

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER SOUTH MOUNTAIN POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 8008 S. JESSE OWENS PARKWAY PHOENIX, AZ 85042	
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 - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on facility documentation, staff interviews, and policy review, the facility failed to ensure dish machine temperatures and quaternary sanitizing PPM (parts per million) levels were consistently monitored. The deficient practice could result in dishes not being sanitized properly. Findings include: Review of the facility's dish machine temperature log dated July 2020 revealed spaces to document the wash and rinse temperature, and the chemical sanitizing PPM level for the morning, afternoon, and evening each day. However, review of the log for the evening of July 10, 2020 and the morning, afternoon, and evening for July 11-21, 2020 revealed no documentation for the wash and rinse temperature, and the chemical sanitizing PPM level. Review of the facility's third sink sanitizer test strip log for monitoring the quaternary PPM level dated July 2020 revealed spaces to daily document the quaternary PPM level for the morning, afternoon, and evening. However, review of the log for the evening reading on July 10, 2020 and the morning, afternoon, and evening reading for July 11-21, 2020 revealed no documentation for the quaternary PPM level. Review of the facility's sanitizer bucket log for monitoring the quaternary PPM level revealed spaces to daily document the quaternary PPM level for the AM and PM. However, review of the log revealed no documentation for the quaternary PPM level on June 26-30 and July 7-21, 2020 for the AM and the PM. An interview was conducted with the Dietary Supervisor (staff #27) on July 22, 2020 at 10:15 a.m. Staff #27 stated the logs are to be completed three times per day. He stated the dishwasher temperature logs and the sanitizer logs were to be completed by the cook but that the cook was not doing it. Staff #27 stated that the last time he reviewed the logs for completeness was July 11, 2020. Staff #27 stated he was having to cover a lot of shifts and it just slipped his mind. He also stated that there was enough chemical in the lines because he checks that daily. An interview was conducted with the Cook (staff #32) on July 22, 2020 at 11:25 a.m. Staff #32 stated that for the past 2 weeks, she was the one responsible for checking the dishwasher temperatures and sanitizer levels. She said that because of added responsibilities since COVID-19, she tried to keep up with everything but that she was too busy to check the temperatures and the sanitizer levels. Review of the facility's policy regarding the Dish Machine Temperature Log dated 2018 revealed the dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes. The director of food and nutritional services will post a log near the dish machine for staff to document temperatures. Staff will record dish machine temperatures for the wash and rinse cycles at each meal. The policy also included the director of food and nutritional services will spot check this log to assure temperatures are appropriate and staff are correctly monitoring dish machine temperatures. The facility's policy titled Cleaning Dishes - Manual Dishwashing dated 2018 revealed dishes and cookware will be cleaned and sanitized after each meal. Check sanitation sink often using a test strip to assure the level of sanitizing solution is appropriate. Follow chemical manufacturer's guidelines to prepare sanitizing solution.</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.