

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

PRINTED: 04/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>STODDARD BAPTIST NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 NEWTON ST. NW WASHINGTON, DC 20010</b>		
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>A recertification Quality Indicator Survey (QIS) was conducted on March 11, 2015 through March 18, 2015. The following deficiencies are based on observation, record review and staff interviews for 31 sampled residents.</p> <p>Abbreviations</p> <p>AMS - Altered Mental Status</p> <p>ARD - assessment reference date</p> <p>BID - Twice- a-day</p> <p>B/P - Blood Pressure</p> <p>cm - Centimeters</p> <p>CMS - Centers for Medicare and Medicaid Services</p> <p>CNA- Certified Nurse Aide</p> <p>CRF - Community Residential Facility</p> <p>D.C. - District of Columbia</p> <p>DCMR- District of Columbia Municipal Regulations</p> <p>D/C Discontinue</p> <p>DI - deciliter</p> <p>DMH - Department of Mental Health</p> <p>EKG - 12 lead Electrocardiogram</p> <p>EMS - Emergency Medical Services (911)</p> <p>G-tube Gastrostomy tube</p> <p>HVAC - Heating ventilation/Air conditioning</p> <p>ID - Intellectual disability</p> <p>IDT - interdisciplinary team</p> <p>L - Liter</p> <p>Lbs - Pounds (unit of mass)</p> <p>MAR - Medication Administration Record</p> <p>MD- Medical Doctor</p> <p>MDS - Minimum Data Set</p> <p>Mg - milligrams (metric system unit of mass)</p> <p>mL - milliliters (metric system measure of volume)</p> <p>mg/dl - milligrams per deciliter</p> <p>mm/Hg - millimeters of mercury</p>	F 000	Please begin typing your responses here:		

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

TITLE

(X6) DATE

*[Signature]* RN, CNHA

ADMINISTRATOR

4/23/15

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.

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F 000	Continued From page 1 Neuro - Neurological NP - Nurse Practitioner PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey Rp, R/P- Responsible party Sol- Solution TAR - Treatment Administration Record	F 000			
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS  The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.  A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions;	F 272			

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F 272	<p>Continued From page 2</p> <p>Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interview for one (1) of 31 sampled residents, it was determined that the facility staff failed to accurately code Section G: Functional Status, of the Annual and Quarterly Minimum Data Set (MDS) assessments for Resident #150.</p> <p>The findings include:</p> <p>A review of the clinical record for Resident #150 revealed facility staff failed to accurately code Section G, Functional Status, of the Quarterly and Annual MDS assessments.</p> <p>The Quarterly MDS with assessment reference date of December 11, 2014 was inaccurately</p>	F 272	<ol style="list-style-type: none"> <li>1. Resident #150's MDS coding for Section G was modified to reflect "hemiparesis" on 4/14/15. There was no negative outcome to Resident #150.</li> <li>2. All other residents' MDS were checked for coding accuracy on Section G, and corrections made if required.</li> <li>3. MDS coordinators were provided an educational in- service on "Checking for MDS Accuracy Before Transmission" on 4/13/15.</li> <li>4. The Director of Nursing will monitor accuracy of MDS transmissions monthly and report to QAPI quarterly.</li> <li>5. Completion date: 4/22/15</li> </ol>		

