

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676163</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BENDER TERRACE OF LUBBOCK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4510 27TH ST LUBBOCK, TX 79410</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 0804  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</b></p> <p>Based on observation, interview and record review, the facility failed to provide food that was palatable, attractive, and at a safe and appetizing temperature, in that: a) Three of 6 residents confidentially interviewed (Resident A, B and C) voiced concerns related to temperature, texture and palatability of the food served, and b) One of 1 meal observed on north wing had temperature, appearance, palatability and texture issues. The noon meal test trays (hall and dining room) had 10 of 20 foods that were coarse, cold/lukewarm and had poor flavor and appearance. This problem could result in a decline in resident food consumption which could lead to weight loss and chemical imbalances. The findings include: During confidential interviews with 3 of 6 residents (Resident A, B and C), they voiced concerns with the palatability of the foods served. A confidential interview was conducted with the Resident A and the resident stated that the food was cold when she received it. During a confidential interview with Resident B, the resident stated regarding the food, It's not very good. It don't taste good. A confidential interview was conducted with Resident C. When asked about the food the resident stated The fish is hard. It's no way to cut it with plastic ware. Some chicken is like something that you pick off and it's not good. On 9/9/20 at 11:38 AM an observation was made of the north kitchen service line. At that time, it was noted that the pan of broccoli on the steam table was in a large amount of water. The pured bread had a watery/thin appearance. At this time The Dietary Manager stated that they made the pured bread with apple juice. It was noted that staff did not take a temperature of the French fries. Record review of the Wednesday SS2020 Week 3 Lunch menu revealed that spaghetti and meat sauce, bread stick/white bread, tossed salad/soft cooked vegetable and baked cookie would be served. ~ A test tray was requested for the noon meal on 9/09/20. The hall test tray was sampled at 12:02 PM with the following results: -Toast - tough -Pured spaghetti and meat sauce - whole bits and pieces of pasta. Not in a pured consistency -French fries - cold -Broccoli (soft cooked vegetable) - mushy, overcooked -Pured bread stick - tart, thin consistency and no garlic bread flavor. The tart taste overwhelmed the bread taste. -Pured broccoli - lukewarm. ~ Another test tray was requested for the noon meal on 9/09/20. The dining room test tray was sampled at 12:24 PM with the following results: -Spaghetti with meat sauce - watery and water pooling at the bottom of the plate. -Broccoli (soft cooked vegetable) - mushy, overcooked -Pured spaghetti and meat sauce - whole pieces of spaghetti, coarse, not pured consistency -Pured bread - tart, no garlic toast flavor, lukewarm and flat on the plate/thin On 9/9/20 at 1:10 PM an interview was conducted with the Dietary Manager regarding food palatability and dietary sanitation practices. When asked about the watery spaghetti and meat sauce she stated, I know it was not drained. When asked about the pured spaghetti and meat sauce she stated, It was not pured well. She also agreed that the broccoli was overcooked and was cooked in too much water. She also stated that the pured bread was not left on the steam table long enough for it to thicken. Policy: Record review the facility's current undated TDA Manual For Medical Nutrition Therapy, Pured and Blenderized Liquid Diet document, revealed the following documentation, Directions for processing pured and blenderized foods . 3. Avoid thinning the original food with too much liquid. 4. Strain foods after blending to avoid particles .</p>		
F 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<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 record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety, in that: a) Food contact equipment was not cleaned in a sanitary manner. The thermometer probe was rinsed with only water before and after taking food temperatures, b) Dietary staff failed to use good hygienic practices (incorrect hand washing, no hand hygiene performed prior to donning gloves etc.), and c) Used paper towels were not disposed of appropriately and were stored next to food equipment and containers of food. These problems could result in the spread of foodborne illness in the facility. The findings include: ~ The following observations were made during a north kitchen tour on 9/9/20 beginning at 11:38 AM: 1. An observation was made of food temperatures taken on the service line. It was also noted at this time that the Dietary Manager took the temperatures of the spaghetti and meat sauce, fish, broccoli, pured spaghetti and pured broccoli. Between taking the temperature of each food, she only rinsed the thermometer probe off with water instead of cleaning it in a sanitary manner with alcohol wipes or other accepted sanitizer/cleaner and letting it dry. 2. The Dietary Manager went to the hand sink to wash her hands and the hand sink was not operational. She then went to the 3-compartment sink and washed her hands. After she washed her hands, Dietary Staff #1 washed her hands in the 3-compartment sink. After washing her hands, she turned the water off by handling the faucet which re-contaminated her hands. She then dried her hands on a paper towel. She kept the contaminated paper towel in her hand and reached into a box to get apple juice. She continued to dry her hands with the contaminated paper towel and then she put the used paper towel on the drain table of the 3-compartment sink next to plastic food wrap and food in Styrofoam containers. She then put on a pair of gloves and went to the refrigerator and retrieved a tray of drinks. She failed to wash her hands prior to donning gloves. On 9/09/20 at 11:43 AM the Dietary Manager stated that there were sandwiches in the Styrofoam containers for a Residents #1 and #2. She further stated that the large Styrofoam container had a salad for Resident #3. On 9/9/20 at 12:20 PM the Dietary Manager was asked about the hand sink not being operational. She stated, It does it every now and then. On 9/9/20 at 1:10 PM an interview was conducted with a Dietary Manager regarding food palatability and dietary sanitation practices. She stated that the Dietary Staff #1 was a new employee. She was also asked why she did not properly clean/sanitize the thermometer probe when she was taking food temperatures. She stated, They say it (alcohol wipe) makes it (food) taste like alcohol. Meaning the use of alcohol wipes to clean the thermometer probe. Policy: Record review the facility policy labeled Nursing Services Policy And Procedure Manual For Long-Term Care, Revised August 2015, Infection Control, Handwashing/Hand Hygiene, revealed the following documentation, Policy Statement. The facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation .2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . Procedure . Washing Hands. 1. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds . 2. Rinse hands thoroughly under running water. Hold hands lower than wrist. Do not touch fingertips to inside of sink. 3. Dry hands thoroughly with paper towels and then turn off faucet with a clean, dry paper towel. 4. Discard towels into trash .Applying and Removing Gloves. Perform hand hygiene before applying non-sterile gloves .</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.