

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

PRINTED: 05/04/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>465121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/01/2006</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AMERICAN FORK HOSPITAL TCU</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>170 NORTH 1100 EAST AMERICAN FORK, UT 84003</b>
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(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)	(X5) COMPLETION DATE
F 371 SS=E	<p><b>483.35(i)(2) SANITARY CONDITIONS - FOOD PREP &amp; SERVICE</b></p> <p>The facility must store, prepare, distribute, and serve food under sanitary conditions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation it was determined that the facility did not store, prepare and serve food under sanitary conditions.</p> <p>Findings included: On 5/1/06 at 7:15 AM, observations were done in the kitchen.</p> <p>1. In the walk-in refrigerator there were five packages of ground beef with no thaw date in one large stainless steel pan. Three of the packages were obviously thawed.</p> <p>2. The following foods were in individual plastic containers with no dates:</p> <p>Sliced ham Sliced mozzarella cheese Sliced Swiss cheese Sliced cheddar cheese Sliced provolone cheese</p> <p>3. There was one 3.75 pound plastic container (partly used) of humus with a thaw date of 4/13/06. The manufacturer's label said "Keep frozen."</p> <p>4. There were two small mixers, one Hobart and</p>	E 371	<p>Please accept this Plan of Correction as our allegations of compliance:</p> <p>The Manager or designee will be accountable to audit and document all refrigerator and freezer contents daily as to the dates and labels of food.</p> <ol style="list-style-type: none"> <li>Cleaning lists assigned by position are accessible as a reminder of daily cleaning responsibilities. The Manager or designee will be accountable to audit the kitchen areas weekly to ensure compliance in maintaining sanitation, with particular attention to those areas noted, mixer, slicer and high dusting.</li> <li>Staff will receive in-service at the May department meeting regarding food safety and sanitation regulation and policies to ensure that the department continues to be in compliance. The Intermountain value of accountability will be reviewed to note that we hold each other accountable by reminding others when they do not follow policies.</li> <li>Staff will be advised of overall department compliance as documented on the audits at the monthly department meetings.</li> <li>The Region Director or designee will review the audits weekly to ensure ongoing compliance.</li> <li>The food and nutrition report will be part of the permanent and ongoing minutes for the quarterly Transitional Care Center Quality Improvement Team meeting.</li> </ol>	

Completed by Judy Brown Hoagland  
 Date 5/13/06  
 Signature  
 Date 5/13/06  
 Signature

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Judy Brown Hoagland</i>	TITLE <i>Administrator</i>	(X8) DATE <i>05-17-2006</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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.

Utah Department of Health

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F 371	<p>Continued From page 1</p> <p>one Kitchen Aid, on the kitchen counter. The mixers both had old, dried food particles in the crevices of the neck and on the neck. This leaves a possibility of cross contamination of new batches of food.</p> <p>5. There was a string-like tape approximately 14 inches long that was dust covered hanging above the Rational cooker.</p> <p>6. There were three pipes over the range hanging from the hood that were greasy and dust covered.</p> <p>7. There were dust balls on a yellow plug hanging over the tray line counter above ready to use clean silverware.</p> <p>8. There were greasy dust balls on hooks and rods of pan holders hanging above the tray line.</p>	F 371	<p>Cleaning of equipment was completed 5/1/2006 following survey</p> <p>Education and monitoring Date of Compliance 6/30/2006</p>	