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F 272	<p>Continued From page 3</p> <p>coded under Section G, Functional Status: G0400A Functional Limitation in Range of Motion (code for limitation that interfered with daily functions or placed resident at risk of injury): was coded as " 0 " which indicated no impairment of " Upper extremity (shoulder, elbow, wrist, hand).</p> <p>The Annual MDS with assessment reference date of March 5, 2015 was inaccurately coded for Section G, Functional Status: G0400A Functional Limitation in Range of Motion (code for limitation that interfered with daily functions or placed resident at risk of injury): was coded as " 0 " which indicated no impairment of " Upper extremity (shoulder, elbow, wrist, hand).</p> <p>A review of History and physical dated April 14, 2014 revealed ... Diagnosis severe encephalopathy, seizure, Pulmonary ... , s/p [status post] CVA [cerebral vascular accident], Fall risk. Under musculoskeletal: lower extremity weakness. Under mental status: confused ... " SIC</p> <p>A review of the Physician ' s Admission progress note dated January 16, 2013 reflected the following, " 74 year old with hx [history] encephalopathy and seizure D/O [disorder]. Pt [patient] cont [continue] with involuntary, restless movements and behaviors. Pt f/u [followed up] with neurology on January 3, 2012 who believes movement and behaviors will continue as a result of Encephalopathy/Cerebritis. Pt started on Seroquel 25mg qhs [at night] and Depakote 250 BID [twice daily] [psychotropic medication] to help. Staff report pt cont to be restless and continuously moving. Pt high fall risk and has had several falls. Facility to get new chair to help prevent pt. from falling onto floor... generalized</p>	F 272			

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F 272	Continued From page 4 weakness with right sided Hemiplegia ... " "  A review of Neurological Flow Sheet dated March 17, 2015, the day Resident #150 sustained a fall, revealed " Hand Grasp coded as " 2 " indicative of weakness of the right hand.  A telephone interview was conducted with Employee #3. He/she indicated that the neurologic assessment [of March 17, 2015] was consistent with the resident ' s history of Hemiparesis of the right side. He/she further stated that the resident had a history of stroke. He/she acknowledged the findings related to the MDS coding.	F 272	1. Resident #150's care plan was updated and modified to reflect additional measurable, achievable, and verifiable approaches to prevent falls and potential injury from falls. There was no injury from the fall of March 17, 2015.  2. Care plans of residents with potential for trauma, injury related to falls were reviewed for care plan update and modification to include measurable, achievable and verifiable interventions, and care plans updated as needed.		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280	3. Educational in-service on resident care plan was presented to the interdisciplinary team on 4/14/15.  4. RCCs will monitor all care plans for updated approaches and availability of measurable, achievable, and verifiable interventions on residents with "potential for trauma, fall, injury" monthly and reported to QAPI quarterly.  5. Completion date: 4/22/2015		

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F 280	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview for one (1) of 31 sampled residents, it was determined that facility staff failed to update the comprehensive care plan to reflect appropriate goals and approaches for fall prevention for Resident #150 who sustained multiple falls with and without injuries Resident #150</p> <p>The findings include:</p> <p>" On March 17, 2015 at approximately 3:20pm this surveyor observed an activity person, a staff nurse and CNAs [certified nursing assistants] gathered in the dayroom area watching as residents participated in an activity. The activity involved residents throwing a beach ball to each other. The residents were seated in a circle. The activity staff person threw a ball to the Resident #150 who leaped out of chair and fell onto the floor. The Nurse practitioner was called to assess the resident. No injury was noted, however, the resident was sent to an acute care facility via EMS for assessment post fall.</p> <p>According to an Occupational Therapy discharge summary dated May 6, 2013 it was reflected that due to decrease alertness and erratic movements the resident posed a high risk for falls and would require a low bed and one to one supervision.</p> <p>A review of Resident #150 's comprehensive care plan revealed the interdisciplinary team identified " potential for Trauma- Falls, injury " as</p>	F 280			

