

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N087048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/31/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHAUCER ESTATES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10550 E 21ST ST N WICHITA, KS 67206</b>
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S 000	INITIAL COMMENTS  The following citations represent the findings of a resurvey with investigation of complaint #75445 of the above assisted living facility on 7/28/14, 7/29/14, 7/30/14, and 7/31/14.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement  (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service.  This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)(2)(3)  The facility reported a census of 60 residents. The sample included 4 residents. Based on record review and interview for 1 (#650) of 4 residents sampled, the administrator failed to ensure the development of a negotiated service agreement (NSA) based on the service needs of the resident that included a description of	S3085		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3085	<p>Continued From page 1</p> <p>services provided by hospice and the party responsible for payment of hospice services.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review for resident #650 revealed an admission date of 2/8/14 and diagnoses of myelodysplastic syndrome, dementia, anemia, hypertension, and sleep apnea.</li> </ul> <p>The functional capacity screen dated 1/23/14 indicated the resident required physical assistance with bathing, dressing, toileting, transferring, and mobility; independent with eating; unable to perform management of medications and treatments; frequently incontinent of urine; and experienced impaired short-term and long-term memory, decision-making, and memory recall.</p> <p>The NSA dated 1/23/14 contained the name of a hospice provider but lacked a description of services hospice provided and the party responsible for payment of the services.</p> <p>The record contained documentation in the nurses notes by a facility licensed nurse dated 2/8/14 that hospice services began.</p> <p>During an interview at 3:45 p.m. on 7/29/14, certified nursing assistant #A stated a hospice home health aide provided bathing assistance to the resident.</p> <p>At 3:55 p.m. on 7/29/14, the resident's spouse confirmed the resident received hospice services.</p> <p>At 3:15 p.m. on 7/30/14, the wellness director confirmed the NSA lacked a description of services provided by hospice and the party</p>	S3085		

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S3085	Continued From page 2  responsible for payment of the services.  The administrator failed to ensure the development of an NSA for resident #650 based on the service needs of the resident that included a description of services provided by hospice and the party responsible for payment of hospice services.	S3085		
S3165 SS=F	26-41-204 (d) Health Care Services  (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.  This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d)  The facility reported a census of 60 residents. The sample included 4 residents. Based on record review and interview for 4 (#652, #650, #653, and #651) of 4 residents sampled, the wellness director failed to ensure the negotiated service agreement (NSA) contained a description of health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.  Findings included:  - Record review for resident #652 revealed an admission date of 7/12/13 and diagnoses of dementia with behaviors, hypertension, aphasia, and right lower extremity weakness.  The functional capacity screen dated 7/9/13	S3165		

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S3165	<p>Continued From page 3</p> <p>indicated the resident required physical assistance with bathing, dressing, toileting, and eating; was independent with mobility; required supervision with transferring; was unable to perform medication and treatment management; experienced impaired short-term and long-term memory, decision-making, and memory recall; rarely or never understood communication and unable to understand resident's communication; occasionally incontinent of urine; was at risk for falls, and exhibited wandering and socially inappropriate behaviors. The functional capacity screen indicated the resident did not utilize an assistive device for ambulation or mobility.</p> <p>The nurse's notes contained documentation that the resident exhibited behaviors of wandering into other resident rooms, urinating in inappropriate places, exit-seeking, and resistive to care. Nurse's notes on 7/15/14, 7/16/14, 7/17/14, and 7/18/14 contained documentation of resident resisting care. On 7/20/14 for the 11:00 p.m. to 7:00 a.m. shift, a licensed nurse documented resident was not toileted and received incontinence care while in bed due to resisting care and not following cues/instruction from staff. The licensed nurse documented staff reported when transporting resident in wheelchair that resident would put feet down on floor to stop staff from propelling wheelchair. The nurse's notes contained documentation that the resident experienced a fall 8/22/13, 9/9/13, 10/7/13, 10/10/13, 12/20/13, 2/28/14, 4/24/14, 6/23/14, and 7/3/14.</p> <p>During an interview at 2:05 p.m. on 7/28/14, certified medication aide (CMA) #H stated resident required physical assistance with all activities of daily living. CMA #H stated resident could no longer transfer self and now required 2</p>	S3165		

