



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 26, 2019

Douglas Divello, Administrator
Grace Cottage Hospital
Po Box 216
Townshend, VT 05353-0216

Dear Mr. Divello:

The Division of Licensing and Protection completed a survey at your facility on **March 27, 2019**. The purpose of the survey was to determine if your facility met the conditions of participation for Critical Access Hospitals found in 42 CFR Part 485.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **April 25, 2019**.

Sincerely,


Suzanne Leavitt, RN, MS
Assistant Division Director
State Survey Agency Director

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER GRACE COTTAGE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 216 TOWNSHEND, VT 05363		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
C 000	INITIAL COMMENTS	C 000			
C 271	<p>PATIENT CARE POLICIES CFR(s): 485.635(a)(1)</p> <p>The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law. This STANDARD is not met as evidenced by: Based on observation, interview and record review, nursing staff failed to adhere to hospital policy regarding disposal of controlled substance transdermal patches during 1 applicable observation related to Patient # 3. Findings include:</p> <p>During observation of medication administration and nursing care for Patient #3 on 3/25/19 at 2:15 PM, the RN (Registered Nurse) placed the used fentanyl transdermal patch (a type of pain relieving controlled medication) on a paper towel and transported it to the Medication Room and disposed of the patch in the appropriate wall receptacle. When the RN was asked if 2 staff were required to waste controlled substances, s/he replied "no", stating that they do not require a witness for wasting the fentanyl patches. The Pharmacy Nursing department policy entitled Disposal of Controlled Substance Patches, effective date of 1/27/07, under Procedure, stated "Routine Destruction."</p>	C 271	<p>4/25/19 C-271 POC Accepted D. Quatrosh, RN</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Pres/CEO (X6) DATE 4/8/19

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.

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C 271	Continued From page 1 " Destruction (or wastage) of any controlled substance must be done in the presence of two (2) licensed individuals who are authorized to control and handle these drugs. The destruction of partial doses of controlled drugs must be done and recorded by two (2) nurses." The failure of the RN to follow the hospital's policy/procedure related to disposal of controlled substances was confirmed during interview with the Chief Nursing Officer (CNO) on 3/26/19 at 11:30 AM and later, during interview with the RN at 2 PM.	C 271			
C 278	PATIENT CARE POLICIES CFR(s): 485.635(a)(3)(vi) [The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the Food Service Director (FSD) failed to ensure that all perishable food items were handled in accordance with CAH policies related to safe food handling practices. Findings include: During a tour of the hospital's food service and storage areas on 3/25/19 at 10:30 AM, accompanied by the FSD, the following unsafe food handling practices were identified: 1. Per review of the refrigerator/freezer temperature monitoring sheet for the month of March, 2019, the walk-in refrigerator temperatures recorded daily for 3/1/19 - 3/27/19, showed that the temperature was above 40	C 278			

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C 278	<p>Continued From page 2</p> <p>degrees Fahrenheit (F) for 16 of the 27 dates. (Out of range temperatures were from 41 - 44 degrees F. and covered multiple days in a row.) During interview, the FSD stated that the walk-in refrigerator temperatures are monitored 24/7 and will alarm if the temperature is below 41 degrees F. There was no evidence that there was any action taken by hospital facility's staff to adjust the walk-in refrigerator compressors to achieve and maintain less than 41 degrees F.*</p> <p>2. Per observations in the walk-in refrigerator, a package of defrosting raw poultry was observed stored on the next to the bottom shelf with no drip proof container to prevent cross contamination.*</p> <p>3. Cooked meats (turkey and ham) were observed stored on the shelf above avocados.*</p> <p>The hospital policy entitled: General Food Preparation and Handling, under Procedure: 3. "Food Preparation. a. Meats, fish and poultry are defrosted using safe thawing practices: "in the refrigerator in a drip proof container, and in a manner that prevents cross contamination."</p> <p>Additionally, the following interview confirmed that safe food handling practices were not followed related to the re-use of salad bar foods (foods that had been put out for service and the leftovers re-used on a second day).</p> <p>4. Several salad bar inserts were observed on a cart in the walk-in. The items included vegetables and facility mixed salads (i.e., tuna salad and chicken salad). During interview, the FSD stated that they do refrigerate remaining salad bar foods at the end of the day and put them out for service the following day. Since there was no method to assure that the foods</p>	C 278			