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F 280	<p>Continued From page 6</p> <p>a problem. A review of the goals and approaches to manage the identified problem was as follows:</p> <p>June 28, 2013 resident slipped while staff was assisting him in bathroom and sustained laceration to the back of [his/her] head. Problem: Actual fall; Approach: Encourage to ask for assistance, observe, record, and report all unsafe conditions and situations, assess change in level of consciousness, refer to rehab; Goal: get assist when up, avoid complication.</p> <p>July 9, 2014 while on one-to-one nursing care in [his/her] room resident jumped out of Geri- chair and sustained 2cmx0.1cmx0.1cm laceration on right upper eye brow. Problem: Fall; Approach: monitor neuro [neurologic] status; assess change in level of consciousness; Goal: Injury will be minimized.</p> <p>October 14, 2014 while being assisted in the bathroom resident fell and sustained laceration to forehead. Problem: Fall; Approach: monitor neuro [neurologic] status; assess change in level of consciousness; Goal: falls will be minimized over next 90 days, continue to monitor closely.</p> <p>March 17, 2015 while resident was participating in activity [he/she] suddenly moved slipped out of [his/her] chair fell with no injury. Problem: Fall; Approach: blank; Goal: injury will be minimized</p> <p>The care plan lacked evidence of measureable, achievable and verifiable interventions to prevent falls and potential injury from falls. Additionally, there was no evidence of modifications to the care plan to reduce the risk of repeated falls.</p> <p>The findings were acknowledged during a</p>	F 280			

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F 280	Continued From page 7	F 280	F323 - A		
F 323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observations made on March 17, 2015 at approximately 3:00 PM, it was determined that facility staff failed to maintain the resident environment free of accident hazards as evidenced by three (3) of three (3) unlocked and accessible soiled utility rooms where a floor cleaning chemicals were stored.</p> <p>The findings include:</p> <p>1. Housekeeping floor cleaning chemicals stored for use in an unlocked, soiled utility room in three (3) of three (3) units were easily accessible and posed a potential hazard to residents.</p> <p>These observations were made in the presence of Employee # 13 and Employee # 14 who acknowledged the findings.</p> <p>B. Based on observation, record review and staff interview for an isolated incident, it was</p>	F 323	<p>1. All housekeeping floor cleaning solution stored in 3 soiled utility rooms were immediately removed. There were no negative outcomes to residents as a result of this practice.</p> <p>2. There were no other soiled utility rooms in the facility.</p> <p>3. All housekeeping personnel were provided an in-service on safe use and storage of housekeeping chemicals.</p> <p>4. Housekeeping supervisor will conduct daily inspections of all soiled utility room and check for presence of cleaning supplies and other safety hazards and report to QAPI quarterly.</p> <p>5. Completion date: 4/22/15.</p>		



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F 323	<p>Continued From page 8</p> <p>determined that facility staff failed to provide adequate supervision and assistance devices for one (1) resident who sustained multiple falls with and without injuries. Resident #150</p> <p>The findings include:</p> <p>" On March 17, 2015 at approximately 3:20pm this surveyor observed an activity person, a staff nurse and CNAs [certified nursing assistants] gathered in the dayroom area watching as residents participated in an activity. The activity involved residents throwing a beach ball to each other. The residents were seated in a circle. . The activity staff person threw a ball to the Resident #150 who leaped out of chair and fell onto the floor. The Nurse practitioner was called to assess the resident. No injury was noted, however, the resident was sent to an acute care facility via EMS for assessment post fall.</p> <p>A review of Resident #150's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of December 11, 2014 and Annual MDS dated March 5, 2015 revealed the following:</p> <p>According to Section G Functional Status:</p> <p>G0110 Activities of Daily Living (ADL) Assistance revealed the resident was coded:</p> <p>(3) As Extensive Assistance - (resident involved in activity, staff provide weight-bearing support); and</p> <p>(3) Two + persons physical assist for the following:</p> <p>B. Transfer - how resident moves between surfaces including to or from; bed, chair, wheelchair, Standing, position ...and</p> <p>E. Locomotion on unit - how resident moves</p>	F 323	<p>F323 – B</p> <ol style="list-style-type: none"> <li>1. A recliner was provided to Resident #150 upon return from the hospital on 3/25/15.</li> <li>2. All other residents with potential for fall were assessed for appropriate seating/device. There were no other residents identified to need a change in seating.</li> <li>3. Rehab department provided educational in-service on proper positioning of residents with potential for fall/injury.</li> <li>4. Rehab will monitor residents for appropriate seating monthly and report to QAPI quarterly.</li> <li>5. Completion date: 4/22/15.</li> </ol>		

