STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 44897 Based on record review and interview conducted during the Recertification Survey, it was determined that for four (Employees #1, #3, #4, and #5) of five newly hired employees the facility did not implement written policies and procedures to prevent abuse, neglect, exploitation, and misappropriation of resident property related to screening prospective employees. Specifically, the results of a nurse aide registry abuse screening were not documented for newly hired employees prior to starting work. The findings are: A review of facility policy, Administrative Policy #20A Abuse Prohibition, last reviewed November 22, 2022, included that it is the responsibility of Human Resources to screen all potential employees for a history of abuse, neglect or mistreatment of residents. On 12/20/23 from 9:03 AM to 9:47 AM, newly hired employee files were provided to the surveyor for review and included the following: 1) Employee #1 was hired on 10/2/23 as a Dining Services Associate and the results for a nurse aide registry screen for prior abuse findings were dated 10/19/23. 2) Employee #3 was hired on 11/6/23 as a Member Care Assistant and the results for a nurse aide registry screen for prior abuse findings were dated 12/20/23. 3) Employee #4 was hired on 12/4/23 as a Laundry Assistant and the results for a nurse aide registry screen for prior abuse findings were dated 12/20/23. 4) Employee #5 was hired on 11/20/23 as a Unit Secretary and the results for a nurse aide registry screen for prior abuse findings were dated 12/20/23. During an interview on 12/20/23 at 9:26 AM, the [NAME] President of Human Resources stated that a nurse aide registry screen was printed for Employee #1 prior to today because they realized they were a Certified Nursing Assistant in the past. The [NAME] President of Human Resources further stated that they would look into the other employees to see what happened with their nurse aide registry screen. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/20/23 at 2:31 PM, the [NAME] President of Human Resources stated that they felt confident that the nurse aide registry screen was completed for the other employees prior to hire because it is part of the facility process to do this. The [NAME] President of Human Resources also stated that they asked the staff member who checks Prometric (used to run the nurse aide registry screening) and was told that since the results were blank, the form (which shows the date and results of the check) was not printed. The [NAME] President of Human Resources further stated that they have a checklist where they record that Prometric is checked for new employees and provided the checklists to the surveyor for review. Review of form titled, FSL New Hire Onboarding Checklist, for Employees #1, #3, #4, and #5 included that under section Day of New Hire Appointment that a box next to Print Prometric was checked for each employee. Further review of this form included that there was no documentation of the results of the nurse aide registry screen for prior abuse findings for Employees #1, #3, #4, and #5 prior to or on their date of hire. In an additional interview at this time, the [NAME] President of Human Resources stated that they do not have the printout of the original Prometric results. 10NYCRR: 415.4(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 44897 Based on observations, interviews and record reviews conducted during the Recertification Survey, it was determined that for one (Resident #53) of six residents reviewed for Activities of Daily Living, the facility did not ensure that a resident with limited range of motion received the appropriate treatment and services to prevent further decline. Specifically, Resident #53 had contractures (deformities that result when muscles, joints, tendons, or other tissues tighten or shorten) to both hands and was not provided the hand devices (hand rolls) per their plan of care to prevent a decline. Additionally, the facility could not provide documented evidence that Resident #53 received range of motion per their plan of care. This is evidenced by the following: Resident #53 had diagnoses including central nervous system lymphoma (malignant cancer cells that affect the brain and/or spinal cord), brain tumor (swelling caused by an abnormal growth of tissue), and encephalopathy (a disease that affects brain function). The Minimum Data Set Assessment, dated 9/29/23, revealed the resident had severely impaired cognition, required total assistance from staff for activities of daily living, and had a functional limitation in range of motion to both upper extremities. The current Plan of Care (used by the Certified Nursing Assistant to provide care) included range of motion to the right ankle and right shoulder for contractures in the morning and evening and bilateral (affecting both sides) hand devices that may be removed for hygiene and self-care. An Occupational Therapy Discharge Summary, dated 9/29/23, documented recommendations for nursing assistance with all activities of daily living, including assistance with the use of hand devices to both upper extremities during daytime hours and passive range of motion to right and left shoulder to prevent further contractures. In a medical note, dated 12/12/23 at 5:22 PM, Physician #1documented the resident had contractures of both hands. During observations on 12/19/23 at 10:55 AM; 12/21/23 at 11:13 AM, 12:39 PM, and 3:30 PM; and on 12/22/23 at 8:30 AM, 11:55 AM, and 2:28 PM, Resident #53 was not wearing the recommended bilateral hand devices. The devices were observed on the resident's dresser in their room during all the observations. During an interview on 12/22/23 at 9:30 AM, Registered Nurse #2 Nurse Manager stated the Certified Nursing Assistants were expected to follow the resident's Plan of Care. There was no system in place for staff to document when range of motion was performed, and it was assumed that a resident was assisted with range of motion if it was documented on the Plan of Care to be done. During an interview on 12/22/23 at 2:25 PM, Certified Nursing Assistant #2 stated Resident #53 was to get out of bed at 10:00 AM and back to bed at 2:00 and had no need for range of motion. Certified Nursing Assistant #2 stated they always referred to the Plan of Care to ensure there were no updates. