The following reflects the findings of the Department of Public Health during investigation of COMPLAINT NO. CA00152236.

Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility.

Representing the Department of Public Health:

1280.1(a) If a licensee of a health facility licensed under subdivision (a), (b), or (f) of Section 1250 receives a notice of deficiency constituting an immediate jeopardy to the health or safety of a patient and is required to submit a plan of correction, the department may assess the licensee an administrative penalty in an amount not to exceed twenty-five thousand dollars ($25,000) per violation.

c) For purposes of this section "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of this section has caused, or is likely to cause, serious injury or death to the patient.

DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY

T22 DIV5 CH1 ART3-
§70275. Dietetic Service Staff

|-----------|--------|----------|-------------|

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. Except for nursing homes, the findings 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.
Continued From page 1

(a) A registered dietitian shall be employed on a full-time, part-time or consulting basis. Part-time or consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, patient counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus and participation in development or revision of dietetic policies and procedures and in planning and conducting in-service education programs.

(b) If a registered dietitian is not employed full-time, a full-time person who has completed a dietetic supervisor’s training program meeting the requirements of Essentials of an Acceptable Program of Dietetic Assistant Education, revised June, 1974, by the American Dietetic Association, 430 North Michigan Avenue, Chicago, IL 60611, shall be employed to be responsible for the operation of the food service. This program or its equivalent shall be required on and after July 1, 1977.

(c) Sufficient dietetic service personnel shall be employed, oriented, trained and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the dietetic service areas. If dietetic service employees are assigned duties in other service areas, those duties shall not interfere with the sanitation, safety or time required for dietetic work assignments.

The above regulations were NOT met as evidence.
Continued from page 2

by:

Based on food service observations, dietary staff interview and dietary document review, the hospital failed to ensure comprehensive organization of the dietary department to ensure safe food handling practices as evidenced by (1) lack of a full time qualified person responsible for the daily management of the dietary services for the Anaheim and Buena Park campuses, 2) storage of potentially hazardous foods at greater than 40°F for more than four hours at the Buena Park campus, and 3) lack of comprehensive monitoring of the cool down of potentially hazardous foods at the Anaheim and Buena Park campuses.

These deficient practices resulted in the lack of comprehensive oversight in food and nutrition services for both campuses and had the potential to expose patients to a hospital acquired food borne illness which may result in nausea and vomiting, thereby further compromising the medical status of patients. These practices had the potential to affect all inpatients who received meal trays. As a result of these cumulative effects an immediate jeopardy was called on 2/22/08 at 1425 hours. A site visit was conducted on 2/28/08 to monitor the status of the IJ. The hospital was not in compliance and the IJ was not abated. Monitoring of the IJ situation continued via review of additional documents provided by the hospital. The IJ was abated 3/13/08 during an on-site visit.

Additionally the hospital failed to ensure safe food handling practices and comprehensive sanitation

1. A full time registered dietitian food service director has been hired by the hospital. This director is scheduled during regular working hours to maintain both the AGH main and Buena Park campuses. There is also a second full time Registered Dietitian to provide clinical dietitian services to ensure that the nutritional needs of the patients are met.

2. Staff has been educated for proper food handling, preparation and storage. The hospital has two per diem dietitians to assist with the clinical dietitian services for the Sub Acute and psych units.

The Food and Nutritional Director has educated staff and provided policy changes for prevention in cross contamination during dishwashing, and during transportation, use of hair covers, cleaning of equipment, maintenance of food refrigerators and freezer, proper rotation of food, and proper cool down procedures, and food portion sizes. Education was covered with staff from both campuses.