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F 323	<p>Continued From page 9</p> <p>between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self sufficiency once in chair</p> <p>G0300 Balance During Transitions and Walking was coded: (2) Not steady, only able to stabilize with human assistance:</p> <p>A. Moving from seated to standing position;</p> <p>E. Surface to surface transfer (transfer between bed and chair or wheel chair)</p> <p>G0400 Functional Limitation in Range of Motion was coded: (2) Impairment on both sides for B. Lower extremity (hip, knee, ankle, foot).</p> <p>Section G0600 "Mobility Devices" Section C Wheel chair</p> <p>According to section I Active Diagnosis, the resident 's diagnoses included:</p> <p>Peripheral Vascular Disease, Diabetes Mellitus, Non Alzheimer Dementia, Cerebral Vascular accident, Hemiplegia, Seizure disorder, anxiety disorder and depression</p> <p>A review of the Physician ' s Admission progress note dated January 16, 2013 reflected the following, " 74 year old with hx [history] encephalopathy and seizure D/O [disorder]. Pt [patient] cont [continue] with involuntary, restless movements and behaviors. Pt f/u [followed up] with neurology on January 3, 2012 who believes movement and behaviors will continue as a result of Encephalopathy/Cerebritis. Pt started on Seroquel 25mg qhs [at night] and Depakote 250</p>	F 323			

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F 323	<p>Continued From page 10</p> <p>BID [twice daily] [psychotropic medication] to help. Staff report pt cont to be restless and continuously moving. Pt high fall risk and has had several falls. Facility to get new chair to help prevent pt. from falling onto floor, generalized weakness with right sided Hemiplegia ... "</p> <p>The clinical record revealed that in addition to the aforementioned fall witnessed on March 17, 2015, Resident #150 's fall history included the following, as noted in the care plan:</p> <p>June 28, 2013 " Fall sustained while in the bathroom ...laceration at the back of the head ...sent to nearest ER [emergency room] for evaluation. "</p> <p>July 9, 2014 " Jumped out of Geri-chair [geriatric] [sustained] laceration to right upper eye brow ...sent to nearest ER for evaluation.</p> <p>October 14, 2014 " Fell while being assisted in bathroom...noted with forehead laceration ...transferred to nearest ER for evaluation ... "</p> <p>A review of a written statement received from Employee #4 status post the fall sustained by Resident #150 on March 17, 2015, read: " I was the nurse assigned to [Resident #150] and was sitting close to [him/her] while [he/she] was participating in the activities. Resident suddenly moved out of [his/her] chair and fell before I could reach [him/her] and the surveyor was at the nursing station when this occurred. "</p> <p>An Occupational Therapy discharge summary dated May 6, 2013 read: "due to decrease alertness and erratic movements the resident posed a high risk for falls and would require a low</p>	F 323	<p>F371</p> <p>#1</p> <ol style="list-style-type: none"> <li>1. Interior of the brewing machine, two convection ovens, and 2 steamers were immediately cleaned. There were no identified negative outcomes to residents.</li> <li>2. There were no other brewing machine, convection ovens, and steamers.</li> <li>3. All dietary staff were provided an in-service on the importance of maintaining clean equipment and shown how to clean equipment. A daily cleaning log and staff cleaning assignment was developed and staff was instructed to adhere to cleaning assignment.</li> <li>4. Dietary supervisors will check all equipment for cleanliness of equipment weekly and report to QAPI quarterly</li> <li>5. Completion date: 4/22/15</li> </ol>		

