STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676359	A. BUILDING _____ B. WING _____	**03/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CORNERSTONE RETIREMENT COMMUNITY	**4100 MOORES LN TEXARKANA, TX 75503**

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 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to store food in accordance with professional standards for food safety in 1 of 1 kitchen reviewed. The facility did not maintain the cleanliness of the kitchen equipment. There was food, crumb, spills and grease build up in refrigerators, freezers, food cart and vacuum cleaners next to the food and carbon build up in the ovens. These failures could place residents who received their meals from the facility's kitchen at risk for food-borne illness, and food contamination. Findings included: During an observation and interview on [DATE] 10:17 a.m. the following was observed in the kitchen: *a 2% gallon of milk expired on [DATE]; *a commercial refrigerator in the room next to the serving area had crumbs in the bottom of the refrigerator floor; *two vacuum cleaners with dirt and dust on the inside and outside of the cleaners were stored next to the open bread rack and a refrigerator in the kitchen hall between the storage room and the main kitchen. *a black hard plastic food utility cart with an ice chest on top of it had a large amount of food crumbs, dried whitish spills with food particles in it; there was dust and grease on all 3 shelf levels; *the right side of the oven had a large area of burnt food substance and a glossy liquid substance in the front right corner. Cook A said the carbon build-up was caused by a cleaner that had been used on it. (There was food baking in the oven at that time.) *a flat top grill to the right of the stove/oven had grease and dust build-up on the grill plate and in the grooves that surrounded the flat top. Semi solid grease streak were on the front sides of the grill. *a refrigerator labeled the lunch items had some food crumb debris and a 5 cm X 14 cm area of a creamy, coffee colored substance that was semi-dried on the floor of the refrigerator; *a commercial size refrigerator on the back wall had a peeling paint/plastic coating missing from 40 -50% of the 4 racks and revealed rust in these peeling areas; *the dessert (warm) holding box (for regular and diabetic desserts) had crumb build-up on the floor of the box; *the ice machine had brownish green streaks on the back phalange where the ice came from the ice chute into the holding box. Cook A said she did not know what the brown substance was, but the maintenance cleaned the ice machine. She was unsure of how often; *the kitchenette on the LTC unit had a food holding unit with 4 reservoir compartments. The first two reservoirs had a light whitish brown substance that was hard, easily broken and seemed to be baked on. Dietary Aide B said they changed the water in the holding reservoirs every month. The FSM (food service manager) said, the water needed to be changed daily. During an observation and interview on [DATE] 10:40 a.m. the following was observed in the kitchen: *the right side of the oven had a large area of burnt food substance and a glossy liquid substance in the front right corner. The FSM said the carbon build up was from spilled food and grease that had not been cleaned. There was also a glossy liquid substance running down the right inner side of the oven wall. The cook (name unknown) pointed to the top right hand side of the oven and said the grease running down the sides of the inside oven wall was due to the drip pan. The area was a small reservoir approximately 6 cm wide and 3 cm deep and was built in at the top of the right side of the oven between the stove top and oven. The reservoir was filled and over flowing with golden brown grease with small burnt grease particles; * the refrigerator labeled the lunch items had some food crumb debris and a 5 cm X 14 cm area of a creamy, coffee colored substance that was semi-dried on the floor of the refrigerator; *the dessert (warm) holding box had crumb build-up on the floor of the box; *commercial size refrigerator on the back wall had peeling paint/plastic coating missing from 40 -50v% of all 4 racks and revealed rust in these peeling areas. The FSM said he did not know about the racks peeling and the rust, but he needed to replace them with plastic racks that were new. *the two vacuum cleaners with dirt and dust on the inside and outside of the cleaners were stored next to the open bread rack and a refrigerator in the kitchen hall between the storage room and the main kitchen. The FSM said the vacuum cleaners were stored there and were used to vacuum the carpet in a food service area. *the black hard plastic food utility cart with an ice chest on top of it had food crumbs, dried whitish spills with food particles in it; dust and grease on all three shelf levels. The FSM said the cart needed cleaning; * the commercial refrigerator in the room next to a serving area had crumbs in the bottom of the refrigerator floor. During an interview on [DATE] at 1:20 p.m., the food service manager said he had worked as the FSM at the facility for 6 months. He said when he took over he had to correct the cleaning measures of the staff and the progress had been slow and much more was needed According to the Texas Food Establishment Rules,25 TAC 228 dated [DATE]; 228.113. Cleaning of Equipment and Utensils. Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils. (1) Equipment food-contact surfaces and utensils shall be clean to sight and touch. P (10) (2) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (39) (3) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. (42) 228.114. Frequency of Cleaning. (a) Equipment food-contact surfaces and utensils. Figure: 25 TAC 228.114(a)(4)(B)(i) (E) equipment is used for storage of packaged or unpackaged food such as a reach-in refrigerator and the equipment is cleaned at a frequency necessary to preclude accumulation of soil residues; (F) the cleaning schedule is approved based on consideration of: (i) the characteristics of the equipment and its use; (ii) the type of food involved; (iii) the amount of food residue accumulation; and 228.114 (a)(4)(F)(iv)(5) Except when dry cleaning methods are used as specified under 228.115(a) of this title, surfaces of utensils and equipment contacting food that is not time/temperature control for safety shall be cleaned: (A) at any time when contamination may have occurred; (39) (B) at least every 24 hours for iced tea dispensers and consumer self-service utensils such as tongs, scoops, or ladles; (39) (C) before restocking consumer self-service equipment and utensils such as condiment dispensers and display containers; (39) and (D) in equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment: (i) at a frequency specified by the manufacturer; (39) or (ii) absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold. (39) (b) Cooking and baking equipment. (1) The food-contact surfaces of cooking and baking equipment shall be cleaned at least every 24 hours. This section does not apply to hot oil cooking and filtering equipment if it is cleaned as specified in subsection (a)(4)(F) of this section. (39) (2) The cavities and door seals of microwave ovens shall be cleaned at least every 24 hours by using the manufacturer's recommended cleaning procedure. (39) (c) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. (42) The Food and Drug Administration Code at http://www.fda.gov/food/guidanceregulation/retailfoodprotection/foodcode/ucm 8.htm indicated the following: ,[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. XXX,[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils . .(A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. (B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Nonfood-contact surfaces of