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S3165	<p>Continued From page 4</p> <p>to 3 staff members to transfer, toilet, and walk. CMA #H confirmed resident was at risk for falls and now used a wheelchair.</p> <p>Review of the resident's NSA/health care service plan (HCSP) dated 7/9/13 documented the service of one-person assistance with toileting, stand-by assistance with transferring, and independent with mobility. The NSA/HCSP documented resident "rarely falls." The NSA/HCSP contained documentation of "constant attention" to manage wandering behavior but lacked a description of services related to resident resisting care. The NSA/HCSP lacked a description of health care services related to the resident's risk for falls and the need for two-person assistance with transferring and toileting. The NSA/HCSP contained the name of a registered nurse and a licensed practical nurse as the nurse responsible for the health care services.</p> <p>During an interview at 3:30 p.m. on 7/30/14, the wellness director stated that he/she was responsible for the implementation and supervision of the health care service plan. Wellness director confirmed the NSA/HCSP lacked his/her name as the licensed nurse responsible for the plan. Wellness director confirmed the NSA/HCSP lacked a description of services to be provided for the resident's risk for falls; transfer, mobility, and toileting assistance; and interventions to manage the resident's behaviors.</p> <p>The wellness director failed to ensure the NSA for resident #652 contained a description of health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p>	S3165		

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S3165	<p>Continued From page 5</p> <p>- Record review for resident #650 revealed an admission date of 2/8/14 and diagnoses of myelodysplastic syndrome, dementia, hypertension, sleep apnea, and anemia.</p> <p>The functional capacity screen dated 1/23/14 indicated the resident required physical assistance with bathing, dressing, toileting, transferring, and mobility; was independent with eating; was unable to perform management of medications and treatments; was incontinent of urine; and experienced impaired short-term and long-term memory, decision-making, and memory recall. The functional capacity screen did not indicate the resident was at risk for falls.</p> <p>The nurse's notes contained documentation of resident sliding or falling from bed on 3/9/14, 4/4/14, 4/15/14, 6/13/14, and 6/18/14. The record contained documentation of medical care provider's orders for medication and documentation medications administered by licensed nurses and CMAs.</p> <p>The NSA/health care service plan (HCSP) dated 1/23/14 lacked a description of services related to the resident's risk for falls and facility management of medications. The NSA/HCSP contained the name of a hospice provider as the one responsible for the HCSP.</p> <p>At 3:45 p.m. on 7/29/14, certified employee #1 stated he/she checked on resident every 30 minutes and placed a body pillow along the edge of the bed as interventions related to the resident's risk for falls.</p> <p>During an interview at 3:15 p.m. on 7/30/14, the wellness director confirmed the NSA/HCSP</p>	S3165		

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S3165	<p>Continued From page 6</p> <p>lacked a description of services to be provided related to the resident's risk for falls and the facility management and administration of medications and treatments. The wellness director stated that he/she was responsible for the implementation and supervision of the health care service plan. Wellness director confirmed the NSA/HCSP lacked his/her name as the licensed nurse responsible for the plan.</p> <p>The wellness director failed to ensure the NSA for resident #650 contained a description of health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p> <p>- Record review for resident #653 revealed an admission date of 1/19/11 and diagnoses of vascular dementia and coronary artery disease.</p> <p>The functional capacity screen dated 1/21/14 indicated the resident was independent with transferring, walking, and eating; required supervision with bathing, dressing, and toileting; was unable to perform management of medications and treatments; experienced impaired short-term and long-term memory, decision-making, and memory recall; and was at risk for falls.</p> <p>The nurse's notes contained documentation that the resident experienced a fall on 3/3/14 and 6/27/14.</p> <p>The NSA/ health care service plan (HCSP) dated 1/21/14 lacked a description of health care services to be provided related to the resident's risk for falls. The NSA/HCSP contained the name of a home health agency as responsible for health care services.</p>	S3165		

