

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKE MINNETONKA SHORES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4527 SHORELINE DRIVE SPRING PARK, MN 55384</b>	
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 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on observation, interview, and document review, the facility failed to ensure all items on room trays were covered for 3 of 3 room trays, observed during delivery of the lunch meal to resident rooms on the second floor. This had the the potential to affect 15 residents that received room trays on second floor. Findings include: On 6/18/20, at 11:57 a.m. trained medication assistant (TMA)- A was preparing meal trays at the steam table to be delivered to resident rooms. The main entree was scooped onto the plate by the dietary server, from the steam table, covered with a dome lid, and placed on the plastic tray. TMA-A then put the dessert dish and drinks on the tray and placed the trays onto a metal three-shelved cart, with two trays of the top shelf, and one tray on the middle shelf. TMA-A pushed the metal cart out of the dining room and down the hallway, to deliver the trays to resident rooms. There were no covers on the beverages, which included coffee and juice, and there were no covers on the small dishes of pineapple upside down cake, on any of the trays. On 6/18/20, at 11:58 a.m. TMA-A verified that the pineapple upside down cake and beverages were not covered when room trays were transported. TMA-A stated that they just cover the plated entree to keep it hot, and they don't have anything to cover the liquids. On 6/18/20, at 2:43 p.m. culinary services director (CSD) stated, the nursing assistants take the residents' meal orders and bring the order to the dietary server. The dietary server plates the meal and places a dome cover. The nursing assistants place the dessert dish and the beverages onto the tray, and deliver the meal tray to each resident's room. CSD stated that they have plastic 4 and 8 ounce lids for beverages, and should be covered, and the dessert should be covered as well. CSD indicated, Anything that walks out of the kitchen should be covered, however, if the meal trays were on the metal three-shelved cart, she considered the meal to be covered due to the shelving protecting the food. CSD also stated, if the meal trays are on the top shelf of the metal three-shelved cart, the beverages and dessert should be covered. During an interview on 6/18/20, at 2:52 p.m. the nutritional and culinary services supervisor stated, On the second and third floor, we never really cover juices to be honest. Desserts are on an open plate, not covered. (We) don't have lids that cover juices well. Review of the policy, Meal Tray Delivery, dated 6/2020, directed, All foods and beverages should be covered and delivered as soon as possible after plating to maintain food quality and temperature.</p>		
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. (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.