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.

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F 0812 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris .
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections was provided for 1 of 2 residents reviewed for incontinent care. (Resident #16) CNA C did not change her dirty gloves and sanitize her hands before placing a clean brief on Resident #16. CNA C picked up a pillow case from the floor and placed it on top of clean linens, which included Resident #16's incontinent brief. This failure could place residents at risk for infection and or a decreased quality of life. Findings included: The physician order [REDACTED].#16 was [AGE] years old, admitted on [DATE] and had [DIAGNOSES REDACTED]. The MDS dated [DATE] indicated Resident #16 was rarely understood and rarely understood others. The MDS indicated Resident #16 had short-term and long-term memory problems and had severe cognitive impairment. The MDS indicated Resident #16 was always incontinent of bowel and bladder. The care plan revised on 1/9/20 indicated Resident #16 would be provided incontinent care as needed. During an observation on 3/2/20 at 11:18 a.m., CNA C cleaned bowel movement from Resident #16's bottom. CNA D and CNA C removed the soiled brief from under Resident #16. CNA C picked up a pillow case that had fallen onto the floor and placed it on top of the clean linens on the bedside table. CNA C did not change gloves and sanitize her hands before removing a clean brief from the linen table and placing it on Resident #16. During an interview on 3/2/20 at 11:30 a.m., CNA D said CNA C should not have placed the pillow case on top of the clean linen after it had fallen on the floor. She said CNA C should have changed her dirty gloves and sanitized her hands before applying the clean brief to Resident #16. During an interview on 3/2/20 at 11:32 a.m., CNA C said, she should not have picked the pillow case up from the floor and placed it on the clean linen. She said she should have placed the pillow case with the dirty linen after it had fallen the floor. CNA C said she should have changed her dirty gloves before placing the clean brief on Resident #16. She said she just forgot to change her gloves after she removed the dirty brief. During an interview on 3/4/20 at 10:15 a.m., LVN F said she expected CNAs to change dirty gloves and sanitize their hands before applying a clean brief to residents. LVN F said the pillow case dropped on the floor during Resident #16's incontinent care should not have been placed on the clean linens. She said not changing dirty gloves and placing items which had fallen on the floor on to clean linen could lead to cross contamination and infection. During an interview on 3/4/20 at 10:30 a.m., the DON said she expected staff to change dirty gloves and sanitize their hands before applying clean briefs to residents to prevent infections. The DON said CNA C should have changed her dirty gloves before applying the clean brief to Resident #16. She said CNA C should not have placed the pillow case onto clean linen after it had fallen on the floor. The DON said placing items from the floor onto clean linen could lead to cross contamination. The facility policy titled Infection Control, revised on October 2018, stated The facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections . (1) This facility's infection control policies and practices apply equally to all personnel . (2) The objectives of our infection control policies and practices are to (a) prevent, detect, investigate and control infections in the facility; (b) maintain a safe, sanitary and comfortable environment for personnel (and) residents .