In-service has occurred both campuses on Refrigerator temperature monitoring, and cooking and storage temperatures, as well as cleaning and sanitizing procedures for cooking equipment, all department equipment to include refrigerators and freezers. Policy was enforced that logs are to be kept of daily monitoring of temperatures.
Continued From page 3

practices at the Anaheim Campus food was not stored under safe and sanitary conditions. At the Buena Park campus the failures included 1) extended holding of foods under heat; 2) food handling, storage, and/or transportation practices that did not prevent cross contamination during production; 3) lack of hair restraint use in food production areas; 4) unclean equipment; 5) cross contamination during dishwashing and 6) failure to maintain food refrigerators and freezers in working condition. 5) A disaster menu that did not fully meet the needs of the patients with physician ordered therapeutic diets.

Findings:

Anaheim Campus

1. During initial tour beginning on 2/21/08 at 1030 hours it was noted that there was no Dietary Management staff available. In a follow up interview with the hospital LVN on 2/21/08 at 1700 hours, she stated that the Dietary Manager was at a sister hospital. In an interview with Dietary Staff F on 2/22/08 0730 hours she stated that the Dietary Manager was at the hospital on 2/21/08 from approximately 2100 - 0100 hours. She further stated that the Dietary Manager had a full-time job at another hospital. Dietary Staff was unsure of the exact times when the Dietary Manager was in the building as the kitchen was usually closed by then and that "she hadn't seen her in awhile." In an interview with Dietary Staff G on 2/22/08 he stated he could tell that she had been there the previous evening since there was a new schedule.

Refrigerators/Freezers have been repaired to working condition, and staff educated on work order maintenance procedures. Staff educated that food is to be removed from non working units and placed in working units, and to contact the Food & Nutrition Service Manager immediately, and in his absence, to contact the CFO or COO immediately.

Food Danger Zone, knowledge for probe temperatures has been discussed with kitchen staff. Instructions given that when ice build up is noticed on refrigerator to contact manager of department or engineering as soon as possible to implement corrective action.

3. Left over food process: Staff has been educated regarding Left over food process, anything that is on the steam table for over 2 hours will be discarded.

4. Staff in-serviced to put current day's date on food that has been prepared or opened, and expiration dates are to be three days post.

5. Staff in-serviced on Dairy walk- in dates, and labeling to be that of the open date and expired date to be three days post.

Event ID: RYJK11

6/3/2008 11:41:41AM

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

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. Except for nursing homes, the findings above are discloseable 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 discloseable 14 days following these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
Continued From page 4

In an interview with payroll staff H on 2/22/08 at 1130 hours, the surveyor requested time cards for the Dietary Manager. Upon presentation of the time cards it was noted that the card did not delineate the time of day the dietary manager worked, only the total hours were indicated. Payroll staff H confirmed that it was not possible to determine the time of day the Dietary Manager was present in the building since she was on salary and not required to provide that information.

In an interview with Administrative Staff J and K, they confirmed that the Dietary Manager became part-time in June 2007. When asked by survey staff whether attempts were made to seek a full time Dietary Services Manager they replied they were unsure, but would check with human resources. As of 2/22/08 at 1630 hours the hospital was unable to provide any documentation that recruitment for a full time Dietary Manager had occurred.

Buena Park Campus

2. During initial tour on 2/21/08 beginning at 1130 hours, it was noted that the walk in refrigerator had an external temperature of 54° F. There was no internal thermometer. The contents of the refrigerator included fruits, vegetables, previously cooked teriyaki chicken, two pre-cooked turkey breasts which were sitting directly adjacent to thawing hamburger. The internal probed temperature, (which was taken in the presence of Dietary Staff A) of the teriyaki chicken was noted to

6. Leaking meat freezer has been repaired and cleaning procedures in-services with kitchen staff.

7. Reach in ice cream freezer repaired and temperature logs have been changed to 3 times per day.

8. Cooks in-serviced on food holding procedures to include no food on steam table longer than 2 hours.

9. Cooks refrigerator: all kitchen staff educated on Dates, Labeling & Covers for food storage procedures.

Policy for sanitation procedures for food thermometers include creation of three thermometer stations where the meters are to be kept. In-service to all kitchen staff on proper sanitation and calibrations.