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/26/23 at 8:37 AM, the Rehabilitation Director stated Resident #53 was totally dependent on staff for their activities of daily living and the current recommendation was for range of motion twice daily. They said they expected that the Certified Nursing Assistants assisted the resident with range of motion in the morning and evening when performing care. During an observation and interview on 12/26/23 at 9:00 AM, the Rehabilitation Director and Licensed Occupational Therapist #1 were in Resident #53's room and confirmed the hand devices located on the resident's dresser were the recommended equipment for the resident. The Rehabilitation Director stated they would expect that Resident #53 would be assisted out of bed and the hand devices used during daytime hours. When interviewed at 10:24 AM, the Rehabilitation Director stated Resident #53 needed the hand devices to prevent further decline. During an interview on 12/26/23 at 10:09 AM, Licensed Practical Nurse #3 Clinical Coordinator stated the bilateral hand devices and range of motion were a part of the Plan of Care and they expected that Resident #53 would have the bilateral hand devices on daily and that range of motion would be done per the resident's care plan. 10 NYCRR 415.12(e)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 39181 Based on observations, interviews and record reviews conducted during the Recertification Survey, it was determined that for one (Resident #53) of one resident reviewed for tube feedings (nutrition administered via a tube inserted directly into the stomach via the abdomen due to the residents' inability to consume food and drink by mouth), the facility did not provide appropriate treatment and services to prevent potential complications for a resident who receives enteral feedings (tube feedings), as outlined by the resident's person-centered comprehensive care plan and physician orders. Specifically, the facility was unable to provide documented evidence that the resident had received the correct tube feeding and water intakes as ordered by the physician to ensure the necessary nutrition and prevent complications. This is evidenced by the following: The January 2023 facility policy, Gastrostomy (feeding) Tube Feeding, included that all patients with Gastrostomy tubes will have their intake and output measured each shift. The amount of tube feeding, and water administered should be documented at the end of the shift by the Registered Nurse or Licensed Practical Nurse and recorded on the Intake and Output Record. Resident #53 has current diagnoses including dysphagia (difficulty swallowing), a gastrostomy tube, and pulmonary congestion (excess fluid in the lungs). The Minimum Data Set Assessment, dated 9/29/23, revealed the resident had severely impaired cognition and received 51% or more of their calories via tube feedings. The current Comprehensive Care Plan for tube feedings, included interventions for calculating caloric needs, fluid requirements (that were based on adjusted body weight), tube feed tolerance and hydration status, and recording intake and output. Current physician orders included the resident was to have nothing by mouth and had a feeding tube with feedings to include: a. Glucerna 1.5 calories (nutritional supplement) via gastrostomy tube, to start the tube feeding at 4:00 PM at 60 milliliters per hour for 16 hours and stop the tube feeding at 8:00 AM for a total of 960 milliliters per day. b. Give 200 milliliters of water flushes via the gastrostomy tube every four hours and 30 milliliters water flush before and after feedings and 10 milliliters between medications. Review of a medical note dated 12/18/23 the Nurse Practitioner documented Resident #53 was evaluated for reported fever, dyspnea (difficulty breathing), and runny nose, chest radiograph was concerning for pulmonary congestion (a condition caused by too much fluid in the lungs). Review of the November 2023 and December 2023 Intake and Output Records revealed that from 11/1/23 to 11/30/23 there was no documented intakes (Glucerna or water) on 42 shifts of 90 shifts (3 shifts per day). From 12/1/23 to 12/20/23 there was no documented intakes for 32 shifts of 60 shifts. The 24-hour daily total of intake for every day 11/1/23 through 12/20/23 was blank. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 12/21/23 at 3:54 PM, Licensed Practical Nurse #4 was unable to start the tube feeding at 4:00 PM. When interviewed at this Licensed Practical Nurse #4 stated that Resident #53's feding tube was clogged and they were attempting to unclog the tube. At 4:23 PM the feeding still had not been started. During an interview on 12/26/23 at 9:10 AM, the Registered Dietitian stated the residents current tube feed and ordered water flushes (additional water provided to a resident in their daily regimen), were monitored through the Intake and Output Record and were reviewed daily to make sure the resident was getting the adequate amount of tube feeding and flushes (and prevent complications). The Registered Dietitian stated that when the Intake and Output Records are not completed the unit nursing staff should be notified and in the past the Director of Nursing has been involved with the issue of incomplete documentation. Review of the Intake Record for November 2023 and December 2023 with the surveyor, the Registered Dietician stated that they had brought it to the attention of the Unit Nurse Manager. The Unit Nurse Manager was not available for interview. During an interview on 12/26/23 at 10:09 AM Licensed Practical Nurse #3 Clinical Coordinator stated that tube feeding documentation was the nurse's responsibility. Review of the Intake Records from November 2023 and December 2023 with the surveyor, Licensed Practical Nurse #3 Clinical Coordinator stated that incomplete Intake and Output Records have been an issue in the past, that the Nurse Manager had addressed it and that the staff should be written up for not completing the records. 