

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/22/2019</b>
NAME OF PROVIDER OF SUPPLIER <b>ADVANCE HEALTH CARE OF SCOTTSDALE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9846 NORTH 95TH STREET SCOTTSDALE, AZ 85258</b>	
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 <b>F 0812</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on an observation, staff interviews, and policy review, the facility failed to ensure there were no expired food items readily available for resident use in the kitchen. The deficient practice has the potential to cause foodborne illness.</p> <p>Findings include:</p> <p>During the initial kitchen observation with the chef (staff #52) on (MONTH) 20, 2019 at 8:22 a.m., there were two individually sealed cups of lemon-flavored honey consistency water with a use by date of (MONTH) 24, (YEAR) located mixed with other unexpired food items on the second shelf of the storage bins.</p> <p>The dietary manager (staff #37) joined the observation shortly thereafter and she was interviewed on (MONTH) 20, 2019 at 8:25 a.m. She stated food items including the honey consistency flavored waters that are outside of their use by or expiration dates will not be used for resident consumption. She was then observed to discard the two items in the garbage.</p> <p>In an interview with the dietary consultant (staff #95) conducted on (MONTH) 20, 2019 at 10:55 a.m., she stated the facility has a system to check for expired items in the kitchen. She stated the facility also follows standards by which food with potentially hazardous risk should be consumed. She further stated that prior to opening or using the food items, staff checks for the use by or expiration dates of the food item.</p> <p>In an interview with the dietary manager (staff #37) conducted on (MONTH) 21, 2019 at 11:41 a.m., she stated all dietary staff are responsible in ensuring there are no expired food items in the kitchen. She stated that staff check the stored food items for their use by or expiration dates prior to using the item and do not serve expired items. She said that the two individually sealed cups of lemon-flavored honey consistency water were probably mixed in the bin when dietary staff got some supplies from the storage room.</p> <p>The policy on Food Storage and Date Marking noted that all stock must be rotated as rotating stock is essential to assure the freshness and highest quality of all foods. The procedure for rotating the stock included that date marking should indicate the date or day by which a ready-to-eat, potentially hazardous food should be consumed or discarded.</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.