10. Sanitation use of thermometers in food temperature checking logs created and staff in serviced.


LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE

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. Except for nursing homes, the findings above are disclosureable 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 disclosureable 14 days following site these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program operation.
Continued From page 5

be 53°F and the internal probed temperature of the
turkey was noted to be 52°F. It was also noted
that there was a grey plastic pan measuring
approximately 24" x 18" x 6" underneath the
blower, collecting water drippings. Additionally it
was noted that there was a build up of ice on the
pipe leading to the blower. The ice build up was
estimated by the surveyor to be one-half inch thick
and approximately 5" long.

In an interview on 2/21/08 at 11:45 hours, with
Dietary Staff A she stated that the turkey was to be
used for patient sandwiches over the next several
days. Dietary Staff A was also asked how she
ensured that the food in the refrigerator was safe to
be used for patients, since the temperatures were
reduced. Dietary Staff A replied that it would
check the temperature prior to slicing the meat,
and if it was 41°F or below it would be safe.

Dietary Staff A further stated that she came into
work on 2/20/08 and at approximately 0600 hours;
she noticed that the external thermometer on the
walk-in refrigerator registered at 45°F. She stated
that she called the hospital maintenance person,
and filled out a work order which was dated 2/20/08
at 0700. The request documented the elevated
temperature and requested that the unit be fixed as
soon as possible. When asked by the surveyor the
action that was taken by maintenance staff, she
stated she was not sure. Dietary Staff A was
asked by the surveyor if any staff members had
monitored food temperatures after the elevated
temperatures were identified, to which she replied
"no."

11. Staff educated on no food leaving the
kitchen without covers. 3/31/08

12. Education provided to hospital managers
that all staff entering the kitchen during food
preparation, and in any food stored areas,
must have hair restraints.

Update infection control policy to reflect
hair restraint when entering food preparation
and storage areas has occurred.

13. The disaster menu has been revised to
meet the needs of seven days food coverage
for disasters, and to cover disaster meal
coverage for the Buena Park Campus as
well.

The responsibility of the dietary staff is to
ensure emergency management food supply
is kept on hand at the medical center, and
the Buena Park Campus.
Continued from page 6

In an interview on 2/21/08 at 11:45 hours, with Maintenance Staff C he stated that he came into work on 2/21/08 and was made aware of the malfunctioning unit. He stated that he noticed that there was a build up of ice on the blower at which point he decided to turn off the unit and defrost the ice. He also stated that all foods remained in the unit, and staff continued to go in and out of the unit, despite the unit being turned off.

In a follow up observation on 2/21/08 at 14:05 hours it was noted that the internal probed temperature of the ready to eat turkey was 52°F.

In an interview on 2/22/08 at 12:30 hours, with the Environmental Services Supervisor D (designated to the Buena Park Campus) he stated that he was notified of the malfunctioning unit on 2/20/08 at which point he notified the Maintenance Supervisor E. When asked the response from Maintenance Supervisor E, he was told "don't worry about it." When asked if he had monitored the temperature of the unit he replied that he checked it at 08:00 hours and 1500 hours on 2/20/08 and the temperature was 50°F both times.

On 2/22/08 of hospital policy titled "Food Storage" guided staff that a temperature of 41°F or below "slows down growth of harmful bacteria." The policy also guided staff that meat products and leftover foods should be stored at 32°F-41°F.

3. During initial tour on 2/21/08 beginning at 1100 hours, in the refrigerator across from the steam

Policy revisions has been made by Director, Food Service, Random spot checks for employee compliance is conducted by lead cook and Director of Food Services. Competency and in-services have been developed by Food Service Director. Quality monitoring conducted for dietary issues will be tracked to ensure staff has full knowledge of the instructions given. Trend data to be reviewed in the Quality Council, with reports to the Medical Executive and Governing Board for follow up action and accountability.