10 NYCRR 415.12(g)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44897 Based on observations, interviews, and record reviews conducted during the Recertification Survey, it was determined that for two of five medication carts reviewed for medication storage, the facility did not ensure that all drugs and biological were properly stored in accordance with State and Federal Laws. Specifically, two expired medications were stored in medication cart #1on [NAME] Place resident care unit and a medication cart on [NAME] Place had multiple loose unlabeled pills. In addition, one of the medication drawers in the cart on [NAME] Place contained a large amount of debris at the bottom of the drawer. This is evidenced by the following: During an observation on 12/21/23 at 12:03 PM on [NAME] Place, medication cart #1 had a bottle, approximately one-quarter filled, of bisacodyl (laxative) tablets with an expiration date of September 2023 and a full bottle of sorbitol solution (laxative) with an expiration date of August 2023 were stored in the cart. During an observation and interview on 12/21/23 at 9:18 AM on [NAME] Place, there were more than 15 loose, unlabeled pills of varying colors, sizes and shapes stored in a drawer in medication cart #2. Additionally, medication cart #2 was found to have approximately one-quarter inch of scoopable debris covering the bottom of the drawer. When interviewed, License Practical Nurse #2 stated they were unable to identify any of the pills at the bottom of the medication drawer (or the debris) and all nurses were responsible to keep the medication cart clean. During an interview on 12/21/23 at 9:34 AM, Registered Nurse #1/Nurse Manager stated every nurse was responsible for checking the medication carts for cleanliness and expired medications. During an interview on 12/21/21 at 12:26 PM, License Practical Nurse #1 stated they checked medications for expiration dates at the time they administered them. They stated it was the night shift nurse's responsibility to check the medication cart for expired medications. During an interview on 12/26/23 at 12:53 PM, Licensed Practical Nurse #3/Clinical Coordinator stated the night shift nurse was responsible for checking the medication carts and rooms for expired medications once monthly and when found they should be removed. 10 NYCRR 415.18(e)(1-4)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 44897 Based on record review and interviews conducted during a Recertification Survey, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections and an antibiotic stewardship program (processes to ensure that individuals are receiving appropriate antibiotics, at the correct dose, and for the proper length of time) that included antibiotic use protocols and a system to monitor antibiotic use. Specifically, the facility could not provide evidence of on-going surveillance and tracking of infections since June 2023 and there was no evidence that the facility had been maintaining an antibiotic stewardship program. This is evidenced by the following: The Facility Assessment, dated October 2023, documented that the facility's infection prevention and control program included surveillance and tracking of infections to monitor for trends and clusters, investigate contributing factors, provide staff education, and monitoring to reduce further spread of infection. Additionally, the program was to ensure the careful use and management of antibiotic use through antibiotic stewardship. The facility policy, Infection Control-Antibiotic Stewardship, dated October 2022, revealed the careful use and management of antibiotics was required to reduce adverse outcomes for residents. Additionally, Infection Prevention Nurse was to track all antibiotics in real time, observe for trends, and prepare written reports that included antibiotic utilization and compliance with facility protocols. Review of Infection Control Tracking forms (line list- a tracking tool used to monitor infections and antibiotic use) provided by the facility included January 2023, February 2023, April 2023, May 2023, and June 2023. There was no documented evidence for the tracking of infections or antibiotic use from July 2023 to December 22, 2023. During an interview on 12/21/23 at 12:31 PM, the Assistant Director of Nursing/Infection Preventionist stated that the line list was managed electronically in a shared drive (a folder used to store and access files for use by more than one individual) and they were unable to locate the line list. The Assistant Director of Nursing/Infection Preventionist stated the Information Technology department had been working to locate the line list but was also unable to locate the folder. During an interview on 12/22/23 at 9:15 AM, the Director of Health Services (Director of Nursing) stated they would expect the Infection Preventionist to maintain a line list to appropriately monitor and prevent the spread of infections. The facility had an infection control tracking system in a shared drive, but no one was able to access it. The Director of Health Services thought the Infection Preventionist had been tracking the current COVID-19 cases and other infections but was unsure how this had been documented since they were unable to access the shared drive. 