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>STODDARD BAPTIST NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 NEWTON ST. NW WASHINGTON, DC 20010</b>		
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F 323	Continued From page 11 bed and one to one supervision."	F 323	F371  #2		
	Facility staff failed to adequately supervise and/or provide assistance devices to prevent accidents for Resident #150 who sustained multiple repeated falls with and without injury.  The findings were acknowledged during a telephone interview with Employee #3.		1. The five fire suppression plastic covers were dusted and cleaned. There were no negative outcomes to residents.		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  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 observations made on March 11, 2015 at approximately 9:30 AM and on March 17, 2015 at approximately 10:40 AM, it was determined that the facility failed to prepare food under sanitary conditions as evidenced by one (1) of one (1) coffee brewing machine, two (2) of two (2) convection ovens and two (2) of two (2) steamers that were soiled with various deposits; five (5) of eight (8) fire suppression plastic covers that were soiled with dust particles; 13 of 13 eight-ounce containers of thickened dairy drink and one (1) of one (1) thirty-two ounce container of thickened dairy drink that were stored beyond	F 371	2. All other fire suppression plastic covers were inspected for dust and cleaned, if appropriate.  3. All dietary personnel were provided an in-service on the need to maintain a clean environment in the kitchen. An equipment cleaning schedule has been developed and staff was also informed of the cleaning schedule.  4. Dietary supervisor will ensure adherence to cleaning schedule and will inspect equipment and fire suppression covers for cleanliness weekly and report to QAPI quarterly.  5. Completion date: 4/22/15		

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F 371	<p>Continued From page 12</p> <p>their expiration date and inconsistent documentation of refrigerator, freezer, dishwashing machine temperature logs and three-compartment sink sanitization logs.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The interior of one (1) of one (1) coffee brewing machine, two (2) of two (2) convection ovens and two (2) of two (2) steamers were soiled with leftover residue of various types.</li> <li>2. Five (5) of eight (8) fire suppression plastic covers located above the grill, the fryer and the stove were soiled with dust.</li> <li>3. 13 of 13 eight ounce containers of thickened dairy drink stored in the dry food storage area were expired as of May 7, 2014.</li> <li>4. One (1) of one (1) 32 ounce container of thickened dairy drink stored in the dry food storage area was expired as of April 14, 2014.</li> <li>5. Refrigerator and freezer temperature logs, dishwashing machine temperature logs and three-compartment sink logs from January 2014 through January 2015 were not all available for review as follows:</li> </ol> <p>Refrigerator temperature logs were available for the month of January 2015, one (1) of 12 months.</p> <p>Freezer temperature logs were available for the months of November 2014, December 2014, and January 2015, three (3) of 12 months.</p> <p>Dishwashing machine temperature logs were available for the months of November 2014,</p>	F 371	<p>#3, #4</p> <ol style="list-style-type: none"> <li>1. All 14 expired containers of thickened dairy drinks stored in the dry food storage area were immediately discarded. There were no residents affected by this practice.</li> <li>2. The storeroom was inspected for any expired items. Any expired items found were discarded as appropriate.</li> <li>3. Dietary personnel were provided an educational in-service on how to rotate stocks using "first in, first out" and the importance of timely discarding of expired items.</li> <li>4. Dietary supervisor will conduct weekly inspection of all dietary storage areas to check for expired items. Outcome of inspections will be reported to QAPI quarterly.</li> <li>5. Completion date: 4/22/15</li> </ol>		

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F 371	<p>Continued From page 13</p> <p>December 2014, and January 2015, three (3) of 12 months.</p> <p>Three-compartment sink sanitization logs were available for the months of October 2014, November 2014, and January 2015, three (3) of 12 months.</p> <p>These observations were made in the presence of Employee #10, Employee #11 and/or Employee #12 who acknowledged the findings.</p>	F 371	<p>#5</p> <ol style="list-style-type: none"> <li>1. Refrigerator and freezer temperature logs, dishwashing machine temperature logs, and three compartment sink logs were not consistently available or located. There were no evidence of negative resident outcome as a result of this practice.</li> <li>2. Refrigerator and freezer log, dishwashing machine temperature log, and three compartment sink logs were available and in use for the current month.</li> <li>3. Dietary staff was educated on timely and proper filing procedures to ensure all logs are maintained for the prescribed time for record retention.</li> <li>4. Availability of all logs will reported at quarterly QAPI meetings.</li> <li>5. Completion date: 4/22/15</li> </ol>		