Responsible Party: Dietary Director, CFO, Chair MEC, Chair Board of Directors
Continued From page 7

Table, there was a pan of greater than 25 link sausages (each measuring approximately 1 inch in diameter and 5 inches long) with an internal probed temperature of 35°F. It was also noted that the sausages were in a solid cream colored substance, resembling congealed fat, measuring an approximate depth of 2 inches. In a concurrent interview with Dietary Staff A, she stated that they were prepared on 2/20/08 and were used for breakfast as patients requested. There was also a product labeled "tugino" which was described as pork with red food coloring added. The tugino had an internal probed temperature of 41°F. It was also noted that the product was surrounded by a solid pink colored substance, measuring approximately 1" in depth, resembling congealed fat.

In a concurrent interview with Dietary Staff A, she was asked how the hospital ensured that leftover food was safe to be served on following days. She stated that once the food was cooked she would leave it on the counter for "awhile" after which she would place it on ice and continue to leave it on the counter. She further stated that after a few hours she would cover and place it in the refrigerator. When asked if temperatures of any of the foods were monitored she replied that sometimes she would take the temperature. When asked by the surveyor what the temperature should be she replied 41°F. When asked by the surveyor how long it would take to cool down the food, she replied that she wasn't sure but thought "a couple of hours". When asked if she documented the cooldown process, she replied "no". When asked to describe the cooking temperature of the food the

A full time registered dietitian food service director has been hired by the hospital. This director is scheduled during regular working hours to maintain both the ACH main and Buena Park campuses. There is also a second full time Registered Dietitian to provide clinical dietitian services to ensure that the nutritional needs of the patients are met.

2. Staff has been educated for proper food handling, preparation and storage. The hospital has two per diem dietitians to assist with the clinical dietitian services for the Sub Acute and Psych units.

The Food and Nutritional Director has educated staff and provided policy changes for prevention in cross contamination during dishwashing, and during transportation, use of hair covers, cleaning of equipment, maintenance of food refrigerators and freezer, proper rotation of food, and proper cool down procedures, and food portion sizes. Education was covered with staff from both campuses.
Continued From page 8

following day, she replied she would heat it to
150°F. The Dietary Staff A was then asked the
food danger zone temperature range was, but was
unable to verbalize the food handling standard. The
food danger zone is defined as potentially
hazardous foods being held between 70 and 135°F,
the temperature most prone to the growth of
bacteria associated with food borne illness (Food
Code, 2005). The standard of practice for reheating
leftover foods would be to ensure that all parts of
the food reach a temperature of at least 165°F for
15 seconds (Food Code, 2005).

There was no documented evidence that the
hospital had implemented a comprehensive
cooking monitoring of potentially hazardous foods.
There was no documented evidence that the
hospital provided guidance to dietary staff regarding
the use of leftover foods. Failure to monitor foods
during cook down or heat previously cooked foods to
specified temperatures puts patients at risk for
developing a food borne illness.

Anaheim Campus:

On 2/21/08 between 1020- 1110 hours during the
tour of the Anaheim campus kitchen, the following
observations were made:

4. In the "Produce Refrigerator" there was a 3-pack
of firm tofu with expiration date 2/17/08. During an
interview with Dietary Director M on 2/22/08
between 1240-1250 hours, the director stated "I'll
have to check that."

In-service has occurred both campuses on
Refrigerator temperature monitoring, and
cooking and storage temperatures, as well as
cleaning and sanitizing procedures for cooking
equipment, all department equipment to include
refrigerators and freezers. Policy was enforced
that logs are to be kept of daily monitoring of
temperatures.

Refrigerators/Freezers have been repaired to
working condition, and staff educated on work
order maintenance procedures. Staff educated
that food is to be removed from non working
units and placed in working units, and to contact
the Food & Nutrition Service Manager
immediately, and in his absence, to contact the
CFO or COO immediately.