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S3165	<p>Continued From page 7</p> <p>At 5:15 p.m. on 7/29/14, certified employee #J stated resident's bed was in low position, mat on floor beside bed, and bed alarm as interventions in place related to the resident's risk for falls.</p> <p>At 3:30 p.m. on 7/30/14, the wellness director confirmed the NSA/HCSP lacked a description of health care services to be provided related to the resident's risks for falls. Wellness director stated he/she was the licensed nurse responsible for the implementation and supervision of the HCSP. Wellness director confirmed the NSA/HCSP lacked his/her name as the licensed nurse responsible for the plan.</p> <p>The wellness director failed to ensure the NSA for resident #653 contained a description of health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p> <p>- Record review for resident #651 revealed an admission date of 11/18/13 and diagnosis of dementia and hypertension.</p> <p>The functional capacity screen dated 11/18/13 indicated the resident was independent with toileting, transferring, mobility, and eating; required supervision with dressing; required physical assistance with bathing; was unable to perform management of medications and treatments; and experienced impaired short-term and long-term memory and memory recall.</p> <p>At 11:00 a.m. on 7/28/14, the administrator stated the resident had a motion sensor above door in room due to resident's fall risk and sensor would notify staff members when resident was up.</p>	S3165		

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S3165	<p>Continued From page 8</p> <p>The resident's NSA/health care service plan (HCSP) dated 11/18/13 lacked documentation of a motion sensor and the reason for the sensor. The NSA/HCSP lacked the name of the licensed nurse responsible for the implementation and supervision of the HCSP.</p> <p>During an interview at 3:45 p.m. on 7/29/14, certified employee #1 stated he/she thought the motion sensor was due to resident's risk for elopement.</p> <p>At 9:55 a.m. on 7/30/14, observed a motion sensor above the resident's door on the outside of resident's apartment.</p> <p>During an interview at 3:30 p.m. on 7/30/14, the wellness director stated the motion sensor was placed when the resident moved into the facility. Wellness director stated due to the resident's cognitive status it was a preventative measure even though resident did not exhibit exit-seeking behavior. Wellness director stated that a staff member turned the sensor on from 10:00 p.m. to 6:00 a.m. to alert staff if resident left his/her apartment. Wellness director confirmed the NSA/HCSP lacked a description of this service. Wellness director confirmed the resident's NSA/HCSP lacked the name of the wellness director as the licensed nurse responsible for the implementation and supervision of the plan.</p> <p>The wellness director failed to ensure the NSA for resident #651 contained a description of health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p>	S3165		

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S3216	Continued From page 9	S3216		
S3216 SS=F	<p>26-41-205 (i) Disposition of Medication</p> <p>(i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation.</p> <p>(1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations:</p> <p>(A) Two licensed nurses; or</p> <p>(B) a licensed nurse and a licensed pharmacist.</p> <p>(2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations:</p> <p>(A) Two licensed nurses;</p> <p>(B) a licensed nurse and a medication aide;</p> <p>(C) a licensed nurse and a licensed pharmacist;</p> <p>or</p> <p>(D) a medication aide and a licensed pharmacist.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i)(2)(A)(B)(C)(D)</p> <p>The facility reported a census of 60 residents. The sample included 4 residents. Based on record review and interview for all residents receiving facility management of medications, licensed nurses and certified medication aides failed to follow facility policy for the disposal of discontinued non-controlled medications.</p>	S3216		

