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

PRINTED: 05/14/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055491	A BUILDING	======================================	TE SURVEY MPLETED C 5/12/2014
	PROVIDER OR SUPPLIE		3	TREET ADDRESS, CITY, STATE, ZIP CODE 10 OAK RIDGE DRIVE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRÉCEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F 371 SS=F	California Departiabbreviated surve CA00396010. Representing the HFEN 31321 Inspection was lir investigated and of a full inspection 483.35(i) FOOD I STORE/PREPAR The facility must-(1) Procure food considered satisfiauthorities, and (2) Store prepare under sanitary continuous anitary continuous the facility sanitation and foo practices to prevenit sanitation and food sanitation and	presents the findings of the ment of Public Health during an ey of complaint number Department of Public Health; mited to the specific complaint does not represent the findings in of the facility. PROCURE, E/SERVE - SANITARY from sources approved or actory by Federal, State or local e, distribute and serve food	F 371	Preparation and/ or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and / or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907. POC Key: (A) Correction for residents identified (B) Identification of other residents not identified (C) Systemic changes to ensure deficient practice does not occur again. (D) Facility monitoring process to ensure deficient practice does not recur. F-371 A-All food items in question were dated and stored properly on 5/12/14. All dented cans were placed in a designated area reserved for returns to the food provider to prevent them from being used. B- The kitchen was checked by the RD on 5/12/14 and no other food items were found to not be dated. An in-service was given by the RD on 5/12/14. The topic covered proper handling of food, proper dating of food items, as well as not using cans that are dented and are being thrown away.	
ABORATOR	OIRECTOR'S OR PROV	DERISUHTUR REPRESENTATIVE'S SIGN	NATURE AU	lministrator 5/2	X6) DATE

Any deficiency statement ending with an asterlak (*) 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.

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

PRINTED: 05/14/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	PROVIDER OR SUPPLIE		3	TREET ADDRESS DITY, STATE, ZIP CO 10 OAK RIDGE DRIVE ROSEVILLE, CA 95661		12/2014
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE
F 371	outbreak of food the facility who re from the kitchen. Findings: A) In an interview at 1:45 p.m., she problems in the k supposed to take dented. If they are She said "About to take two big dethe dumpster." Scontaining 24 cars supplement) take stated "[The supplement) take stated "[The supplement] take stated "[The supplement] take stated apples from the consumption of t	he potential of creating an borne illness for all residents in accived food or supplements	F 371	C-A new Dietary Manager was 5/16/14. The Dietary Manager of daily inspections in the kitchen compliance. All new employees trained on the facilities procedudating food and how to handle dishe will also perform in-service the year to keep the staff current policies and procedures. This won a continual basis. The adminfollow up with the Dietary Manamonthly basis as a part of our miguality Assurance program. D- The findings will be reported Continuing Quality Improvement Committee for review and reconsiderations.	will conduct to ensure s will be re for ented cans, s through on all ill be done istrator will ager on a onthly to the	

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

PRINTED: 05/14/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		055491	B. WING	G		C 5/12/2014	
NAME OF PROVIDER OR SUPPLIER OAK RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 OAK RIDGE DRIVE ROSEVILLE, CA 95661		0/12/2014		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH COR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE	
F 371	to be separated fin specified labele refund" B) In an observat kitchen on 4/29/1 accompanied by the following item. 1. One whole wat 2. Sixteen small capplesauce (no dapplesauce (no dapplesauce) of thicked date). 4. Forty three nut date). 5. One small covidate). 6. One flat of reguleft in the flat with spilled out into the 7. Two heads ice. 8. Two red bell per line in the stated and labeled as so know why they are line a record review procedure it indicated as a second record in the stated and labeled as so know why they are line are cord review procedure it indicated as a second review procedure. All rethe amount of time the amount of time amount of time amount of time the second review procedure. All rethe amount of time the second review procedure.	ented cans and rusty cans are from remaining stock and placed and area for return to purveyor for at 2:45 p.m., while the Registered Dietician (RD) as were not labeled: termelon (no date) desert size bowls of pre-poured late) aining 17 pre-poured glasses and beverages (no label or ritional shakes/4 ounces (no later pasteurized eggs (21 eggs one egg cracked open and e cardboard flat) (no date).	F 37				

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

PRINTED: 05/14/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
		055491	B. WING		05	C /12/2014	
NAME OF PROVIDER OR SUPPLIER OAK RIDGE HEALTHCARE CENTER				STREET ADDRESS, CITY, S 310 OAK RIDGE DRIVE ROSEVILLE, CA 9566	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI	AN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE	
F 371	each item listed a and refrigerated): (check expiration prepared. 3 day assure proper rota of refrigerated or original packing b dated. 14. Supp taken from the from the from the from the refrigerator must be placed in the refr	e list below for the guidelines of nd their required time to be kept. Regular Eggs 3 weeks day-may be sooner) Deserts ys. Eggs need to be dated to ation 13. Individual packages frozen food taken from the ox need to be labeled and blemental shakes which are seen state and thawed in the be dated as soon as the are gerator. Produce Storage en or red peppers 1 week	F 37				