Food Danger Zone, knowledge for probe
temperatures has been discussed with kitchen
staff. Instructions given that when ice build up is
noticed on refrigerator to contact manager of
department or engineering as soon as possible to
implement corrective action.
Continued from page 9

5. In the dairy walk-in, there was the following:

(a) A 1-pound block of provolone cheese labeled "sell by 1/17/08." During an interview with the Dietary Director M on 2/22/08, between 1240-1250 hours she was unable to state whether the cheese was still wholesome.

(b) A 5-pound block of California Gold Mozzarella, with blackish substance around the edges, and stamp "Mfg 7/18/07."

During an interview with the Dietary Director M on 2/22/08 between 1240-1250 hours, the director stated she needed to contact the vendor to determine if the cheese was still wholesome.

(d) Two large metal pans (approximately 12 inches x 20 inches x 5 inches deep) on the top shelf of the refrigerator under the compressor and filled with water. Interview with Dietary Staff G revealed "the compressor is leaking for about a month."

6. The floor of the Meat Freezer was coated with a sheet of ice. There was a thick coating of solid ice completely encasing three boxes of food, which were frozen together. Ice coated the metal shelving, and icicles were flowing from the freezer shelving. The gasket on the door of the meat freezer was black and stiff. The side of the door was coated with a furry blackish substance. In a concurrent interview with Dietary Staff G revealed "it leaks" and that the freezer was cleaned every six months.

A full time registered dietitian food service director has been hired by the hospital. This director is scheduled during regular working hours to maintain both the AGH main and Buena Park campuses. There is also a second full time Registered Diestitans to provide clinical dietitian services to ensure that the nutritional needs of the patients are met.

2. Staff has been educated for proper food handling, preparation and storage. The hospital has two per diem dietitians to assist with the clinical dietitian services for the Sub Acute and psych units.

The Food and Nutritional Director has educated staff and provided policy changes for prevention in cross contamination during dishwashing, and during transportation, use of hair covers, cleaning of equipment, maintenance of food refrigerators and freezer, proper rotation of food, and proper cool down procedures, and food portion sizes. Education was covered with staff from both campuses.

In service has occurred both campuses on Refrigerator temperature monitoring, and cooking and storage temperatures, as well as cleaning and sanitizing procedures for cooking equipment, all department equipment to include refrigerators and freezers. Policy was enforced that logs are to be kept of daily monitoring of temperatures. Refrigerators/Freestzers have been repaired to working condition, and staff educated on work order maintenance procedures. Staff educated that food is to be removed from non-working units and placed in working units, and to contact the Food & Nutrition Service Manager immediately, and in his absence, to contact the CFO or COO immediately.

Event ID: RYK11

9/3/2008 11:41:45 AM

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

TITLE

(X6) DATE

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. Except for nursing homes, the findings above are dischargeable 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 dischargeable 14 days following
Continued from page 10

7. The reach-in ice cream freezer was observed to be 23 degrees F and the ice cream inside was soft to the touch. The cook stated "it hasn't been working the last few days. Review of the temperature log on the front of the freezer revealed the temperature was ranging from 20 degrees on 2/18/08 to 30 degrees on 2/21/08.

During an interview with the Dietary Director M on 2/22/08 between 1240-1250 hours, the Director stated she would have the ice cream moved to another freezer. The Director acknowledged the ice cream quality was "not good" after four days at these temperatures.

On 2/22/08 between 1240-1250 hours the part-time Dietary Director M was interviewed regarding the broken refrigerators and freezers. The Director stated the hospital policy was to write work orders when equipment did not work. She provided the most recent work orders which was dated on 6/27/08 and written by herself. She acknowledged she was unaware of the refrigerators and freezers that were not in working order, "but the staff should write a work order when they see something doesn't work."