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S3216	<p>Continued From page 10</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of the resident roster revealed 51 of the 60 residents required facility management of medications.</li> </ul> <p>During an interview at 11:20 a.m. on 7/29/14, licensed nurse #G administering medications to residents on the south side of the assisted living, stated each resident's non-controlled medications for each date and time were package by the pharmacy in a separate plastic package. Observed licensed nurse #G remove a strip of plastic packages containing medication tablets from a resident's labeled container in the medication cart. Licensed nurse #G stated if one of the medications was discontinued, the nurse would make a small slit in each package containing that medication in order to remove the medication and cover each opened package with a sticker that identified the medication as discontinued. Licensed nurse #G stated that he/she then placed the discontinued medication in the sharps container to dispose of the medication. Licensed nurse #G stated another nurse or certified medication aide did not witness the destruction of the medications and that records were not maintained of the destruction of non-controlled medications.</p> <p>At 11:35 a.m. on 7/29/14, certified medication aide (CMA) #H in the memory care unit, stated if a medication was discontinued a licensed nurse removed that medication from each package and disposed of the medication tablets. CMA #H stated he/she did not witness the licensed nurse destroy the medications. CMA #H stated that if he/she opened a plastic package of medications to administer to a resident and the resident continued to refuse to take each time the CMA</p>	S3216		

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S3216	<p>Continued From page 11</p> <p>offered, he/she would destroy the medications at the end of the shift by placing the medications in the sharps container without a licensed nurse witnessing.</p> <p>At 3:30 p.m. on 7/29/14, CMA #D administering medications to the residents on the north side of the assisted living, stated if a medication needed to be destroyed, he/she notified the nurse and both were present to destroy the medication.</p> <p>Review of the facility's policy and procedure for the disposal of medications documented "When a resident's medication is changed, expired, or discontinued or following a resident's transfer, discharge, or death all unused medications will be recorded on a Medications Returned for Destruction form and returned to the issuing pharmacy for disposal."</p> <p>At 3:00 p.m. on 7/30/14, the wellness director stated non-controlled medications were destroyed by a licensed nurse and destruction was not documented. Wellness director confirmed non-controlled medications were not returned to the pharmacy for disposal according to facility policy Wellness director confirmed licensed nurse destroyed non-controlled medications without another nurse, a CMA, or a licensed pharmacist to witness and records were not maintained of the disposal as required by KAR 26-41-205(i)(2)(A)(B)(C)(D).</p> <p>For all residents receiving facility management of medications, licensed nurses and certified medication aides failed to follow facility policy for the disposal of discontinued non-controlled medications.</p>	S3216		

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S3248	Continued From page 12	S3248		
S3248 SS=F	<p>26-41-102 (d) Staff Qualifications Employee Records</p> <p>(d) The employee records and agency staff records shall contain the following documentation:</p> <p>(1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;</p> <p>(2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;</p> <p>(3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and</p> <p>(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-103(d)(1)(3)</p> <p>The facility reported a census of 60 residents. The sample included 4 residents. Based on record review and interview for 1 of 1 licensed nurse employee record reviewed, the administrator failed to ensure the record</p>	S3248		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N087048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/31/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHAUCER ESTATES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10550 E 21ST ST N WICHITA, KS 67206</b>
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S3248	<p>Continued From page 13</p> <p>contained evidence of licensure. Based on record review and interview for 4 of 4 certified employee records reviewed, the administrator failed to ensure each record contained supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Employee records reviewed with the business office manager at 1:30 p.m. on 7/30/14. The record of licensed practical nurse #B hired 6/11/14 lacked evidence of licensure.</li> </ul> <p>Review of the following certified employee records revealed the lack of supporting documentation from the Kansas nurse aide registry, on or before the day of employment, that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home as follows:</p> <p>Certified medication aide #C hired 7/3/14 with Kansas nurse aide registry documentation dated 7/28/14.</p> <p>Certified medication aide #D hired 6/6/14 with Kansas nurse aide registry documentation dated 6/10/14.</p> <p>Certified medication aide #E hired 12/4/13 with Kansas nurse aide registry documentation dated 3/4/14.</p> <p>Certified nursing assistant #F hired 6/6/14 with Kansas nurse aide registry documentation dated 6/12/14.</p>	S3248		