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C 278	Continued From page 3 were consistently maintained at temperatures below 41 degrees F. and in a sanitary manner, these foods should not be re-used.* * Reference: Serve Safe Manager, 6th edition, Chapters 4 and 5, safe food handling and storage practices.	C 278			

*C-278
POC
Accepted
D. Olet, RN
4/25/19*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 47Z300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER GRACE COTTAGE HOSPITAL SWING BED UNIT			STREET ADDRESS, CITY, STATE, ZIP CODE 186 GRAFTON ROAD TOWNSHEND, VT 05353	
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C 000	INITIAL COMMENTS	C 000		
C 373	<p>TRANSFER, & DISCHARGE DEFINITION CFR(s): 485.645(d)(2)</p> <p>[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:]</p> <p>Transfer, and discharge rights (§483.12(a)) :</p> <p>"(1) Definition: Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility."</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review the CAH failed to ensure written Transfer Notices were provided to each patient and/or patient's representative when a patient is transferred from a Swing Bed to another facility for 2 of 16 applicable patients. (Patients #2, #20). Findings include:</p> <p>1. Patient #2 was admitted to the CAH on 1/21/19 and into a Swing Bed on 1/24/19. After</p>	C 373		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Pres/CEO

4/8/19

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C 373	Continued From page 1 ongoing medical issues continued to prevent recovery and the need for higher acuity of care, Patient #2 was transferred to a medical center on 1/27/19 where medical needs could be managed more effectively. A transfer/discharge notice was not provided to the patient and/or patient's representative, as required. Per interview with the Director of Medical Records, confirmed on the morning of 3/27/19, the required Swing Bed transfer notification was not found in the patient's medical record. 2. Per record review Patient #20 was admitted to the CAH as a Swing Bed patient on 2/11/19. On 3/5/19, Patient #20 was transferred to an outside hospital due to respiratory failure. There was no evidence in the medical record that a transfer/discharge notice was given to the patient and/or patient's representative upon the transfer. Per interview on 3/26/19 at approximately 2:30 PM with a Social Worker, s/he confirmed that a transfer/discharge notice was not given to the patient and/or patient's representative upon transfer to another facility. S/he also confirmed that CAH did not have a process in place for issuing these notices when swing bed patients were transferred out of the facility.	C 373		

*POC Accepted
Dr. J. Lett
C-373
4/24/19*

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E 000	Initial Comments At the time of the re-certification survey conducted by the Division of Licensing and Protection on 3/25/19 - 3/27/19 the Emergency Preparedness survey was conducted. The Critical Access Hospital was found to be in Substantial Compliance with the Federal requirements for Emergency Preparedness, Appendix Z.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Pres/CEO

4/8/19

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Grace Cottage Hospital Survey March 25-27, 2019

TAG NUMBER	ISSUE	PLAN OF CORRECTION	RESPONSIBLE PARTY	TARGET COMPLETE ON DATE	COMPLETED
C271	Based on observation, interview and record review, nursing staff failed to adhere to hospital policy regarding disposal of controlled substance transdermal patches.	<p>A. Pharmacy/Nursing Policy #3211 Disposal of Controlled Substances will be revised to be a pharmacy only policy.</p> <p>B. New Nursing Policy #2.226 Medication Administration and Wasting was created. Will be approved by MEC Committee by email.</p> <p>D. The new Medication Administration and Wasting policy will be emailed to all nursing staff on April 10th.</p> <p>E. All new nursing hires will be educated our Medication Administration and Wasting policy and process during new hire orientation.</p> <p>F. Pharmacy will continue to audit controlled substance waste per policy through Pyxis.</p>	<p>John Kim</p> <p>Lisa Eaton Rebecca Lapointe</p> <p>Lisa Eaton Rebecca Lapointe</p> <p>Lisa Eaton Rebecca Lapointe</p> <p>John Kim</p>	<p>5/1/2019</p> <p>4/10/2019</p> <p>5/1/2019</p> <p>4/10/2019</p> <p>ongoing</p>	<p></p> <p>ongoing</p> <p></p> <p>ongoing</p> <p>ongoing</p>
C278	Based on observation, staff interview and record review, the Food Service Director failed to ensure that all perishable food items were handled in accordance with CAH policies related to safe food handling practices.				