In an interview on 2/22/08 at 1305 hours in an interview with Administrative Staff J & K they were asked by two surveyors the expectation for equipment maintenance within the hospital. They stated that they had identified a problem with staff not filling out work orders for broken equipment. When asked what the intervention was he stated that he had encouraged staff to fill out work orders. A full-time registered dietitian food service director has been hired by the hospital. This director is scheduled during regular working hours to maintain both the AGH main and Buena Park campuses. There is also a second full-time Registered Dietitian to provide clinical dietitian services to ensure that the nutritional needs of the patients are met.

7. Reach-in ice cream freezer repaired and temperature logs have been changed to 3 times per day.

2. Staff has been educated for proper food handling, preparation and storage. The hospital has two per-diem dietitians to assist with the clinical dietitian services for the Sub Acute and Psych units.

The Food and Nutritional Director has educated staff and provided policy changes for prevention in cross contamination during dishwashing, and during transportation, use of hair covers, cleaning of equipment, maintenance of food refrigerators and freezer, proper rotation of food, and proper cool down procedures, and food portion sizes. Education was covered with staff from both campuses.

In-service has occurred both campuses on Refrigerator temperature monitoring, and cooking and storage temperatures, as well as cleaning and sanitizing procedures for cooking equipment, all department equipment to include refrigerators and freezers. Policy was enforced and logs are to be kept of daily monitoring of temperatures.

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. Except for nursing homes, the findings 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 operation.
Continued from page 11

and was planning to develop an excel spread sheet for preventive maintenance for all equipment in the hospital. There was no documented evidence that the hospital had evaluated the effectiveness of encouraging employees to fill out the forms.

Buena Park Campus

6. During initial tour on 2/21/08 beginning at 1050 hours it was noted that the noon meal was on the steam table and some of the food from the steam pans was removed. It was also noted that there was a vegetable blend mix in water. In a concurrent interview with Dietary Staff A she stated that the hospital also contracted with a local senior program to provide meals. She further stated that the contracted meals were the same as patient meals and that all the food was completed shortly after 1000 hours. She further stated that the leftover food would be used for patients and held on the steam table until 1200 hours, when meal service would begin. Hold of foods for extended periods of time, in this case it would be 90 minutes with an additional 30 minutes required for the meal plating process, for a total holding time of 2 1/2 hours. Foods held for extended periods of time are likely to decrease in both nutrient value and palatability (US Department of Agriculture, 2005).

9. The following was noted during initial tour on 2/21/08 beginning at 1050 hours. In the cooks' refrigerator - there was a opened, undated, package of bagels that had green fuzzy spots on two of the bagels; sausage, cheese sauce and ranch dressing, with no label; shredded cheese with

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>TAG</th>
<th>ID</th>
<th>Prefix</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X8) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td>8. Cooks in-serviced on food holding procedures to include no food on steam table longer than 2 hours.</td>
<td>3/31/08</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
<td></td>
<td>9. Cooks refrigerator: all kitchen staff educated on Dates, Labeling &amp; Covers for food storage procedures.</td>
<td></td>
</tr>
</tbody>
</table>

Policy for sanitation procedures for food thermometers include creation of three thermometer stations where the meters are to be kept. In-service to all kitchen staff on proper sanitation and calibrations.

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 patient. Except for nursing homes, the findings 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.
Continued From page 12

unidentified brown particles in it; four sandwiches, identified by Dietary Staff A as tuna sandwiches with no date/label; and in the dry storage area there was protein powder, opened/undated and contained a scoop. In the freezer there was chicken, opened, no date; patties, identified by Dietary Staff A as chicken, opened, no date/label; patties, identified by Dietary Staff A as vegetable patties, opened, no date/label.

10. During tray line observation on 2/21/08 beginning at 12:00 hours Dietary Staff A was observed taking tray line temperatures. There was no sanitation of the thermometer, rather she would walk to the sink and run water over the thermometer before placing it in the next item.

11. During meal delivery on 2/21/08 at 12:15 hours it was noted that while dietary staff had a covering for the main entrée, the salad which was placed in bowls was not covered. The meal delivery carts were open, not enclosed.

