STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555339	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-PALM DESERT	74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260

(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 following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint Number: CA00785051. Representing the Department: Health Facilities Evaluator Nurse: 38479 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for complaint number: CA00785051.	F 000		
F 802 SS=F	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. §483.60(b) A member of the Food and Nutrition	F 802	The statements made in this Plan of Correction are not an admission to or an agreement with the stated deficiencies. To remain in compliance with all Federal and State Regulations, the facility has taken or will take actions set forth in the following Plan of Correction. This Plan of Correction constitutes the facility's Allegation of Compliance such that all stated deficiencies have been or will be corrected by the specified date(s).	

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

NHA | 8-4-22

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.

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

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F 802	Continued From page 1 Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii). This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, for a universe of 100 residents, the facility failed to ensure only qualified dietary staff were allowed to work in the food services area from April to May 2022. The facility failure to ensure only qualified dietary staff were allowed to work in the food services area had the potential to result in food contamination, unsafe food preparation and distribution. Findings: On May 25, 2022, at 9:45 a.m., an unannounced visit was conducted at the facility for the investigation of a complaint. On May 25, 2022, at 10:50 a.m., the Administrator was interviewed. The Administrator acknowledged that the facility had experienced staffing issues in the kitchen. The Administrator stated that the residents had to be fed and that the facility had utilized the available help to ensure that they met their resident's dietary needs. On May 25, 2022, at 11:28 a.m., an interview was conducted with the facility Cook regarding the lack of staffing in the food services department. The Cook stated that there was usually a fifth person that served as a runner to deliver the food cart on the floor. The Cook explained that now, the prep cook runs the cart for breakfast, and the	F 802	It is the practice of this facility to treat patients with dignity and respect. 8-19-22 A) This facility utilizes nursing aide trainees (N.A.T.'s). The DSD during their orientation will ensure NAT's have the "Food Handlers" training and certification, in case of low staff in dietary department were to arise. Ads for dietary aides and cooks have been posted on the company website and other employment forums online e.g. Indeed. During NAT training they will spend a minimum of two weeks in the dietary department learning procedures e.g. reading patient dietary cards. This training will be provided by RD or designee. B) This practice has the potential to impact all residents who reside in the facility and eat orally. 8-19-22 C) In-service was presented to all dietary staff and NAT's by DSD and Registered Dietician regarding safe handling of food, infection control within the dietary department, reading diet cards. 8-19-22 D) Compliance will be monitored by auditing dietary orders and tray cards for compliance for four (4) weeks by Registered Dietician or designee and then monthly time two (2) months. 8-19-22	

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F 802	Continued From page 2 person at the end of the tray line runs to deliver the food cart for lunch. The Cook stated that the runner takes time to return to the kitchen which causes the kitchen staff to have to wait. By waiting, it compromises the tray line and results in delays in food service and delivery. The Cook stated that the staff shortage had been an on-going issue for the last two years and it had taken a toll on the staff. The Cook stated that they had to do double the work to get the resident's food ready and out to the floor on time. The Cook stated that the facility had five staff members that did not have food handler's training that had been working in the kitchen since April 2022. On May 25, 2022, at 12:21 p.m., the Registered Dietitian (RD) was interviewed. The RD stated that the Food Service Director had left her position on April 12, 2022, and that she had been helping out until the facility had found a replacement. The RD stated that dietary services had been having a hard time and that they had been having available staff come in to help out. The RD stated that the staff that had been helping out, should have had food handlers certification. The RD explained that mistakes could happen if the staff have not been trained properly and that the patients could be affected by improper food handling. The RD stated that when she became aware of the practice, she told the management that they needed to prioritize and ensure that the staff was properly trained and certified. On May 25, 2022, at 12:36 p.m., Dietary Aide 1 (DA) was interviewed. DA 1 stated that they were using staff that were not certified as food handlers. DA 1 stated that those staff members had not been through the full food handling	F 802	Finding will be presented monthly to Quality Assurance Performance Improvement committee for the purpose of analyzing and identifying trends and to monitor for compliance and make recommendation. E) Completed by August 19, 2022.	8-19-22

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F 802	Continued From page 3 certification process and that they could set the tray up wrong without the proper training. On May 25, 2022, at 12:52 p.m., DA 2 was interviewed. DA 2 stated that about three weeks ago she had to stay over, and that it had been hard on her body and that she had gotten "so tired." DA 2 stated that she had been tired and that it was not safe. She stated that she worried about making a mistake. DA 2 stated that the staff that had helped out did not have experience, and that they did not know how to read the meal tickets. DA 2 stated that they could not do the tray line. DA 2 stated that there was a complaint that a tray had missing items. DA 2 emphasized that, "It was very important to know how to read the diet and to be able to set up a meal tray." DA 2 stated that on a day she had been off, the staff had sent a tray that had not been checked for a resident that was allergic to fish. DA 2 stated that the resident could have died. On May 25, 2022, at 1:16 p.m., the Assistant Maintenance (Asst. Maintenance) was interviewed. The Asst. Maintenance stated that he usually worked in the kitchen on the weekends. The Asst. Maintenance stated that he was not certified as a food handler and that, "Yes" it was important to be trained because they are dealing with food. The Asst. Maintenance further stated that it was safe to handle food if one was trained. He stated if not, food could be handled or improperly prepared, which could result in the patient getting very sick. On May 25, 2022, at 1:35 p.m., the Hospitality Aide 1 (HA) was interviewed. HA 1 stated she work in the kitchen on Saturdays. HA 1 stated that she helped wash the dishes, set up trays,	F 802		

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F 802	Continued From page 4 and assist in the tray line. HA 1 stated that she had asked around how to do things in the kitchen. HA 1 stated that she believed one had to be certified as a food handler to work in the kitchen. HA 1 stated that she does not want to be trained because she does not want to work full time in the kitchen. HA 1 further explained that if not trained as a food handler, one could contaminate the food, serve the wrong diet, and could make a mistake and put the patient's health at risk. On May 25, 2022, the Director of Nursing (DON) and RD were interviewed. The DON stated that anyone that had worked in the kitchen had to be certified as a food handler. She stated that there were many things that needed to be considered and to be aware of such as infection control and temperature guidelines. A review of the facility Job Description titled, "Dietary Aide," dated February 2008, indicated, Dietary Aide, "...Attends and participates in scheduled in-service training and educational classes as mandated by regulatory agencies and company policies...Use safe food handling techniques as identified in the HCR ManorCare Dietary Procedures Manual - Food Service Management, HACCP and state and federal codes and regulations..."	F 802		