C-271
 4/8/19
 Policy Accepted
 Dr. D. Eaton

<p>1. The walk in refrigerator temperatures recorded daily for 3/1/19 to 3/27/19 showed that the temperature was above 40 degrees Fahrenheit for 16 of the 27 dates.</p>	<p>A. See number 14 in Food Storage policy (15.0069); Refrigerated Food Storage. Re-educated staff on policy between March 27 and March 29 and will review again at April 25th Dietary meeting, where attendance will be taken.</p>	<p>Denise Choleva</p>	<p>4/25/2019</p>	<p></p>
<p>B. Coordinated with maintenance and IT to adjust monitoring and alarming thresholds to fit with the Food Storage Policy; the median temperature will show directly in the middle of the optimal range. Replaced broken thermometers in fridge with new thermometers, for manual reads. The electronic Sensotech temperature monitoring system now reports when temperatures are out of range. The fridge is set from 36-40 degrees and if out of temperature range for more than 20 minutes it alerts IT, who alert Dietary staff. The freezer is set at 0--10 and if it goes out of this range for 20 minutes it will alert IT who alert Dietary staff.</p>	<p>C. Made a new form to record freezer and refrigerator temperatures. Temperatures will be taken between 5:30am and 6:00am, which will show a more accurate temperature. Discussed process with staff and will also April 1st and will again at April 25th Dietary meeting where attendance will be taken.</p>	<p>Denise Choleva</p>	<p>4/25/2019</p>	<p></p>
<p>D. Reviewed the revised Food Storage policy with dietary staff. Sign off on policy understanding will be documented. Will review again at the April Dietary Department meeting on April 25th.</p>	<p></p>	<p>Denise Choleva</p>	<p>4/25/2019</p>	<p></p>

<p>2. A package of defrosting raw meat was observed stored on the next to the bottom shelf with no drip proof container to prevent cross contamination.</p>	<p>Reviewed the updated Defrosting Meats Policy (15.0045) with dietary staff. Sign off on policy understanding will be documented. Will review again at the April Dietary Department meeting on April 25th, where attendance will be taken.</p>	<p>Denise Choleva</p>	<p>4/25/2019</p>	<p>ongoing</p>
<p>3. Cooked meats (turkey and ham) were observed stored on the shelf above avocados.</p>	<p>A. Moved the cooked deli meats to the rack above the raw meats on the day of the survey. B. Reviewed number 14 e in Food Storage policy (15.0069) with dietary staff on April 1st. Sign off on policy understanding will be documented. Will review again at the Dietary Department meeting on April 25th where attendance will be taken.</p>	<p>Denise Choleva</p>	<p>3/25/2019</p>	<p>3/25/2019</p>
<p>4. Dietary refrigerates the remaining salad bar foods at the end of the day and puts them out for service the following day. Since there was no method to assure that the foods were consistently maintained at temperatures below 41 degrees F and in a sanitary manner, these foods should not be re-used.</p>	<p>A. This was addressed on the day of the survey by only filling our containers minimally and refilling as needed for the current day. New salad bar 2 1/2 inch containers were ordered and will be refilled as needed during the current day's lunch hour. Staff will be re-educated on the new procedure during April staff meeting on April 25th and attendance will be taken.</p>	<p>Denise Choleva</p>	<p>4/25/2019</p>	<p></p>

<p style="text-align: right;">4/25/19 C-278 POC Accepted De. De. T. Nash</p>	<p>B. Contents of salad bar containers will be thrown away at the end of lunch. Staff were educated on the new procedure immediately and will be re-educated on the new procedure during the April 25 staff meeting where attendance will be taken.</p> <p>C. Reviewed number 17 in Food Storage policy (15.0069) with dietary staff on April 1st. We will review again at the April 25th Dietary Department meeting where attendance will be taken.</p>	<p>Denise Choleva</p> <p style="text-align: center;">✓</p> <p>Denise Choleva</p> <p style="text-align: center;">✓</p>	<p>3/25/2019</p> <p>4/25/2019</p> <p>4/25/2019</p>	<p>3/25/2019</p>
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TAG NUMBER	ISSUE	PLAN OF CORRECTION	RESPONSIBLE PARTY	TARGET COMPLETE ON DATE	COMPLETED
C373	<p>Based on staff interview and record review, the CAH failed to ensure written Transfer Notices were provided to each patient and/or patient's representative when a patient is transferred from a Swing Bed to another facility.</p> <p><i>4/25/19 can accept C-373 Dr. O'Brien</i></p>	<p>A. The Swing Notice of Transfer form will be placed in the patient transfer folder at the nurse's station. It will be filled out with other transfer documentation, as appropriate.</p> <p>B. Individual education of the Notice of Transfer form process will be given to the charge nurses at the Charge Nurse meeting on April 10th. Documentation of understanding will be demonstrated by a sign-off sheet. Any charge nurse not at the meeting will be followed up by Nurse Manager and a sign-off of understanding obtained by May 1st.</p> <p>C. Social Services will review all swing transfers (after hours and during the day) for compliance of using the Notice of Transfer form and report any non-compliance to Chief Nursing Officer. Social Services will continue to fax a copy to the Ombudsman, as appropriate.</p>	Rebecca LaPointe	4/1/2019	4/1/2019
			Rebecca LaPointe	5/1/2019	
			Jessica Emerson	4/1/19	4/1/2019 and ongoing

