

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER SANDIA RIDGE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2216 LESTER DRIVE NE ALBUQUERQUE, NM 87112	
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	<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 observation, interview, and record review, the facility failed to demonstrate proper infection control practices in the kitchen as evidenced by: 1. Dirty food prep counters and tables. 2. Chicken juice dripping into sanitizing bucket, a box of gloves, and dripping into a box of food wrap. 3. Walls and floors were very dirty with food stains and debris, floor traps full of food. 4. Kitchen equipment not sanitary or cleaned properly. These deficient practices have the potential to affect all 102 residents per the facility census provided by the Administrator on 07/29/20 resulting in residents getting a foodborne illness due to unsanitary conditions, and cross contamination causing residents to become sick. The findings are: A. On 07/29/20 at 2:45 pm, during a tour of the kitchen observations were made. The kitchen was dirty. The floors were observed to have food and debris everywhere. The floors appeared very dirty, and visual grim on the floor appeared that as if it had been mopped but not actually cleaned. Surfaces that are used to prepare food were also dirty and had streaks across them where a rag had been used to clean the surfaces but the surfaces were not clean. Dried food from spills that had occurred from other meals could still be seen on the surfaces. The oven, which it was stated had been cleaned recently, did not appear to be clean. It had dried, dark residue all over the inside of the doors, and the inside of the oven had dried, blackened pieces of food on the bottom of the oven and on the racks. B. On 07/29/20 at 2:45 pm, during an interview of the Dietary Manager (DM), she stated that she was aware that the kitchen needed to be deep cleaned. She stated that they had been short on kitchen staff, indicating that was part of why the kitchen was dirty. During our second interview at 4:45 pm, cleaning logs were requested for the equipment in the kitchen. The DM stated that she had a cleaning schedule but not cleaning logs that showed what had been cleaned and when it was cleaned. C. On 07/29/20 at 4:45 pm, during a second observation of the kitchen the following was noted; The DM was cutting up raw chicken on the counter with a cutting board, there were a few pieces of chicken in a bowl and another bowl next to that with breading. It was observed that the DM had chicken on her clothes, she was not wearing a apron. The assistant was at another counter and was making ham sandwiches. The kitchen was in the same condition that it had been two hours prior. There was no obvious dinner meal being prepared. At this time documents were requested from the DM and she left the room. Observations were made of the raw chicken on the counter. The raw chicken juice was running off the cutting board, onto the counter, onto the floor where there was a puddle of chicken juice. The raw chicken juice was also dripping onto a box of gloves (that you might wear when preparing food or cleaning), onto a box of food wrap (like saran wrap) and into the sanitizing bucket used to clean the counter tops. There was food stuck around the arms of the large mixer, an empty container of a red liquid (could have been juice) that had not been discarded, debris in all the drains, there was a gray water inside and outside the refrigerator that appeared to be a leak of some sort. The coffee/tea maker appeared to have had dried stained coffee or tea that had not been cleaned off. D. On 07/29/20 at 5:15 pm, during an interview with the DM, when asked if the chicken juice dripping off the counter and dripping onto other items sitting on the counter, was appropriate or acceptable practice in the kitchen, she stated no this was not acceptable and these items would need to be thrown away. E. Record review of the cleaning documents and schedule that was provided did not include any cleaning logs, it was only the cleaning schedule. F. Record review of the cleaning schedule that was provided by the DM indicated the following: For the following equipment it should be cleaned weekly according to designated time (daytime or evening) and what day of the week. Blender and food processor should be cleaned weekly, coffee machine, juice machine, mixer, ranges slicer, sinks, steamer . to name a few. The following should be cleaned monthly. Can opener, floor drains, floors mopping and scrub, grills and griddles . to name a few. G. Record review of the Healthcare Services Group: Dining Services Policy and Procedure Manual Revised on 09/2017: Equipment, indicated the following under Procedures: 3. All food contact equipment will be cleaned and sanitized after every use. 4. All non-food contact equipment will be clean and free of debris. H. Record review of the Sanitation Assessment Report, completed by the Registered Dietician on 07/27/20, indicates the following observations 1. Mid food production for lunch meal, w/greasy feel, debris on floor. Diet aid agreed to clean in between tasks to keep the floor as clean as possible 2. Case of chicken breast thawed and soaked bottom of box, stored above case of lemons. Made AM/DDDS (Director of Dietary Services) and DM aware who resolved the issue real-time. Staff in-serviced 3. Cleanliness of hood: Due for routine maintenance</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.