

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105495	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER HILLCREST HEALTH CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 4200 WASHINGTON ST HOLLYWOOD, FL 33021	
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 - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interviews, it was determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. These include holding cold food at regulatory temperatures, maintenance of refrigeration units, throwing away expired food, ensure that personal items are removed from the food production area and proper use of facial masks and gloves was maintained. The findings included: During a tour, conducted on [DATE] at 9:30 AM in the main kitchen, the following were noted: 1. The entrance to the walk-in freezer was noted with a temperature of 18 degrees Fahrenheit on the outside thermometer and not the recommended temperature of 0 degrees Fahrenheit and below. A bag of whipped cream was pulled from the walk-in freezer that was very soft to the touch. Further observation of the walk-in freezer showed dirt and debris underneath the racks. In an interview conducted on [DATE] at 9:40 AM, with the Food Service Director he acknowledged that the walk-in freezer needs to be cleaned. 2. During the tour of the walk-in refrigerator, 2 containers of sour cream were noted with an expiration date of [DATE]. The Food Service Director reported that it must have been missed while checking for expired food daily. 3. During the tour in the main production area, a private cell phone was noted behind the tray line on a counter. When asked by surveyor if it was a private cell phone, Staff A, dietary reported that it is her cell phone. She proceeded to pick up the cell phone and pushed it to the side and continued working without washing her hands first. 4. The hood in the production area was noted with a missing bulb in one of the lights. 5. A dirty cart was noted in the middle of the production area, with debris and dirt on top of it. 6. A round pan was noted with a dark rusty color all over the bottom that was oily to the touch. 7. A personal bag was noted in the main production area. Closer observation showed that it was opened with a wallet and a cell phone on the top. 8. A large garbage bin with an open lid was in the main production area.</p> <p>9. On [DATE] at 9:35 AM, a kitchen observation was conducted. A dietary aide, Staff 'B', was observed setting up large trays of breaded fish sticks for the lunch meal. She was observed to be wearing her facial mask placed under her nose and only covering her mouth. After 2 minutes, she was observed with her gloved hand to reposition her facial mask placing it above her nose. After touching her mask and face, Staff 'B' continued to set up the trays of fish sticks and did not remove her gloves and wash her hands after touching her face and mask. 10. On [DATE] at 9:38 AM, during the kitchen observation, dietary aide, Staff 'A', was observed wearing gloves while working on the breakfast tray line. She then proceeded to walk away from the tray line, touched a personal drinking cup on the table behind the tray line, walked into the dish room, returned to the tray line with a handful of utensils, touched a clip board on the table behind the tray line, picked up a tray and started to arrange the utensils on the tray wearing the same gloves the whole observation. With the same gloves on, she then proceeded to pick up straws off the table behind her and put them away then cleaned the top of the table with a rag and then removed her gloves. Without washing her hands after removing her gloves, she then picked up a sleeve of plastic lids and walked to the back of the kitchen, then returned with the sleeve of plastic lids and placed them on the table behind the tray line. She then proceeded into the dish room, then back to the table behind the tray line and picked up her personal drinking cup, moving it to the side, and then proceeded to walk to the back of the kitchen. At no point was she observed to wash or sanitize her hands after removing her gloves and touching items throughout the kitchen. On [DATE] at 11:50 AM, during the exit conference with the Administrator, DON and Corporate Nurse Consultant, they acknowledged the breaks in infection control practices and the Administrator stated they will in-service the dietary staff today.</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.