Tag C 271

SUBJECT: Medication Administration and Wasting	REFERENCE # 2.226
DEPARTMENT: NURSING	PAGE: 1 OF: 6
AUTHORED BY: Lisa J. Eaton RN CNO	EFFECTIVE: 4/3/19
APPROVED BY: MEC	REVISED:

PURPOSE:

To assure the safe and accurate administration and disposal of medications.

POLICY:

Medications are only administered upon the expressed order of a Grace Cottage Hospital (GCH) properly credentialed and licensed independent practitioner. (See policy # 2.0060, Orders for Patient Care.)

Except in the case of an emergency where patient care will be adversely impacted, medication orders must be reviewed and verified by the GCH or GCH contracted Pharmacist prior to administration of the first dose.

Except in the case of an emergency where patient care will be adversely impacted, medications will not be removed from the Med Station utilizing the override function.

Staff administering medications at GCH will do so within the boundaries of their licensure scope of practice, job description and individual competency.

Staff administering medications at GCH will ensure the patients' "5 rights" are met: right patient, right medication, right dose, right route and right time.

Staff will utilize safe medication administration practices and engineering controls available at GCH (i.e. safety needles, needles IV systems, etc).

Staff will utilize the Smart Pump's drug library software when administering medications and IV infusions via a pump.

Staff will consult the following approved references for medication administration related questions not covered in this policy and procedure:

- Nursing Drug Handbook, (latest) Edition, Lippincott, Williams & Wilkins, Editors; Philadelphia
- Gahart, B. and Nazareno, A., Intravenous Medications, (latest) Edition, Mosby's;
- Lexicomp

SUBJECT: Medication Administration and Wasting	REFERENCE # 2.226
DEPARTMENT: NURSING	PAGE: 2 OF: 6
AUTHORED BY: Lisa J. Eaton RN CNO	EFFECTIVE: 4/3/19
APPROVED BY: MEC	REVISED:

- Policies & Procedures for Infusion Nursing, (latest) edition, Society for Infusion Nursing:
- GCH related policies:
 - Patient Controlled Analgesia (PCA) – Pharmacy policy # 3305
 - Vascular Access Devices (VAD) – Nursing policy # 2.0040
 - Enteral Tube Feeding – Nursing policy # 2.0075

PROCEDURE :

Medications will be removed from the Medication Station by following Pyxis guidelines.

PLEASE NOTE: The medications listed on the Med Station profile may not be representative of the patient's electronic medication administration record (eMAR). The eMAR must be consulted prior to accessing any medications. If the eMAR does not match the Pyxis profile then check Physician's orders to verify. Contact Pharmacy to resolve any differences that might exist between the eMAR and the Pyxis profile.

Unit dose packages should only be opened in the patient's room at the time of administration after the patient's wrist band and medication have been bar code scanned.

MEDICATION ADMINISTRATION:

Go to the patient's room and scan the bar code on the patient's wrist band with the bar code reader. This will provide two patient identifiers. Also verify the patient's identity by verbal response.

Scan the bar code on the medication package(s); this will identify the medication and indicate whether that medication is ordered for this specific patient, whether the dose is correct and whether it is the correct time. Read and respond appropriately to any alert or informational pop-ups that may appear on the computer screen.

Administer medication(s) to the patient. Observe the patient taking the medication. **Do not leave medications at the patient's bedside.** If the patient wants to wait a while before taking

SUBJECT: Medication Administration and Wasting	REFERENCE # 2.226
DEPARTMENT: NURSING	PAGE: 3 OF: 6
AUTHORED BY: Lisa J. Eaton RN CNO	EFFECTIVE: 4/3/19
APPROVED BY: MEC	REVISED:

their medication(s), return the medication(s) to the Med Station. The medication(s) will need to be removed a second time to be administered to the patient at their desired time.

