STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335408	A. BUILDING _____ B. WING _____	03/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WEDGEWOOD NURSING REHABILITATION CENTER	5 CHURCH STREET SPENCERPORT, NY 14559

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 0804 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.** Based on observations and interviews conducted during the Recertification Survey, it was determined that for one of one main kitchen, the facility did not provide food that was palatable, attractive, or at an appetizing temperature. Specifically, the Cook did not follow the menu or the recipe for the main entre of chicken and biscuits. This is evidenced by the following: The facility provided the lunch menu and recipe for the chicken and biscuits for lunch on [DATE]. Make one pouch of chicken gravy, add one bag of cooked, diced chicken, and three cups of mixed vegetables and heat until 165 degrees Fahrenheit. Serve over a warm biscuit, split in half. The remaining items for the meal were capri blend vegetables, fruit cocktail, and banana cream pie for dessert. During an observation of the lunch meal on [DATE] at 12:34 p.m. and 1:05 p.m. in the main dining room, the residents had been served biscuits and diced chicken with no gravy or vegetables in the chicken and biscuit entre. Seven of ten residents did not eat the chicken, and three residents said that the chicken was not good. When interviewed at that time, the Licensed Practical Nurse said that she was not sure what was on the plate and proceeded to cut into the food item. She said that was a biscuit, but she had never seen a biscuit look that way. She said there was no gravy over the chicken and biscuits. During an interview on [DATE] at 1:00 p.m., with the Cook and Food Service Director, the Cook said that he chopped up the chicken from the freezer, cooked it in oil, and added a little seasoning. The Cook said that he did not use gravy because sometimes the residents complain about it being lumpy. He said he made the biscuits from buttermilk biscuit mix, and maybe he should have added baking powder because the biscuits came out like pancakes. He said that he did not use mixed vegetables in the chicken and biscuit recipe because there were capri blend vegetables on the plate. He said instead of fruit cocktail the residents received chocolate cake. The Food Service Director said that there were biscuits in the freezer to bake and that banana cream pie was supposed to be the dessert. She said that the Cook made a mistake in the scheduled meals and should have followed the recipe. (10 [ST]CRR 415.14(d)(1)(2))
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observations and interviews conducted during the Recertification Survey, it was determined for one of one main kitchen the facility did not store, distribute, or serve food under sanitary conditions. The issues included a defective rinse temperature gauge on the dish washing machine, frozen packages opened and undated, and items stored on the floor in the dry storage room. This is evidenced by the following: During the initial tour of the kitchen on [DATE] at 9:20 a.m., there were three racks of bread, three cases of paper and plastic plates, and two cases of V-8 juice stored on the floor in the dried storage room. There were opened and undated frozen items in the freezer including cubed chicken meat patties, hotdogs, cheese raviolis, and undated cooked bacon. In an observation at 12:00 p.m., the rinse temperature gauge was not working. The vendor work order, dated 10/18/19, revealed that the dish washing machine rinse temperature gauge was defective and needed to be replaced. The facility did not have a log that recorded the dish washing machine rinse temperatures. When interviewed on 3/2/20 at 3:36 p.m., the Food Service Director said that items should not be stored on the floor, and opened packages and cooked food should be dated. She said the Cook was responsible for proper food storage. She said the dish washing machine was not functioning correctly. She said the rinse temperature gauge on the dish washing machine was broken. She said the staff did not know if the dish washing machine rinse temperatures were adequate. She said the Dietary Aide reported that the dish washing machine used to register 190 degrees Fahrenheit. She said the last time the vendor came in (10/18/19), the facility knew the gauge was broken, but it was not replaced because it had not been authorized to be fixed. (10 [ST]CRR 415.14 (h), Subpart 14-1.43(a), 14-1.110, 14-1.113)
F 0842 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** Based on observations and interviews conducted during the Recertification Survey, it was determined that the facility did not safeguard medical record information against loss, destruction or unauthorized use. Specifically, medical records were not secured. This is evidenced by the following: In observations throughout the day on [DATE] and 3/2/20, there were three unlocked file cabinets that contained medical records located in an area near the main entrance of the facility that was accessible to anyone. There were also medical records on top of the file cabinets and on the floor near the cabinets. Interviews conducted on 3/2/20 included the following: a. At 8:50 a.m., the Licensed Practical Nurse stated the filing cabinets have been stored in that entry way area for several months. She said the fire panel was alarming one day and several medical records were knocked all over the floor. b. At 8:53 a.m., the Administrator said the receptionist was responsible for the storage and maintenance of the medical records. He observed the stacks of medical records and unlocked file cabinets, and stated it was on his to do list. The Administrator said the medical records should be organized and the file cabinets should be locked. The Administrator stated that anyone could have access to the medical records. c. At 9:32 a.m., the receptionist stated she did not know that the medical records needed to be secured. She said the discharged resident medical records have always been stored in that entry way area by the door. She said there was nowhere else to store the medical records. (10 [ST]CRR 415.22(c))

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.