10 NYCRR 415.19(a)(1-3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 44897 Based on record review and interviews conducted during a Recertification Survey, the facility did not ensure that the individual designated as the facility's current Infection Preventionist (individual responsible for the facility's Infection Prevention and Control Program) had completed specialized training in infection prevention and control. Specifically, the facility's designated Infection Preventionist did not have documented evidence of completing specialized infection prevention and control training. This is evidenced by the following: The facility policy, Infection Control Program, dated 12/13/23, defined the Infection Preventionist as a person whose primary training was either in nursing, medical technology, microbiology, or epidemiology and who had acquired additional training in infection control. The policy revealed the Infection Preventionist was responsible for monitoring the rate of infections, maintaining records of all communicable diseases and nosocomial (infections that developed during the process of receiving health care) infections, and defining, analyzing, and reporting incidents related to failures in infection control practices to the Director of Health Services, Medical Director, and Quality Assessment and Assurance committee. During an interview on 12/21/23 at 12:31 PM, the Assistant Director of Nursing/Infection Preventionist stated they were the facility's designated Infection Preventionist. While they were working on obtaining the required infection control and prevention training, they had not completed the specialized training. During an interview on 12/22/23 at 9:15 AM, the Director of Health Services (Director of Nursing) stated that they were not responsible for managing the facility's infection prevention and control program and the Assistant Director of Nursing was the designated Infection Preventionist. The Assistant Director of Nursing had been in the Infection Preventionist role since the end of July 2023, had been working on the required infection control and prevention training, but had not completed the specialized training. The Director of Health Services stated they would expect the person responsible for managing the infection prevention and control program to have completed the required training. 10 NYCRR 415.19(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335476	A. Building B. Wing	12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Friendly Home	3156 East Avenue Rochester, NY 14618

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39181 Based on observation, interview, and record review conducted during the Recertification Survey, it was determined that for one of one main kitchen the facility did not properly maintain essential equipment. Specifically, a high-temperature mechanical dish machine did not reach the required final rinse temperature to properly sanitize dishes. The findings are: Observations on 12/19/23 at 9:27 AM included facility staff starting breakfast dishes by running them through the [NAME]-brand mechanical dish washing machine in the main kitchen. Further observations included that after several racks of dishes were run through the machine, the final rinse temperature displayed on the temperature screen after each of four runs was: 140 degrees Fahrenheit, 141 degrees Fahrenheit, 146 degrees Fahrenheit, and 144 degrees Fahrenheit, respectively. Additional observations included dietary staff removing dishes that had come out of the machine onto the clean side drainboard and place them away, even though the dish machine had not reached a proper final rinse sanitization temperature (180 degrees Fahrenheit). In an interview at this time, the Dining Services Director stated that it was a high temperature machine and that the rinse temperature was showing low. The Dining Services Director further stated that they would contact their dish machine vendor to look at the machine. In an interview on 12/21/23 at 8:32 AM, the Director of Facilities stated that their vendor came in to look at the dish machine, said nothing was wrong with the machine, and perhaps it was a fluctuation in the temperature of the water being supplied by the kitchen's boiler. The Director of Facilities further stated that they have a sensor that measures the boiler supply temperature which is graphed and indicated with a yellow line on the graph. The Director of Facilities provided the surveyor with a printout of boiler supply temperatures from 11/20/23 through 12/20/23. Review of the graphic printout included that the boiler supply temperatures fluctuated significantly throughout this time period, ranging from approximately 80 degrees Fahrenheit to approximately 146 degrees Fahrenheit. The Director of Facilities stated that the boiler was set at about 140 degrees Fahrenheit previously, and this morning they turned it up to 160 degrees Fahrenheit after seeing the fluctuations in temperature on the printout for the boiler supply temperature. On 12/21/23 at 9:07 AM it was observed that the manufacturer's nameplate located on the [NAME]-brand mechanical dish machine identified that the required final rinse temperature should be 180 degrees Fahrenheit. In an interview at this time, the Dining Services Director stated that they noticed they were having issues with the rinse temperature at breakfast and lunch, and that dinner was okay. Record review on 12/21/23 at 9:59 AM revealed a service report from the facility dish machine vendor dated 12/20/23 which included the following notes: 1) Upon arrival I found the incoming water temp was at 125 degrees which is why when they are running the unit constantly and are not reaching the required final rinse temp of 180 degrees. 2) Spoke with (Dining Services Director) and the head engineer and they are looking into the issue as the printout of the 3 month temps on the kitchen water supply have been dipping to a low of 85 degrees and not maintaining the 140 degrees needed for the unit to work properly. 3) Unit temps when running up to 5 racks at once maintains all temps but after that it starts to dip down. 10NYCRR: 415.29(b), 415.14(h); Subpart 14-1.112(a), 14-1.113(a), 14-1.113(b)