If a medication is refused by the patient or if the patient is not able to take the medication, document the omission and reason on the eMAR. Return or waste the medication as appropriate. (See below)

Medications that are to be given via a continuous IV infusion will also appear on the eMAR. The word continuous should appear in the column usually used to indicate times. Prior to hanging a bag of fluid, scan the patient and bag. This will also apply for IV bags hung which contain medications and all IV piggyback medications.

eMARs are to be checked before the end of every shift to assure that all medications were given and/or documented accurately.

RETURNING MEDICATIONS:

Any medication that is removed from Pyxis and in its original container (not opened) and will not be administered to a patient will be returned to stock. **All controlled substances in their original container (not opened) will be returned to stock by two (2) licensed individuals per policy.**

If the medication package is not intact, and tampering is not suspected, the dose should be wasted and not returned.

To return a medication to stock:

- Sign on to the Med Station
- Select "Return"
- Select the patient.
- Select the drug to be returned
- Select "Return Now" Return bin draw will automatically open
- Place med in return bin and then close it

SUBJECT: Medication Administration and Wasting	REFERENCE # 2.226
DEPARTMENT: NURSING	PAGE: 4 OF: 6
AUTHORED BY: Lisa J. Eaton RN CNO	EFFECTIVE: 4/3/19
APPROVED BY: MEC	REVISED:

VERBAL MEDICATION ORDERS AND MEDICATION OVERRIDES

In certain patient care circumstances following routine procedures may not be possible. Medications can be removed and administered by verbal order from the crash cart or from the Pyxis med station using the override function.

In the event that the patient has not yet been registered in the EMR, the patient should be added manually to the Med Station using the "Add Patient" function. At no time should medications be removed from the Med Station under another patient's name.

Once removed, the medication will be re-confirmed with the ordering provider prior to administration. The delivery will be recorded on the critical care flow sheet noting the time of delivery, drug, route, and dose.

When the event has resolved all participating staff will sign the critical care flow sheet. The provider then can enter the orders into the EMR for documentation and to generate the charges. The nurse will then document the medications as given. The critical care flow sheet should also be scanned into the chart.

1. Scan the patient and the med, click "OK" on the "Error" code.
2. Click on "Create order and document" in the mid-upper right part of the next screen.
3. Rescan the med then fill in the order information (verbal w/ read-back, Provider name, etc.). Fill in a comment if appropriate and adjust the time to reflect the actual time administered.

WASTING MEDICATIONS

If the full amount of a medication being removed is not going to be administered, follow these steps:


- In the Remove Meds – when prompted, "Will you be administering the full dose?" select "No" The Waste While Remove screen will appear.
- A second (2nd) licensed individual must be present to waste at the pyxis machine if answering "No"
- Enter the amount to be administered in the Amount to be Given box.
- Respond to any additional prompts, such as a request to verify medication count. The Remove Meds screen will reappear.
- Remove medication and touch Accept.

SUBJECT: Medication Administration and Wasting	REFERENCE # 2.226
DEPARTMENT: NURSING	PAGE: 5 OF: 6
AUTHORED BY: Lisa J. Eaton RN CNO	EFFECTIVE: 4/3/19
APPROVED BY: MEC	REVISED:

Wasting CADD Pump contents

- CADD pump canisters will be loaded into pyxis by pharmacy
- CADD pump waste (or disposal of empty cannisters) will be wasted and documented in the pyxis system by 2 licensed individuals

Wasting Controlled Substance Patches such as Fentanyl and Duragesic

- 
- Gloves must be worn when handling patches
 - Fold the patch at bedside
 - All patches must have 2 licensed individuals waste upon removal no matter how long they have been on patient
 - Wasting will be documented in the pyxis system by 2 licensed individuals

Use the "SmartSink" to dispose of wasted medications. One side of the sink is for solids, the other side is for liquids. No sharps, syringes or paper drug packets are to be disposed of into the SmartSink.