12. During general kitchen observation on 2/21/08 intermittently from 11:45-16:00 hours the following was noted:

   a. Maintenance Staff C was observed coming in and out of the kitchen, through food production and food storage areas without a hairnet. The hospital policy titled “Infection Control/Prevention and Contamination” did not reflect the current standard of practice. The current standard of practice would be that employees would wear hair restraints when entering dietary services (Food Code, 2005).

10. Sanitation use of thermometers in food temperature checking logs created and staff in serviced.

   3/31/08

11. Staff educated on no food leaving the kitchen without covers.

12. Education provided to hospital managers that all staff entering the kitchen during food preparation, and in any food stored areas, must have hair restraints on.

   Update infection control policy to reflect hair restraint when entering food preparation and storage areas has occurred.

13. The disaster menu has been revised to meet the needs of seven days food coverage for
<table>
<thead>
<tr>
<th>(K4) ID PREFFIX</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREF</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Continued From page 13</td>
<td></td>
<td></td>
<td>3/31/08</td>
</tr>
</tbody>
</table>

b. There were several pieces of unclean food production equipment. The rubber gasket on the blender had a green, slimy-like substance. It was also noted that there was a build up of water on the gasket. The coffee maker had a build up of black tar-like substance on the front and the top of the coffee maker had a white dust-like substance on it; dietary staff was storing rubber bands with cleaned/sanitized dishes and the table-mounted can opener had a black tar-like substance on it.

In an interview on 2/21/08 at 1445 hours, Dietary Staff A was asked if there was a cleaning schedule, to which she replied "no." The hospital policy titled "Infection Control/Prevention and Contamination" guided staff that "all kitchenware...will be cleaned after each use..." The hospital policy titled "Cleaning Procedures" guided staff to fully disassemble the blender, wash and air dry overnight.

c. In the milk refrigerator there were four health shakes with no thaw date. In an interview on 2/21/08 at 1125 hours with Dietary Staff A she stated they were thawed on 2/20/08. When asked when they expired she attempted to read the code on the carton; however was unable to describe the meaning of the coding. She further stated that they expired on 3/14/08; however, was unable to describe how she came to that conclusion. The manufacturers’ guidance for expiration of the product is 14 days after the thaw date (Hormel, 2008).
Continued From page 14

13. During review of departmental disaster meal planning on 2/22/08 at 1415 hours, it was noted that while the hospital had a disaster food supply and a menu, the menu was intended only for patients on regular diets. It was also noted that the disaster plan was developed for the Anaheim campus and was not modified to meet the needs of the Buena Park campus which included a 12-bed acute psychiatric unit, a 32-bed sub-acute unit and a 32-bed partial hospitalization unit. Additionally, there was no guidance to dietary or administrative staff for the implementation of therapeutic diets that might be required during an emergency. It was also noted that, the menu did not consistently provide guidance for portion sizes.

In a concurrent interview with Dietary Staff A she was asked what the portion size of the entrée such as rice rice would be, to which she replied that patients would receive a one-half cup of the entrée, since all of their portion sizes were one-half cup.

The violation(s) has caused, or is likely to cause, serious injury or death to the patient(s).

13. The disaster menu has been revised to meet the needs of seven days food coverage for disasters, and to cover disaster meal coverage for the Buena Park Campus as well.

The responsibility of the dietary staff is to ensure emergency management food supply is kept on hand at the medical center, and the Buena Park Campus.

Policy revisions has been made by Director, Food Service. Random spot checks for employee compliance is conducted by lead cook and Director of Food Services. Competency and inservices have been developed for Food Service Director. Quality monitoring conducted for dietary issues will be tracked to ensure staff has full knowledge of the instructions given. Tended data to be reviewed in the Quality Council, with reports to the Medical Executive and Governing Board for follow up action and accountability.

**Responsible Party:** Dietary Director, CFO, Chair MEC, Chair Board of Directors

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings 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.