371 Continued The kitchen staff will be in-serviced by Director of Food Service on all aspects of maintaining sanitary conditions regarding Food Temperatures on June 30, 2009 and ongoing by the DSM. The Dietary Services Manager or designee will check the food temperatures weekly to ensure ongoing compliance. The Registered Dietitian will randomly check food temperatures monthly to ensure ongoing compliance to the POC. The lead cook will monitor the temperatures daily for the next three months to ensure the effectiveness of the POC and report any deficiencies immediately to the C D S M or her designee. The CDSM will report all findings to the Administrator. Random checks will be conducted by the CDSM for the next nine months and reported to the administrator. The administrator will present this information to the QA Committee monthly for review and continued verification of compliance for the next nine months.	