RESOLVING DISCREPANCIES

When a count discrepancy is discovered the discovering nurse and the on-duty Charge RN must investigate and resolve the discrepancy. This may require the involvement of the Nursing Manager and the Pharmacy. Once the count is reconciled the discrepancy must be cleared from the Med Station by:

- From the Med Station main screen, touch Document Discrepancy
- Select a discrepancy to document
- If a witness is required have the witness his/her ID and password and touch Accept
- Do one of the following;
 - If the reason for the discrepancy appears on the list, select it and touch Accept
 - If the reason is not on the list, touch Other. In the Document Discrepancy – Enter Discrepancy Resolution screen, enter a reason of up to 60 characters.
- Touch Accept

SUBJECT: Medication Administration and Wasting	REFERENCE # 2.226
DEPARTMENT: NURSING	PAGE: 6 OF: 6
AUTHORED BY: Lisa J. Eaton RN CNO	EFFECTIVE: 4/3/19
APPROVED BY: MEC	REVISED:

INVENTORYING THE MED STATION

Once every month one RN, PLUS another RN, LPN, Pharmacist or Pharmacy Tech, will conduct a complete inventory of the controlled substances housed in all Nursing Units' Med Stations. Discrepancies are to be addressed and resolved.

OCCURRENCE REPORTING

Adverse medication events, medication errors and near misses are expected to be reported promptly by the person discovering the occurrence. (See Administration policy # 1.0051)

Otis Health Care Center

Tag C278

SUBJECT: Defrosting Meats	REFERENCE #15.0045
DEPARTMENT: Food Services Department	PAGE: 1 OF 1
APPROVED BY: Lisa Eaton	EFFECTIVE: 08-01-2007
	REVISED: Reviewed 4/1/2019

PROCEDURE

- Meats must be handled in a safe and sanitary manner. Since bacteria growth is not killed by freezing, care must be taken in defrosting meats.
 - Remove frozen meat to be defrosted from freezer two (2) days in advance.
 - The frozen food should be placed on the bottom shelf on a tray or in a pan to prevent dripping of juice while defrosting.
 - All frozen meat is to be defrosted under refrigeration, unless cooking is to be done from frozen state.
 - All raw meat is to be defrosted on the bottom shelf in designated area below all cooked foods and vegetables to avoid cross contamination.

Grace Cottage Family Health and Hospital

Tag C278

SUBJECT: Food Storage	Reference # 15.0069
DEPARTMENT: Food Service Department	PAGE: 1
	OF: 3
	EFFECTIVE: 4/1/2019
APPROVED BY: Lisa Eaton	REVISED 4/1/2019
Authored By: Denise Choleva	

Policy:

Sufficient storage facilities are provided to keep foods safe, wholesome, and appetizing. Food is stored in an area that is clean, dry and free from contaminants. Food is stored, prepared, and transported at appropriate temperatures and by methods designed to prevent contamination or cross contamination.

Procedure:

1. Dry storage rooms must be well ventilated. All storage areas should have adequate illumination with temperature and humidity controls to prevent condensation of moisture and growth of molds.
2. Storage rooms must have only one access door. If the storage room has more than one door, only one door will be used. All other doors must be locked and their use prohibited. Secure locks must be installed on all other doors and windows. The keys to storage rooms shall be controlled by the food service manager or designee.
3. Food items will be stored on shelves, with heavier and bulkier items stored on lower shelves.
4. Plastic containers with tight-fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetables, and broken lots of bulk foods. All containers must be legible and accurately labeled and dated.
5. Chemicals must be clearly labeled, kept in original containers when possible, kept in a dishroom area and stored away from food.
6. Scoops must be provided for bulk foods (such as sugar, flour, and spices). Scoops are not to be stored in food or ice containers, but are kept covered in a protected area near the containers. Scoops are to be washed and sanitized on a regular basis.
7. Hands must be washed after unloading supplies and prior to handling food items.
8. All stock must be rotated with each new order received. Rotating stock is essential to assure the freshness and highest quality of all foods.
 - a. Old stock is always used first (first in - first out method).
 - b. Supervise the person designated to put stock away to make sure it is rotated properly.
 - c. Food should be dated as it is placed on the shelves.