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S3248	Continued From page 14  At 1:45 p.m. on 7/30/14 the business office manager stated he/she did not verify the nurse's licensure or check the Kansas nurse aide registry for the certified employees when hired.  The administrator failed to ensure the licensed nurse's employee record contained evidence of licensure and the certified employee records contained supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness  (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.  This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(1)(2)(3)	S3280		

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S3280	<p>Continued From page 15</p> <p>The facility reported a census of 60 residents. The sample included 4 residents. Based on record review and interview for all employees and residents, the administrator failed to ensure disaster and emergency preparedness by ensuring orientation of new employees at the time of employment to the facility's emergency management plan, education of each resident upon admission to the facility regarding emergency procedures, and quarterly review of the facility's emergency management plan with employees and residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- At 11:15 a.m. on 7/29/14, the director of maintenance stated he/she only reviewed tornado, fire, and total evacuation policies and procedures with employees and residents. The maintenance director confirmed he/she did not review the entire emergency management plan on a quarterly basis with employees and residents.</li> </ul> <p>Review of the resident handbook revealed the lack of information regarding the facility's emergency management plan except for fire safety and building evacuation.</p> <p>At 4:25 p.m. on 7/29/14, the administrator stated residents did not receive education on admission of the facility's emergency procedures.</p> <p>At 4:40 p.m. on 7/29/14, the business office manager stated he/she did not review the emergency management plan with new employees during orientation. The administrator contacted the maintenance director and stated the maintenance director did not review the plan with new employees.</p>	S3280		

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S3280	Continued From page 16	S3280		
S3299 SS=F	<p>26-41-206 (e) (1) Facility Food Storage</p> <p>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.</p> <p>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e)</p> <p>The facility reported a census of 60 residents. The sample included 4 residents. Based on observation and interview for all residents receiving meal services, dietary employees failed to store all food under safe and sanitary conditions.</p> <p>Findings included:</p> <p>- At 11:15 a.m. on 7/28/14 during tour of the kitchen, observed the following in the double-door refrigerator:</p> <p>Uncovered container of sliced strawberries.</p>	S3299		

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S3299	<p>Continued From page 17</p> <p>Uncovered container of shredded cheese. Uncovered container of diced tomatoes. Uncovered small dish of mixed fruit. These food items lacked a label to identify the contents and date prepared.</p> <p>Covered metal container of shredded cheese without label to identify and date prepared. Covered plastic container of apple cobbler as identified by a dietary employee. The container lacked a date and identity of the contents. One opened carton of liquid eggs without a date opened. Individual serving size Styrofoam bowl partially full of nuts without a label to identify contents and date prepared.</p> <p>Container of egg salad covered with plastic wrap and dated 7/21/14.</p> <p>Observed a dietary employee remove the uncovered containers of shredded cheese and diced tomatoes from the refrigerator and place the containers on ice in a metal pan with a covered container of lettuce leaves and sliced tomatoes and a covered container of shredded lettuce.</p> <p>Observed 2 metal tables to the left of the refrigerator. Observed a stack of plastic food trays, stacks of plastic divided plates, and a stack of plate covers on the bottom shelf of one table. These items were covered with dust and unidentifiable debris.</p> <p>Observed a 5 pound tub of peanut butter, and a plastic bag with label of "Gran-O 5/9" on the bottom shelf of the second metal table. The peanut butter was opened but lacked a date it was opened.</p>	S3299		

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S3299	<p>Continued From page 18</p> <p>In the walk-in refrigerator, observed a metal cart with salad bar bowls of food items that lacked a label of date prepared.</p> <p>At 11:25 a.m. on 7/28/14, the dietary manager observed the above items and stated dietary employees were to label and date all food items when prepared or removed from original container. Dietary manager stated all food packages were to be labeled with date opened.</p> <p>For all residents receiving meal services, dietary employees failed to store all food under safe and sanitary conditions.</p>	S3299		