Grace Cottage Family Health and Hospital

SUBJECT: Food Storage	Reference # 15.0069
DEPARTMENT: Food Service Department	PAGE: 2
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	EFFECTIVE: 4/1/2019
APPROVED BY: Lisa Eaton	REVISED 4/1/2019
Authored By: Denise Choleva	

- d. Date marking to indicate the date or day by which a ready-to-eat, potentially hazardous food should be consumed, sold, or discarded will be visible on all high risk food
 - e. Foods will be stored and handled to maintain the integrity of the packaging until ready for use. (Food stored in bins may be removed from its original packaging.)
9. Food is purchased in quantities that can be stored properly.
 10. Food is arranged in food groups in the storage areas to make it easier to store, locate, and inventory.
 11. Food is stored a minimum of 6 inches above the floor, 18 inches from the ceiling and 2 inches from the wall on clean racks or other clean surfaces, and is protected from splashes, overhead pipes, or other contamination (ceiling sprinklers, sewer/waste disposal pipes, vents, etc.).
 12. Perishable food such as meat, poultry, fish, dairy products, fruits, vegetables and frozen products must be frozen or stored in the refrigerator or freezer immediately after receipt to assure nutritive value and quality. Refrigeration temperatures should be thermostatically controlled to maintain food temperatures at or below 41° F and freezer temperatures to keep food frozen solid.
 13. Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. Leftover food is used within 3 days or discarded. Check state regulations for more detail.
 14. Refrigerated Food Storage:
 - a. All refrigerator units are kept clean and in good working condition at all times.
 - b. PHF/TCS foods must be maintained at or below 41° F unless otherwise specified by law. Periodically take temperatures of refrigerated foods to assure temperatures are maintained at or below 41° F. Temperatures for refrigerators should be between 35 to 40° F. Thermometers are checked and temperature recorded first thing in the AM and also throughout the day with our calibrated thermometers that communicate with IT if they go out of range. If the temperature is out of range, it is reported to the supervisor or maintenance at once for corrective action. Check for proper functioning of the unit at the same time.
 - c. Every refrigerator must be equipped with an internal thermometer.
 - d. Each nursing unit with a refrigerator/freezer unit will be supplied with thermometers and monitored for appropriate temperatures.

Grace Cottage Family Health and Hospital

SUBJECT: Food Storage	Reference # 15.0069
DEPARTMENT: Food Service Department	PAGE: 3
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APPROVED BY: Lisa Eaton	REVISED 4/1/2019
Authored By: Denise Choleva	

- e. Cooked foods must be stored above raw foods to prevent contamination. Raw animal foods will be separated from each other and stored on lower shelves (below cooked foods or raw fruits and vegetables) and in drip proof containers.
- f. All foods should be covered, labeled and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded.
- g. All foods should be stored to allow air circulation.
- h. Refrigerated foods should be stored upon delivery and careful rotation procedures should be followed.
- i. All foods will be stored off the floor.

15. Frozen Foods:

- a. All freezer units are kept clean and in good working condition at all times.
- b. Frozen foods must be maintained at a temperature to keep the food frozen solid. Freezer temperatures should be checked at least two times each day. Check for proper functioning of the unit at the same time. Periodically, check the firmness of foods in the freezer to assure temperatures are maintained to keep food frozen solid.
- c. All foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded.
- d. All foods should be stored to allow adequate air circulation.
- e. All food items should be stored upon delivery and careful rotation procedures should be followed.
- f. Meat, fish, and poultry should be stored on lower shelves, while fruits, vegetables, juices and breads should be stored on upper shelves.
- g. All foods will be stored off the floor.
- h. Safe thawing: Frozen meat, poultry, and fish should be defrosted in a refrigerator for 24 to 48 hours, and should be used immediately after thawing.

16. Storage areas are free from rodent and insect infestation.

17. Salad Bar

- a. Salad bar items will be put out in 2 ½ inch containers and refilled as needed.
- b. Salad bar is put out at 11:30 am and broke down at 1:30pm.
- c. Any item left on the salad bar is to be thrown out at the end of lunch.

Month/Year _____

Tag C 278

Record temperatures of freezers and refrigerators between 5:30 am and 6:00 am.

Unit/Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	NOTES	
Walk in Freezer Range 0° - -10°																																	
Walk in Refrigerator Range 36° -40°																																	
Two door Refrigerator Range 36° -40°																																	
Employee Refrigerator Range 36° -40°																																	
Milk Refrigerator Range 36° -40°																																	
Store room Range 50° -70°																																	
Initials																																	

Any unit not at the proper temperature must be reported to the supervisor or maintenance at once for corrective action.
 All units must be monitored daily. If the temperature is out of range be sure to write a note that you let the supervisor or maintenance know and when fixed recheck the temperature and record below the out of range temperature.